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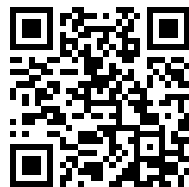
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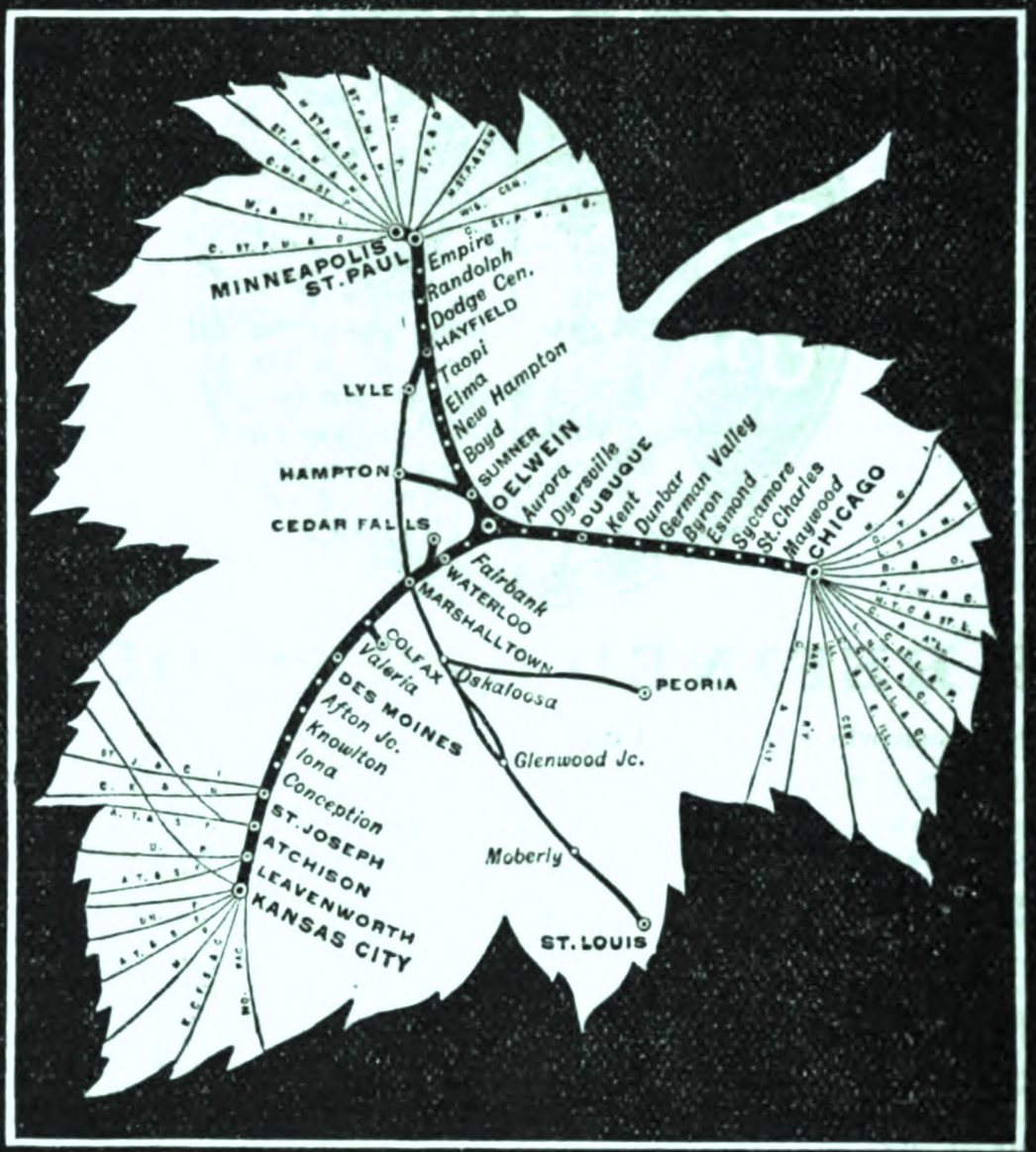
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MEDICAL ADVANCE

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HENRY C. ALLEN, M. D.,
EDITOR.

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Original Contributions.

LECTURES ON THE ORGANON.*

LIPPE MEMORIAL COURSE.

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

At our lecture yesterday we dealt to a considerable extent with the exactitude of homœopathic methods. The paragraph which we are now studying, the third, and which I said we would finish to-day, tells pretty much what a physician should know, and not what he should guess at. The exactitude of methods runs through all the philosophy of Hahnemann. We find it necessary to have an exact knowledge of the action of the medicines of which we make use. The homœopathic physician cannot find use for drugs until he has demonstrated what to do with them by first proving them on healthy individuals.

The second sentence in the third paragraph tells us that the physician should be acquainted with the curative power of drugs in general, and of each drug in particular. Now this does not mean that the physician must carry in his head the symptoms of all the remedies in the *Materia Medica*. It cannot be expected that he shall memorize all the symptoms in Allen's *Encyclopædia*. But it is expected that he

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shall have access to the provings of such medicines as he makes use of in the healing of the sick. That is exactitude. It is expected that in practice he shall not deviate from what he finds recorded as provings. It is not necessary for me to go over the methods of making these provings; with these all are familiar. It is positively enjoined that the homœopathic physician shall not make use of nostrums. A new drug comes out, goes into the drug stores, and serves its time with the adherents of traditional medicine. And it has been said that our homœopathic pharmacies also indulge in such things; but they would not do it if they did not find a sale for such stuff. A pharmacy is a place where the owner makes money. It is not his business to inquire into the question whether or not the medicines he sells have been proved. It is said that "so many run after unproved medicines." Such things have no place in methods hinted at in the third section; we require exactitude. The records of our provings are what we must refer to in the management of the sick.

Then with this cursory reference to the physician and what he should know, we mention the first command, the sentiment of which is that a physician should know the curable portion of sickness and of each sickness in particular. Without this knowledge he has no means of making this application.

Now, the exact knowledge of disease, or what disease is, is an important feature, and to that you are directed by this paragraph. The homœopathic physician in his investigations of disease and in the obtaining of an exact knowledge is expected to take in many studies that he does not actually need in prescribing, that he may be able to individualize, that he may be able to exclude certain things. He is expected to know anatomy, physiology, etc. He must know a healthy man in order to know wherein he is not healthy when he is sick. We have expressions by which we know when a man is sick, and we have expressions by which we know that he has been sick for some time. These expressions by which we know that he is sick, we call symptoms. The expressions by which we know that he

has been sick a long time, we know by our study of pathological anatomy—growths, morbid changes of tissue, etc. These come out of diseases; they are the results of disease. But the symptoms, the morbid sensations, are evidences we have of primitive disease. Changes in sensation, changes in feeling, are expressions of disease that we must understand; after a disease has existed some time, structural changes take place, which may remain after the patient is cured. This the physician must thoroughly recognize, in order to know what belongs to the surgeon, and what to himself. For instance, take a patient with a high degree of inflammation of the knee-joint; the inflammation runs its course and ankylosis comes on. The general sensations, the deviations from the normal state have been noted, prescribed for and removed; but the results of disease are there, even though the patient be cured; ankylosis follows, for the relief of which the surgeon must be applied to. We thus learn that the physician must comprehend that which is curable in disease, and that which must go from his hands to those of the surgeon after the patient is cured. This reverts to the first paragraph, in which we learn that the physician treats only the sick, and not the disease.

Take the combinations of diseases and sufferings that go from one family to another, that are handed down from one generation to another until cancerous affections, tuberculous affections, and growths of various kinds are developed. Now the physician must recognize in beginning the treatment of a case like that, that in our provings we have not produced tumors, we have not produced tuberculosis, and we have not produced these changes noted in morbid anatomy; we have only produced sensations, and changes of sensation; yet all the essentials of disease. Hence it is that the record of symptoms derived from cases of poisoning are the poorest kind of evidence to record for the *Homœopathic Materia Medica*; they are useful only as collateral information, while the finer sensations produced by the slow process of provings with small doses give us sensations, like unto the conditions observed in the sick room, that guide us to the curative remedy. The symptoms

derived from poisoning cases in prescribing for the sick come to us like pathological anatomy; we do not find our guide in poisoning symptoms; we do not find our guide in anatomical changes.

All sensations that are observed are morbid. An individual does not feel himself, he does not feel the motions of his eyelids, he does not feel the motion of any portion of his body, and he does not feel his thoughts; hence they are natural. When a motion of any kind becomes painful or is felt, then it becomes a part of the record that constitutes the exactitude referred to in this paragraph, of what the physician must know. The symptoms embraced in this record are the curable parts of sickness; while the great lump that you may see on the patient's neck, the ankylosis of his joints, or the cancerous tumors which you may see, or the tubercle that you may discover by auscultation, are not the removable conditions of disease. Hahnemann says that the physician shall know the curable in disease. Now, we have the parallel in the finer details of sensations found in provings; one is parallel to the other; while the results of poisoning and morbid anatomy are also parallel to each other. You only note them when you have sometimes performed a miracle. For instance a patient has on his neck a tumor as large as your head. As soon as the morbid symptoms for which you have prescribed your remedy have passed away, then that tumor ceases to grow. There you see an example of a cure. You did not prescribe for the tumor, for you are a homœopathic physician, you prescribed for the patient; you removed all the symptoms, all that complex of symptoms by which the patient knew he was sick before he had the tumor, and behold the tumor ceases to grow as soon as these symptoms are removed. The patient is cured and the tumor remains stationary. Now nature commences her process. I have seen nature break down large glandular tumors, when the patient has become cured. I have seen them shrink and shrivel and finally go away. Tumors that grow on a pedicle often shrivel, turn black and drop off, because the patient is cured. These look like miracles.

That which this paragraph teaches you to cure, is not the tumor, because that belongs to the surgeon, for that is the result of disease; but the expressions manifested in signs and symptoms are the disease; they constitute the disease, at least all the knowable part, and this is what the intelligent physician is expected to know and to fully realize. Without this kind of knowledge it is impossible to go on as a homœopathic physician. Your methods will be largely failures, your efforts will result in failures if you depend on pathological theories as a basis for your treatment.

Now, there are many things that a physician desires to know. There are many things that a physician must know to maintain his standing as a respectable physician, things that are not in the least necessary in making the prescription. You cannot know too much about pathology. There is, however, too much theory about it, and that is the trouble with it, as it is now studied. Much of it teaches you the general sphere of disease; but when you come to make your prescription, all that there is of sickness that is of any value to you, is found in the outwardly expressed image — the symptoms. There is nothing material about it any more than thought is material. The brain is the organ of thought, and the organ of our sensations. This leads me to say that these things are not made up of opinions. If a patient says, "I have a pain in my left temple," she either tells the truth or she does not. If she has a stitching pain in the left eye, she experiences a sensation. It is not a matter of opinion, because it is a fact of which any one can judge. The law only requires good judgment. In Homœopathy we deal with simple things. Every thing must be simple; it must be primitive, because we cure the case through the primitive expressions of nature. Even in dealing with life we deal with it from the protoplasm in its simplest form.

The physician is the guardian of health. Hahnemann says in his fourth paragraph: "He is at the same time a preserver of health when he knows the causes that disturb health, that produce and maintain disease, and when he knows how to remove them from healthy persons."

What kind of a physician would he be who knew that there was a great vault under your house, and that it was poisoning you and was bringing you down with typhoid fever, if he did not tell you of it? Now you see that the physician is expected to be thoroughly acquainted with every form of collateral science that looks to preventing sickness. He should be well versed in these things. Hahnemann did not take into consideration the advancements we have made in hygiene. In his day they did the best they could. The homœopathic physician of all physicians in the world, must see to it, that his patient is put under good hygienic conditions or his medicines will do no good. All removable causes or external things that tend to make the patient sick ought to be removed. Cleanliness in its highest degree ought to be cultivated. These things are just as necessary to know as is the selection of the remedy. The physician may know his duty; he may know how to select his remedy; but what will this benefit him, if he has a nurse who does not know how to give the medicine. If there is sewer gas coming into the room, can the patient recover without its removal? You should, therefore, make yourself well acquainted with the study of etiology.

Paragraph five is somewhat similar to the one just read. Not only the causes that make sick but the miasmatic influences that are chronic, that prevent convalescence, must be known. This paragraph makes reference to the miasms.

We shall take up the subject of miasms later on. We know that there are three miasms, and one of these three being present may prevent the recovery of the patient. Your patient may go through an acute disease very nicely, and come to the period of convalescence. But the typhoid condition having been met by homœopathic remedies, the patient fails to convalesce. Here we must look to the fundamental causes; perhaps it will be psora, call it what you will, the condition is there. It seems to be a deficient vital reaction.

The last half of this fifth paragraph reads as follows: "The character of his mind and temperament, his occupa-

tion, his habits, his mode of living, his social and domestic relations, his age and sexual functions, etc., are to be taken into consideration."

It seems that if we followed Hahnemann, there would remain but little uninvestigated; and yet he tells you in the first that the sole duty of the homœopathic physician is to heal the sick.

Now, for the homœopathic physician there is a grand collective consideration running all through the philosophy. We find it first expressed in the sixth paragraph, which treats particularly of the totality of the symptoms. The essence of this paragraph is that the only means we have of estimating or judging of the disease is by the totality of the symptoms—the totality of the sensations that your patient has. Consider them as one; consider them as a unit; if one of the symptoms be left out, you may not have a perfect image; you have not the totality; you may have omitted the most important thing. Even causes are to be taken into consideration. Causes that are external should be removed; causes that are internal are to be met by the remedy.

The sixth paragraph reads: "An unbiassed observer, though of unequalled sagacity, impressed with the futility of transcendental speculation unsupported by experience, observes in each individual disease only what is outwardly discernible through the senses, viz., changes in the sensorial condition (health) of body and soul—morbid signs or symptoms. In other words, he observes deviations from the previous healthy condition of the patient, felt by him, and recognized upon him by his attendants, and observed upon him by the physician. All of these observable signs together represent the disease in its full extent; that is, they constitute together the true and only conceivable form of the disease."

This paragraph relates particularly to obtaining all the symptoms so that they can be viewed as one grand unit. You may well bring forward the third paragraph, and say that in the study of the pathogenesis of a drug, that it is just as important, just as essential to have a complete view of

that medicine after it has been finished, as to have a complete view of the symptoms of the patient. To have it as a grand totality, as a unit, as one, while in the pathogenesis you see a great many of these units. For example while you may see Aconite as a remedy that you are studying, while you see one grand picture of Aconite standing out as a unit, you will see that one child calling for the remedy, expresses croupy symptoms; you see there the totality of the symptoms; you apply the drug to the patient. If it is an Aconite image, you see the same similitude between the patient's symptoms and the Aconite image. So in practice we see that it is possible to cure a great many totalities with one medicine. While one remedy cures a great many totalities, it is never thought of for diseases by names. There is no totality of symptoms in sickness or provings considered under specific names.

"All these observable signs of disease" says Wesselhoeft's translation, "together represent the disease in its full extent; that is, they constitute together the true and only conceivable form of the disease."

All there is for the physician to know, all there is that is removable by medicine, all that is curable, all that can guide to the cure, is this grand totality. If you have all, you have the totality. You must as a physician comprehend its image or you will never make a prescription.

"In a disease presenting no manifest exciting or maintaining cause (*causa occasionalis*) for removal, nothing is to be discerned but symptoms. These alone (with due regard to the possible existence of some miasm, and to accessory circumstances) must constitute the medium through which the disease demands and points out its curative agent. Hence the totality of these symptoms, *this outwardly reflected image of the inner nature of disease, i. e., of the suffering vital force*, must be the chief or only means of the disease to make known the remedy necessary for its cure, the only means of determining the selection of the appropriate remedial agent. In short the totality of the symptoms must be regarded by the physician as the principal and only condition to be recognized

and removed by his art in each case of disease, that it may be cured and converted into health."

Now here is one of the most beautiful expressions in the *Organon*, "this outwardly reflected image of the inner nature of the disease, i. e., of the suffering vital force." What folly for one to investigate the nature of the disease. No one will let the physician do it when he is living; and after death there is nothing to discover but the results of disease. This outwardly reflected image, the symptoms, is all that there is to be known of sickness.

The first edition of the *Organon* says nothing about the vital force. It simply talks about the interior of the organism. The fifth edition, which appeared in 1833, teaches the doctrine of the vital force. In the seventh section of the first edition a fair rendering has it: "There must exist in the medicine a healing principle, the understanding has a presentiment of it, but its essence is not recognizable by us in any way, only its utterances and action can be known by experience." He does not then call it "vital force."

Hence the totality of these symptoms, this outwardly reflected image of the inner nature of the disease, i. e., of the suffering vital force; what a grand thought that was. This outwardly reflected image is the only means of determining the selection of the remedy. "In short, the totality of the symptoms must be regarded by the physician as the principal and only condition to be recognized, and removed by his art in each case of disease, that it may be cured and converted into health." What a thought that is, sickness converted into health. The only means of converting sickness into health is by becoming acquainted with that line of thought, with the outwardly reflected image, giving you a picture of the inner disease, such as you can get in no other way. This is what the intelligent physician sees, this outwardly reflected image. He knows it when he sees it. The intelligent homœopathic physician knows when he sees it that he then knows the inside of the body perfectly. The microscope is a deception. It comes too late. It may be able to tell you the nature of cell changes in a

diseased liver, but this knowledge comes too late to be of any use. When the microscope is in demand the patient is past helping. You may speculate when it is too late. You will find, if you will study Ameke's *History of Homœopathy*, no evidence of speculation in the work of Hahnemann; that Hahnemann dealt with facts from the first. Observe how he proved Cinchona to do away with all the theories as to how Cinchona acted in curing sicknesses. Many were the explanations that had been offered as to how it cured. None of these suited Hahnemann. He therefore took Cinchona until it made him sick; he proved it. He then found out why it cured; under what conditions it cured. It was because of its ability to produce in the healthy system symptoms similar to those it cured in the sick. It could cure whenever the symptoms it produced were similar to those of the sickness. This was the dawn of the great homœopathic principle.

As the eighth paragraph is somewhat similar to the next I will pass it without comment.

“It is as impossible to conceive as to demonstrate by human experience that after the removal of every symptom of a disease embraced in the totality of perceptible phenomena, anything but health should or possibly could remain, or, that after such removal, the morbid process of the interior could still continue to be active.”

THE THREE MISTAKES.

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.

Obstetrics and Gynecology.

VAGINAL EXAMINATIONS—THEIR USELESSNESS.*

WM. JEFFERSON GUERNSEY, M. D.

If one may be pardoned for so soon dragging in the personal pronoun, it seems proper to begin this paper with the statement that I made more vaginal examinations the first year of my practice than I have in the succeeding twelve. I wanted to say this because I believe it is the experience of a majority of our members. The idea that we must see such lesions to cure them is strongly impressed upon us, while we overlook the fact that stomach and bowel affections; heart, liver and splenic diseases; lung troubles and what not, of the many invisible disturbances, are treated upon "hearsay evidence" without a thought of topical inspection. Reasoning on this ground and remembering that I almost invariably decide on the remedy in throat ailments (from subjective symptoms) *before* looking at that part; and not forgetting the demoralizing effect that a submission to vaginal examinations must have upon a virtuous woman, I gradually gave up the villianous habit and find I can treat my cases quite as well without it. I must not forget to give credit to another source of weighty influence against this practice. I refer to that very excellent little book by Dr. Thomas Skinner, on "Homœopathy and Gynecology," and if any one here has not read it let me beg of him to do so. Dr. S. was a private student of, and afterward, for many years, assistant to the celebrated gynecologist, Sir James Y. Simpson, and for twenty-five years had given almost exclusive attention to that class of diseases, and his testimony therein is as follows: "I have since learned, through the inspired intellect of Hahnemann, and from my own experience, that so-called vaginal examinations * * * * * are, seriously speaking, something worse than useless."

* Transactions I. H. A.

Taking the matter in a mercenary light it must be admitted that there are women who prefer, and who will go where they can get the speculum inserted and have some "burning out" or "washing out" treatment. Such cases I do not want, but there has more than one virtuous mother brought her daughter to me, hearing that I "treated 'female diseases' without examinations," and the great satisfaction derived therefrom is not to be overlooked.

Now as to treatment by subjective symptoms solely, it is but a following out of Hahnemann's advice and needs no comment, save perhaps one. Very few cases of uterine or vaginal affections come to us first hand; even those of our own patients have been persuaded to try this or that specialist, and the symptoms are clouded by local treatment. We must, therefore, bear in mind that we have besides the original ailment, a partial suppression of it and perhaps a *drug disease*; and as to the importance of this latter, I quote from the *Organon*: In § 33 we read: "Experience leads to the undeniable conclusion that the living, human organism is far more disposed and inclined to be affected and to have its feeling altered by *medicinal* powers, than by other noxious agencies and contagious miasms. * * * " Again, under § 75, "Instances of ruined health resulting from allopathic treatment, are very common in modern times; they constitute the most pitiable, and *incurable* of chronic diseases. * * * " Again, Hahnemann and his most successful followers have clearly demonstrated the fact that we cannot cure a patient suffering from "drug disease" until an antidote to the drug in question has been administered. Let us therefore look over the list of applications more frequently employed, and their homœopathic antidotes:

FOR NITRATE OF SILVER: we have *Ars.*, *Calc.*, *Lyc.*, *Mer.*, *NAT. MUR.*, *Phos.*, *Puls.*, *Phus.*, *Sep.*, *Sil.*, *Sulph.*

FOR IODINE: *Ant. t.*, *Ars.*, *BELL.*, *Camph.*, *China*, *Chin. sul.*, *Coff.*, *HEP.*, *Opi.*, *Phos.*, *Spong.*, *Sulph.*

FOR LEAD: *Alum.*, *Ant. c.*, *Bell.*, *Coc.*, *Hyos.*, *NUX.*, *OPI.*, *Petr.*, *Plat.*, *Stram.*, *Zinc.*

FOR ZINC: *Camph.*, *Hep.*, *Ign.*

For MERCURY: ANT. C., ARS., BELL., CALC., CHINA, *Coc.*, Coff. HEP., Nat. mur., NIT. AC., Nux., *Opi.*, Plat., PULS., *Rhus.*, Sep., SIL., Spong., Stram., SULPH., Zinc.

For ALUM: (Alumen not Alumina), Ars., Calc., Hep., *Nux.*, Puls., Sep., Sil., *Sulph.*

For SALT: Ars., Camph., Nat. mur. (high), Phos., Puls.

Compare the above with a rating of the same remedies as taken from the two symptoms "suppressed eruptions" and "suppressed catarrh" (which represent similar conditions), as taken from Boëninghausen, and it will be interesting to note how important these medicines are in this state.

Alum, ARS., BELL., CALC., CHINA, HEP., LYC., *Merc.*, *Nat. mur.*, NIT. AC., Nux., *Opi.*, *Petr.*, Phos., PULS., RHUS., SEP., SIL., Spong. *Stram.*, SULPH., Zinc.

It may be asked how are we to know *what* drug has been used? That is not always an easy question to answer, and yet we have many aids. Nitrate of Silver is responsible for a majority of the trouble, as it is used with almost unexceptionable regularity; and *Nat. mur.*, that "inert" substance, is rich in female symptoms. If you cannot by any chance discover what has been used, look over the suspected drugs, and take some remedy that appears under all. Do not persevere unnecessarily long with your antidote—a few doses and a week's waiting should suffice. Then review your case, and if there seems to be a difficulty in covering the totality of symptoms from a scarcity of drug provings, do not forget to lay great importance to the *peculiar* or characteristic ones, a fact Hahnemann advised in § 164: "The cure, however, will not be essentially retarded by the scarcity of similar drug-symptoms, provided the remedy is carefully selected, and the symptoms that *determine its choice are mostly peculiar to the remedy, and of marked similitude (characteristic) to those of the disease.*"

I believe every curable case of any disease can be cured by the remedy that is homœopathic to the *subjective* symptoms, and surely this class of disorders is no exception to the rule.

**SOME LESIONS WHICH MAY HINDER THE ACTION
OF THE INDICATED REMEDY, WITH
ILLUSTRATIVE CASES.***

W. J. HUNTER EMORY, M. D., TORONTO, CANADA.

When asked by the Chairman of the Bureau of Obstetrics and Diseases of Women to contribute an operative paper to the Bureau, I consented, but not without feeling that I should have preferred to have contributed something more directly pertaining to homœopathics. All of us have doubtless found that the sphere for operative Gynæcology is narrowed down to very small limits by the faithful application of our law of therapeutics.

In choosing my subject I was induced by the experience of having had a few cases where the indicated remedy as chosen and exhibited by myself and others had failed to produce any permanent benefit, to select the above and relate to the Association some of these experiences in the hope that some one who has had similar cases may be benefitted by this simple narrative.

The first case which I shall report was one of peculiar interest, and previous to coming under my care had been for some time under the care of my late esteemed partner, Dr. John Hall, at whose feet I received my first instructions in Hahnemannian Homœopathy, whose name I shall always hold in deepest gratitude for the kindnesses shown and knowledge imparted to me, and in deepest reverence on account of his profound acquaintance with the spirit and works of the "Master," Samuel Hahnemann, coupled with his faithful, unfaltering adherence to those tenets and application of those principles in daily practice, and whose absence at this meeting I am sure we all regret.

CASE I.

Mrs. S., widow, aged 37, mother of five children, the youngest seven years of age, first consulted me on August 27, 1885, having previously been treated by various old.

* Transactions I. H. A.

school physicians, for indigestion, ulceration of stomach, ulceration of uterus, chronic metritis, chronic congestion, neuralgia and enlargement of left ovary, etc., etc. Is a woman of more than ordinary physical development and endurance, as previous acquaintance years ago had proved to me. Naturally of a lively, sanguine, cheerful disposition, and the very opposite to anything like hysteria or "hypo" in any form. Her husband was an officer in the British army in India, where she lived for years. Has been very gradually breaking down in health ever since her last confinement, and now for some months has been rapidly growing worse.

Suffering mostly as follows: When on her feet much, bearing down pain, the dragging being felt from umbilicus and lumbar region toward vulva, as though all the internal organs would escape. Frequently is obliged to stand with her limbs crossed on account of this distress. Sharp lancinating pain through left ovarian region, sense of fullness and soreness in lower part of abdomen; thinks she has a tumor. An all-gone feeling in pit of stomach; is sure there is some living animal there; can feel it crawling around, which produces the most deathly sickness. Her complexion has changed from that of a florid brunette to almost that of a mulatto.

Has been told that she has jaundice. But the most distressing of all her symptoms are those of the mental sphere, there being profound melancholia, bordering on suicidal tendency. Dare not go near a wharf or bridge for fear of being compelled to take her life by jumping off. Has been frequently obliged to leave the church on account of uncontrollable impulse to jump over the gallery. Was afraid to be alone with her children on account of an insane desire to take their lives. Very much feared that she would lose her reason. Said she was perfectly sure that she would become insane if she did not get relief very soon. Palpation revealed exquisite tenderness over the whole left side and lower part of abdomen.

Believing that some uterine lesion lay at the bottom of all her trouble, I advised an early examination. But patient

was averse to this, and wished me to try internal remedies, for a time at least. The above symptoms were elicited in my office, and as I wished to review the case carefully before prescribing, I sent her away with the request that she would call again in two or three days. In the meantime she became very much worse, all the above symptoms becoming aggravated and new ones being added, and I was summoned to her bedside. She now began to suffer intensely from paroxysms of pain, beginning in either hypochondrium and extending across lower borders of ribs, epigastrium and ensiform cartilage to the opposite side. These paroxysms would occur from six to eight times in twenty-four hours, gradually reaching a climax in about three-quarters of an hour, when the whole muscular system would become tetanized and remain so for about an hour, with complete loss of consciousness, when relaxation would gradually take place and consciousness return, leaving the patient in a state of extreme prostration. During these paroxysms, the whole surface of the body would become cold and clammy, and of a dark cyanotic color. From this time on, Dr. E. T. Adams saw her almost every day, either in conjunction with myself, or each seeing her independently.

Hallucinations now appear to her in the shape of seeing most horrible accidents happening. These occurred during conscious moments whenever she would close her eyes, and sometimes with the eyes wide open. She saw regiments of headless horses with headless riders galloping over groups of little children; scores of bodiless arms contending with each other in the room. At one time, saw herself dead and laid out in her coffin, and she seemed to be standing by her dead self and sympathizing with herself, saying, "Poor thing, her sufferings are over at last, and I am glad you are gone." At another time she saw herself dead, and I, with other physicians, holding a post-mortem examination, and she was very glad we were doing so, as it might prove a benefit to some other sufferer. These, and many other sights equally as horrible and revolting, would haunt her as soon as she would close her eyes

and try to sleep. There was also a violent pulsation, easily seen heaving up the bed-clothing when she would lie on her back, extending over the central portion of the abdomen, arising, I believe, from a relaxed abdominal aorta.

The case was now becoming desperate; carefully selected remedies seemed only to exert a palliative effect, and the patient was rapidly growing weaker. No food could be retained on the stomach. The patient seemed too weak and nervous to think of making any examination of the uterus, so I determined to take advantage of the unconscious tetanic condition to make a digital examination, which revealed the uterus enlarged to about three times its natural size, the cervix torn transversely on both sides up to the vaginal juncture, and the torn surfaces studded with soft papillary excrescences the size of a small pea, which bled easily. In my own mind I at once exclaimed "Eureka!" The next morning I explained to the patient her condition and my conviction that an operation afforded the only hope of recovery, as well as the danger of an operation in her present condition. By the next morning her mind was made up to undergo the operation.

But the prospects of success seemed anything but promising in her present condition, while the prospect of bettering it seemed even less encouraging, as, in spite of our efforts, she was daily becoming weaker. So as a *dernier ressort*, an immediate operation was resolved upon, and, accordingly, on the 23d of September, assisted by Drs. Howitt, Adams, and G. B. Foster, the operation for lacerated cervix was performed in the usual way, seven sutures being required to close up the rent after the purplish, suspicious looking granulations and cicatricial tissue had all been carefully dissected away.

The patient stood the anæsthetic well, as carefully and judiciously administered by Dr. W. H. Howitt, and made a fair reaction after some six or eight hours of almost unremitting use of strongest liquor Ammonia and Amyl nitrite, in alternate inhalations. On the twelfth day the silver sutures were removed and the wound found to be perfectly healed; the remaining horse-hair sutures were allowed to

remain until the patient was able to come to my office, where they were removed. The contour of the cervix was entirely restored, and the sound now gave a measurement of two and three-quarter inches, as against four and one-half inches before the operation. From the day of operation forward the paroxysms of pain came on with less severity and at longer intervals, for about a week, when they took their final departure, to the great satisfaction of both physician and patient. She now responded nicely to appropriate remedies, which before seemed to give no satisfactory account of themselves, and inside of four weeks was going about entirely free from pain, in good spirits; her complexion again cleared up, presenting a youthful glow, which made her look, as she said she felt, ten years younger.

The remedies which proved most beneficial in her case were *Lycopodium*, *Calc. carb.* and *Thuja*, and without these potent agents I think she would have been in a very similar condition after the operation to that of a ship at sea full of water, after the leak had been stopped up, but without machinery to pump her out. In six weeks she was able to resume her usual occupation, that of a professional nurse, which she had been obliged to entirely abandon for eighteen months, and to-day is as healthy a woman as one could find.

The above case seems to establish pretty clearly the following three facts: *first*, that this lesion is capable of, and did, in this case, produce a disturbance of the general nervous system of a grave character; *second*, the presence of such a lesion as a constantly operating cause, may effectually prevent the properly chosen homœopathic remedy from exerting its legitimate beneficent influence, as is evidenced by the fact that subsequently the patient responded most gratifyingly to remedies which previously had given no satisfactory account of themselves, though equally well indicated and prescribed in the same form; that this operation may be undertaken with comparative safety, when the patient is in a very precarious condition, and be followed by the most salutary effects.

The following is the epitome of the results which have

followed this operation in twenty-seven cases, in which I have performed it in the past four years. In every case the operation has been successful, from an anatomical standpoint, restoring completely the contour of the cervix and os externum, as well as restoring the cervical canal to its normal condition. Prominent among the abnormal conditions which have disappeared after the operation are subinvolution, retroversion, prolapsus, metritis, endo-metritis and cervicitis, numerous cauliflower excrescences — which were, of course, removed during the operation — chronic cystitis, and in three cases, apparently beginning cancerous development; while prominent among the distressing conditions, which have been dissipated, are menorrhagia, metrorrhagia, dysmenorrhœa, leucorrhœa, constipation, dysuria, insomnia, extreme nervousness in many forms, sterility, mental aberration, extremely painful coition, obstinate neuralgia, marked symptoms of ulcer of stomach, melancholia, and, last, but not the least appreciated by the husband, excessive irritability and peevishness.

In several cases, as in the one cited, the operation has made it possible to restore confirmed invalids to health and strength of both body and mind, enabling them to resume all former activities, while in many cases it has made life enjoyable; whereas the multitudinous aches and pains and distressing nervous troubles, entailed by the lesion, had made life almost intolerable, both for the patient and those about her.

I do not look upon the simple operation as in any sense curative beyond the mere restoration of the parts to normal condition, but I believe in many cases it constitutes a necessary step toward restoration to health, in that it removes a very troublesome source of irritation to the whole nervous system, and renders the completion of the physiological process of involution possible which otherwise was not.

CASE II.

The next case to which I wish to call your attention was a patient of my friend, Dr. J. D. Tyrrell, of Toronto, and as my connection with the case was merely that of consult-

ing physician, I have asked him to give a report of the case up to the time I saw it, and subsequently, which I will now take the liberty of asking him to present.

DR. TYRRELL'S STATEMENT.

Though I have lost my notes of the following case, I shall briefly sketch a history, and treatment, at request of my friend, Dr. Emory.

In October, 1886, Mrs. —, aged 35, came to me for treatment. Had then been married seventeen or eighteen years, no children, though both she and her husband very much desired a child. Had had "ulceration" of uterus twenty years ago, also leucorrhœa; was treated for those diseases; she said the doctor cut out pieces all around os uteri, and also burnt inside of her womb with nitric acid and caustic. She suffered much from her treatment and it left her with prolapsus, menorrhagia and urinary trouble. For years she had suffered because she had to urinate so often, it caused her so much pain before, during and after; burning and scalding; she could not go out visiting because she could not retain water without agonizing pain, and also involuntary micturition after enduring the pain some little time. She was cured in a few weeks by occasional doses of *Cantharis em.* (F. C.); and then the leucorrhœa, profuse menses, still being a cause of annoyance I "took the case" over and found a good picture of *Calcarea*; a dose at long intervals (from 1m. to mm., F. C.) removed the trouble. She had had two miscarriages at about the third month, two and seven years ago, and was told she could not carry a child to full term, if she ever again became pregnant. However she so far improved as to become *en-ciente* and Homœopathy tided her over the critical period, and at the end of nine months she was delivered of a girl baby. In April, I was called as labor had set in, and found labor pains normal, presentation normal, but on account of great firmness of soft parts and cicatricial tissue entirely surrounding cervix, we expected to be obliged to use forceps and chloroform, and I had my friend, Dr. E. T. Adams, to assist. After waiting to limit of justifiable delay and

finding the band of scar tissue would not yield enough to allow the birth of head from grasp of uterus in spite of the best remedies we could choose, it was decided to call in surgical aid in the shape of our skillful colleague, Dr. Emory, who will describe what he saw and did. The os would dilate and after a time contract till nearly shut; after Dr. Emory had made incisions in the cicatrix the dilatation would only proceed as far as the incision and then contract again.

After delivery the os was lacerated and so was perineum; but once was there any sign of bright red hæmorrhage which was soon controlled by Cinnamon 200th; again dark, liquid fætid hæmorrhage, within twelve hours after labor, and nervous rigors for which Dr. Adams and myself gave *Secale* and that was last sign of hæmorrhage. *Hepar* and *Calcarea carb.* so controlled the case that in twelve days the worst case either of us ever saw was well; she could walk around bed, and in two weeks walk all over; the lacerations healing beautifully by granulation, notwithstanding flow of urine over torn parts. In less than a month patient could walk or ride all over and had no pain or bearing down. As this comes more properly under operative obstetrics I leave fuller description to Dr. Emory, only giving this as an introduction to his report.

J. D. TYRRELL.

When called by Drs. Tyrrell and Adams, I found the patient in the condition indicated by Dr. Tyrrell. Owing to the allopathic deviltry alluded to, the cervix uteri seemed almost one solid mass of cicatricial tissue, the os dilated to the size of a twenty-five cent piece, and the walls of the cervix as thick, tense, and unyielding as a piece of sole leather. Feeling confident, from the history of the case as given me, and the fact of about thirty-six hours of patient effort, both on the part of physicians and patient, that natural delivery was impossible, I advised division of the cervix, which being assented to by the attending physicians, I proceeded at once to accomplish; passing a long pair of curved scissors, guided and protected by my two fingers, and dividing the cervix on each side of the os to the extent

of about an inch, and leaving nature thus supplemented to her work. Returning in the course of a couple of hours, I found the patient in *statu quo*, the only point gained being the gaps made by the scissors. Before proceeding to extend the incisions, however, I decided to attempt the application of the forceps, which, under the circumstances, seemed almost a hopeless undertaking; however, after a few minutes of careful and persistent effort, with the patient under full anæsthesia, this was accomplished, and after some little time of bringing into play all my muscular force, the head was delivered through the os uteri, and the forceps slipping slightly were removed in order to give nature a further chance, and thus, if possible, save the perineum, which, in its unyielding and friable condition, must certainly be ruptured by delivery with the forceps. But, *vis naturæ* was too exhausted, and the forceps were again applied, and the head delivered through the vulva, when the grasp of the os uteri over the body of the child again proved too much for the then weakened uterine contractions, and when the child showed signs of cyanosis, the finger was passed into the axilla and so much traction was then necessary that I feared I should produce fracture or dislocation, which, however, did not occur. And much to the satisfaction of every one, we had a crying, plump, baby girl in our hands. The perineum was ruptured back to the verge of the arms, where tear deviated to one side, thus leaving the sphincter intact. A large hemorrhoidal tumor presenting in the floor of the wound, was emptied by pressure and the sac ligated, sutures were then inserted coaptating the torn surfaces in the hope of union, which, under the circumstances, I had very little idea would take place, with the result which Dr. Tyrrell has indicated.

Here, doubtless, was a case where meddling jobbery had produced a lesion which, under the circumstances, but for the intervention of surgical aid, must have terminated in the loss of two lives. Other cases of a similar nature might be quoted. Also cases where lacerated perineum resulting in partial or complete obliteration of perineal

body acting largely as a cause, has prevented the usually salutary results following the exhibition of the indicated remedy from being realized. But, the object of the paper is merely to direct attention to these lesions of traumatic origin, which have occasionally in my own experience proved the cause of disappointment in the results of therapeutic treatment. I may, however, say in conclusion, that so far as my own experience goes, the only class of cases in gynæcological practice in which I have had to resort to surgical procedure, is that class of cases which have their origin in some form of traumatism.

A PECULIAR CASE.*

FRANKLIN POWEL, M. D., CHESTER, PA.

On November 7, 1884, Mrs. C—, aged 30, two years married, in the fifth month of pregnancy, was seized suddenly with a severe, constant pain referred to the anus and rectum, so that she could not assume the recumbent position, in fact no one position was possible long. The following morning I found her in the same condition, no sleep and much exhausted, with high pulse (120). November 9, her pain was relieved, but her general condition was worse. A careful digital examination revealed the fundus of the uterus firmly adherent in the hollow of the sacrum. The os was tightly closed. Upon the advice of an eminent surgeon, a sponge tent was introduced and further dilatation was induced with a Barnes' dilator, but it was impossible to obtain a satisfactory one, clotted blood and shreds of the placenta only were obtainable. The condition of my patient being as follows: tongue dry, red and smooth, pulse 140, respiration very rapid, abdomen enormously distended, tympanitic and excessively sensitive, diarrhœa offensive, a stool every fifteen minutes, I considered it unwise to proceed further with mechanical measures. The case progressed slowly towards recovery. About 4 o'clock on the morning of November 30, I was hastily summoned to find

*Transactions, I. H. A.

the anus open and a dead foetus presenting, which I immediately removed. A further examination per rectum disclosed a utero-rectal fistula. It was with great difficulty and after repeated efforts that the placenta was removed per rectum. The method pursued, which succeeded, was in filling the uterus, per the fistula, with warm calendula water, after manual and instrumental efforts had failed. The fetor was of the worst kind. I have never before nor since experienced the like and never desire to again. The diarrhoea continued to some extent, in fact it was some time thereafter before it ceased. My patient continued very weak and a severe cough supervened. She left her bed about the middle of December and made an excellent recovery. She is now able to do any amount of housework—in fact feels better than she has ever felt in her life. A dysmennorrhoea which had always previously existed has never returned. She menstruates normally. A digital examination, June 3, 1888, was made, and the fundus was still firmly adherent in the hollow of the sacrum.

TREATMENT.

Anæsthesia was not resorted to for obvious reasons. Her temperature was not taken. She received as her first prescription, Sabina 200, without effect. Sepia 200 relieved her pain. Her diarrhoea and other alarming symptoms were much benefited with Cinch. 200, Ars. 200, Canth. 200. Mur. acid 200 cured her diarrhoea. The cough, which was the last to get well, was cured by Sulphur 200. A number of other remedies were given, but not being accurately selected were of no avail and consequently not worth mentioning.

Remarks.—The primary mechanical measures were not necessary. They did no good; they did harm in increasing the sufferings of my patient and reducing her strength. Her temperature was not taken, because the anxiety of myself and others was quite sufficient without it. I concur in the opinion of the late and eminent Dr. H. N. Guernsey that the use of the clinical thermometer is frequently the means of fretting the prescriber and warping his judgment, consequently dangerous to the patient. Sabina should not

have been given at first; it was not indicated. It is easy to detect our mistakes after we have made them. We should profit by them.

Dr. Gee: Where was the fistula?

Dr. Powel: In the fundus of the uterus.

Dr. Gee: This is a remarkable case. I would like to ask him if he is positive of it.

Dr. Powel: I had my finger in it; the cervix was closed.

Dr. Gee: Was that from the rectum?

Dr. Powel: Yes, sir; the fœtus was delivered through the rectum.

Dr. Campbell: I should like to ask Dr. Powel if she menstruates through the rectum?

Dr. Powel: No; she menstruates naturally.

The President: It is a wonderful case. I should like to know how such a case would have resulted in the hands of a doctor without a specific?

Dr. Powel: She would have died. It was with the utmost difficulty that I got her to let me make an examination before coming here, that I might report her present condition.

“OBSTETRICAL DON'TS.”*

1. Don't begin the administration of an anæsthetic early in labor; it predisposes to post partum hæmorrhage.

2. Don't use an anæsthetic against the will of the patient or friends.

3. Don't object to the moderate use of an anæsthetic during the latter stage of labor, as it is almost wholly without danger.

4. Don't put the woman entirely under the influence of the anæsthetic unless you intend to perform some operation. [Better not use at all. The simillimum is more efficacious and much safer.--Ed.]

5. Don't immediately cut and tie the umbilical cord; the child may lose a good deal of blood by so doing.

6. Don't make a strenuous effort to take the placenta

* Reported from a lecture of Prof. Leavitt, by George F. Love.

away at once, not until the uterus has begun to contract.

7. Don't make forcible traction on the umbilical cord.

8. Don't permit the placenta to remain more than an hour.

9. Don't withdraw the hand from the uterus in taking away the placenta until the walls have begun to contract.

10. Don't forget to examine the perineum after labor.

12. Don't neglect to keep the hand on the fundus uteri for several minutes after delivery, and press down.

13. Don't permit the woman to be left alone for the first hour at least. Danger of post partum hæmorrhage.

14. Don't leave without giving instructions to apply the child to the breast an hour or two after labor.

15. Don't refuse to place a binder upon a woman; a bandage when properly applied is a benefit. [Doubtful.—ED.]

16. Don't let the umbilical cord go unligated.

17. Don't let the nurse tend to the child until the mother has been cared for.

18. Don't permit the nurse to wash the baby until it has first been smeared with oil of some kind.

19. Don't put undue pressure on the child's head to mold it into symmetrical shape, when it has been flattened somewhat from the labor, as it will generally return to nearly its natural shape.

20. Don't allow the nurse to press out the secretion of the breasts of new-born infants.

A VERY curious and suggestive bill has been introduced into the legislature of Kentucky, which prohibits marriage with an idiot, lunatic, pauper, vagrant, tramp, drunkard, gambler, felon, or any person rendered physically helpless or unfit for the marriage relation, or any person with a violent temper, or who has, within one year, been a frequenter of any immoral house.—*St. Louis Med. Jour.*

Surgery.

HOMŒOPATHIC THERAPEUTICS IN SURGERY.*

EDMUND CARLETON, M. D., NEW YORK.

George S—, a healthy, dark complexioned, young Canadian Frenchman, had his right foot partly crushed by a railway train, while heroically saving the life of another person. He snatched the rescued party from the track in front of the locomotive, but could not himself get entirely away. He was taken to the General Hospital in Toronto soon after the accident, November 13, 1885.

The extent of the injury can be learned only approximately from the patient's own story, the hospital records being inaccessible. This is true also of much of the subsequent history. He says: "The cars passed over the left side of my right foot, crushing it and destroying the vitality of the integument." The hospital staff advised amputation, but he would not consent to this, and therefore the lacerated parts received temporary dressing. The next day a thorough examination under ether was made and fragments of bone removed. The soft parts had turned black already, and charcoal poultices were applied in consequence. Sloughing followed. As soon as the open sore presented a granulating surface, a plastic operation was performed to cover it, the skin being taken from the leg just above. This operation was reasonably successful. But the os calcis was afterwards found to be diseased, and the next act was to remove a part of it. The parts granulated, and two weeks after the operation upon the bone, skin-grafting was resorted to, which was apparently successful. This time the borrowed tissue was taken in part from the arm. Again dead bone was detected and removed, followed by skin-grafting and cicatrization. About a month later, dead bone was discovered again, and the surgeons urged

*Transactions, I. H. A.

the need of amputation; but the patient refused; so they dug out the offending portion and tried to heal the raw surface.

Soon after this, Mr. S. entered Bellevue Hospital, New York, in the hope that his foot might be made sound by the eminent surgeons connected with that Institution. One of these gentlemen advised amputation; but another of them thought he might succeed without so much mutilation; and the case was put in his hands. He operated before the college students. The patient says that "the muscles at the back of the leg were divided to let the heel drop." I presume that the tendinous structures were severed. This procedure was as unsuccessful as all that had preceded it. A month later, the same surgeon removed the astragalus, calcaneum, and the ends of the tibia and fibula, and shaped the other bones lying contiguously so that when all had been wired together, the member bore some resemblance to a bear's paw. But union did not follow. Ten weeks later, in the New York Hospital, a well-known surgeon amputated the leg just above the ankle.

It was reasoned that the unbroken string of failures hitherto, had been owing to the fact that too much had been attempted—and there is no objection to be offered to this opinion; that amputation had been the proper remedy from the start—which very likely is true so far as it goes; and that success would follow amputation at the time it was performed—and there we may be allowed to entertain doubt, until we know whether or not any constitutional impediment to recovery existed. Too many in our profession, take the low and altogether erroneous view of surgery, that it consists principally in the exercise of manual dexterity. Such men have much to learn, no matter to what school of medicine they may belong. There is no doubt that the leg under discussion was removed in a proper manner. And let it not be forgotten that the rules of "antiseptic surgery," so-called, were followed strictly. The stump sloughed.

The next operation took place at Bellevue. It was by one of the doctors already spoken of. He removed about

three inches more of the leg. The resources of the house and visiting staff were exhausted in the endeavor to make the stump heal, but without avail. He amputated again. An abscess of the stump followed. This was opened, but did not heal properly. Another abscess formed, near the site of the first one. This, too, was opened and did not heal. Re-amputation was proposed, and the patient left the hospital. Not long after this, a well-known surgeon of New York did re-amputate, as the bones were found to be partially necrosed. And presently he found it necessary to re-shape his flaps. But in spite of all he could do, he could not secure union of the flaps and proper cicatrization.

Mr. S. was next persuaded to enter the House of the Good Samaritan for treatment. There the stump healed, but neuralgia followed, which his medical attendant could not control, showing conclusively that the patient was not well. The limb took on an unhealthy appearance. It was decided to re-amputate, whether in consequence of the neuralgia or fear that the wound had not properly healed at the bottom, or both, or for other reasons, I am unable to tell. But I have learned that every fashionable "anti-septic" (not "aseptic") precaution was used at the time, including the douche of bichloride of mercury, iodoform sprinkled upon the raw edges after sewing, anti-septic gauze, etc. This being an operation at the hands of a surgeon attached to a homœopathic school, for the first time in this tedious case, it was felt that a brilliant result would redound to the glory of the cause of Homœopathy; hence (I suppose), the careful adherence to allopathic methods just mentioned. I once heard Henry Ward Beecher say that the reason why some men were called representative men was because they did not represent anybody. Perhaps this was a case in point. Be this as it may, it is certain that the state which followed was worse for the patient than ever before. He had endured thirteen principal operations and four of less importance.

On the 19th day of November, 1887, my attention was called to the case. The last operation had been artistically performed at the knee-joint, with a long anterior flap which

included the patella, and a short posterior flap. Quite a number of days had elapsed since the operation, but my *memorandum* does not specify how many. The stump was swollen, soft and sore, with hard bluish-red edges; thin, unhealthy pus was oozing from the seams, and connecting sinuses ran in different directions through the interior and to the surface. The pulse was quick, rapid, wiry and small; hectic fever was imminent; emaciation, lack of appetite and a sullen disposition contributed to the sad picture.

First, I stopped all medicated applications—iodoform externally, injections of dilute carbolic acid, and the like—believing them to be not only useless, but positively harmful, and allowed only weak salt water for ablutions; next, ordered Emerson's Albumenoid Food, a teaspoonful in water every two hours; and then sought the remedy. It seemed a clear case for Silicea, so he received a single dose of that drug, Fincke's cm. potency, with Sac. lac. to follow. Nothing was allowed to interfere with this dose until the first day of December, a period of twelve days, while destruction went on. That was long enough, I thought. Then the question arose, had not this man already been overdosed with Silicea at the hands of my recent predecessor? This question was natural under the circumstances, bearing in mind the tendency among gentlemen professing to practice Homœopathy to prescribe Silicea in a routine way for intractible sores and diseased bones. If Silicea had been abused, the complement of Silicea—its antidote, if you please—Fluoric acid, should be given. I had no means of knowing, but assumed the fact, and therefore ordered the acid to be given in its 200th potency, four pellets four times a day, until improvement should be noticed, and then taper off.

At this point my notes do not show just how much time elapsed before improvement began; but it was not many days; and progress was rapid thenceforward. All the symptoms yielded simultaneously, and in a few weeks he left the house quite well in every respect.

One feature of this case interested me greatly, and made

a decided impression upon the hospital attendants and others. In more than two years of torture, the patient had taken much morphine to relieve pain, until at length he could not sleep at night without a full dose. This had to be stopped, of course. But how? When the whole nation discussed, long and anxiously, a few years ago, how to resume specie payments, it was Horace Greeley who said, "the way to resume specie payments, is to resume." And so in this case, the taking of a destructive narcotic was simply stopped, believing that the radical way is the better way in dealing with abuses. Mr. S. was informed that he could not have any more morphine. The next night was full of misery for him, and the following day one of serious reckoning with me. Something had to be done. In a very impressive manner I told him that a substitute for morphine could be employed, but only with extreme caution, as dire consequences might follow an over-dose. Then and there I gravely and deliberately made two powders of sugar of milk and handed them to the nurse, directing her to give one of them in the early part of the night, should he feel absolutely unable to endure his suffering any longer without it; if this first powder should prove unsuccessful in two hours, he might have the second; but that nothing could induce me to trust a third powder in the nurse's hands; that I assumed all the responsibility and should note results in the morning.

Early the following day I appeared at the bedside; asked with great seriousness how he had slept, how many powders he had taken, and if the medicine had produced any bad effect. He said he had found it necessary to take one powder, which made him sleep well and did no harm. The nurse, who had not yet been let into the secret, exhibited the remaining powder in evidence. The patient's face expressed the satisfaction he felt at having convinced the doctor that strong narcotics were absolutely necessary in his case. Just one powder a day, after that, was made and handed to the nurse, in the presence of the patient, for him to take at night. In a few days the head nurse was let into the secret of the deception. This was for her benefit. As

soon as prudence would admit, other nurses were enlightened, for their benefit. Professing anxiety to reduce the dose, I began to make the powders smaller, gradually and with careful observance of effect. The patient himself became interested in our endeavor to fully emancipate him. I shall not soon forget the exultation in which we all indulged when, finally, it was found that he could sleep without any powder. In my judgment, it will not be wise for him ever to know of this little matter of justifiable deception.

Quite recently, I heard that he walks very comfortably with an artificial leg, and considers himself a well man.

HEREDITY: A RARE CASE.

The question of heredity is one of interest to the profession, and of late I have been giving the subject some attention. The following is a rare case and worthy the consideration of our psychologists, some of whom will perhaps explain the cause:

A family of six children. Father perfectly healthy, and has an ordinary education. No history of any nervous disease in any of his near relatives. Mother healthy, education limited; her parents and near relatives all healthy.

First child, a boy, is a mute; second child all right and intelligent; third child, a mute; fourth child, senses complete and has a fair education; fifth child, a mute; sixth child all right, and very bright for a small child. All the children learn rapidly. The mutes are educated and apparently very bright. Will some one explain through the
ADVANCE?

J. C. FAHENSTOCK, M. D.

Piqua, O.

I HAVE learned much concerning Homœopathy, in the past twelve months; I expect to learn still more in the next. My self-opinionated ideas are being gradually shed, and as I rid myself of these, my bigotry is being carried away also. I once believed I "knew it all or nearly all;" now, I conclude, I know "nearly nothing."

S. W. COHEN, M. D.

Clinical Medicine.

CASES TREATED AT THE WOMAN'S HOMŒOPATHIC ASSOCIATION OF PENNSYLVANIA HOSPITALS.*

TWENTIETH ST AND SUSQUEHANNA AVE., PHILADELPHIA, PA.

JENNIE MEDLEY, M. D., SUPERINTENDENT.

Case I.—Martha L—, aged 9, light complexion, pale, sickly countenance. This child was brought to the hospital to try if homœopathic medicine could cure enlarged, indurated tonsils. The patient had suffered with her tonsils in this way for over two years, every time she took cold; and each time they were cauterized by their family physician, who was an Allopath.

The neck over the tonsils was very sore to touch, and she dreaded any one to go near her, for fear they would touch her neck, and they were obliged to be careful in combing her hair for fear they might accidentally touch the sore spot; there was also great soreness on swallowing. I also noticed a left sided lachrymal fistula, which their family physician had ordered them to go to a specialist with. In addition to these symptoms the child had had a miserable appetite; lack of ambition; and I also noticed a scar on the neck where the left submaxillary gland had been lanced, it also having been enlarged and indurated some months before coming to me. I prescribed Baryta carb. 41m, one dose dry on the tongue, with placebo, and instructed them to return in a week. The mother returned in a week with the patient; she was perfectly delighted, as both the eye and the throat were wonderfully improved. Both the eye and the throat improved from week to week; at the end of the sixth week the eye was entirely well, but the swelling had not entirely disappeared from the tonsils; two weeks later the swelling and induration disappeared

*Transactions, I. H. A.

and the patient seemed in perfect health. One dose of Baryta carb. 41m. did the work. Several months later she again called, her throat had begun to trouble her again in the same way. Baryta carb. 41m. again was prescribed, and I have not had occasion to prescribe for her since.

Case II.—Miss Adele W—, aged 28, brunette. From her fourteenth year she had been troubled at each menstrual period with quinsy. Eight days before each period came on her throat would become sore, and about four days before the flow her tonsils would become so large, that the physician, who was an Allopath, would burn them. She said she had tried both Allopathy and Homœopathy, and if the quinsy could be cured this time, it would be wonderful indeed.

She complained of frontal headache, worse on the left side, with occasional sharp, knife-like pains through the left temple; was sleepy and tired, but could not sleep on account of extreme nervousness; her head was hot and extremities cold; at intervals a sharp pain would dart through her heart, taking the breath from her. Her appetite was poor, very little making her feel as though she had eaten a hearty meal. Her whole body felt bruised, the softest mattress seemed hard; the bowels were inclined to be constipated, and the menses too soon, too profuse, and light colored. Gave Arnica cm., one dose, dry on tongue. I told her to come back in four days if she did not improve. I saw her again in a week and a half; she had passed through her period without having quinsy, for the first time in fourteen years. I have had to give the remedy three times since the patient has been under my care, which is five months. [This was a brilliant prescription. The majority of homœopathic physicians, however, would have shot at the quinsy instead of the patient, and of course missed the game.—Ed.]

Case III.—Mrs. Alice W—, age 56, was admitted to the hospital with the following symptoms: Face, pale; yellow spots on the face and saddle across the nose; throbbing headache every morning on waking and lasting all day; desire to urinate very frequently; her abdomen naturally

was very large, and she was greatly annoyed by rumbling in the abdomen. All kinds of food disagreed, causing bitter eructations; she also had a full feeling after eating. She had complete procidentia with dreadful bearing down feeling relieved by crossing the limbs. Gave *Sepia* cm., one dose. The next day she did not complain of the headache, but she suffered very much from colicky pains in the abdomen. The condition of the stomach improved each day, until at the end of three weeks her appetite was quite good, and the uterus, though not in its normal position, had been drawn up into the vagina, and caused her little or no uneasiness; she returned to her home and did her own housework. I told her to come for medicine when she felt symptoms of her old trouble coming back; she comes back for medicine once a week (placebo) as she wants to "keep up the medicine that has done her so much good." The patient has had five doses of medicine, repeated every five weeks, and is growing stronger and better in every respect each day.

Case IV.—Miss Jane T—, aged 30. She had been healthy up to her 17th year, at which time she was caught in a rainstorm during her menstrual period; she was quite ill at this time, and a physician was sent for who gave her such a powerful dose of medicine that she was not expected to live. She could tell me none of the symptoms she had at that time. Following this she suffered greatly at each period; menses very profuse, long lasting and light colored. She had neuralgia through the face and brain continually, but it was so much worse at the menstrual period, that she was obliged to lie with her head hanging over the side of the bed, her body being in a prone position. The only nourishment she had taken for two years was a crust of dry bread and a cup of clear tea three times a day. The thought of food made her sick, and the sight of meat or anything oily would nauseate her; she would eat ice cream occasionally. The whole length of the spine burnt and pained, the sharp pains being somewhat relieved by lying on the back. She was so tender in the epigastric region, that the slightest touch would cause pain there for

some hours afterward. In the middle of summer, when the temperature was between 85 and 90 degrees, she had six blankets over her, and four hot water bottles to her, before she would be comfortable; her hands and feet were icy cold, and clammy; eyes, bright; clear complexion and red cheeks. The least noise would make her almost frantic. Every morning about 6 o'clock she had a sensation as if a web were drawn across the throat, relieved by drinking hot tea or hot water. Her mind was very bright, and she never complained of pain unless it was very severe. She enjoyed her tea very much, and if she did not get it, the neuralgia was very much aggravated. Whenever a stranger came into the ward a jerking of the right limb commenced, which she was powerless to control. I prescribed Cinch. and Calc. Visiting physicians prescribed Ferr., Sil., Nux., and Spong., all to no end. She had been in the hospital now three months and was no better. Finally one of the consulting physicians (Dr. Lippe) was called in who prescribed Zincum, cm., one dose; the same night she was very sick, all her symptoms were very much aggravated; the next day the pains in her head were more easy than they had been for a long time, and in eleven days the neuralgia troubled her no longer. In two weeks from the time she took the Zincum, she was lying with nothing but a sheet over her; no neuralgia, no sensitiveness about the first dorsal vertebra; the appetite was greatly improved also, she was now able to take mutton broth, and could eat a little butter on her bread. At her next menstrual period the neuralgia returned, and she suffered considerably with pains in the uterine region, but nothing compared to what she had suffered before. The succeeding period passed with but very little pain; the pain in epigastric region and the sensitiveness below the first dorsal vertebra had entirely disappeared. But one dose of Zincum was given, and in two months and a half from the time she took it, she was cooking for a large family.

WHEN we walk towards the Sun of Truth, all shadows are cast behind us.—*Longfellow.*

A CASE FROM PRACTICE.

WILL H. BAKER, M. D., ROCHESTER, N. Y.

February 22, 1888, was called to prescribe for a little girl who had arrived in the city the day before, and had taken cold on the journey. Three doses of Aconite cm. cured within twenty-four hours. While I was prescribing for her, I noticed that her brother, a chubby little fellow, light hair and blue eyes, was very hoarse and had a cough that was decidedly croupy. The mother informed me he had been so for a few days past, and showed me a couple of vials of medicine, given to her by their family physician before they left home, for the cough and hoarseness, which she was giving in alternation every one to two hours.

A night or two after, was called to a well-developed case of croup, which was quickly controlled by Aconite 200 and followed by Spongia 200, two doses of each. The next day the little fellow was up and about, but his hoarseness was as bad as before, if not worse, and he had a hollow, dry, barking cough. Gave Spongia cm., one dose, and Sac. lac. The following day, the only change was, the cough was loose and rattling; he had awakened at midnight and again at 5 A. M., with a loose, rattling, choking, suffocating cough. Hepar cm., one dose, and Sac. lac. I called the next day, expecting to find improvement, but was disappointed. The little fellow was up and about the house; was cross, impatient, nothing seemed to suit him; restless; would play with one toy a moment, push it away, and want another; cough was loose and rattling; about midnight had a paroxysm of coughing; the mother said the mucus came up in the throat and almost suffocated the little fellow; hoarseness no better. Gave Cham. cm., one dose, and Sac. lac. The following day, was told by the mother that in a couple of hours after the powder, the hoarseness was better, and by the middle of the afternoon was entirely gone. The night was passed quietly without one cough, and the little fellow was running about as well as ever.

RHUS IN NEURALGIA.

HOWARD CRUTCHER, M. D., MEMPHIS, TENN.

On Thanksgiving afternoon I was exposed to a cold wind while watching the landing of a cotton boat at the Memphis wharf. I stood with my right side to the river and in a few minutes felt severe pains shooting up the ulnar nerve. I soon got to a warm place and was surprised that the pains grew more and more severe, having by eight o'clock in the evening extended into the shoulder, not, however, interfering with the motion of the joint. The pain was steady, *aching*, quite uniform throughout the arm and forearm, but extremely severe in the structures beneath the deltoid muscle. At eight o'clock I took a dose of Rhus 30, dry on the tongue, and almost immediately was called into the open air again. In the space of 30 minutes there was a decided improvement and at the end of ninety minutes there was no pain remaining.

Was this really a cure? There appears to be no doubt of the indication for Rhus; and why should it require a material quantity to cure something caused by an intangible, but powerful force? How much neuralgia is there in the wind? How much of a man's voice sticks to the telephone wire over which it passes? How much *power* (not necessarily *medicine*) is there in the thirtieth of Rhus?

**MY EXPERIENCE WITH THE SINGLE REMEDY
AND POTENTIZED DRUG.**

A. HOUGHTON BIRDSALL, M. D., BROOKLYN, N. Y.

Case I.—Mr. G —, aged 36, had been suffering with intermittent fever for eight months, during which period Quinine, Arsenic, etc., had only partially controlled the paroxysms, the chill always reappearing shortly after the cessation of the drug. The type was a tertian intermittent. Before chill, complained of headache from one to two hours.

The chill always occurred in the forenoon, between nine

and twelve o'clock; commenced in feet and hands, thence spreading over body, generally accompanied *with thirst*; the finger nails get very blue. The cold stage usually lasts from two to three hours, and is followed immediately by

Hot stage, which is characterized by *thirstlessness* and throbbing headache, with much *heat* in head and face—the *face* especially—which becomes very much *flushed* and *red*.

The sweating stage is usually short and perspiration sour.

During apyrexia he perspires easily, especially from the least external warmth; awakens always in morning with a slight sour-smelling perspiration. Feels very dispirited and weak; appetite poor; much flatulence and eructations after meals, with bloated sensation; looks pale and anæmic. Such a plain picture for Carbo veg. warranted me in giving him one dose of the 4,000 dry upon tongue, with instructions to report in one week. He had only three chills after taking the remedy; each paroxysm being lighter than the one preceding, he received no more medicine—nothing but placebo—and in speaking with him three months after he informed me that he had had no return of the chills since seeing me, and that besides he was enjoying better health than he had for several years past.

Case II.—Mrs. L.—, came to my office saying that she had been suffering with malaria for about eight months, with occasional chills. Upon close inquiry I learned that her paroxysms had been recurring every two weeks from the commencement of the chills and with marked regularity; while as regarded the hour of appearance and character of symptoms during the paroxysm there was a marked *irregularity*—the hour of attack ever changing and no two attacks being alike. Absence of thirst during the cold stage was a more constant symptom than its presence during the heat. The facts thus far afforded, viz.: the paroxysms recurring every fourteen days; absence of thirst during the chill and the inconstancy of the symptoms during the attack suggested at once the study of Pulsatilla; whereupon I elicited the following confirmatory symptoms:

Sweats on one side of the body during the sweating stage, but not always on same side, and sometimes has noticed a musty odor to the perspiration. The stomach, especially during the present illness, becomes easily deranged from pastry and greasy food; has had to avoid it on that account. Her menstruation has always been scanty through life, and easily suppressed from colds and dampness. Complexion, blonde; nature, very submissive. Who would not give Pulsatilla after getting these facts? One dose of Pulsatilla cm. given on the first day succeeding attack radically cured without recurrence of chill.

Case III.—Mrs. H —, aged 38, married, had a severe attack of chills and fever during convalescence from child-birth in December last, for which was prescribed large quantities of Quinine by a homœopathic physician, on the ground that it was necessary to prevent puerperal peritonitis consequent upon a repetition of chills; the result was a suppression of the paroxysms, but for the following three months she complained of not feeling well until finally she began to show symptoms of a return of her chills.

I was called to see her in April last, when she gave me the above account of her case, and said that for the past week she had been complaining of feeling chilly at various times throughout each day, principally in the back, the chilliness alternating with flushes of heat; during the night would suffer from aches and pains in back and limbs, making her restless and wakeful, *but* when she *slept* would break out with a cold, clammy perspiration confined entirely to the *back* and *back of neck*, which, however would disappear soon after awakening. These were the parts generally lain upon, as lying upon either side would cause pain in the side. During the past week had had continuous fever with slight remission in forenoon; complains of extreme weakness, and seems to get weaker every day. Headache across forehead and through temples of a constrictive character; has this constrictive feeling also about the waist and chest, with considerable dry cough and soreness in chest; also speaks of the same feeling of constriction about lower limbs — as though a cord were tied tightly

around them. Has complained ever since her accouchement of pain and soreness in lower part of back, with pressure and weight in abdomen when on the feet, especially when walking. Said she had never felt as though she had gained or recovered her strength since her confinement, at which time she had considerable post partum hæmorrhage. The extreme debility, and pains in the back (referable no doubt to uterine difficulty) had been constant since that time.

The day before my first visit she had her first pronounced chill at 2 o'clock in the afternoon, commencing in back, thence spreading over the body, causing her to shake. The shivering lasted about twenty minutes, but slight coldness continued for nearly two hours; her pains in back and head were very much aggravated during the cold stage.
No thirst.

The hot stage followed directly, *without thirst* and with no alleviation of pains in back and head, in fact more headache and backache than during the cold stage; the fever lasted a couple of hours and was succeeded by

Profuse sweat with a great deal of thirst, lasting nearly all night.

My visit was in the morning following the paroxysm, and I found her in an extremely prostrated condition. She told me such had been the type and character of her former paroxysms during convalescence from childbirth. How any homœopathic physician could have prescribed Quinine, and in such quantity for the case at the time, I fail to understand. I gave her Cinchona dmm., one dose, upon the tongue, and being only about three hours before her next chill was due (I had reasons for judging it was of an every day type), I told her that I thought possibly she would have another chill that afternoon. She had a slight chill with corresponding fever and very light sweat the following night, and that was all. Her fever gradually left her, together with her supposed uterine difficulty, and in three weeks she had entirely recovered her strength. She only received the one dose.

Case IV.—A lady came to my office and gave me the following symptom: Nearly every night for the past two

weeks, directly after going to bed, had been seized with a terrible, sharp, neuralgic pain, confined to the left half of the lower jaw; the pain always being so severe as to necessitate her taking an opiate. The peculiar significance of the pain as a symptom seemed to rest in the fact that it only appeared upon *lying down*, when *going to bed at night*; never in the day time when lying down, and never in the evening when sitting up. After a long search I found under Aranea (Allen's Encyclopædia), the following italicized symptom: "*Sudden violent pains in teeth of the whole upper and lower jaw at night immediately after lying down.*" Thinking the similarity sufficient, I gave her a single dose of Aranea, dry, which cured promptly without return of a single paroxysm.

Case V.—Was called in to see a garrulous old maiden lady, 60 years of age, who was suffering with what she termed a "kidney disease." She said that she had been ailing for ten or twelve years—in fact, ever since her change of life began she had never seen a well day. She worried constantly about her trouble, anxiety and fear being depicted upon her countenance. She had a fear that her disease would terminate fatally and that suddenly; is afraid to go to bed, that she might not awaken. Awakens often through the night and sleep is restless and disturbed on this account; feels tired, exhausted and despondent on rising in the morning; fears at times that her better nature might be overcome by an irresistible inclination to suicide. When asking her what reasons she had for all this fear and mental suffering she told me that she had not passed over half a teacupful of water in any twenty-four hours for the past five or six years; that what she passed was as dark as coffee and at times of a terribly offensive odor, especially if it stood for a few hours; and that upon standing for twelve hours or longer it would generally deposit in the bottom of the vessel a sediment of dark, soft particles, sometimes a gritty or brick-dust sediment. Very often has an ineffectual urging to pass water, with pain from back to hips. Some chronic dyspeptic symptoms, from which she had always suffered. Always feels great pressure in stomach

after eating, only relieved by eructations and passing of flatus; troubled with flashes of heat to head but not so much as formerly; skin dry and burning most of the time. Soles of feet and palms of hands dry and hot; cramps in calves of limbs at night, while asleep, causing her to awake.

I prescribed for her a single dose of Lachesis, cm., and Sac. lac. in water, and called to see her three days later. She had kept all the water she had passed since my first visit which was over a twelve quart pail full of the blackest and the most offensive urine I had ever seen. She was feeling better in every respect, physically and mentally. I left her plenty of Sac. lac. with request to come and see me in a week or two. I saw nothing of her for six weeks, when she came to my office saying that she had improved rapidly until then, when she was feeling well and happy. I have since attended her for different troubles, but not for "kidney disease."

VERIFICATIONS: CLINICAL NOTES.

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

Case I.—Short, plump, married woman, aged 36. For several months her menstrual flow has been but a mere stain, and the enlarged abdomen made her suspect she might be pregnant. Her menstrual habit has always been profuse. Her ankles are oedematous and her hands slightly swelled. Marked nausea when hungry. When in one position long, becomes stiff in all the limbs. Great weakness from simply walking up a flight of stairs. Great prostration during menses, and so tired and heavy all the time. Sudden spells of overpowering sleepiness. All her morbid feelings are made worse in a warm room, and greatly improved when she is in the open air. Must urinate frequently day and night, copiously during the night. Sense of soreness, perhaps in the region of the uterus; on "sitting something pushes up that is painful." Great sense of heat in the dorsal spine. Hot flushes from spine to face. Brown spots on abdomen. The slightest exertion causes

profuse sweat. "To-day I could not eat my dinner; every time I swallow my heart jumps so." Feet go to sleep.

"There is a yellow, sandy deposit in the urinal, hard to wash off; soap suds will not wash it off."

She received *Lycopodium* 43 m., a single dose on the tongue.

Three weeks later she reported: "The swelling of the abdomen has gone, and I can breathe easily." Sac. lac.

Four weeks later she reports: "I do not think I am quite so well. I have been going back again for a week." The difficult breathing had returned, and the feet are beginning to bloat; the abdomen is again distended with flatus.

Lycopodium cm., one dose.

No report for two months. Word was sent that all the symptoms had disappeared.

Some three months later was sent for in haste. She had passed a quantity of limpid fluid from the vagina, so suddenly that she was alarmed. It looked like a muco-purulent fluid, and had been followed by the disappearance of a lump in the left side of the abdomen the size of a fist. There was no more of it, and no more symptoms. Evidently a pyosalpinx. Upon re-examination, several of her old symptoms had returned, and it was thought proper to give her another dose of her old remedy.

As she had made a great constitutional gain, *Lycopodium* c.m. was given, a single dose, dry.

She reported some three months later for the first time, thinking herself well up to within a few weeks. The painful pushing up feeling on sitting down has returned.

Menstrual flow scanty and clotted.

Pain in ovaries before menses.

Abdomen distended and hard with flatulence.

The uterus is sore to a jolt in the street car.

The whole abdomen seems sore to the concussion of riding or stepping.

Frequent urination during the night.

As soon as there is any urine in the bladder she must pass it.

Nausea all day.

Eating often to relieve the hunger and nausea.

Cannot endure clothing about the waist.

Pain in the uterine region at the beginning of menstruation that passes off after the flow begins.

Sick stomach from riding in a carriage.

Must make haste when the desire to urinate comes or she will lose it.

Petroleum 45 m., one dose, dry.

She sent word some weeks later that all her symptoms had gone, and that she would report if they returned.

It was nearly four months when she called to report that she had menstruated once, perfectly normal, but the next time not quite right, and the last time she was very sick.

Great tenderness in the region of the uterus, compelled to keep her bed; clotty, scanty, coffee-colored menstrual flow.

Jar of the bed made her suffer very much.

The mammæ and nipples extremely tender.

Pains ceased when the flow became free.

Pains through ovaries, hips, and in the back (sacrum), before menses, until flow became free.

She had been troubled with pains all during the month as if her menses would come on.

Seems that the very sensitive uterus pushes up when she sits down.

Belladonna 50 m., one dose, dry.

She is perfectly well and says she is much stronger than ever in her life. She says, "I am now a perfectly healthy woman."

Ferrum iod. gave me a very interesting study in comparing it with remedies in this case, but I could always feel safer among the remedies that I have so often tested. I neglected to say that there was never any albumen in the urine.

Case II.—Almost constant heat of head and face. Pulse slow, sometimes as slow as 45. Cannot endure any mental exertion. Sweating of palms. Appetite voracious. Stitching pains in the heart.

Naja 45 m., one dose, cured.

Case III.—Mr. —, aged 52, been addicted to whisky drinking for many years. States that he had a copious flow of blood from the bowels some four months ago. He considered himself well up to two years ago. During these two years he has declined steadily, "growing weaker all the time," he says. At present the exertion of walking a few blocks to my office caused suffocation; in fact it was some minutes before he could talk, he was so out of breath. After the loss of blood, above mentioned, his feet began to swell, and at this time both limbs to middle of thighs were very cedematous. Has had two or three nondescript chills. A few days ago he had a sudden paralytic weakness of left arm and leg, which passed off in three hours, leaving a numbness in the left hand and rending pain in left side of head and face. No appetite, and there are bloody mucous discharges with the stools, which is otherwise normal. "I feel as if in a dream all the time."

Loss of memory. His wife came with him for his safety and to tell his symptoms for him. Thinking hard enabled him to recall many of his symptoms and simple incidents. When I would let him talk he would keep saying, over and over, "If I should run I would drop dead."

His face was covered with varicose veins and very red. A general venous stasis prevailed. Feeling on top of the head as if he had been hit with a hammer. (The wife said he often mentioned the last symptom.) Must pass urine several times in the night; urine thick and cloudy after standing, but is clear when first passed. Has had much worry from financial losses during the last ten years, which has made him resort to whisky. He has always had a very red face. He cannot pass urine while sitting at stool, but it flows freely when he is standing; albumen in the urine. He has taken much medicine during the last two years, always very strong.

While this case seemed very unpromising, and the wife was promptly informed that the case would most likely prove fatal, I was urged so strongly by her, that I took considerable time and settled upon a remedy. Sarsaparilla cm., one powder, in water, eight doses spread over

two days, and plenty of Sac. lac. No aggravation seemed to follow, and at the end of a month he was so much improved, and still improving, that he continued to take Sac. lac., which restored him to a very comfortable existence, and he is temperate and works for his living and supports his family, which was previously done by his wife with her needle.

Case IV.—Tall, slender young man, aged 21, blonde, writes out the sickness he wants removed, says: He has been a great sufferer from pains and general weakness, all caused from masturbation when a lad, which he has been able to abandon. From his long letters the following symptoms were considered useful: For several years he has been disturbed by pustulous formations all over his face and forehead. Bluish red discoloration of face and neck comes and goes, which a doctor said was erysipelas (?). One year ago in the heat of the summer he overworked in the harvest field, and was sick with what was called "typho-malarial" fever, and it was three months before he could go to work. The following winter he coughed all winter and the cough has not left him. In the following spring boils came out all over him. Almost constantly feels a constriction of the chest. Headaches come about weekly. His back is always covered with pustules. Common food distresses his stomach as soon as eaten. Trembling from exertion and becomes tired easily. Gloomy and thinks his habit has ruined him. Says his head hurts so from constantly thinking about his failing health. He cannot keep his mind off his health. The face is painful in cold air, and the nose is so painful inside. His seminal losses were only occasional, and I soon concluded that the cursed drugs he had taken and the advice he had had were worse than his youthful sins.

The cases coming by letter are often not what we want, but the best can be obtained. He took Sulphur 55 m. and made a good improvement for some time, always thankful for so much improvement.

Finally he got another dose of Sulphur cm. that continued him in the curing way.

His cough was troublesome finally and he could not lie on the left side, and the cough was worse from the cold air; taking into account his shape he received Phosphorus 45 m. and improved again; the cough ceased for a time.

Finally he wrote me a lot of symptoms that I could make nothing of, except he seemed to have lost much he had gained, was losing flesh, and had an appetite that he could not satisfy. "The more I eat, the thinner I get," he writes. He took Iodine 58 m., one dose; Oct. 15, another; Dec. 21, same potency; March 8, he got Iodine 20 m., and he has never needed any medicine since, and can work very hard, and is a picture of health. There were no new symptoms after he took Iodine; and when the symptoms would return and continually grow worse, he would get another dose, which shows that the first dose cured for two months, and the next dose exerted curative action about two and a half months, and the last dose finished the work. He never failed to notice the positive curative action of a dose of Iodine. It acted without aggravation. Amelioration would begin in a few days after a dose, and steadily his symptoms would diminish and his strength correspondingly increase. It will be well to remember that this young man had taken drugs with no benefit, and when the similar remedy was administered he responded promptly. He knew nothing of the system of Homœopathy only as he was advised by a cousin that lived in the city, to correspond with her physician. This hard-working young man was bowed down with fear, produced by reading the cursed charlatan literature sent out to deceive the young, so that they will squander their money on advertising doctors and patent nostrum venders. Homœopathy restores them when they are sick, and removes their fears when they are not sick, and the family physician should be the only adviser of all the young in his vicinity. He should be the friend to the children, and so hold their confidence that he first of all will be consulted in those matters.

Case V.—Girl, æt. 13. Considerable swelling of face and nose; bones of nose very sore to pressure, pain in bones of nose, unable to breathe through nose. Two other children

had disease of nasal bones and fetid discharges. Father had died with suspicious symptoms. The mother could tell nothing, but the case appeared to be specific. Every question to the girl was answered by a shake of the head or "don't know." She was remarkably stupid. There was much sweating about the head, and from the extensive bundling up I concluded that she was chilly. There was no discharge from the nose, but the great shining tumefaction seemed to look as though pus must be forming somewhere. The nose was swelled to unsightly appearance. She got Silica 5 m. May 8th, and a few days later a copious discharge of bloody pus came from the nose and for some weeks the discharge continued as a laudable pus and the child improved.

July 5th. She reported with a most offensive discharge, thin and ichorous. The bones of the nose greatly affected and very tender. The swelling had gone under Silica. She received a dose of Aurum 75 m.

August 1st. No discharge and there seemed to be no trouble. No medicine.

She remained away until Oct. 15th, when she reported. Discharge returned, thick, bloody and very fetid. Sometimes the blood disappears, then it is yellow, but always thick. Aurum cm., one dose.

Nov. 6th. There was no improvement. Kali bich. 45 m.

Dec. 8th. There was no improvement. The discharge was very excoriating, thick and yellow. Arsenic iod. 30th, in water, one day, and Sac. lac.

Jan. 4th. Soreness all gone from nose and the discharge is thin and white, and she begins to breathe through the nose. Sac. lac.

Feb. 12th. She can breathe nicely through the nose; no soreness in the bones of the nose when pressed between thumb and finger; discharge scanty and only slightly offensive. Sac. lac.

March 10th. Discharge increasing, becoming thicker and yellow, some pain in bones of nose and a stuffed feeling. Discharge burns the lip. Child fully as stupid as ever. Arsenic iod. 45 m., one dose, dry, and Sac. lac.

D

April 13th. Girl seemed quite well; there were no symptoms.

Her uncle said to me some six months later that the girl had made a great change and was becoming quite bright and womanly. No nasal trouble.

The thick yellow discharge cured by Arsenic iod. is a verification of that symptom in a proving made by myself, wherein this nasal discharge was like yellow honey. I have many times cured this symptom with Arsenic iod. The proving was made with the 20th potency, and now verified with the 45 m. It may here be said that the discharge in the proving was gluey and like yellow honey. This is a very valuable characteristic of this almost unknown remedy.

Case VI.—Long standing constipation. Stools large, hard and difficult to expel. She goes four to six days with no desire for stool, and then she strains until covered with sweat to pass a stool. The left ear is deaf and the left Eustachian tube is closed. *Sanicula* 10 m. cured without repetition.

Societies and Colleges.

AMERICAN INSTITUTE OF HOMŒOPATHY: FORTY-SECOND ANNUAL SESSION.

EDITOR ADVANCE:—The forty-second annual session of the American Institute of Homœopathy will be held at Hotel Lafayette, Lake Minnetonka, a few miles from the "Twin Cities," St. Paul and Minneapolis, Minnesota, beginning Monday evening, June 24th, and continuing until Friday night June 28th, 1889. Details of the arrangements will from time to time be furnished to the homœopathic journals for publication. The proper committees are actively engaged in securing such arrangements as will assure the success of the convention and the enjoyment and advantage of those who attend it. The local committee of arrangements and other resident physicians of Minnesota

are planning to secure the attendance of as large a number of lady friends of the Institute members as possible.

The object of this notice is to direct the attention of the Institute, and especially of bureau members and committee-men, to the fact that one-half of the year allowed for preparation has already expired. While some of the bureaus and committees have fully matured their plans, and many of their members have their work well under way, the preparatory labors of others are not yet begun. Thus far the secretary has received reports of progress from bureaus and committees, in effect as follows:

The Bureau of *Materia Medica* reports that some of the members have held conference meetings and are engaged in preparing materials illustrating the pathogenesis of Iodine and its Salts. Others have promised important literary contributions to the same subject.

The bureau of *Gynæcology* is preparing four papers on *Uræthritis* and *Cystitis* (in the Female) and has selected a member to open the discussion on each paper. The chairman requests a general discussion based on professional experience, and says "Everything justifies the hope of a full and good report."

The Bureau of *Psychological Medicine* will report on "Agents for the Creation and Development of Will-power," and expects to present at least nine papers on various subdivisions of this topic. Some of these papers are now in course of preparation.

The Bureau of *Obstetrics* is engaged upon the general subject of *Puerperal Complications*. Several members of the bureau are already at work upon their assigned subdivisions.

The Directors of *Provings* have adopted as their work for the year critical analyses of the provings presented at the last session; for this purpose a set of rules has been elaborated under which the members of the committee will determine the value of such provings, each member applying the rules according to his own convenience.

Certain other bureaus are also engaged in the preparation of their essays, though formal reports of progress have

not yet been received, and the same is true of some of the more important committees. Still other bureaus it is known have not yet completed the preliminary portion of their annual labors. As information is received it will be sent to the journals for publication.

The Secretary may be pardoned for suggesting that papers be completed early and copies made and submitted for examination to those likely to participate in the discussion thereon, thus adding to the interest and profit of the sectional meetings. These copies could then be sent to such journals as their authors might select, thus securing their wider publicity, yet without interfering with the prompt publication of the Transactions.

Respectfully,

PEMBERTON DUDLEY,
General Secretary.

S. W. Cor. 15th and Master Sts., Philadelphia, Pa.

EDITOR ADVANCE:—Saturday evening, Dec. 15, will be remembered in the annals of the Woman's Homœopathic Association, as the date of the last lecture of the first series ever delivered on the Organon, Materia Medica and Therapeutics in their Hospital; the lecturer, one who needs no introduction to the readers of the ADVANCE, Professor J. T. Kent, M. D.

The audience, which was composed of physicians (in excess), students and laymen, was deeply interested through the entire course. Professor Kent is highly qualified as a teacher, his style being devoid of technicalities, instructive, clear, enthusiastic and forcible; he is pre-eminently a Homœopath.

The knowledge of the salient points of these lectures will ever act as a prophylactic against methods which savor strongly of Allopathy, Eclecticism, or Pseudo-Homœopathy, so frequently employed by those who *profess* to be followers of Hahnemann.

Professor Kent's exposition of the Organon well typifies the scriptural injunction—"make thy ways plain before my face," when applied to Hahnemann. His analysis of

drug provings in finding the "red strand" of a remedy is a factor, indispensable in the life of the physician, and one which the student should well digest for future use.

The ladies are to be especially congratulated in having secured the services of one so eminently useful in furthering the *kind* of Homœopathy practiced in their hospital; this institution being peerless as a monument of Hahnemann's teaching.

W. H. A. FITZ, M. D.

After the closing lecture of the Post-Graduate Course on the *Materia Medica* and Philosophy of Hahnemann, Dr. G. B. Ehrmann was called to the chair, and Dr. A. G. Allan offered the following resolution which was unanimously adopted:

WHEREAS: We, the members of the class who have listened to the first course of Post-Graduate Lectures on the Philosophy of Hahnemann ever delivered, are deeply grateful to Professor Kent for the clear and lucid manner in which he explained the wonderful truths of the Philosophy of Hahnemann as given in the Organon, therefore be it

Resolved, That as a class, both as physicians and students, we tender Professor Kent our sincere thanks for his earnest labors in the interest of truth.

Resolved, That we extend to him our hearty co-operation in every thing that pertains to the advancement of our common cause, the Homœopathy of Hahnemann.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

DEAR DOCTOR:—The next meeting is to be at Toronto, Canada, and being the tenth meeting of the Association, and the first to be held outside of the United States, it is desired to make the occasion one of unusual interest.

You can best assist in that endeavor by reading a paper at the meeting. Each member is expected to contribute an article to one of the following bureaus, and the addresses of the chairmen to whom the papers should be sent are as follows:

Bureau of Homœopathics.—Wm. P. Wesselhoeft, M. D., 176 Commonwealth Avenue, Boston, Mass.

Bureau of *Materia Medica* and Provings.—E. A. Ballard, M. D., 97 Thirty-seventh Street, Chicago, Ill.

Bureau of Clinical Medicine.—Clarence Willard Butler, M. D., Montclair, N. J.

Bureau of Surgery.—James B. Bell, M. D., 178 Commonwealth Avenue, Boston, Mass.

Bureau of Obstetrics.—William Jefferson Guernsey, M. D., 4430 Frankford Avenue, Philadelphia, Pa.

Please forward your paper as soon as possible to yours very truly,

S. A. KIMBALL,
Secretary.

Boston, Mass., 121 Commonwealth Ave.

HOMŒOPATHIC HOSPITAL, DETROIT.

Grace Hospital, named in memory of the deceased daughter of Hon. James McMillan, was opened Thursday, Dec. 6, 1888. In Vol. XIX, page 368, of the *ADVANCE*, we gave an illustration of the building with a brief history of the hospital from the donation of the site by Mr. Amos Chaffee, about ten years ago, to the munificent bequest in 1887 by Messrs. McMillan and Newberry of \$100,000 each for its erection and endowment. The ground was broken July 19, 1887, and to-day the Homœopaths of Detroit can boast of one of the most beautiful and completely equipped hospitals in America.

The house has six stories, including the basement and mansard roof. The building is of brick with stone foundation and sub-story. The entire wood-work is of oak with hardwood floors, oil finished. It is lighted by both gas and electricity. The basement is devoted to a dispensary for out-door patients, with reception rooms and the room for electric light. There is also a padded room for delirium tremens patients and a room with bath and cot for violent cases.

On the first floor are the handsome general offices and the director's parlor, the ladies' committee room, also the first and second wards. The wards are arranged with every detail in perfect working order, the unwritten clinical register hanging at the foot of each bed and the patient's name-card at the head. There are ten of these wards, two

of them for children. Just outside of each ward is the spirit lamp for heating water, and the square of oilcloth to keep hot the poultice prepared by the nurse. Above each cot is a chain pulley by which the sick person can lift and support himself while the nurses make up the cot.

On the second floor are four wards and the private rooms furnished by ladies, at their own expense, as follows:

Room.	Second Floor.	Room.	Third Floor.
1.	By Miss Nellie Newberry.	1.	By Mrs. James McMillan.
2.	By Mrs. Geo. Hammond.	2.	By Mrs. W. C. McMillan.
3.	By Mrs. W. C. Colburn.	3.	By Mrs. D. M. Lyons.
4.	Convalescent room.	4.	Convalescent room.
5.	By Mrs. F. N. Thayer.	5.	By Mrs. Lee Burt.
6.	By Mrs. Emory Wendell.	6.	By Mrs. D. M. Ferry.
7.	By Mrs. C. A. Walsh.	7.	Operating room.
8.	By Mrs. C. C. Miller.	8.	By Mrs. F. O. Davenport.
9	and 10. Unfurnished.	9	and 10. Not furnished.
11.	By Mrs. H. W. Isbell.	11.	By Mrs. M. S. Smith.
12.	By Miss Elizabeth Burt.	12.	By Mrs. Newell Avery.

The fourth floor contains the neat, pretty rooms occupied by the nurses. There are twelve trained nurses under the charge of Miss E. Hibbard, principal, from Montreal, uniformed in pink, with white aprons and caps.

A meeting was called by Mr. James McMillan and Mr. Amos Chaffee, to transfer the property into the keeping of the following board of trustees: James McMillan, Harrie R. Newberry, Dexter M. Ferry, Don M. Dickinson, Ransom Gillis, J. B. Milliken, H. Kirke White, Chas. A. Walsh, M. D., Amos Chaffee, Truman H. Newberry, Cleveland Hunt, Thomas Ferguson, Daniel A. Waterman, Martin S. Sweet, W. C. McMillan.

The trustees appointed the following board of lady managers:

Mrs. James McMillan,	Mrs. E. S. Thayer,
Mrs. John S. Newberry,	Mrs. Emory Wendell,
Mrs. D. M. Ferry,	Mrs. James C. Smith,
Mrs. W. C. Colburn,	Mrs. Lee Burt,
Mrs. Ransom Gillis,	Mrs. T. H. Newberry,
Mrs. M. S. Smith,	Mrs. Caleb Van Husen,
Mrs. H. K. White,	Miss Blanche Wetmore,
Mrs. C. A. Walsh,	Miss Kirby,
Mrs. C. C. Miller,	Mrs. T. W. Palmer,
Mrs. E. M. Lyon,	Miss E. Taylor,
Mrs. Hugh McMillan,	Mrs. A. E. F. White.
Mrs. Newell Avery,	

The superintendent, Mr. R. H. Sillman, comes from the

Manhattan Hospital, New York City. Mr. Charles Manzer, late of Harper Hospital, is clerk of the general office. Dr. S. H. Knight is house surgeon, and the senior assistant is Dr. E. M. Hatch, both graduates of the New York College. The junior assistant has not yet been appointed. The matron is Miss Nation.

The Medical Board is as follows:

Drs. Olin, Bailey, Elblein, Miller, M. J. Spranger, Hicks, Gaylord, Polglaise, McLaren, Edwin and Albert Lodge.

Surgery—Drs. Lesure, Walsh, Obetz, Morley.

Gynæcology—Drs. Walsh and Lesure.

Obstetrics—Drs. Miller, Olin, Gaylord, E. and A. Lodge.

Ophthalmology—Drs. Sterling, Wilson.

Consulting Physician—Dr. F. X. Spranger.

Dispensary Staff—Drs. Wilson, Purdy, Griffin, Kimberling, Gustin.

Medical Director—Dr. Chas. A. Walsh.

The ambulance, horse and harness were the gift of the late Mrs. W. F. Jarvis (Grace McMillan) and Mrs. W. C. McMillan.

The land for the building was given ten years ago by Mr. Amos Chaffee, and has passed through several tax restorations since, but has at last fulfilled its mission. Its estimated value is \$25,000. The cost of the building and furniture is \$125,000. The endowment fund is \$100,000. Of this amount \$112,500 was subscribed by Mr. James McMillan and \$112,500 by Mrs. H. H. Newberry.

Judge Marston in a brief address presented the portraits of the donors, Messrs. Chaffee, McMillan and Newberry, a gift by the Homœopaths of Detroit to the Board of Trustees, to which a brief response on behalf of the Board was made by Mr. Cleveland Hunt. The portraits are in oil, by the well-known artist, Mr. L. T. Ives, and valued at \$1,000.

The first patient is a little girl five years old.

“THERE is but one failure in life, which is, not to be true to the best you know.”—*Canon Farrar.*



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.

HAPPY NEW YEAR.—A medical magazine is what its contributors make it. For the assistance rendered in the past the editor returns his grateful thanks, and THE ADVANCE testifies to the character of work done by its able and indefatigable corps of writers. It is our wish to make the work of the coming year the best and most helpful of any in the history of the journal. Our readers can aid us in two ways: *First*, let every subscriber send us at least one *new subscriber* during 1889; cut out the "order blank" in the December number, fill it up with one or more names and send it to THE MEDICAL ADVANCE, ANN ARBOR, MICH., at once. A little effort on the part of our readers, in this matter, will do what we cannot do. *Second*, send us *one paper* at least during the year; a case cured, a verification of a symptom, note of interest, item of news, anything which will assist your brother to cure the sick or alleviate human suffering, anything which will advance the cause of our beloved Homœopathy. This will make a profitable and Happy New Year.

* * *

THE MEDICAL ADVANCE is not published to make money. No more advertisements of an allopathic charac-

ter or of proprietary medicines will be taken, and the two or three remaining will stop when present contracts expire. Instead, we appeal to our readers as Homœopaths, to use their influence in securing us new subscribers, or unobjectionable advertisements, promising them to add every dollar after paying legitimate expenses, in improving the journal. At considerable expense, we have, with permission of the author, secured the lectures on the Organon and Materia Medica, delivered at the Post-graduate course in Philadelphia by J. T. Kent, M. D. These will appear in monthly installments during the year—the first series of lectures on the Organon ever published.

* * *

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. This we propose to republish as an appendix to the ADVANCE for 1889. We shall also republish Hahnemann's introductions to the various remedies in the other volumes of the *Chronic Diseases*, the symptoms having already been incorporated in Allen's Encyclopædia and Hering's Guiding Symptoms. This will give our readers a volume worth more than the subscription price of the ADVANCE and in return we ask the interest of each in maintaining one journal that advocates a better way—the Homœopathy of Hahnemann and Dunham—a Homœopathy that in practice has no use for allopathic palliatives either in curable or incurable diseases. Homœopathy with a BIG H. is our motto.

* * *

INFANTICIDE.—The *Chicago Times* is after the abortionists of western Gotham and is doing the profession a real service. The editor laid a simple trap and the simple doctor, with very little calcium chloride in his vertebral column, walked into it. A girl reporter was sent out professing to be in need of such a thing as a specialist of this character, and it is unnecessary to say that in many cases "Barkus was willing." Among the names reported in the issue of December 18th as willing to accommodate her, are two whose names appear in Hoyne's Homœopathic Direc-

tory for January, 1889; one a new comer evidently, the other a noted author of *Materia Medica*, and a voluminous journal writer, whose work on abortion a few years ago, was, on account of the severe criticisms of the press, withdrawn by the publishers. Not satisfied with giving verbal directions and a bottle of pills to do the work "as a mere technicality," he wrote a *letter* and the *Times* produces a *fac simile* of each. But, to their honor be it said, nearly all the Homœopaths of Chicago had enough legitimate business to do without engaging in such dastardly work. The *Times* has conferred a lasting benefit on the public and should receive the thanks of the profession for showing who the vampires are. Wonder what the seniors of the American Institute will do about it?

Comment and Criticism.

"THE FIRE IN THE REAR."

EDITOR ADVANCE:—I have just concluded reading the December issue of your valuable and interesting journal, which, in my judgment, was about the best number ever published, although all are good. I am satisfied that no physician can read the lectures of Drs. Wells and Kent without deriving a better knowledge of the principles upon which pure Homœopathy rests. If you continue to keep the *Organon* before your readers in the future as constantly as you have in the past, there can be no doubt the profession and suffering humanity will be greatly benefitted thereby. Still I cannot but feel that in your editorial, "The Fire in the Rear," you are doing Prof. A. R. Thomas, of Old Hahnemann, Philadelphia, and Dr. Pitcairn a great injustice, when by implication even you bring them before your readers as "enemies in the camp." It seems to me, although I do not know the motives which induced Prof. Thomas to ask the questions to which you take exception and wield your pen with so much power, that they were all very proper questions to be asked of his fellow-members of the Pennsylvania Homœopathic Society, particularly as he is the revered dean of the oldest as well as of one of the most progressive homœopathic colleges in the East, and as such has the right to ascertain from his associates (or from any other source) what those who are best able to know (active practitioners) con-

sider the essentials of a liberal as well as a complete medical education. As a recent alumnus of the college over which Prof. Thomas presides, and for whom I carried away the greatest regard and esteem, I assert that the course pursued at Hahnemann College is the most thorough and complete of any college extant (O. S. not excepted). I go further and say that as pure Homœopathy is taught there by its distinguished corps of instructors as at any other college, where it is supposed to be, if I may be permitted to judge by the success of its graduates in actual bed-side cures. Among the names of its alumni you will find but few who to-day are not in the front ranks of the profession and many contributors to the *ADVANCE* are among them. * * *

There are very few of the leading minds of our school who were not nursed in that old cradle of Homœopathy. I deem it nonsense to publish such men as weak-kneed advocates of Homœopathy. While I enjoy reading your editorials and admire your earnest advocacy of the principles of similia, I deem this editorial uncalled for, as you do not seem to know the facts. If Homœopathy is not taught and practised in that college and hospital, it is not elsewhere. * * *

F. C. DRANE, M. D.

WASHINGTON, D. C.

Our editorial in the December issue, we wish our correspondent to distinctly understand, was in no wise personal. With Dr. Thomas, or Dr. Pitcairn, the Hahnemann College or the State Society we have no personal quarrel. This is a question above personalities. This is a matter of principle and involves not only the welfare of each individual member, but the integrity and perpetuity of our school. Men may come and men may go, but principles live forever. We claim that the answer given to the questions propounded by these ex-presidents is a deadly blow aimed at a vital point of our system of therapeutics; a blow by professed friends who have been elevated to official position and who, in their official utterances, are expected to defend the principles of our school. Neither Hahnemann, Hering, Dunham nor Farrington would have answered these questions in the negative. That it is viewed in this light by the other school is evident from the editorial of the *Medical and Surgical Reporter* of Oct. 6, which, after quoting the questions and the answers, says:

Now, here is a frame of mind which must be gratifying to all who hope to witness the downfall of exclusive dogmas. Were Hahnemann alive to-day, we believe it would fill him as much with

distress as it does us with hope. We imagine that he would repudiate such sentiments as strongly as we applaud them, but that he would join his voice to ours in urging those who cannot conscientiously follow his teachings to abandon the name which he adopted. * * * These men, like the President of the Pennsylvania Homœopathic State Society, believe that experience and observation furnish the only rational basis for the practice of medicine, just as we do.

The members of the State Society must feel highly honored to have the editor of an allopathic magazine pat them on the shoulder and assure them they are "almost there," judging, of course, by the official utterance of their presidents. It must be encouraging to be told, you practice medicine "just as we do," although you are members of the Homœopathic Society. Would it not be well to heed that historic warning, the dying words of the heroic Hering: "If ever our school gives up the strict inductive method of Hahnemann, we are lost, and deserve to be mentioned only as a caricature in the history of medicine." Do not the answers to the questions propounded by Drs. Thomas and Pitcairn look as though some of us had given up the strict inductive method of Hahnemann?

New Publications.

TREATISE ON THE DISEASES OF WOMEN FOR THE USE OF STUDENTS AND PRACTITIONERS. By Alexander J. C. Skeene, M. D., Professor of Gynæcology in the Long Island College Hospital, Brooklyn, N. Y., etc., etc. Illustrated with 351 engravings and nine chromo-lithographs. Pp. 966. New York: D. Appleton & Co., 1888.

A few years since when visiting Scotland, one of our best known Gynæcologists and a professor of Gynæcology in one of our homœopathic colleges, while conversing with Keith on the comparative merits of American Gynæcologists incidentally asked him whom he considered the greatest operator in America. While he hesitated to say who was the best, he promptly replied that he did not think Skene had any superior. And it is from his pen we have this splendid volume, representing evidently the experience of a teacher and a practical operator, a large part of whose active professional life has been devoted to the treatment of the diseases

of women. The subjects are arranged systematically, and well adapted to meet the requirements of general every day practice as a work of reference. The minutest details of operating are given, and many operations are greatly simplified, thus bringing them within the possibilities of the general practitioner who may be beyond the reach of a practical specialist.

By his contributions to current literature, it was known that for several years he has been investigating, in one of the largest asylums for the insane in the United States, the relation between insanity and the diseases of women; and in this work the results are first given to the profession. It is an instructive chapter, but not yet exhausted. The author also devotes considerable space to the abuse of pessaries; we would like to have seen him condemn them entirely. What he has said about pessaries is a leaf taken from his personal experience; and this vein of personal experience pervades every chapter in the book and every subject he discusses, and lends to it a practical value which can scarcely fail to make it a success. As it is to be sold by subscription only, our readers will have an opportunity to inspect it before they purchase. It is well printed—a gem of the printer's art—and will bear inspection. Among the many, many volumes devoted to this subject this will rank high as a standard work of reference.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, of original treatises and complete reproductions, in English, of books and monographs selected from the latest literature of foreign countries. Octavo: Monthly, pp. 260. Price, \$10.00 a year; single copies \$1.00.

This is a practical continuation of "Wood's Library of Standard Medical Authors," which was begun in 1879 and which has done so much to furnish the American profession with the latest valuable works on practical subjects, and that too at merely nominal prices. Vol. I, No. I contains "The Pedigree of Disease," by Hutchinson; "Common Diseases of the Skin," by Simon; Varieties and Treatment of Bronchitis," by Ferrand. No. II will contain "Gonorrhœal Infection in Women"; "On Giddiness"; "A Critical Study of the Clinical Value of Albuminuria in Bright's Disease."

A REJOINDER TO DR. HUGHES. By Prosper Bender, M. D. Reprinted from *N. E. Medical Gazette*.

In an address before the Hahnemann Society of Boston University Dr. Bender warned the students to beware of the deceptive character of the teaching of Dr. Hughes' Pharmacodynamics. To this sharp but just criticism Dr. Hughes replied in the September number of the *N. E. Medical Gazette* and here is the "rejoinder." It is good Homœopathic teaching from beginning to end, and

we wish we had more such monographs. On page 5 he says: "In truth, dear Dr. Hughes, you have sought to give your readers an easy system of Homœopathy; a dependence upon which will frequently lead to professional failure. Your system is in a measure, the old school generalization, exempting one from the laborious method of the differentiating of the elements of the case and of drug-action. You overlook the subjective symptoms, the modalities, conditions, etc., which generally enable the Hahnemanian to prescribe successfully." Dr. Bender is correct, for it is this *generalizing* teaching of Dr. Hughes that is ruinous.

THE MODEL LEDGER is designed to show a condensed monthly, quarterly or yearly statement of an account. It tells at a glance how much *he has earned*: how much *he has received*; and how much *is still due him* at any time. It will contain over 2,000 separate accounts. Anything that will help a doctor collect his accounts is of value. Price, \$4.00. Send to C. W. Dulles, M. D., P. O. Box 843, Philadelphia, Pa., for a specimen page.

Editor's Table.

W. R. Stephens, M. D., and Miss Laura O'Rourke, of Wilkesburg, Pa., were recently married at Allegheny City.

Errata.—On page 524, December number, first paragraph should read: "The system there presented is more suited," instead of "never suited."

Genevieve Tucker, M. D., Secretary of the Minnesota State Society, has presented each member with a comprehensive working programme for 1889. A live Secretary makes a live society.

IN MEMORIAM.

On Sunday the eleventh day of November 1888, death suddenly removed from this earthly existence, William R. Childs, M. D., one of the most faithful and highly esteemed members of this Board, and for many years its secretary.

It therefore is fitting that the Medical Board, of the Homœopathic Hospital, Pittsburg, Pa., give expression to the profound grief felt at this sudden taking off of one of our most valuable members—one of the most regular and punctual in his attendance at the meetings of the Board,—nothing but sickness ever

kept him from his place at the secretary's desk; one of the most faithful and kind in his attendance on the sick and injured under his care in the hospital, and one of the most genial and friendly in all his intercourse with his fellow members on this Board; and that we place on record a lasting testimonial of our regard for, and love of, Wm. R. Childs. Therefore

Resolved, That by his death the Medical Board of the Homœopathic Hospital of Pittsburg has sustained a loss that words fail to express; that the surgical staff has lost one of its most skillful, careful and successful operators; always punctual, exact and methodical in every detail; gentle but firm, kind but impartial, true to the trust reposed in him; that the medical profession has lost a scholarly, dignified, and conscientious physician, and a brave skillful and successful surgeon; that his orphaned children have lost a kind, loving and indulgent father; and that the community has lost a whole-souled, unselfish, genial man.

Resolved, That we tender to the bereaved family of Dr. Childs, in this their hour of affliction, our sympathy and our condolence.

Resolved, That this testimonial be entered upon the records of the Medical Board of the Homœopathic Hospital of Pittsburg, and a copy thereof suitably engrossed, be placed in the hands of the family of our late fellow member and also copies be sent to the medical journals of our school.

Resolved, That as a final tribute and token of love and respect the Medical Board attend the funeral in a body.

"He was a man, take him for all in all,
We shall not look upon his like again."

W. J. MARTIN, M. D.

M. J. CHAPMAN, M. D.

W. F. EDMONDSON, M. D.

Committee.

W. T. REES, M. D.,

DIED AT OWENTON, KY., ON SUNDAY, DEC. 9TH, 1888, AGED 65.

Dr. Rees has been a practitioner of medicine in Kentucky for over 40 years, the last ten of which he was a Homœopathist. Always enjoying an extensive practice, he possessed in an unusual degree the love and esteem of his neighbors. A Christian and a thorough gentleman of the old school he was in character the ideal family physician, kindly and sympathetic.

I am sure the profession will join me most heartily in an expression of sympathy for his bereaved widow and children, one of the latter of whom, our esteemed colleague, Dr. Owen C. Rees, was his faithful attendant.

A. L. MONROE.

Louisville, Ky., Dec. 19th, 1888.

THE
MEDICAL ADVANCE.

VOL. XXII. ANN ARBOR, FEBRUARY, 1889.

No. 2

Original Contributions.

LECTURE III: ON THE ORGANON.

POST GRADUATE COURSE.

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

From Wesselhœft's edition of the Organon I will read sections nine to thirteen, as these contain the subject of my remarks this evening.

§ 9. During the healthy condition of man this spirit-like force (autocracy), animating the material body (organism), rules supreme as dynamis.* By it all parts are maintained wonderfully in harmoniously vital processes, both in feelings and functions, in order that our intelligent mind may be free to make the living, healthy, bodily medium subservient to the higher purpose of our being.

§ 10. The material organism without vital force is incapable of feeling, activity or self-preservation. This immaterial being (vital force) alone, animating the organism in the state of sickness and of health, imparts the faculty of feeling, and controls the functions of life.

§ 11. In sickness this spirit-like, self-acting (automatic) vital force, omnipresent in the organism, is alone primarily deranged by the dynamic influence of some morbid agency

*The word dynamis is a very good expression, as you will see later on.

inimical to life. Only this abnormally modified vital force can excite morbid sensations in the organism, and determine the abnormal functional activity we call disease. This force, itself invisible, becomes perceptible only through its effects upon the organism, makes known, and has no other way of making known its morbid disturbance to the observer and physician than by the manifestation of morbid feelings and functions; that is, by symptoms of disease in the visible material organism.

§ 12. Diseases are produced only by the morbidly disturbed vital force, hence the manifestations of disease discernible by our senses, at the same time represent every internal change (*i. e.*, the entire morbid disturbance of the dynamis), and expose to view, so to speak, the whole disease. It follows that after the cure of such manifestations of disease, and of all discoverable aberrations from healthy vital functions, their disappearance must necessarily and with equal certainty be presumed to result in, and to determine the restoration of the integrity of vital force, and the return of health to the entire organism.

§ 13. Hence disease (not subject to the manual skill of surgery), considered by Allopathists as a material thing hidden within, but distinct from the living whole (the organism and its life-giving vital force), is a nonentity, however subtile it is thought to be. It could have only originated in the minds of materialists, and has for thousands of years imparted to medical science manifold deplorable directions, stamping it as an unwholesome instead of a healing art.

In § 3, we read about what the physician should know. I told you that the teaching of that section was, in substance, that disease inhabited the vital force, and not the tissues. But now we come to the subject of the vital force or the dynamis. "Dynamis" is, I think, the preferable expression. What is that dynamis? Is there such a thing as "dynamis"? We know that there is a controversy on this subject. The materialists look to the tissues as the seat of disease. They look to the cells, considering the changes in the cells themselves, as the seat of the disease,

and all there is of disease; hence they study morbid anatomy. Hence it is that they study the tissues with the microscope, and become so eminent as microscopists in the study of what they suppose to be disease, entirely ignoring this vital principle that we call the dynamis. If there be such a thing as dynamis, what is it? Of course we must in the first place go to the protoplasm, where we find the earliest evidence of life — perhaps the simplest form of life that we are able to demonstrate — yet it is not the lowest form of life, it is only the lowest form of animal life. The dynamis may be found in every substance, whether animal, vegetable or mineral. In man this dynamis is a higher identity, and a higher form of life, if you will, than that found in silica. This dynamis is a something that gives identity to every known identity, that furnishes the identity wherever identity exists. In the kernel of wheat this identity, this individuality, this dynamis, causes that kernel of wheat to grow its own stalk, and not that of corn; the dynamis of the corn, is that which causes it to grow its own kind. Each product has its own individuality that may be identified by every individual who will study it.

Now the protoplasm brings forth its own kind. The *amœba* feeds, feels, develops, moves and can be killed. Chémico-physical teachings do not accept this vital doctrine, but instead, undertake to account for the motion of the protoplasm as something innate, as something that belongs to the substance itself. Chémico-physics may deal with the protoplasm, and put it through a chemical analysis, when it will be found to consist of hydrogen, nitrogen, carbon, oxygen and a small percentage of sulphur. Even with this knowledge they cannot reconstruct protoplasm and make it live and move. When it has been analyzed, it is no longer protoplasm. It then ceases to feed; it ceases to move; it cannot be killed, for it is dead. The same exists in a much higher type of life, in the egg. The egg is simply a step higher in life. You can go into the laboratory and analyze the egg. You can put together all the elements that form it; but you will wait a long time for the chick, it will not hatch. It may have the identity of the

elements that enter into the composition of the egg, but the dynamis is not there. The dynamis of the chick has never been found in the laboratory. Then what has become of it? It seems that there is something that cannot be reproduced by the hand of man, that is innate, that belongs to it. This is the dynamis, that power that enables the egg to germinate, that enables it to hatch; that is the dynamis of that particular fowl. The same dynamis existed in the ovum before it was hatched.

Has chemistry ever been able to say why Aconite will destroy life and a cup of ginger will do no harm? Is there anything in chemico-physics that will tell you why Arsenic will destroy life, while a teaspoonful of bicarbonate of soda will do no harm. The dynamis of Arsenic has its own identity, produces its own force, and conforms to its own laws and to no others. All substances that have individuality, that have an independence, has each its dynamis, and by this dynamis it is known, identified and reproduces itself, and this is all there is of that given thing that is distinctive.

Now in medicine we make use of this, and it brings us a step further. We see that the dynamis of the human being has its own identifying features. From the fecundated ovum to the full-grown adult it is a human being and nothing else. This force must be utilized when we come to lay the foundation for the practice of medicine. In the proving of Arsenicum on the human organism has it ever produced any symptoms except those of its own kind? Every thing, every drug, has its own dynamis when brought into contact with the human organism. Has Aconite ever produced any symptoms but those of its own kind? Have any of our proven drugs produced any symptoms except those of their own kind?

How is it with disease? Has small-pox produced anything else but small-pox? Has measles produced anything but measles? Has scarlet fever produced anything else but scarlet fever? Has any specific disease been able to identify itself by the symptoms of any other disease? It has never been able to produce anything but its own kind. Yet this particular dynamis has been disputed. It has been

disputed on the ground of science. It has been said to be unscientific. Then what is it? In modern times it is customary to appeal to science to demonstrate almost everything. If you will follow me for a while we will undertake to demonstrate that there is a science of Homœopathics, that is actually without a parallel, and that it is impossible to use any science known to man; to demonstrate that it does exist or that it does not exist. It can support itself; it can demonstrate itself. Before we have finished this course we will show that Homœopathy has enough within itself to prove that it has its own dynamis, and its own identity.

Why should we appeal to a science that has utterly failed to demonstrate what disease is, to refute Hahnemann's dynamic doctrine of cure? The science that has failed to demonstrate what small-pox is, the science that has failed to demonstrate what yellow fever is, or what cholera is, or what any other disease is, is appealed to to refute the doctrine of dynamics, and yet all we know is the complex of symptoms. We know that, but we do not know what disease is. We do not know how its individuality acts on the human frame through this science; but Homœopathy only teaches you how it can only affect the body, and that is through the vital force. Hahnemann teaches that. Hahnemann's *Organon* has been before the world completed since 1833, and mostly since 1810; we ought to see the folly, therefore, of appealing to the microscope, to chemistry, and to other known sciences to demonstrate what disease is. Then why, if these things be true, (and I affirm that they have never been disputed), should we appeal to these sciences to demonstrate what a curative is, or of what it must consist, and how a cure should be brought about? Utterly failing to demonstrate anything as to the nature of disease, will you appeal to science to reject the cure of that of which you know nothing? Science knows but little of how disease is cured. See what harmony there is in accepting the dynamis as considered apart from the material, to which it belongs — accepting the dynamis in the abstract.

In the seventh section of the first edition of the *Organon*

we read: "There must exist in the medicine a healing principle; the understanding has a presentiment of it, but its essence is not recognizable by us in any way; only its utterances and actions can be known by experience."

That was written by Hahnemann in 1810. Twenty-three years later, when he finished his *Organon*, in the ninth and tenth sections, he distinctly calls the unit of action the vital force. After mature reflection — which shows you that he never jumped to conclusions — after due and careful study and reflection on this subject of vital force, he rejected the doctrine of materialism, and decided that disease is not located in the tissues.

You will recognize that Hahnemann, of all things in the world, opposed speculative philosophy. He wanted facts, and he dealt only with facts. After twenty-three years of study and observation he speaks of the vital force. Still they call Hahnemann visionary. Does it look as if he was visionary? Or does it not look as if his opponents were visionary, when from that time to this they have "fiddled" with the microscope, with chemistry, with morbid anatomy, and speculated on the nature of disease, and classified it in the tissues on hypothetical evidence? They have called the changes in the cells the disease. They have called cancer a disease; they have called albuminuria a disease; they have called all structural changes in the body disease; but have they in their hypotheses, gone back to the real primitive nature of disease? How can we understand disease without first understanding health? The dynamis points out the healthy condition of the individual in itself. The dynamis of the healthy human body is that which we study. We see an individual in motion; he is contented and happy; he looks well; he has the conditions that we call health. Then his vital powers move him naturally. When the last change comes and he no longer exists, this animal body is said to be dead. Then it is that we have a grand distinction between the animal body in a state of health, and in a state of death. This dynamis is the cause of all that we shall see, all that we shall know of him that is grand, and that is noble. We see that the dynamis as

low as it is observed in animal life, has its own individuality; it has its relations to chemistry and to chemical substances. We see as we pass through the various types of life that the dynamis is all that nature has to offer to distinguish between individuals, and so we go on through the various types of life until we come to the Creator, the Supreme Power, which is the highest dynamis in the universe. This dynamis from the Creator down, and from the lowest type of life back to the Creator, is one grand creative power, identifying and controlling all things; the grand dynamis of the universe has its own identity. Everything has its own dynamis.

We may find in diseased conditions peculiar manifestations of this dynamis in infection. The intelligence of this doctrine tells you what infection is, and how it is controlled. We notice the low form of the infected pan, that the substance is inert, but that the dynamis that individualizes the disease is powerful to kill only when attenuated with the atmospheric air. It is powerful only when fluidified or rendered into a gaseous state. This dynamis may be changed by what we term antiseptics; that is, the dynamis is so changed by these substances that it is no longer the septic poison it was, and is rendered inert by entering into combination and forming a harmless identity; it loses its own individuality and becomes a complexity of its own. Iodine has its own peculiar color; iodine with potassium has lost its color. So they change and modify as they enter into combinations and change from the simple to the complex. We may turn a simple compound into a most deadly poison, or we may convert a deadly poison into an inert substance, whence we see the antidotal relations that enter into medicine from all sources. The matter is all there.

We now pass to section 14, which deals with an entirely different subject.

“Within the human body there is no curable disorder, nor any curable invisible morbid change, that does not make itself known as disease to the exact observer by

means of signs and symptoms, quite in accordance with the infinite goodness of divine wisdom.”

As I have already said that is a separate subject. We have a right to infer from it that curable diseases make themselves known to the intelligent physician by signs and symptoms; and that incurable diseases are incurable because they are unable to make themselves known by signs and symptoms. This brings us to the subjects of curable and incurable diseases. If certain diseases are incurable why are they incurable. We know that there are patients who are not cured. Why is this? When we stop to think that for hundreds of years we have been taking drugs, so that whenever an eruption that was a natural effort of nature to throw off a disease appeared, it has been suppressed by salves and ointments; that whenever a symptom has come out, the first thing has always been to drive it back; whenever there has been pain, the first thing has been to give the patient morphia; if he has had a chill, the first thing has been to give him quinine; if constipated he has had to take a purge; all this means that nature has been refused the natural expressions of the human body or vital force. Symptoms, the language of nature appealing to the physician, have been suppressed. They have not been permitted to ask the intellectual physician for a remedy, or they have appealed to ignorance. That is why certain diseases are incurable. The symptoms (language of nature) have for hundreds of years been suppressed, and have never been cured by the homœopathic law. If Homœopathy were practiced all over the globe, and all symptoms not suppressed but allowed to show themselves by a natural process of evolution, in a hundred years the human organism would be so simplified in its diseases, that the human family would be as it once was, in a pretty healthy state. Before doctors came on earth the people were healthy. These masked conditions produced by this long continued abuse of drugs make the incurable diseases. You may prescribe for a few symptoms that appear; these symptoms may disappear promptly, but others come to take their place. Organic changes occur

in the human body because of the inability of the intelligent physician to find the indicated remedy. How clear this section is:

§ 15. "Hence the affection of that morbidly altered spirit-like dynamis (vital force) animating our body, and residing unseen in its interior, and the complex of externally perceptible symptoms caused by that power in the organism, and representing the actual disease, constitute a whole—one and the same. Although the organism as material instrument serves for the purpose of life, still this organism is as inconceivable without animation derived from the instinctive feeling and controlling vital force, without the organism; consequently both constitute a unit, although our reason in its process of thought separates this unit into two ideas for the convenience of comprehension."

Now you see how it is that we must study the vital force in all its manifestations as a unit. You see how it is that we must study the individual. That is science—studying the individual in a state of health leads you to study the wrongs of that individual when he is not well as a unit, in other words gives you the totality of the symptoms of the individual when he is sick. If we study disease as a unit, why not study the remedy as a unit? Like causes produce like effects. Similar symptoms are produced by similar causes or similar forces.

HOW HOMŒOPATHICIANS PRESCRIBE.*

Hearing much of the so-called physiological and pathological symptoms as a basis for a proper homœopathic prescription, it is interesting to observe the *facts* as they occur in daily practice.

Through arguments presented in the journals and in the societies by the majority of professed Homœopaths, we discover the belief that the pathogenetic symptoms of a drug are the *conditions* produced by it upon the healthy body,—

* Read before the Syracuse Hahnemannian Club.

and in the face of the oft proven mistake, that it will cure the same *conditions* in the sick. This appears inconsistent when compared with the facts of daily experience.

Find a drug force exhibiting the same *action* or *manner* of *action* upon the healthy body, as we find it upon the sick, and we shall find that which will cure the disease presented.

A case in point. A patient for whom I lately prescribed, having become chilled from a long exposure to the cold, presented the following symptoms and conditions: During the evening an aching of the left sciatic from hip to knee, causing her to feel that warmth of the bed would soon cure; sleeping quickly, she was suddenly awakened by a violent stitching pain in the region of the left ovary— which *now* seems to have begun at the point of exit from the body of the left sciatic— causing a mental diagnosis of ovaralgia, an old enemy. Considering the pain in the left sciatic before sleeping; the left-sided ovaralgia; the position assumed by the body; the acuteness of the suffering; the complete relief before obtained in seeming like conditions by the remedy, Colocynth 3 m. (J) was administered, and with *no result*.

The pain greatly aggravated by rising and by moving about the room, and becoming intensified each moment, another effort was made to diagnose the remedy.

The pain had developed into shooting from the left ovarian region into the right and occasionally into the stomach; so, forgetting the *absent* characteristic symptom— aggravation from touch—Lachesis 4 m. (J) was given in water, to be repeated every five minutes until relief.

No relief, although the symptoms are supposedly pathogenetic of Lachesis. A new effort to comprehend the symptoms, gave, in addition to those stated: increased pain; aggravated by the slightest movement *even of the hand*; pain so intense that it was *impossible to lie still, even the motion caused increase of agony*; could not resist constant moaning; these caused me to sum up “stitching pains, aggravated by motion,” and Bryonia cm. (H. S.) was given, repeated every five minutes until relief. This time

it came. I cannot recall the number of times it was taken, twice or three times, but the moaning soon ceased, and within an hour sleep came. The only remnants of sickness the following day were wandering, stitching pains throughout the body. The apology for not before seeing the proper remedy, is, that the prescription was made for myself.

In the morning I looked for the symptoms considered by many as pathogenetic, but behold! where were they? No record of pains located in those particular regions, or pains taking such direction; no left-sided sciatica; no pain in left groin or ovarian region; no shooting from left to right; no shooting from left ovarian region to stomach; the only symptom at all applicable was that dimly comprehended during the agony, "stitching pains in all joints, aggravated by motion," which, by the way, the patient seemed forced to make.

What good in this case the pathological and *so called* physiological conditions? I would ask just here, how an *abnormal* condition or symptom can be called physiological? The characteristic action or modality of the drug was the necessary basis for the selection, and it must be *known* to be used intelligently.

We know that the snake poisons have a sphere in relation to certain conditions of the heart and circulation, producing hæmorrhage through exhalation from the various mucous membranes of the body, even from the skin. (I have produced hæmorrhage from the finger tips by a repetition of a dose of Lachesis, the second dose being the 41 m., given at a month's interval.) But in prescribing we must differentiate their action:

Lachesis, through its suffocation, choking, aggravation from pressure and from touch.

Naja, through its ready congestions to the head, its aggravation from eating, from exertion.

Elaps, through its craving for ice, its amorous dreams, etc.,—quite through the list.

Again, to cite a case in point: A patient sent for me, having developed in the night a copious diarrhœa, followed

by nausea and vomiting; the diarrhoea had driven her out of bed; as to character of stool she knew nothing. After evacuation and vomiting she had fainted, giving herself a black eye by contact with some piece of furniture standing near. (Aloe has fainting at stool, and I have seen this condition cured under indications for Phos.) Had not risen for subsequent evacuations because of fainting, etc. Further questioning elicited the facts of turbid urine, which the patient described as looking "like tomato soup;" red sediment clinging to the urinal; the menses present and she very comfortable. Saying she had "been taught to lie in bed at that period for a certain length of time;" she had burning pain across the sacrum, with hot, swollen feeling; amelioration by cool applications. I turned to leave, with the feeling that any one of at least half a dozen remedies might be indicated in the case, when she said, "but I can't sit up, really." "Why, you told me but a moment since that you were lying in bed because you had been taught to do so?" "Yes, but I really am nauseated and faint every time I raise my head." "Oh! why did you not tell me so?" She received a dose of Bryonia 4 m. (J) dry on the tongue, with relief of all the symptoms of acute nature. The constitutional disturbance was prescribed for and treated later. Again, what had I prescribed upon? Why! the individual action of Bryonia, one of its characteristic symptoms.

While still deeply interested in the above question, I found an article upon this very point from the pen of the late Ad. Lippe, M. D.—who has given us so many practical points to consider—which fully shows that the so-called physiological and pathological livery thrust upon Homoeopathy is "a misfit."

I will quote at some length: "The intelligent student of our *Materia Medica* will undoubtedly find under the recorded pathogenesis of almost any remedy, groups of symptoms resembling groups of symptoms he and others have observed in certain classified diseases, or symptoms observed when certain organs or tissues were supposed to be affected by disease. The intelligent student is supposed

to be acquainted with the little that is known of physiology and pathology; hence these comparisons come to him naturally. If the intelligent student of our *Materia Medica* is led astray by false teachings, if he is made to believe that a remedy having caused, by developing its sick-making properties, certain symptoms, or groups of symptoms, analogous to similar symptoms also observed in natural diseases, therefore becoming a specific remedy in that very form of disease, he commits a fatal error. As an example we will here call attention to the many chest symptoms caused by Borax, which resemble pneumonia in a much higher degree than any other proven remedy; also to the fact that it is but very seldom a curative remedy for pneumonia, and then only when the *characteristic* symptoms (action) of the drug and the *characterized* symptoms (expressions) of the sick fully correspond. * * * * The very grave diseases, for instance, which we find are very frequently characterized by symptoms similar to those caused by *Æsculus* are * * tabes dorsalis and locomotor ataxia. The very first knowledge we had of *Æsculus* was derived from the poisonous effects it had upon a flock of sheep fed during the winter on the horse-chestnut; these all died of tabes dorsalis. Does it follow that this remedy will cure all cases of tabes dorsalis? * * *

It is asserted that, pathology having become an almost exact science since the days of Hahnemann, we might scientifically venture upon the forming of a pathological library for our simple *Materia Medica*, that it might appear more acceptable in the eyes of our scientific adversaries. This is again a fatal error. We will illustrate. The most scientific pathologists, authorities in diagnosis, at intervals of a year examined a patient (whose case will be reported elsewhere), and found, one and all, an insufficiency of the mitral valves; *therefore*, he was treated with *Digitalis*, etc. Twice he was snatched from the grave by strict homœopathic treatment; twice was diagnosis rejected. * * * Finally, this man died,—and of what? On post-mortem examination his heart was perfectly sound, and the difficulty of breathing, which was *assumed* to be caused by

heart disease, had been caused by an adhesion of the posterior part of the left lung, remaining so diseased after allopathic treatment for pneumonia many years ago, the upper part of the lungs being full of tuberculous deposits and cavities. This diseased condition was latent, and no active disease existed in the lungs at the time of his death. The patient died at an advanced age, of chronic hypertrophy of the liver, of which he had suffered many years."

Some one asks: Then have we no use for these so-called physiological and pathological symptoms? Indeed we have. How else would we know the depth or breadth of action of any known drug? How learn the extent of structural change in the human body, to which a given drug may be applied, and applied with a surety that it is of sufficient potentiality to turn again the perverted vital force into healthy activity? How else learn the superficiality and length of action belonging to Aconite? How else know that although *Natrum c.* is an antipsoric, suited to the earlier manifestations of that miasm, that it is inefficient in its later and deeper expressions; that the drug does not produce deep structural changes of the inner and vital organs, except under certain limitations; and that the conditions found are those usually termed functional disturbance; that its broadest sphere is in its manifestations upon the skin; in the catarrhal affections of the respiratory organs; with some superficial structural change of the stomach, and disturbance of function; rheumatismal affections of the muscles; some swelling of the glands; some septic conditions more closely resembling Sulphur than any other remedy.

Will a knowledge of these so-called physiological and pathological conditions alone teach us to apply the drug in the cure of the sick? *No!* a thousand times, *No!* We must know and be able to recognize the modality of its action; the symptoms expressing its method of action,—*i. e.*, the aggravation from lying upon the left side in diseases of the respiratory organs, because of the pulling and soreness felt in the right chest; the aggravation of the cough by going from the cold air into the warm room;

the aggravation of all complaints in the morning, like the salts generally; and so on through the chapter. Of course these symptoms (pathological) are of the greatest use to him who would become a great or good prescriber, and such must study the *Materia Medica* with the closest discrimination. Some one says: "*Genius* means only a genius for work." We may safely add—in the right direction. A well-directed effort rarely fails in the accomplishment of its object. Many work faithfully and conscientiously, but in the direction from the light, and guided by preconceived notions rather than proven facts.

S. L. G. L.

THE MERCENARY PART OF OUR PROFESSION.—
A PLEA FOR FULL FEES AND PROMPT
COLLECTION.

H. E. BEEBE, M. D., SIDNEY, OHIO.

With the doctor it is medicine first and money afterwards. With the patient it is the same, only the money, too often, comes a long time afterwards, if it come at all. Let us to-day consider the money part of our profession. The people think *this* one object of our medical associations as is the case with most organizations of business men, but you are aware that this question is seldom discussed at our medical gatherings. We are, as a profession, a body of philanthropists rather than money gatherers, judged by the papers and discussions at our meetings.

First, let us consider the value the physician places upon his services and the manner, in a business way, in which he secures this indispensable remuneration. It is an undisputable fact that doctors, as a rule, are poor business men, yet, at the same time, it is not worldly wisdom to impress the community with this idea. Keep this to ourselves; it will be found out soon enough and due advantage taken of it. At best, let the members of the profession know it and govern themselves accordingly. But why are doctors poor business men? There are a number of reasons for it: first, because they are not

brought in contact with the business world in a business way; second, their duties are to care for the sick and the afflicted. When the physician steps aside from this path he is criticized. It is at once said, "he is dabbling in outside matters; I want a doctor who attends to his profession and nothing else." In sickness people are very selfish.

If the physician be so fortunate (and this is very rare, at least with me), as to have a "surplus in his treasury," what will he do with it. He cannot enlarge his business like the merchant or manufacturer. If he places it where it requires a large share of his attention to look after it, his professional business suffers in consequence. Hence, to hold his practice he must generally leave money matters in the hands of others or keep very quiet.

This lack of business ability begins at the very threshold of the profession.

The medical student usually begins his medical studies before having any extensive relations with the business world. At college he is taught everything else except the money part of the profession. One reason for this, I suppose, is because our medical colleges have no one competent to impart this knowledge. The embryonic M. D. is taught how to prevent and cure disease; this, and little more. The great aim of the young physician is to acquire practice, and thereby get money. With the keen competition in professional life, after getting a practice, equal energy and diligence must be put forth to maintain it, so much so that money getting is again a secondary consideration. I sometimes think that of all the professions or vocations in life the members of the medical profession are the most jealous. We talk of "Codes of Ethics" and the "Golden Rule," but how few ever observe either? The great aim is to get practice, get it honestly if you can, but get it in some way. The physician who can get a patient from another is the successful man, whether there be any money in it or not. It is glory he is after rather than the shekels. How seldom we hear one physician speak well of another. This enmity is not confined to the members

of the different schools, but to members of the same school, and especially if in the same town or neighborhood. While I maintain that we all work for money (none need deny this) we do not get enough for the labor expended, and we can, if managed properly, have more and not neglect any important professional duty, and at the same time have the full confidence of the people; yes, even better confidence than before. Conduct our money matters like other business men, on a money basis.

The physician works for wages, and is entitled to his fees when services are rendered. The profession, from time immemorial, has taught the people that the doctor can wait for his money until they are ready to pay. It is a great mistake. We have all had clients ask us how much we would "throw off for cash"; as if it was not cash due us when services were rendered, and all time given them since "days of grace." But if we ask for money within ninety days, it is considered an insult.

Doctors, as a rule, are poor collectors. This should not be so, when we realize that the doctor is more entitled to his fees than the grocer or dry goods merchant. We are frequently told that we have no capital invested. How absurd, when the physician with a good library, full stock of medicines and surgical appliances, keeping abreast with the profession, has more invested in this personal property than many men doing a thriving business with a so-called large capital, to say nothing of our other stock in trade.

The physician who has an annual income of five thousand dollars has a capital stock in trade equivalent to fifty thousand dollars at ten per cent. interest. But stop and think; this is only true so long as he can attend to it. When he becomes disabled, or dies, it is bankrupt; yes, worse than bankrupt, it is equal to a fire with no insurance. He cannot, like other men in business, continue business by the aid of employees, neither can he or his heirs transfer this stock in trade. Hence, how very important that he conduct this business successfully while he is able.

The following true remarks are taken from the *London Medical Times*:

THE PRECARIOUSNESS OF A PHYSICIAN'S INCOME.

"No profession suffers more than ours from the financial pressure incident to sudden failure of health, to accident and misfortune occurring in the course of a professional career. The medical man, unlike the trader, must earn his living with his own brain and his own hands. When he is disabled even temporarily in mind or body, his power of earning leaves him. A great merchant, when his physician expressed surprise at the serenity with which he bore a long continued illness, answered: 'On my sickbed I have the consolation of knowing that others are toiling for me day and night; manager and clerks working in my office, ships bringing my merchandise over sea to the markets, and sellers earning me money and keeping my children, even while I lie here disabled.' The medical man has no such comfort. For him the suspension of working power means the suspension of earning power. Bodily pain is only too often intensified by mental suffering and financial worry, and the same blow which affects his physical well-being often shatters his prospects in life, and leaves him more or less helpless. Even in temporary emergencies, the necessity of paying for a substitute at a time when his earnings are diminished greatly adds to his cares, and tends rapidly to exhaust his resources."

The laity get the idea that there is riches in the practice of medicine. What a mistake. I would say to all who contemplate the study of medicine with the view of acquiring a fortune, stop at once. Whoever saw a wealthy doctor, one who acquired his wealth from his practice? A few have acquired some money and left the profession to enter other vocations and then made money, or an occasional one has made a lucky investment. He never got rich from practice alone. What a rare exception it is to find a physician who has secured a competence from his practice sufficient to support him, without his profession, in old age when broken in health, or when his practice leaves him — as it always will to a great degree after he has reached the summit — when he should be able to quit practice and give way to younger members of the profession who are better fitted for its arduous duties.

Medicine is the noblest of professions but the meanest of trades. Of all occupations physicians are the hardest

worked, the poorest paid, the most untiring in their efforts to benefit their patrons, and the most magnanimous and philanthropic of all professional men. These are some of the reasons why I think our fees are insufficient; that we should get much more out of the practice of medicine than we do. It is far better to have the name of charging too much and getting it, than to charge too little. I have little confidence in the saying "if you don't charge so much you will not lose so much." If the physician book twenty to thirty dollars a day, not knowing when he will get it, if ever, his client thinks he is getting rich. But the lawyer, the merchant or the manufacturer for his day's profit can make ten times as much, cash in hand, and little is thought of it. The physician is more entitled to his money, and a good compensation at that, *when services are rendered*, than any other business man. Our patrons should be taught this, and learn that they are under more obligation to us than we are to them; value our services and they will value them. The physician who charges and collects promptly is respected and patronized.

I see no reason why we should not discuss this question of money, fees, etc., as well as other business men; why we should not have protective associations, etc.; make the practice of medicine a business; be business men as well as philanthropists.

The following practical hints may be safely acted upon by us all:

"Always make a charge for each service. This gives it a business value in the eyes of the patient.

The charge should always be just and reasonable. Then no deduction is necessary.

Insist always upon the payment, based if necessary, upon itemized accounts.

When the patient asks for a reduction of his bill, recall the sacrifice of sleep, of meals, and of comfort in rendering him prompt service. Think of your preferences then, and his now.

Never allow sentiment to interfere with business.

The 'thank you' is best emphasized by the silvery accent of clinking coin.

In every other business, the loss of money by sickness only affects one side. Why should it be different when the doctor is to be paid?

Always charge a fixed fee, and never trust to his generosity or embarrass him by permitting him to guess an amount that would be satisfactory to you. It is very much like firing with a kicking gun at a black cat in the dark.

Render bills at short intervals, and be in earnest when you commence to collect them."

It may be of interest to review the following proverbs on,

MEDICINE AND MONEY.

The physician who values his time and advice is the man who is appreciated.

He who sells himself for nothing, generally gets all he is worth.

He who goes for half-price, when patients are able to pay a reasonable fee, goes for more than he would bring on the market.

A community never values a physician higher than he values himself.

He who works for love may gain the reputation of a Good Samaritan, but Good Samaritans are not all good doctors.

Never try to gain a practice in a community by charges below the usual and reasonable fee. If you do, you will move to another quarter and wonder why you were not appreciated.

No greater mistake was ever made than to impress the community that doctors are poor business men. Straight-forwardness, promptness, reliability and firmness are elements by which a man's qualifications are determined.

Put off the presentation of your bill for a year, and the patient will conclude that your services were worth but little, and that you knew it.

A physician's bill is a debt of honor. Bankruptcy cannot affect the obligation. The grocer and dry goods merchant may be put off a little, but the physician is more than tea and sugar, coffee and calico. He attends at all seasons and all hours; he adds his sympathies and interests; he bears a part of the anxieties in the trying moments, and advises at all times in pain and peril.

The real business man charges for his services, and col-

lects his bills. To such, a patient will say: "Here, doctor, is your claim. I thank you for your kindness and attention. When we get sick, you are our physician."

Withal, be good to the poor. You have them always with you. It is often cruel to accept pay from them. Be systematic in business, so that you will be able to give when and where it is required.

SANITARY HINTS.

D. H. BECKWITH, M. D., CLEVELAND, O.

[The Young Men's Christian Association recently tendered a reception and banquet to the students of the three medical colleges of Cleveland, at which Dr. Beckwith, President of the State Board of Health, gave an address of welcome, which, from the press reports, must have been interesting. We regret we have space only for extracts.]

The preservation of the lives and health of the people is the true mission of the medical man. Those of you who can best do that, regardless of sect, party or creed, will be the physicians of the future.

It requires but a little skill on the part of the surgeon to amputate a leg or an arm, but he who can save the injured limb, prevent amputation, and restore the patient unmaimed will be the surgeon the people will call their benefactor. Preventive medicine is to-day occupying the minds of the intelligent people of this country. How best to preserve health and prevent disease is of more moment than to know how to properly prescribe for a patient. Had Florida established a State Board of Health last year, as she was urged to do by sanitary associations, yellow fever would have been stamped out before the city of Jacksonville was depopulated. The knowledge of sanitation by physicians a few years ago would have prevented many a terrible epidemic and saved the lives of thousands. State Boards of Health and Sanitary Associations are now in existence in almost every State in the Union. To be a member of such boards, sects, creeds and codes are laid away,

and the physicians of different schools work together in perfect harmony in preventing disease and death and in instructing the people how to prevent sickness and prolong life. The Ohio State Board of Health has quarantined throughout the State during the past year outbreaks of small-pox in small towns, and thereby prevented the spread of that loathsome disease. It has issued thousands of circulars designed for all classes, instructing the people how best to prevent sickness. The work in sanitary science lays aside all prejudices, and we work for the good of the people.

* * * There is a dropping away of sectional and sectarian feeling, that was once so bitter that the good for the many was lost sight of and greatly retarded by the strong prejudice of the few. But now a new era is dawning upon the people, and the great aim of the good man and woman is the amelioration and happiness of their fellow-beings. The same may be said of the different medical schools of to-day; they are slowly and surely falling into line—the old landmarks that divided them so absolutely are fading away—and each year the dividing line grows less and less.

There will always exist different schools of medicine as well as different denominations in churches, but these differences will have but little weight in that all-absorbing work—the health and happiness of the people, and how best we can prevent disease, and by what plan we can best cure. Let the love of humanity cast into the shade all the prejudices of pathies: nothing so belittles true philanthropy as creeds and codes. She can never assume the glories of her strength till these are buried and forgotten; then there will be a unity of forces, a gathering of the mighty power that comes from united effort for one great purpose—the good of mankind.

NITRIC ACID—Leucorrhœa, leaving spots with black borders on the linen.—*Von Villers, Alg. Hom. Zeitung.*

Ophthalmology.

A CASE FROM AN OPHTHALMIC PRACTICE.

FREDERICK WILLIAM PAYNE, M. D., BOSTON.

The following case is reported, not alone on account of the satisfactory results attending the surgical means employed, but largely from the unsurpassed success attained through the administration of carefully selected remedies in the expressions following the use of the knife. The lady was one of two blind ones in a family; the other case being that of a brother, who was also born with congenital cataracts:

Miss Nellie B. C., of Boston, aged 39 years; blind from birth with congenital, mixed cataract in both eyes. The case is one of unusual interest, inasmuch as she had obtained her education at the public schools and elsewhere, through means of the senses of hearing and touch; the sense of sight in the left eye aiding her in the distinguishment of colors, when placed in a favorable light for so doing; while the right eye perceived only light and darkness. She had consulted several oculists, who not only gave her no encouragement as to a favorable prognosis to be attained by surgery, but, on the contrary, discouraged her from attempting its application, as being hazardous in the extreme. On ophthalmoscopic inspection under atropine, the area of both dilated pupils was found to be occupied by an intensely white mass studded here and there with whiter, glistening particles, giving evidence of calcareous degeneration, although to the extent to which this degeneration had extended was not apprehended till after the second operation. On account of the perceptive sensitiveness of the left retina to the stimulus of colors, and her acuteness otherwise to the presence of shadows of objects passing the visual area, I was led to believe that if the intervening obstruction, which occupied, and seemed confined to the crystalline and immediate neighborhood,

could be removed, so that unobstructed light might be permitted to enter the globe, that the retinæ would probably prove sufficiently healthy and normal in tone, as to allow of the use of the sense of vision, of which she had for nearly forty years been deprived.

The operation first selected being that of the suction method, was applied to the right eye alone; this eye being chosen for the experiment, as it was apparently the less useful member of the two. On April 23, 1886, the operation was made, assisted by Dr. L. H. Kimball; the eye being thoroughly cocainized, the cornea was punctured at its superior aspect by a bent, triangular keratome, and the lens substance, which consisted of a disorganized, shrunken, cohesive, mushy mass, was cut across and incised several times with a cataract needle, in hopes to break up, and thus facilitate the withdrawal of the mass by the use of Teale's suction apparatus; in this process we were mainly unsuccessful, simply being able to remove a little separated pasty material, which clogged the nozzle of the instrument. The eye was now allowed to heal, which it did rapidly.

On May 8th, following, the second operation was done, which consisted, in the main, of von Graefe's modified, linear incision, with iridectomy combined; afterwards cutting the anterior, shrunken capsule, and coaxing out the disorganized lens substance, by nicely regulated pressure and counter-pressure, manipulating the lids back and forth upon the globe, toward the incision in the cornea, thus gradually coaxing out the broken-down lens substance. After the debris was entirely removed, it was found that the posterior capsule of the lens was occupied by a condition of complete calcareous degeneration; lime being abundantly present in its substance, and extending backward in a line toward the center of the vitreous body. Notwithstanding the entire lens substance was removed, it was found that the want of visual acuteness was scarcely benefited at all, and the operation would prove useless for purposes of vision without the posterior capsule, with the calcareous concretions in its substance, and behind it, were also removed. Preparatory to attempting this hazardous

undertaking, carefully fitted compresses of absorbent cotton, arranged in the form of a pad, so as to conform to the shape of the eye and external orbit, were made and kept close at hand, with reference to immediate application should the vitreous body exude, as was feared it would do when the partition wall was torn away. This precautionary measure proved an important one, as subsequent events revealed. A small, sickle-shaped hook was selected as the instrument to remove this intervening mass. The hook, after having been introduced carefully, making sure of its relative relation with the direction and position of the incision, was caught into the center of the degenerated posterior capsule, and gradually and carefully rotated upon itself in such a way as to roll up and gently disengage the peripheral limits of the membrane, when suddenly a spasmodic contraction of the muscular apparatus of the globe ensued, causing a gush of fluid vitreous, bathing the instrument and partly filling the orbital depression, making it necessary to hastily remove the hook and, together with it, the capsule of the lens already engaged in its grasp, leaving a small quantity of limy tissue within the outer angle of the wound. An immediate application of the already prepared compress was hastily made, and the eyes bandaged with a flannel roller. The presence of the lime in the wound gave apprehension that the coaptation of the corneal flap might be interrupted, and a fistulous opening be the result; however, the eyes were kept bandaged for the four succeeding days, and dressed twice each day. During this time the eyeball felt very sore and had stabbing pains through it, which, however, grew gradually less frequent and severe, till the fourth day, when they ceased. During this time *Calendula* was given internally.

On the fifth day the bandage was removed and eye examined, with reference to the coaptation of the flap; the cicatrix proved to be firm, and the limy substance absorbing.

On the sixth day she was allowed to open the eyes in the dark, and could discern objects and distinguish forms; this exposure was necessarily made in a room as dark as

could be had, covering all crevices through which a ray of light could pass, for the slightest exposure to a pencil of daylight caused intense sensitiveness and suffering; for we were dealing with a retina that never had been used for purposes of vision, and naturally had been accustomed all her life to a subdued light, owing to the presence of a cataractous lens.

On the seventh day, with a shaded candle-light held behind the head, she was permitted to look for a moment through the + 15 D. lens from my ophthalmoscope case, and she saw "the Doctor's face with overwhelming distinctness." During the next few days lights were even more distressing and dazzling than before, and white light, even that from the white counterpane on her bed, or handkerchief in her hand, caused so much distress, that a dark covering had to be substituted; lachrymation became very abundant and irritating, as if something acrid had gotten into the eye. She was, however, much less sensitive to artificial light than to day light. For these symptoms she got Graphites, with most astonishing results, so that in the course of a week the symptoms of irritation and lachrymation had considerably subsided, but the retinal sensitiveness, especially to daylight, continued.

Exposure to daylight was systematically commenced during the dusk of evening, and as the eye got stronger she would amuse herself by the hour watching the leaves on the trees moving in the wind, a sight that delighted her on account of its newness and novelty, as much so as is the case of a child with a pleasing toy. For a time she was much annoyed when looking at bright objects, such as reflected light from a mirror, or any brilliant circumscribed illumination, on account of the luminous image being retained on the retina; this retinal impression bothering her for some minutes at a time, and decidedly hindering vision; owing to this symptom combined with the fact of some remaining sensitiveness to *white* light, she was given Tabacum, with decided relief.

On June 1st; a lens + 6 D., for distant use, was given her, and used during the summer, while I was absent in

Europe. Her sight during this time, as she states it, "was a steady growth, and a constant delight, and the eye, which at first looked contracted, grew full and round, with a blue iris, and clear, dark pupils." The nystagmus which was markedly perceptible during her whole life, improved materially during my three months' absence, so that her eyes were noticeably much more under control and able to fix themselves on objects looked at with considerable steadiness and vision for distant type and objects had decidedly improved.

On September 23rd, of the same year, on the day following her thirty-ninth birthday, the left eye was operated upon, valuable assistance also being rendered by my friend, Dr. L. H. Kimball. The eye being placed under the influence of cocaine, the same precautionary measures were observed to prevent extrusion of the vitreous humor, should eye spasm supervene, as was done in the operation on the right. Von Graefe's modified linear operation was performed, and a similar disorganized lens substance removed, as was found in right eye. The operation thus far proceeded without pain. Occupying the whole posterior lens capsule, and extending back into the vitreous body was a similar state of calcareous degeneration of the tissues, with deposits of markedly limey concretions, making their presence manifest by the clicking sound occasioned by contact with the instruments. The same method of procedure was deemed requisite in the removal of this intervening, degenerating tissue, as was done in the other eye, hence the eye having been steadied by forceps, holding the conjunctiva at each side of the horizontal meridian close to the corneal margin, the small sickle-shaped hook was introduced into the anterior chamber, making sure of its relative relation to the incision in the cornea, so that if hasty removal was necessary, the sharp point of the hook would be prevented from catching and holding in the tissues, and thus it was brought in contact with the membrane. Just as this tissue was punctured, with reference to being rolled upon the hook, a sudden spasmodic contraction of the ocular muscles occurred, accompanied by

severe pain in the eye; the muscles of the face and eye-balls twitched convulsively and teeth chattered, so that I was obliged to pause and remove the instrument, and allow the eyes to close, and await a recovery of the composure that was necessary for procedure.

The patient being of a decidedly nervous temperament had awaited the time of this second operation for three months with anxiety and dread, fearing not only the physical suffering attending it, but with forebodings as to the result; so that when the time arrived for the operation she was in a highly excitable condition both physically and mentally. Anæsthetics would have been administered were it not for an apprehension concerning the state of the heart, which gave evidence of hypertrophy. After a short rest she became quieted, and under the additional use of cocaine, the degenerated limey posterior capsule was removed, and then with renewed spasm of the globe, came a gush of abundant fluid vitreous, bathing the hollow in the orbit and surroundings so copiously as to cause serious apprehension that collapse of the globe would occur. The daylight flashed into her eye, as the foreign substance was removed, affecting her painfully like the glare of an intense electric illumination.

Compresses already carefully prepared and shaped to fit the contour of the eyeball were hastily applied and the eyes bandaged. The following day and night severe stabbing pains occurred with "a feeling as if cords were fastened to the center of the eye and occasionally jerked inward and sideways toward the nose, followed by a relaxing sensation," "painful crashing as if something was breaking within the eyeball;" these symptoms coming in remissions and exacerbations; again the eyes felt "as if stretched open under the bandage, and an attempt to close them would cause pain"; "eye feels as if badly bruised." While removing the bandage for the purpose of dressing the eye, a feeling as of softening of the eyeball was induced, and a sensation as if it would drop out; this discomforture was followed on the second day by a sense of great relief from removing the bandage, so much so that

on the third day following the operation the bandages were omitted, the lids being controlled simply by strips of gold beater's skin stretched across from lid to lid.

On the 29th, she was permitted to open her eyes for a moment in the dark; nothing was discernible from the left eye, excepting an objective appearance as of a dense reddish-brown mist, resembling wavy, somewhat illuminated smoke, moving and quivering as the eye moved and entirely obscuring the perceptive ability. Sleepless nights and much pain in eyes and head. Gave *Calendula* immediately after the operation; on the following day changed to *Arnica*, however, under which the severity of the suffering became somewhat modified. Eye more comfortable in the morning, always worse during the night; intense thirst, mouth feels heated; desire for very *hot* drinks; eye and general condition markedly relieved while and after taking hot drinks; chilly feelings running up and down back and limbs; very nervous; aggravated from noise; desire to cry, but she mainly controls it by much effort of the will. Eye lachrymates much, feeling at intervals, especially during the night, as if it bounded outward, being held there several seconds, followed by sense of relaxation and relief. Mouth parched, and herpes on the lips. Eyes very unsteady; finds it almost impossible to fix an object; eyes jerk and twitch upward and downward to the right and to the left, also rolling and quivering. And two days after her first attempt to see, the red mist in the visual field had assumed an appearance as of a large half moon, nearly covering the visual area, swaying before the eye at each attempt to see. Lid droops, with but slight control over it. Pain and scratching, prickling feeling in the eye, greatly increased on lying down. The least ray of daylight dazzles and affects the eye painfully.

October 22d, prescribed *Silicea*. Flashing, brilliant lights travelling rapidly across the visual plane by spells, with the eyes open or shut, followed by intervals of *dense* blackness; sometimes little semi-circles of light starting at inner angle and floating across the field to the outer side, following each other in rapid succession; this condi-

tion begins in the early evening and continues till she falls asleep.

October 24th. Has less watering of the eyes, and the density of the red mist lessens; reports having passed her "first painless night since the operation," having slept till 8 A. M.; prickling feeling gone, but, on attempting to look, has pain; eyes do not co-ordinate well, the left being somewhat convergent. In the dark, with the eyes open or shut, has an illumination in the eye which vibrates and quivers with every motion of the eyeballs. Continued Silicea.

November 5th. Vision has improved, both in ability to discern objects, and in the degree of steadiness in the visual field. The half-moon-shaped red mist is broken in upon by streaks of light. Eye smarts, as if something acrid had been poured into it. Lachrymation worse when eating. Eye still some painful at night, commencing early in the afternoon; sleeps better with the head high, supported on three pillows. Still craves *hot* drinks, and eye is relieved thereby. Continued Silicea.

Eye improves in both sensation and strength, though the pupil is gradually drawing upward and occupies a position so far beneath the upper lid that vision is curtailed thereby. The dark cloud before the eye continues to decrease in density and area, gradually becoming disseminated into fragments, through the interstices of which vision grows clearer; the field is striped off into bars of alternately white and dark lines, converging towards its center like the spokes of a wheel; there is still some consciousness of a vibratory condition of the intra-ocular media when the eyes are moved, although much improved over the former state. Diagonally across the inner visual area a dense shadow exists, through which she begins to see imperfectly. The whole field of vision is tinged with yellow, so that everything partakes of that color, in appearance. As vision still further improves, the state of reddish obscurity resolves itself into an appearance and sensation to her as if the eye was full of liquid, in which were numerous black specks of no uniformly defined shape. The alternate bands of white and black crossing the visual field have become reduced to

an appearance like this x x x x x, and sight is correspondingly better. Has at times little rings of *white* followed by rings of intense *blackness*, floating across the visual plane. With eyes closed she had a hazy appearance before her, with bright blue or violet colors in the field.

The sense of pulling and tension in eye continues, and is probably largely induced by the position of the iris, in consequence of the misplacement of the pupil; this sense of tension still interferes with the comfortable co-ordination of the eyes. Eye still sensitive to light, and she has to gradually accustom herself to it daily, each morning, before she can bear it well. Continued Silicea.

Flashings of light have ceased, and there remains nothing of the smoky, reddish mass but two little brown spots, each surrounded by a thin, white mist, like steam, through which she can see objects; and vision generally, although curtailed by the misplaced position of the pupil, gets steadily clearer; all appearance of hyperæmia of the sclerotic and conjunctiva having disappeared.

On February 10, 1887, made an artificial pupil in left eye; first measuring off on the radius of the cornea the distance at which the limit of a suitable-sized pupil should be placed; then by means of a bent, broad needle, an incision in the cornea was made; the iris caught on a Tyrrel's hook and withdrawn, cutting off a sufficient portion of the iris, thus leaving a clear, black pupil, unfortunately somewhat too large, but relieving all the sense of drawing and tension, of which she had so long complained, and materially improving the visual acuity.

Vision in right eye has improved since the tension of the left iris was relieved, but she has homonymous diplopia especially marked when in the recumbent position; the comparative appearance of the object looked at with left eye being smaller, somewhat lower, and more distant than with the right. Has been reading for some time with spherical glasses, but it seems important that the astigmatism, as well as the remaining nystagmus should be further benefitted, so glasses are selected as follows:

R. + 1000 = cyl. + 0.50 ax. 90°.

L. + 1000 = cyl. + 0.50 ax. 90°.

By which vision is materially improved over the former state; she reads and writes every day, but the diplopia remains to a degree uncorrected. The difficulty in selecting exact glasses is apparent, on account of the unsteadiness of eyeballs, she being less able to fix the object if she is made conscious of her eyes; and this sense of consciousness is unavoidable of course when making the necessary tests for glasses; there seems also to be a large amount of involuntary accommodative power existing, probably due to spastic spasms of external ocular muscles, which cause much uncertainty as to correct selection of glasses; at one time one number seeming best, and, at another time, still another. Eyes and general state always worse at about the period for the menses, covering a period of five days, when she is very lachrymose; cries when sympathized with; has much sinking at stomach; at times, as she expresses it, "the joy of seeing is almost more than I can bear, and then I am filled with gloomy fears that I may not always see; at these times my eyes feel badly, and I am inclined to be alone." Prescribed Pulsatilla with great relief to whole train of symptoms.

The diplopia continuing unrelieved, I made another choice in glasses, viz: For distance,

R. + 700 = cyl. + 0.50, ax. 90°.

L. + 400 = cyl. + 0.50, ax. 120°.

with prism of 4°, before each eye, with bases placed inward; this arrangement made objects of uniform size, relieved the diplopia and increased the visual acuity to $\frac{3}{4}$. For reading,

R. + 1300 = cyl. + 0.50 ax. 90°.

L. + 1000 = cyl. + 0.50 ax. 120°.

with prisms of 4° before each lens, with the bases placed inward; this arrangement allowed her to read with more clearness and steadiness, but the necessity for holding her book nearer than normal reading distance is requisite; weaker lenses do not permit of sufficient visual clearness to warrant their use at present.

About three months ago Miss C— reported, notwithstanding her vision is steady and better than ever

before, that she has spells during the time of the menstrual period, when the field of vision becomes blurred, as if she were looking through a yellow haze, with occasional complete blindness or blackness before the eyes, lasting sometimes for 15 minutes; as she recovers from these attacks and sight returns, she has an appearance as of thread or hairs before the eyes and objects look distorted, becoming normal in appearance, however, when the attack has passed. At these times she is in a condition of great general nervousness, with numbness of the feet and hands and a sense of lassitude, especially in the extremities. Prescribed Alumina, with much benefit. Her vision now is usually so good that she can see at night, with a dark veil over her eyes, and the spells of temporary blindness have not recurred.

I wish to call particular attention to the wonderful efficacy of Silicea in this case; an influence so wonderful as to overcome an evidently extensive detachment of the retina with sub-retinal effusion. This detachment of the retina was the complication which followed the loss of the vitreous humor at the time of the operation. Retinal detachment is always considered a very unfortunate complication and a serious lesion. Even in the best of cases the vision is always defective, and an extension of the detachment almost certain to occur, so say and write expounders of the "regular" system. The efficacy of well-selected remedies were, without doubt, auxiliary to and supplemental in permitting the condition of useful vision which she now enjoys.

ARSENICUM.—Sweat on forehead becomes cold after coming out.

VERATRUM ALB.—Sweat on forehead comes out cold.—
W. L. Reed, M. D.

AN AXIOM.—The symptoms that appear during a sickness are the pathogenetic effect of the poison which caused the disease, and are a proving of that poison on a healthy person. [Now for the q. e. d.—ED.]

Clinical Medicine.

STUPEFYING HEADACHE.*

TRANSLATED BY A. MC. NEIL, M. D., SAN FRANCISCO.

Antimonium crudum: Stupefying headache, with nausea in the throat; worse in the evening, after eating and his accustomed smoke; better in the open air.

Apprehensiveness on account of his disease; great loss of appetite with aversion to all kinds of food; great thirst, particularly at night; many eructations tasting of the food he has eaten; nausea and vomiting; bad effects of drinking wine, particularly if it is sour; pains in the stomach; great sleepiness in the forenoon; feeling of intolerable heat in the sunshine.

Belladonna: Stupefying headache rising from the neck into the head, with heat and pulsation in it; worse in the evening and from movement; better when laying the hand on the head and when bending the head backwards.

Anguish and restlessness with trembling; violent rush of blood to the head; headache from catching cold in the head; dilated pupils; vision lost while hearing remains unimpaired; epistaxis with great redness of the face; inflammation of the fauces; burning thirst; stool and urine suppressed; violent pressing towards the genital organs as if everything would fall out; blood-vessels of the neck distended; stupefying sleep, or he can only sleep sitting erect; dry heat with thirst; sweat only on the head and neck.

Calcarea carbonica: Stupefying headache beginning at 3 A. M., and not passing off till the afternoon, aggravated by rising, stooping and mental exertion; ameliorated by closing the eyes.

Nervous *indisposition*: headache from overlifting or

*From Bonninghausen's Hausarzt.

a strain; dilated pupils; pale bloatedness of the face; great hunger and thirst; nausea from drinking milk; intolerance of tight clothing around the hypochondria; stiffness of the neck; pain in the loins and back; hands and feet sweat; sensitiveness to cold moist air; bad effects of water and washing; ecstatic sleep; internal chilliness alternating with flying heat.

Carbo animalis: Stupefying headache in the occiput; worse in the morning and forenoon, and in cold air; better after dinner.

Cheerfulness alternating with sadness; fearfulness in the dark; far sightedness with dilated pupils; hardness of hearing, the tones appear confused; nausea at night; great weakness of the stomach; constipation with ineffectual urging; passes much offensive flatus; numbness of all the limbs; falls asleep late; weakening night sweats on the thighs.

Cina: Stupefying headache first appearing in the frontal region and then in the occiput, with fluent coryza; aggravated in the open air; ameliorated by stooping and moving the head.

Piteous complaints and weeping when awake; face cold, pale, sickly looking; (milky) blueness around the mouth; grinding of the teeth; constant hunger and thirst; fluent coryza with burning of the nose and violent sneezing; short, interrupted breathing; spasmodic cough with rigidity of the body; twitching; touch or movement is intolerable to him; restlessness at night; chill with thirst; cold sweat on the face.

Conium: Stupefying headache in the morning while fasting; better after awaking from his siesta, from walking in the open air, from stooping, external pressure on the head and from lying down.

Hysteria and hypochondriasis with disposition to weep; easily moved to tears; fear of men and yet aversion to solitude; intoxication from the smallest quantity of spirits; sensation of a large lump in the brain; photophobia without inflammation of the eyes; extremely acute smell and hearing; entire absence of appetite and thirst; *nausea*

after every kind of food; passage of cold flatus per anum; constipation; spasmodic cough at night; sweat in the first sleep.

Helleborus: Stupefying headache with fluent coryza, worse in the afternoon from 4 to 8 and from stooping; better when at rest and in the open air.

Great anguish; much lamenting and moaning; involuntary sighing; dullness of the internal senses; the muscles do not act properly unless the attention is strongly fixed upon their action; staring at one point as if in deep thought; photophobia without inflammation of the eyes, the pupils of which are dilated; pale yellowish color of the face; ptyalism; suffocating attacks as if from constriction of the respiratory organs convulsive muscular movements during sleep; somnolency with half open eyes; small, slow pulse; general coldness with heat of the head.

Lycopodium: Stupefying headache with heat of the temples and ears, and dryness of the mouth and lips; worse from 4 to 8 P. M., and from rising up and after lying down.

Taciturn, morose disposition, inclined to weep; dread of men; premature grayness and baldness; in the evening paleness of the face with deep folds; great desire for sweets; sour taste of the food and sour eructations; fulness and distension of the stomach and abdomen; chronic constipation; dry cough, worse at night; liver spots in the chest; tearing in the limbs at night and during rest; orgasm of the blood in the evening, with restlessness and trembling; feeling as if the circulation of the blood stopped.

Moschus: Stupefying compressing headache, mostly in the forehead with nausea; worse in the evening, from moving the head and in the room; better when walking in the open air.

Hypochondriacal, anxious mood; epistaxis with formation in the tip of the nose; feeling of fulness and contraction in the stomach and abdomen; suffocative feeling in the cold air; anxious palpitation of the heart; trembling and shaking through the entire body; pain in the parts on which he lies; he is sensitively cold to the open air; great sleepiness in the forenoon; full, accelerated pulse.

Natrum carb.: Stupefying headache in the forehead, followed by heat in the head; worse during rest and from mental exertion; better from exercise in the open air.

Great mental exhaustion and trembling; anxious restlessness during thunder-storms; many yellow spots and freckles on the face; great sensitiveness of the lower incisors; desire for dainties; great weakness of digestion; formation of a great deal of flatus; coryza, with hoarseness from the slightest exposure to cold; great weakness in the morning and after walking a little; during the pains anxiety, trembling and cold sweat; during the day great sleepiness, but falls asleep late in the evening.

Nux vomica: Stupefying headache in the morning, after eating and when walking in the open air, particularly in the sunshine; is much better in the warm room and when lying in bed.

Fiery, excitable temperament; malicious; exaggerated, anxious scrupulousness; headache, with bilious or sour vomiting; worse in the morning; face red, bloated, earthy or pale; bad effects of bread and sour food; sour taste in the mouth; nausea and vomiting in the morning and after eating; pains in the stomach ameliorated by hot drinks; chronic constipation; coryza, fluent during the day, dry at night; general bruised feeling in the morning while in bed; aversion to movement and the open air; he awakens early in the morning and then falls asleep again, and feels worse thereby.

Phosphorus: Stupefying headache in the morning, worse from movement and stooping; ceasing for a short time after eating; better when lying down and in the cool air.

Great irritability; disposition to anger; anxious and restless when alone; frequent attacks of vertigo; paleness of the face; puffiness below the eyes; hunger after eating; pains from flatulency extending from the hypochondria; chronic diarrhoea; exhausting cough, excited by cold air or reading aloud; palpitation of the heart from any emotion; great emaciation; somnolent sleepiness in the day time; violent orgasm of the blood.

Pulsatilla: Stupefying headache with chilliness, worse in

the evening and in the warm room, better from walking out of doors, and in the cool air.

Mild, bashful, yielding disposition with inclination to weep; easily moved to tears; solicitude about her domestic affairs; stupid feeling in a warm room and in the evening; pale, yellowish color of the face; toothache in the evening, aggravation by warmth; bad effects of fat food and of pork; vomiting of the ingesta; mucous diarrhoea; menses too late and too scanty; coryza, with chilliness and loss of taste and smell; short, dry cough as soon as he gets warm; pains with swelling, jumping from one part to another; thirstlessness and chilliness with most complaints; complaints are aggravated, particularly in the warm air of the room and when at rest; falls asleep late; the more violent are his pains the more severe is his chill; sweat on the face and scalp.

Rhus tox: Stupefying headache with humming in the head, worse in the morning, when sitting or lying quietly; better on moving and from external warmth.

Low-spirited with great prostration; sadness, anxiety and disposition to weep; restlessness; vertigo as if intoxicated; sick-looking pale face; no appetite, with insatiable thirst; putrid taste in the mouth; nausea with canine hunger; sensation, as if something was torn off in the stomach or abdomen; watery diarrhoea; eruption on the genital organs; menses too early and too long; pain as if sprained in the back and limbs; sensitiveness to the cold open air; constant chilliness; the pains are accompanied by sweat with trembling.

Sabadilla: Stupefying headache with fluent coryza, itching and burning of the scalp and general feeling of heat of the entire body; worse in the forenoon and from thinking.

Anxious fearfulness; he imagines himself sick or he has imaginary diseases; lachrymation; burning heat and redness of the face; thirstlessness with dryness of the mouth; inclination to vomit before eating; burning in the stomach and abdomen; coughs as soon as he lies down; stitches in the muscles of the arms and thighs; aggravation of complaints in the forenoon, when at rest, and in the cold air;

chilliness and heat, both without thirst, which occurs only between the cold and hot stages.

Zinc: Stupefying headache with everything becoming black before the eyes; worse in the morning after eating and in the warm room; better in the open air.

Low-spirited at noon, lively in the evening; very variable mood; pale face; canine hunger; heart-burn after eating sweets; severe pressure of the urine in the bladder; cough with involuntary passage of urine; tearing pains in the limbs after being heated or taking exercise; constant sleepiness; external chilliness with increased internal warmth; pulsations through the whole body; evening attacks of violent trembling; aggravation of all complaints by drinking wine.

CUPRUM ACETICUM.

R. T. WHITE, M. D., ALLEGHENY, PA.

An interesting case, verifying some of the clinical symptoms of Cuprum is my only apology for the following:

October 29th last, was called in great haste to see Mr. L—, age 38 years, whom I found in great agony, suffering from severe clonic convulsions of the muscles of trunk and lower extremities.

Paroxysms coming on about every four or five minutes, and lasting probably half that time. Not much of a previous history could be learned, except this being the fourth attack within two years, each one coming on in the same manner as the present, although not so severe.

The following is a history of the case as near as could be learned:

While walking along the street was suddenly taken with a peculiar paralyzed sensation in the right leg, could not move it, nor take another step, this lasting a few minutes when a severe drawing, cramping pain set in commencing in the leg, increasing in severity as it extended upward into the muscles of abdomen, chest, and even occasionally to the upper extremities. Pain so intense as to cause him

to forget himself and struggle, writhing in agony. After a paroxysm he would go off into a stupor, with labored breathing from which he could be aroused only with great difficulty. Just before another paroxysm, he would occasionally brighten up and answer questions quite intelligently, when suddenly, perhaps in the midst of an answer, his face would twitch and an expression of great suffering come over it, the muscles involved contracting into great hard knots, commencing usually in the calf of the leg or foot, (of sometimes one leg, at the next, the other), and extending into the abdomen where the pain seemed to reach its greatest severity, the two abdominal recti, standing out in hard knots, the face changing to a dark red color from the intensity of the pain and exertion—the eyes wild and staring, pupils contracted, respiration in quick hard jerks, pulse 90 per minute. It took the united efforts of myself and a male attendant to keep him on the bed.

After seeing him in a paroxysm I placed dry upon the tongue, about two grains of the third decimal trituration of *Cuprum Aceticum*, the only potency I had.

The effect was flattering and marked; the following paroxysm was much less severe and of shorter duration, and a much longer time elapsed between the succeeding ones, until after the space of half to three-fourths of an hour they had ceased entirely. Calling the next morning found my patient resting easy after a good night's sleep, which was entirely unprecedented, as compared with all former attacks. When even with the administration of heavy doses of opiates he had never been able to get any rest for several days after an attack, and up to the present writing has had no return of the trouble.

I would state here by way of anticipating questions that might arise, that Mr. L— had never passed through an attack without morphia and other narcotics in large doses, accompanied with ether and chloroform, from the effects of which he suffered severely for several days.

DIPHTHERIA.*

C. H. LEE, M. D., NEWCASTLE, PA.

At the request of the secretary, I present a few notes on the treatment of that dread disease, diphtheria. I need hardly go into the description of it, for you all have had more or less cases to contend with. You know the condition of the throat, the swollen tonsils and glands of the neck, the false membranes, the extensive ulceration, the putrid odor, the constitutional prostration that follows, and its dreaded sequelæ; hence I proceed to give the treatment that I have used for many years past, and from which I have had remarkable success.

I would state, just here, that being president of the board of health, there were reported over 200 cases of diphtheria, the total number of deaths 82; of that number there were 79 deaths under allopathic treatment and 4 under homœopathic treatment. In my own practice and in that of my son we had 36 cases; lost only one, which was in a moribund condition when called in, living only two days. The disease in this case began in the stomach with cramping pains and vomiting of yellowish colored mucus, quite ropy and offensive, pain extended from stomach up to throat, swelling gradually from below up to throat. In twenty-four hours the tonsils, throat and inside of cheeks were dark mottled in color, with a terrible odor. By night a thick, offensive discharge from nose, and the parotid and submaxillary glands were enormously swollen. Death ended the scene by strangulation. Old-school physicians were called in to see the case, and they said they never saw a case like it. [This looks like a case for Bromine. Was it used?—ED.]

The following remedies, with their symptoms, are the principal ones I use, always keeping to the rule of similia:

Arum 2d.—Throat very red, raw and sore. Looks as if the membrane of the throat were scraped off. There is an ichorous discharge from the nose, excoriating the nose and

* Eastern Ohio Homœopathic Medical Association, Oct. 17, 1888.

lips; corners of mouth cracked, and filled with yellow matter; submaxillary glands swollen; offensive odor from the mouth. There is also a thick yellow mucous discharge from the mouth.

Belladonna 3d.—Throat very much inflamed; tonsils swollen; pain in the throat on swallowing, worse from liquids; worse on right side; headache.

Capsicum 3d.—Throat feels raw; burning sensation in throat, with a whitish, thin film over the tonsils.

Kali bich. 3d.—Throat red, inflamed; tongue red and shining, or coated with a thick yellow fur; a peculiar croupy or loose, rattling cough, with expectoration of a ropy, tough mucus; at times there is hoarseness. Shooting pains running up into the ears; the ulcers in the throat are deep and round, with pearly yellow false membrane hanging out of ulcer; the fetor is very great. The disease extends up into the nostrils; discharge from nose is excoriating.

Lachesis 15th.—Is the remedy when it begins on the left side of the throat extending over towards the right; throat looks mottled with a dirty yellowish brown membrane; very offensive odor; will not allow anything around the neck; the glands are very much swollen; worse on left side, after sleeping, and from warm drinks.

Lycopodium 15th.—This is a wonderful remedy and very potent. Disease begins on right side of throat, extending towards the left; whitish or gray membrane; fauces of a dark red or brown color; pain and soreness are much worse from swallowing, and from cold drinks; patient always worse after 3 or 4 o'clock in the afternoon; also, seems worse after sleeping.

Merc. proto iodatus 2d and 3d.—Salivary glands very much swollen; odor from the mouth very offensive, of a coppery smell; a fetid discharge of bloody matter from the throat and nares; the membrane covers the tonsils, velum palati and pharynx; the deposit is easily detached; thick, yellow coating on base of tongue.

Merc. cyan. 6th.—Symptoms are nearly the same as *Merc. proto.*, only in a more malignant and putrid form, with great prostration.

Nitric acid 4th.—Characteristic symptom was the sensation as of a sharp splinter in the throat; ulceration putrid; great prostration.

For the mild form, I relied on Belladonna 3d, Phytolacca 2d, Apis 3d, and Mercurius vivus 6th.

Diet: chicken broth, milk, either cold or warm as desired. Eggs beat up in milk and sweetened with a little white sugar. Beef boiled down to a jelly. No solid foods of any kind.

I used no external applications or gargles. For the paralysis that sometimes follows, I give Gelsemium 3d; also Conium.

There are other remedies that are used in this disease, but I have given you those with which I have had the best success.

[The most potent cause of failure in the treatment of malignant diphtheria is the repetition and prolonged use of the "favorite" preparation of Mercury. The diagnosis of diphtheria once made, the homœopathic physician forthwith proceeds to give Mer. prot., Mer. bin., Mer. cyan., Mer. cor., or some other preparation in the 2x or 3x trituration every one or two hours, either singly or in alternation with some other remedy, day and night for perhaps a week. If it happens to be a mercury case, it is promptly cured by a few doses; if not, the life forces are rapidly undermined by this powerful and deep acting drug, and we should often attribute to the prolonged use of Mercury what we now attribute to diphtheria. ED.]

SURE DEATH TO BUFFALO MOTHS.—A lady correspondent sends us the following: Take strips of red or blue flannel (as these colors are particularly attractive to them), dip in liquid arsenic and lay around the edges of carpets, or wherever the pests are troublesome. They will soon eat a desired amount and collapse to the entire satisfaction of the housewife, without the least injury to her carpets.—*Exchange.*

Materia Medica.

QUERIES.*

WM. JEFFERSON GUERNSEY, M. D., PHILADELPHIA.

There are several questions relative to drug action that I cannot clearly settle — perhaps no one can — the consideration of which may not be time lost.

Query I. As in the provings of some medicines many directly *opposite* symptoms are developed (as constipation and diarrhœa; sleepiness and sleeplessness, etc.), does it follow that *all* drugs possess this feature, and will more exhaustive provings in the future bring forth a negative for every positive symptom in each medicine?

You will exclaim that opposite conditions are due to primary and secondary action. This is often true, but it does not always follow; nor does the fact that some provings were made with the crude drug and others with a potentized preparation of it.

Experience is a hard master, but often-times its lessons are valuable, and I have a case in point. On the 30th of August, 1885, I prescribed for a lady who had not menstruated for two months and who believed herself pregnant (which suspicion was subsequently proven to be well founded), who complained of but three symptoms, and from whom I could not elicit an "ache or pain." She had "bitter vomiting, worse in the morning, and ameliorated on eating."

Now, by some odd luck I had, a day or two previously, noticed in Lippe's repertory, p. 105, the following:

"Vomiting as soon as he eats.—Dig.

" " " " " relieved.—Ferr."

And remembering the symptom, but mentally transcribing the remedies, I gave Dig., as that had the other symptoms,

* Read before the Organon and Materia Medica Society of Philadelphia, December, 1888.

though they are so common to many remedies as to be almost valueless. Well, I gave six powders of the 1000th potency (Tafel), and what was the result? *Immediate relief*. Was it chance? Would she have gotten well anyhow *on that day* after having suffered for some days previous? Perhaps so, but I believe it was an illustration of the exactly opposite state referred to, or of a point I shall speak of further on. I cannot find any where recorded "vomiting better by eating" under Dig., and the amusing part of the business is that Fer. not only has that symptom but it has also the reverse.

Query II. Will the failure to find a peculiar symptom in the repertory warrant the substitution of a drug having the directly opposite symptom? Do not think that I favor guess work, or plead that too much stress should be laid upon such a theory. I simply suggest that in such a case the *opposite* remedy be hunted up to see whether its *other* symptoms correspond to the case.

Query III. Do all symptoms not known to have been produced by a given drug, but which disappear under its administration, necessarily indicate that they should be recorded in the list of its symptoms? I want to say right here what may appear paxadoxical to the above, that I protest against the too hasty recording of unproven but so-called "cured" symptoms. We should not forget that as resolution takes place, whether under medication, or unaided, that there should be a general and complete return to health, and a consequent disappearance of every ailment. It may be that revived nature is throwing off these "odd" symptoms along with the others, and not the medicine directly. And it is to this I referred under the consideration of my Digitalis case: that perhaps the remedy had been so homœopathic to the other symptoms (those cited to me and those, may be, not complained of), that nature accomplished the rest. Such observations have no place in the *Materia Medica* until they have been noted again and again, and not then till prescribed on as a leading indication in some case presenting little else.

Query IV. Is ours a law of *similars* or *exactitudes*?

Do we not differentiate too nicely at times? All the "old masters" did a heap of "reading between the lines" and we pity them because we think they had to on account of the scarcity of literature; but are we more successful? Take Bönninghausen's rubric of "Fantastic illusions," and you see no list of a hundred or more different hallucinations, but all drugs then known to produce that particular kind of mental abnormality are included under one head.

Now Arsenicum has the symptom "imagines he has a three-fold body;" Baptisia, "that she is three persons," etc.; Petroleum, "that there is another person in same bed." Not exactly the same, yet so *similar* that either of the three medicines should be chosen that will cover the remaining symptoms of the case, thus classing the three mental aberrations as one symptom. Has Antimonium tart. or any other remedy produced a new type of variola? No, but it has caused symptoms *similar* to it, and I repeat that we are too careful to get the *exactitude* when by taking the *similitude* we have a much larger list of remedies to select from, besides adhering quite as thoroughly to the homœopathic law of cure.

VERIFICATIONS.

B. W. SEVERANCE, M. D., MINEVILLE, N. Y.

Rhus tox.—Mrs. V. aged 25, mother of four children. In the summer of 1886 consulted me for a *severe pain between the shoulders "every time I swallow, whether I swallow anything or not."* I could not glean any other symptoms to help me out, and the patient considered herself *well* in every other respect.

I remembered to have read that symptom "pain between the shoulders only when swallowing" in the provings of *Rhus*, and *prescribed the third potency.* In three or four days she was entirely relieved and has never been troubled since.

Thuja.—David R., aged 60 years; day laborer; poorly nourished; keeps "bachelor's hall"—an "old sinner," hav-

ing had gonorrhœa several times to my knowledge. He suffered from a large left-sided hydrocele undoubtedly resulting from inguinal hernia. Called upon me in spring of 1888, for treatment for incontinence of urine. Desire came suddenly; was not able to retain urine an instant without grasping the penis. Urine scanty, and scalding; slight back-ache; good appetite; bowels regular; sometimes drank beer. He received several remedies during the summer with only short periods of partial relief. In November he came into the office and said, "Doctor, I'm worse than ever—it seems as though a single drop at a time was running along." Thuja 6th, three times a day, relieved him in four days, and he is all right ever since.

DR. A. M. CUSHING writes: "There is one disease I have seen many times, that I cannot cure readily with any 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 Bell. and Apis, and they seem to have but little if any effect. Apoc. c. does not seem to affect it, but Bell. and Apoc. in alternation will cure it speedily." [If the doctor will consult Kali bich. or Rhus, perhaps he will find the simillimum].

ACONITE.—If no perspiration occurs within four or five hours after the exhibition of Aconite, give one dose of Sulphur, high; because Sulphur is the complement of Aconite in chronic cases, and psora is the cause for the non-action of the indicated remedy.—*W. L. Reed, M. D.*

[This is the true line of treatment in all cases, chronic or acute. "When the indicated remedy fails to act or permanently relieve," and no other remedy is called for by change of symptoms, a dose of Psorinum, Sulphur, or the indicated anti-psoric, high, will remove the psoric impediment, more safely and rapidly than a new remedy.—*Ed.*]

Surgery.

SURGICAL NOTES.

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

"*Ectopic Pregnancy and Pelvic Hæmatocele.*" By Lawson Tait, F. R. C. S., etc.—This little book, printed in Birmingham, seems to be without an American edition, a circumstance to be deplored if thereby it fails to reach the profession on this side of the Atlantic. The book is one which will chain the attention of readers at once from the unique standing of the distinguished author, the somewhat novel character of its teaching, but beyond all, from the clinical evidence which is of such exceptional authenticity, as well as remarkably abundant. It may well be questioned if any other practitioner, living or dead, has had the privilege of seeing as many cases of extra-uterine pregnancy as Mr. Tait, a fact that amply justifies, if justification is needed—the tone of authority characterizing the work. With a list of forty-two cases of laparotomy for extra-uterine pregnancy, with but two deaths, our authority may certainly challenge attention. A synopsis cannot be satisfactory; the book must be read through. Certainly none who profess the obstetric art can afford to neglect this latest teaching. In a few words the author denies the possibility of ovarian or abdominal pregnancy, *proving* that impregnation occurs in the tube in all cases extra-uterine. That when rupture occurs—*as it must sooner or later*—the result depends upon the location of the tear; when in the under surface of the tube, the ovum escapes into the folds of broad ligament, is thus extra peritoneal, and hæmorrhage soon becomes arrested. When it occurs on the upper side, the ovum and hæmorrhage lodges within the peritoneum, and thus renders cases quite uniformly fatal. The only treatment in either case, is opening the abdomen, securing the bleeding points, and removal of the ovum, *carefully avoiding disturbing the placenta.* But

such a summary may prove a "dangerous hint" to some one, and we forbear. *Read the book* is our advice to all, particularly all having to do with obstetrics.

Rectal Anæsthesia, and Bloodless Operations.—Wyeth (*Canadian Pract.* for Aug., 1888) gives the details of an operation for the removal of the tongue by the ecraseur, the *technique*, in brief, consisting in an incision in the neck, above the hyoids, through which a perineum needle is passed, and silk carried around the base of the tongue, by means of which the chain is placed in position. The advantage of having the instrument outside of the mouth is apparent, but the Trendelenburg method of anæsthesia becomes impossible, and our author warmly commends rectal administration. He has now employed this method in twenty cases, and finds it fully equal to the requirements. So far the recital is sufficiently interesting; but it is suggestive of a line of investigation that must soon be taken up. "Economy in blood," rendering operations as nearly as may be bloodless, and local anæsthesia are the two pressing *desiderata*. There is no doubt that all the anæsthetic agents now in use have some effect, either on tissue or function, or both, that is deleterious; it is impossible to conceive, as some have sought to maintain — of an agent capable of producing such a profound effect as either ether or chloroform, that leaves no lesion behind it. Perhaps a satisfactory local anæsthesia for large territories may be unattainable. Certainly when operations come to be practically bloodless and painless, the patient still retaining consciousness, surgery will have made a long step towards reducing still more the ratio of mortality.

FLORENCE NIGHTINGALE is now a patient at a London hospital which she herself founded. It is said that she is suffering from an affection of the spine, which originated as long ago as the Crimean war, when she ministered so faithfully to the wants of the sick and wounded soldiers.

H

Societies.

ROCHESTER HAHNEMANNIAN SOCIETY.

The regular monthly meeting of the Rochester Hahnemannian Society was held at the office of Dr. Adams, Oct. 16, President Grant in the chair.

Members present: Drs. Grant, Biegler, Schmitt, Adams, Carr, Baker. Dr. W. G. Brownell, of this city, and Dr. Walter Johnson, of Pittsford, N. Y., were present as visitors.

Minutes of last meeting read and approved.

§§ 164 to 169 of the Organon were read, with discussion as follows:

Dr. Grant—The sections read are among the most important and interesting of the Organon.

Dr. Schmitt—I think the sections read explain why there are cases where the high potencies do not act, and the low will. I do not agree with Dr. P. P. Wells, that a high potency will act if a low one will. I make the point, that we can have a remedy according to Hahnemann, very similar to the case, not the simillimum, where a single dose or repeated doses of a high potency will not do anything for you, but in a lower potency we get an effect, although transient, and not a cure. This case will illustrate the point: It is a case of chronic diarrhoea, where the indications were for Sulphur. I gave it in the mm., cm., 200, in single and repeated doses without any effect whatever. I then gave the 30th potency, a dose for two or three mornings, which controlled the diarrhoea, but did not cure. I knew I had only the similar remedy, not the simillimum. After a time the patient developed a cough, that came on at 4 A. M., with retching, blueness of the face, cold sweat and *trembling*. Ant. tart., cm., one dose, cured cough and diarrhoea. Sulphur was the similar remedy and Ant. tart. the simillimum.

Dr. Biegler—This case of Dr. Schmitt's does not invali-

date the principle that we must find the simillimum to cure. I think that his case helps to prove the fact, *that we must prescribe the simillimum to cure*; his stating that Dr. Wells never knew of a case that could not be relieved by a high potency, if the low would relieve, leads us to think there are exceptions. There are cases where the symptoms are obscured — do not come up until developed by some remedy — and I believe that Sulphur developed this case. The fact still stands, that disease is only cured by the true remedial agent (the simillimum), and will cure in a high potency; a low is not required.

Dr. Johnson — Does it not illustrate the palliative effect of remedies?

Dr. Biegler — I do not believe that a high potency will fail if it is the simillimum. I prescribed, last year, Rhus tox. for a case of eczema, the indications I do not remember; it disappeared quickly, and I thought it was cured. A few weeks ago it came back worse than before, and in her letter begging for the remedy of last year, without any indications of the present condition, I informed her it was a mistake to give the remedy of last year, but did send it, and asked her to write me a true description of her case, which she did, and I sent Pulsatilla. Among the chief indications were, *want of fresh air; aggravation from cold drinks*. This remedy relieved for ten days, and to-day she sends me a letter, every indication calling for Sulphur.

Another case of a child seven weeks old. Diarrhoea since birth; two weeks ago the stools began to be watery, gushing, and yellow; would saturate everything. I gave Podophyllum, which relieved for a few days. Then the mother's nipple became sore, with a shooting pain from nipple through to back. I gave Croton tig. to the mother, with improvement in the child. In 24 hours there was a great disturbance, stools worse and more frequent, almost hourly. Sac. lac. Improvement followed, lasting three or four days, then worse, with the same yellow, watery, gushing stools, *with wind*. Mother's nipple growing better. I have known the mother a long time, also her father, and knew there was sycosis in the family; the mother bears traces of

it. Three days ago I gave Thuja cm., one dose, and to-day the child is much better; two stools last night, and up to noon to-day only one. If you will compare the stools of Thuja and Croton tig. you will find it difficult to distinguish the difference between them. Here we have a case where it is difficult to select between two remedies that are similar to the case.

Dr. Grant—You gave the Croton tig. to the mother and Thuja to the child?

Dr. Biegler—Yes, was tempted to give the Thuja to the mother too, but, for some reason I do not now remember, did not. This child was feeble from birth, and remained so for over a month. We are assembled to learn the best treatment for disease, and are surrounded by those who shut their eyes, guided by the “scientific,” and will not study the principles of Homœopathy; under their treatment the stools would have been checked, and the child would have died.

Dr. Grant—There is still another point, that if their treatment did not kill, if your position is correct, the suppression would complicate any sickness that would follow.

Dr. Biegler—This case illustrates how a remedy will come up, seem to be indicated and not cure. It is not Homœopathy that is at fault.

Dr. Johnson—Can you get an aggravation from a high potency not the simillimum? The question was suggested by your statement of the action of Croton tig.

Dr. Biegler—That is a great question; it looks to me as if the disturbance that followed was caused by the remedy, although it was not the simillimum. In acute diseases not complicated with a miasm we expect a cure after an aggravation.

Dr. Schmitt—Hahnemann says, if you give a similar remedy, you may get an aggravation of some symptoms, but not the true aggravation as from the simillimum.

Dr. Johnson—We are taught that when we get an aggravation we have the right remedy.

Dr. Biegler—I should add the other symptoms for which I prescribed Thuja. The man told me, *that when the child*

sneezed a mass of mucus would be blown from the nose; child had a loose cough with much loose phlegm in the throat. Under Thuja you have, "Blows out thick, green mucus, mixed with blood and pus." There was no blood or pus in this case. "Much mucus in the throat, hawked up with difficulty."

Dr. Brownell — I have noticed the comparison is very close between the stools of Thuja and Croton tig.

Dr. Schmitt — I do not think Croton tig. has any wind with the stools.

Dr. Brownell — I would like to relate a case where sugar in the urine is a persistent symptom; *foul taste in the mouth; cold sweat on the lumbar and sacral regions, worse during stool*; burning of the soles of the feet; burning of the skin from the knees down, wants them rubbed, which does not relieve. July 6th specific gravity of the urine was 1040. Kali bich. has the symptom, "sweat on the back during the effort of stool," also "large quantities of colorless urine." Under this remedy the specific gravity was reduced to 1020, with no relief of other symptoms, except sweat was partially relieved. I gave Sulphur, which relieved, but the specific gravity went up. There is no doubt in my mind that I did not have the simillimum. There is another remedy that has sweat on the lower region of the back, and he is now on that remedy, Plantago 1m.

Dr. Biegler — I would give weight to those remedies that have sweat in the region mentioned, and remedies for cold sweat; you will find them in Bönninghausen or Allen on fevers.

Dr. Adams — Speaking of Thuja, reminds me that sweat on "uncovered parts" is characteristic, and always leads one to that remedy.

Dr. Brownell — There is another symptom; "he cannot sign his name if any one is near him, he is so nervous." Plantago seems to cover all of his symptoms better than any remedy I know of.

Dr. Biegler — There is another point from which we must look for help, and that is family dycrasiaë. I was in consultation in a case of vomiting of pregnancy. Remedies

relieved for a time, and Pulsatilla better than any other; several remedies were well chosen by the physician in charge, but none would hold the case. I had been prescribing the last year, for the sister of this lady, and had hard work to keep her from going down—had spent hours over the case. During her menses she would have a severe jerking pain over the right eye, would jerk the whole body; she kept going down, looking pale and yellowish, grew difficult to nourish. I had inquired particularly about the menstrual flow, but without any light. After a few times the mother told me that she had noticed that the color of the menstrual flow was green. On the head symptoms and green menstrual flow I gave Lac can. with a very happy result; there is little to do now in the case.

Now when we attend the sister for vomiting of pregnancy, remedies do not relieve for any length of time. On looking over the case, I found one symptom that pointed very strongly to Lac can., and I mentioned this to the attending physician, together with the fact that this remedy had done so much for the sister. On questioning the mother, we found that this lady had been troubled with green menses too. Dr. Schmitt will tell you the result.

Dr. Schmitt—She was doing fairly well on the remedies given; and that night after we were there, the husband came to my office, stating his wife was suffering with headache. *He had to hold her head, so she might get relief;* shooting pain up the spine, and in the ovarian region. I sent Lac can. cm., one dose, which relieved *all her symptoms*, and during the last parade she wanted to ride down street.

Dr. Biegler—This case illustrates how difficult it is sometimes to find the simillimum. Family dyscrasiæ need remedies, and we will often stumble until we know them. I would like to read a letter I received from a physician of Albany, not a true Homœopath, and my reply; although it does not state the case in full, it gives it very well:

An old gentleman of this city went to Albany, and there suffered with retention of urine from an enlarged prostate

gland. The doctors there failed to relieve him, so called in a prominent member of the old school, who aspirated five times, then sent him home, no doubt thinking that he was going to die, with his physician of that city who flung at me all the scientific nonsense that had been used, such as Morphine, Cocaine, etc. I thought the best thing that could be done for the patient was first to rid him of his physician, so I assured him that he could take the first train home, as we could take care of the case.

“ALBANY, N. Y., October 1, 1888.

MY DEAR DOCTOR BIEGLER: Mrs. G. H——, who just left my office, tells me that she is much improved since seeing you, and she also tells me that the gentleman whom our Albany doctors failed to relieve has found relief at your skillful hands. To be more exact, she said ‘you were very busy the day she saw you, and had a desperate case from Albany.’ I knew of the case here, and of the failure to relieve him, and inquired how he was, and she said ‘that he was better, and going to get well.’ Now, I am an honest inquirer about high potencies, and *not a scoffer*, and yet not a full believer. Would it be too much to ask you to drop me a line saying what remedy and what potency relieved such a desperate case? Very truly yours,

GEO. E. G——.”

“ROCHESTER, N. Y., October 7th, 1888.

GEO. E. G——, M. D.—*Dear Doctor*: As is often the case with me, several days elapse before I can find time to reply to letters, and I am disappointed in being in that situation since the receipt of your letter of the 1st inst. I gladly give the information you request concerning the case of Mr. Sperry, who was taken sick in Albany, and returned to his home in care of Dr. J——. When I saw him on the night of his return, I found the urethra in such a condition as to prevent the insertion of the catheter. I then prescribed Nux vom. 200, for the purpose of doing away with the effects of the previous drugging (Morphine, Cocaine, etc.), and towards morning Dr. Carr, who has charge of the case, relieved him with the aspirator. The next morning I advised the use of the aspirator for another period of twenty-four hours, and prescribed Benzoic acid cm., one dose. The indications for this remedy, or rather for those upon which I selected it, you will find in Hering’s ‘Guiding Symptoms,’ also in the ‘Condensed Materia Medica.’ In thirty-six hours after the dose of this remedy, I

found the prostate gland reduced, I might say at least one-third from its former size. Before that it seemed to fill the cavity of the pelvis. Now at this time the flatus, which was before incarcerated, passed readily, and I also passed a No. 7 elastic catheter without difficulty. This catheter was retained in the bladder three days. After its removal the urethra was very sensitive, and the following symptoms were very pronounced:

Unsatisfied feeling after micturition (by means of catheter); *urging continued for considerable time; the slightest touch with the finger, at the tip of the penis, would give severe pain and bring on spasm.* Pain at tip of the penis you will find under Cantharis, although not given as here described.

We gave him Cantharis cm., one dose on the tongue, and in twenty-four hours the symptoms for which it was given were entirely relieved. The patient now kept very comfortable, and gained strength daily for four or five days, requiring the use of the catheter twice in twenty-four hours, during which time remedies were not given. At this time, however, fearing that the continued use of the catheter might be required, and not desiring to chance an indefinite attendance, I tried several elastic catheters preparatory to instructing him in their use, and by so doing I again inflamed, or at least congested the urethra to the extent of producing the following symptoms: *Urethra inflamed and sore along the whole length; burning while urinating, worse after; burning, smarting in the urethra in its whole length; jerking, stitching pain in the urethra.* For these symptoms we gave him Cannabis sat. cm., one dose dry on the tongue, and in solution, every four or six hours; all this was relieved, and he commenced to pass water naturally, so that the catheter was used only once in twenty-four hours for a few days, not necessarily, but as a matter of precaution to avoid accumulation in the bladder.

In justice to myself, I must say that I did not volunteer the information relating to the case to Mrs. H—, but that some one in my office spoke of it first; in fact, I am not aware of having said anything. I am thankful for your letter, as it is gratifying to come in contact with a man who is willing to inquire into the true method of cure, and when I do, I not only appreciate the honest disposition, but would do a great deal to help him, as I well remember how I groped in the dark during the first ten years of my professional life, without a ray of light afforded from any source except my books. Let me now for the present ask you to cease looking through your microscope for the evi-

dence of the remedial power of drugs, and for the cause of disease, for there is nothing material about either; they are both imponderable powers. You doubt this, I know, but do not say you will not believe, before you have done what is only reasonable; that is—investigate honestly and prove it to your satisfaction. In doing this you must conform to the law of cure, as it is exacting and will tolerate no deviations, and I would here remind you that this law does not require a high dynamization, but absolutely the simillimum of selection to the case, and this cannot be done by multiple prescription. The alternation of remedies may sometimes be practiced, but that requires the ability of a master, and in ordinary practice it is destructive to an intelligent understanding of the peculiar or special action of remedies. As to the efficacy of the higher powers, this knowledge is obtained only when a thorough realization of the law is acquired; they are preferred by those only who, by long practice, have conformed to the law of cure. Since writing I have called on Dr. Carr to ascertain the condition of the patient to date, and the result I can give you in a few words. *He is well*, passes his urine naturally and perfectly freely, which he had not done in the year past. He has had no other medicine since I discontinued my visits, which is now more than a week.

Very truly yours,

J. H. BIEGLER."

Dr. Brownell—Was there any history of gonorrhœa in the case?

Dr. Carr.—None that I am aware of. I have known him a long time and believe I would have found it had there been any such condition. He now passes his urine better than for some years back, and the water is clearer. Seven or eight years ago he rode all day in the wet, and had an attack of inflammation of the prostate gland, from which he never fully recovered.

Dr. Schmitt—This is an important case and should be published.

Dr. Biegler—The lady spoken of in the letter came to me for treatment from the hands of a pseudo-homœopath and I made the following notes from what she told me: A year ago she had sea-bathing which was followed by rheumatism, and has not been well since she was dosed by a doctor in Albany, who finally thought her anus needed atten-

tion, and this he stretched to the extent of nearly killing her. Then he thought that the uterus needed special attention, and in order to treat her "scientifically" he explored the uterus with a steel sound, and in this he cut her so badly that he became alarmed, and finally peritonitis followed. After this she was treated by the additional assistance of another physician of "scientific notions," with ponderable doses of quinine "for chills;" since then she has been dosed by all kind of drugs.

Adjourned to meet at Dr. Biegler's office in one month.
W. H. BAKER, Secretary.

The regular monthly meeting of the Rochester Hahnemannian Society was held at the office of Dr. Biegler, Nov. 20th, 1888. President R. C. Grant in the chair.

Members present: Drs. Grant, Biegler, Schmitt, Brownell, Johnson, Hoard, Hermance, Baker, Carr.

Minutes of last meeting read and approved.

Sections 169 to 180 of the Organon were read, with the following discussion:

Dr. Johnson—These sections explain the sections read at the last meeting, also give explanation of the case that Dr. Schmitt reported.

Dr. Schmitt—All of us have had cases where symptoms have been developed by a remedy thus leading us to the curative drug.

Dr. Brownell—I think the first section read a little confusing. It speaks of a remedy being homœopathic to one portion of the symptoms and another remedy homœopathic to the other portion. As I understand it, we can only have one homœopathic remedy, the simillimum.

Dr. Schmitt—I think that the point Hahnemann wants to make is, that if you have two remedies that are seemingly indicated, one covering a portion of the symptoms and a second remedy covering the remaining portion, you are not to give the second remedy after the first before you have examined the case again.

Dr. Grant—It is customary with me to make a note of a remedy to see next, but I seldom select that remedy. A

second examination generally brings out a different drug.

Dr. Biegler—That has been a practice with me for a long time and my experience is the same; I seldom select the remedy I note to see next.

Dr. Johnson—I would like to ask Dr. Brownell the result of the use of *Plantago*, in the case reported at last meeting.

Dr. Brownell—It did not affect the case any; further inquiry developed a history of suppressed foot-sweat, so I gave *Silicea*, which caused a partial recurrence of the foot-sweat. There is no sugar in the urine now, but he is not well; at present he is on *Chelidonium*. I would like to ask Dr. Biegler if he uses a knife in the treatment of a carbuncle?

Dr. Biegler—I do not, it is bad treatment; with the indicated remedy you will do more for your patients, quiet the pain attending the disease and make them comfortable. I believe the use of the knife makes matters worse.

Dr. Carr—I have now a case of carbuncle under treatment. It first appeared as one large pimple surrounded by a number of smaller ones that finally coalesced into one; the opening was as large as a half dollar. I first gave *Hepar*, which I followed by *Lachesis*, the color having changed to a purple, with great pain. I have found the yeast poultice one of the best dressings for diseases of this kind; it allays the irritation and has a soothing effect which is very gratifying to the patient. I look to my remedy for relieving the pain, and *Lachesis* kept this case comfortable.

The poultice is made from one teaspoonful of bran, one tablespoonful of flour, add water to make a paste, then add two teaspoonsful of brewer's yeast (a yeast cake may be used), place in linen bag and apply; it should be changed about every eight hours.

Dr. Schmitt—I was taught to cut a carbuncle and apply caustic. The first case I treated homœopathically was with six doses of *Sulphur 30th* and the yeast poultice.

Dr. Brownell reported sequel to case of diphtheria re-

ported by him at the July meeting, and published in the October number of the *Homœopathic Physician*.

SEQUEL OF A CASE OF DIPHTHERIA: LAC CANINUM.

Tommie H., about three weeks succeeding the manifestation of the diphtheritic disease in the case reported to this Society, in which Lac caninum cm. proved curative, I was consulted for a condition of paralysis of the muscles of the neck which had become quite marked, so much so as to cause a falling forwards of the head, so that it rested on the upper portion of the sternum. There is return of fluids through the nose and an evident weakness of the muscles of the upper part of the back. Phosphorus.

August 6th. His father brought the boy back in a much worse condition than before, the paralysis being more pronounced and some staggering in his walk; complains of stiffness and soreness of the muscles of the neck, on which I prescribed Rhus cm.

August 16th. The family has become anxious at the constantly increasing paralysis, and insist that something further be done, and ask in regard to electricity. I advise one more trial and gave Lac caninum cm., of which he received one dose, which restored the use of the muscles, and the boy remains well.

Dr. Carr was appointed essayist for the next meeting.

Adjourned to the office of Dr. Schmitt in one month.

W. H. BAKER, Secretary.

DRUG PROVINGS.

In his address as President of the Indiana Institute of Homœopathy, Dr. F. L. Davis administers the following rebuke to Prof. G. B. Wood, of the University of Pennsylvania, for recommending homœopathic methods of drug proving without acknowledging the source, a very common practice, of late, among allopathic authors: "He has absorbed and reflected the light emanating from the teachings of Hahnemann, but has failed to give its source.

Homœopaths have been teaching that method of investigating drugs for 100 years. Why honor the picture and ignore the camera? Why cherish the result but despise the source? Why partake of the fruit but ignore the tree? Homœopathy has stood the crucial test of trial and persecution, and its light shines all the more brilliantly because it has stood the fiery ordeal. * * * Any man who is thoroughly versed in all the other branches of medical science and in his practice will strictly follow the law of similia, will have no cause to discard to-morrow what he practices to-day."

ORGANON SOCIETY, OF BOSTON.

This society met at Dr. Bell's office, Thursday evening, Dec. 20th. A very good attendance.

Reading by Dr. Bell, beginning with § 61.

§ 62; Dr. Bell—The idea expressed here seems to come with new force; these examples have escaped notice hitherto.

§ 65; Dr. Bell—I think we have all seen the evil effects of purgatives.

§ 67; Note 63, Dr. Bell—We can now add the effects of anæsthetics.

§ 70; 1st, Dr. Bell—How is that?

Dr. W. P. Wesselhœft—I think we are not to be influenced by any *theories*, but simply by the symptoms of the case. I think Hahnemann meant that we must not *theorize* too much. Of course, if we get a history of suppressed measles, for example; that history is valuable and should be regarded.

§ 71; I, Dr. Bell—That is what we want every day.

§ 73; Dr. Bell—Dr. Lawson, in the Milroy lectures at the Royal College of Physicians, of London, on epidemic influences, takes the same ground as Hahnemann concerning cosmic or telluric influences in the causation of epidemics. He says that the epidemic factors embrace large portions of the earth's surface at the same time; and that their course from year to year is somewhat defi-

nately mapped out. Febrile epidemics pass uniformly to the northward till they finally disappear. They occur periodically every second year, or some multiple of two years, and like a series of waves pass over a greater or less portion of the earth's surface. The form of fever may be determined by local causes.

He calls these influences "pandemic waves," and thinks they coincide with a greater dip of the magnetic needle.

§ 75; Dr. Bell—I think this ought to modify our prognosis in the treatment of such cases.

Dr. W. P. Wesselhoeft—I can second that with all my heart. In cases difficult to cure, it is almost always due to a long course of allopathic treatment. For patients with heart disease who have been a long time under the use of Digitalis, I am sure I can do very little, even if years have elapsed since they used it. These patients become Digitalis subjects and Opium subjects, etc., and we must make our prognosis very guardedly.

Dr. Bell—I would mention as one of the drugs so much abused, Salicylic Acid. I had a patient last year, a prominent lawyer, who had received Iodide of Potassium and Colchicum. He got relief, but not as quickly as under Colchicum; went back to his former treatment, and is now a wreck. He could not wait.

Dr. Davis—We ought to tell patients, in these cases in which we fail, that it is not a failure of Homœopathy.

Dr. W. P. Wesselhoeft—My father was puzzled to know what to do with Iodine cases, and finally used Iodine, high, also Digitalis high in Digitalis cases.

I wish to show by a case what proper treatment may do in two months.

Miss — had had hemorrhoids as long as she could remember. Five years ago the external tumors were ligated. Before ligation very painful, but no bleeding. Very tender, could not sit without great inconvenience. For two years following the operation thought herself perfectly well. But the tumors gradually reappeared higher up. For the past six months has had fearful hæmorrhages, coming on in spells, lasting from two days to a week, with

interims of never more than a fortnight. Bleeding occurs only during stool; clear, bright blood. Occasionally it spurts out, so that it is heard against the sides of the vessel.

These attacks of bleeding are accompanied by great exhaustion. During the past six months has had *prolapsus ani* even without much effort at stool; reduces spontaneously. While the bleeding lasts has no pain, but in the intervals the hemorrhoids swell and she has a dull, aching pain, which is again relieved by bleeding.

Stools daily, rather soft.

Menses regular, without pain.

Has palpitation on ascending; is very anæmic; profuse leucorrhœa, thick, yellow, non-irritating.

The mother died thirteen years ago, at which time there was much sickness in the family, and she went through great anxiety and grief. Her constitutional hemorrhoidal trouble has been much worse since that time.

Gave Ignatia cm., one dose dry.

A week later. Reports stools hard; less bleeding. Has still to rest after stool on account of a dull ache which lasts for hours after stool. Walking aggravates the pain more than any other exercise.

A week later. No bleeding; thinks the prolapsus better.

One week later. No bleeding; scarcely any trouble with prolapsus. Can walk after stool without any aggravation.

Palpitation much less; feels stronger; looks much better.

One week later. No bleeding; no prolapsus. Walks up stairs with very little fatigue or palpitation; is not obliged to rest after stools. Color of skin and lips so much improved that friends all remark it.

Some discussion here followed, as to the manifestation of the evil results of the suppression of disease. The opinion was generally expressed that it is to be considered fortunate when the suppression recurs in the same form and place.

Met again at Dr. Bell's, Dec. 27. Subject under consideration, that suggested by § 75. Apropos to which Dr. S.

A. Kimball read from Dr. Wesselhœft's translation of Bönninghausen's aphorisms as follows:

Aphorism 41: "Those who, without visible cause, are subject to severe attacks of syncope, usually die unexpectedly." When we consider the low stage of anatomical knowledge at the time of Hippocrates, it is not surprising that he should have been ignorant of the probable cause of such fainting spells, which may be due to organic lesions of the heart or its large blood-vessels. A word of warning may not be out of place here, against the use of heroic, antipathic drugs for the frequently occurring palpitations, which use often induces such lesions or aneurisms and ossifications, or largely promotes their development.

We have observed this fact most frequently after the use of the favorite and popular *Digitalis purpurea*, which in these days is given, for *every* palpitation of the heart, in excessive doses, and is deceitful and seductive on account of the antipathic, primary action. It may not be superfluous to repeat our advice given twenty-seven years ago to the younger Homœopaths, viz., to be cautious about accepting such patients, who are now for the first time ready "to make a trial of Homœopathy."

It will be wiser to politely refer them back to their former physician. Nothing can be gained in the way of reputation, or reverence for Homœopathy with this class of patients, as the most carefully selected remedies prove impotent, and the usually sudden death is charged to "Homœopathy."

The question as to the advisability of giving first an antidote to the drugs already used, or of at once administering the indicated remedy, regardless of previous drugging, was raised and personal opinions solicited. Several expressed their views and gave their individual experiences.

Dr. Jameson thought patients would respond to homœopathic treatment even though previously drugged; reported by way of illustration a case of vomiting that had continued nine weeks. Two doses of *Hydrastis* being administered, with an interval of several days, gave decided and permanent relief.

Dr. Nichols thinks we should be very careful in our selection of a remedy in cases of this class; is inclined to consider at such times some of the more extraordinary remedies as, for example, the Nosodes. He cited a case in which Tuberculinum being indicated, was given and followed by very satisfactory results.

Dr. Kennedy says he is accustomed to administer an antidote in such cases, or give a placebo and wait, unless some remedy appears well indicated; in which latter case he gives the remedy called for as with other patients, and finds that, as a rule, favorable results follow.

A. L. KENNEDY.

136 Boylston St.

[The interest of these discussions will be much enhanced, by simultaneous reading of the sections of the Organon under consideration.—Ed.]

THE HOMŒOPATHIC ANTIDOTE.

EDITOR ADVANCE:—I was taught that when I had a case that had been allopathically drugged, I should give a dose of Nux, wait a few days and then give the indicated remedy. At present, I find the most effective way is, to give the *indicated remedy* in the highest potency, at once. It “lays over,” to use a vulgarism, all the other drugs that have been given in crude form or very low potencies. It passes into the system on a higher plane than any lower potency can attain, and the effects are as immediate as if no other drugs had been taken; I know this from manifold experience. It does its work while the other drugs in the system are fighting among themselves—so intent on their own business, as it were, that they pay little attention to the organism—thus antidoting the individual effects of each. This plan *saves time*.

SAM'L SWAN, M. D.

[According to Hering, Nux antidotes, “abuse of aromatics, drastics, ‘hot medicines,’ narcotics, bad effects of coffee and alcoholic drinks, tremors caused by mercury.” But it is not necessarily the general antidote for indiscriminate drugging, especially when clearly defined symptoms are present.—Ed.]

Correspondence.

OUR FOREIGN LETTER.

HIGH HONORS BESTOWED UPON THE LATE SIR ERASMUS WILSON, THE ILLUSTRIOUS PROPRIETOR OF PEAR'S SOAP — THE BOYCOTTING OF SIR MORELL MACKENZIE — THE EDITOR OF THE BRITISH MEDICAL JOURNAL CENSURED FOR IMITATING THE LANCET — NEW SYSTEM OF DRAINAGE ALMOST STARTED AT CANNES — REASONS WHY IT IS NOT SO SUITABLE AS THE OLD — METEOROLOGICAL TABLE.

It seems that the leaders of the medical profession in England are not quite such abject flunkeys and worshipers of success as the honors which they heaped upon the late Sir Erasmus Wilson, of course *after* he had realized a fortune of a million and a half of dollars and bestowed a considerable portion of it upon the College of Surgeons, would lead us to suppose. There was not a quack hair wash or dye in the kingdom whose advertisement did not display that worthy's name and titles in full; nobody could in short be more quackish and charlatanish according to their own code, yet Sir Erasmus was repeatedly elected president of the College of Surgeons, while his less fortunate fellow charlatans, guilty of trying to keep the wolf from the door by the very same means, were censured and bullied, and even deprived of their diplomas.

Sir Morell Mackenzie at all events is considered to have overstepped the line, and the fiat has gone forth that he is to be boycotted. Accordingly when he announced that he would deliver a series of lectures at Edinburgh, he found he had to do so to a depressing array of empty benches; moreover, the medical journals with one accord refused to publish his lectures. Mr. Ernest Hart, the editor of the *British Medical Journal*, who can afford to smile at such an exhibition of impotency, has been treated with remonstrances signed by all the most influential members of the profession because he allowed Sir Morell's account of the

late Emperor's illness to appear in his columns, thereby "divulging facts communicated to him in professional confidence." It is impossible to help smiling at this straining at gnats and swallowing of camels, for it is perfectly well known that any idle man about town, wishing to know all about an acquaintance's illness has only to betake himself to his club and turn to the last issue of that model of everything that is correct, the *Lancet*, in order to satiate his curiosity. I, myself, know what frantic endeavors were made to worm medical details out of one concerning the last illness of Jenny Lind, the cantatrice; and at this very time, similar attempts are being made with my father with regard to John Bright, I need not say with similar results. Yet this solemn assemblage of *tartuffes* actually have the effrontery to pretend that they disapprove of Mr. Hart's action in thus following in the steps of Mr. Wakly, the late revered proprietor of the *Lancet*, who enriched himself by pandaring to the public's love of prying into each others' illnesses.

Though the profession may frown and there are signs that his Royal patrons have given him up, for "the Memorial of Emperor Frederick" written by Mr. Rodd, under the supervision of the Empress Victoria, never even mentions the illustrious specialist's name, the public as a whole seems still in his favor. He has, in fact, become the lion of the season, is asked to all the great houses, and his wife's toilettes are faithfully reported in the organs of fashion.

Cannes is really at last on the eve of getting its long talked of new system of drainage—whether it will be the better for it is another matter. English people, I find, have the most inveterate prejudices with regard to this subject, and wherever they go they carry all their unreasonable notions with them. In this part of France, the system of drainage obtaining is suitable to the surrounding conditions, and on the whole, as safe, or safer, than any other under the peculiar circumstances. The principle is simple and sound; it is that all excretal matters shall pass from the house into a hermetically sealed tank or cess-pool, which is completely isolated from the house, thence to be removed

at proper intervals in pneumatic carts. *Les eau de men-
age*, (household waters, bath and washing water, etc.) go
into the street drains and thence into the sea. This plan is
quite safe, though it often gives rise to disagreeable odors
in the streets, for the drains, as they contain no dangerous
matters, and soap suds with occasional pieces of cabbage
etc., are not trapped; but the English being assaulted with
smells as they perambulate the streets, cry out: "Oh, bad
odors, typhoid fever, diphtheria microbes, etc." To con-
tent them the English "tout à l'égout" plan has been
adopted and all the household waters, surface drainage etc.,
will flow into the drains together with fecal matters, to the
great addition to danger from fever. Fortunately the
French authorities have insisted that each house shall still
be hermetically isolated from the common sewers. The
great draw-back to the English system in this country,
however well suited it may be to our own, is that owing to
the periodical floods the drains have to be made of such
enormous dimensions that during the greater part of the
year they cannot possibly be flushed, and hence they
become choked with masses of festering rubbish.

Cannes weather has on the whole been favorable; we
have had no repetition of the severe weather which last
year destroyed the harvest of orange blossoms and greatly
injured the olive trees. I copy last week's meteorological
table for those it may interest:

	Wed.	Thurs.	Fri.	Sat.	Sun.	Mon.	Tues.
Minimum during night,	38	36	39	41	38	38	42
9 A. M.....	45	43	46	47	50	44	56
Maximum in shade.....	63	63	64	64	61	61	66
Millimetres of rain.....	none	none	none	none	none	none	none
Character of day.....	sunny	sunny	sunny	cloudy	sunny	sunny	sunny

A BUSHEL of corn makes four gallons of whiskey. It
sells for \$16 at retail. The government gets \$3.60, the
farmer 40 cents, the railroad \$1, the manufacturer \$4, the
vendor \$7, and the drinker all that is left---delirium tre-
mens. [And the Doctor gets his share when he loses his
fee for attending the patient who had "all that is left."]



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.

THE TOTALITY OF THE SYMPTOMS.—"The first and *sole* duty of the physician is to restore health to the sick," says Hahnemann, in the opening sentence of the *Organon*; and with the instruction he has received and the light he has to guide him, we believe every Homœopath, to the best of his ability, honestly tries to fulfil this injunction. How best to accomplish this desirable end in the safest and quickest manner, is the question which separates the two wings of the homœopathic school to-day. But experience proves that a "firm believer" in the truth of the law of the similars, may be honestly wrong as well as honestly right in his method of applying it—his method of selecting the *simillimum*—for it is in this, rather than in the potency question, that Homœopaths differ. How to select the remedy, whether on the basis of the totality of symptoms as taught by Hahnemann; or on the basis of pathology, the change of tissue, the physical symptoms as taught by Hempel and Hughes—which is practically the plan of old school therapeutics applied to the system of Hahnemann—is the question.

Every Homœopath knows that now and then he makes a

brilliant cure. Why, in curable cases, does he not always do it? Because he fails to follow Hahnemann's instructions in the selection of the remedy; he is too anxious to reach the goal by some short-cut, and prescribes for the symptoms of the disease, the symptoms which go to make up the diagnosis. Of this method Dr. T. F. Allen says:

"Some symptoms are more valuable than others. *The greater the value of a symptom for purposes of diagnosis, the less its value for the selection of the remedy.* * * * The difference in practice between physicians who follow this rule and those who reverse it is very marked, one may almost say radical. * * * How often the physician fails to cure epilepsy—not because it may not be cured, but because he takes his indications from the character of the fit or its attendant symptoms. To cure this disease, he must investigate the symptoms which antedate the explosion, or, if still in force, characterize the dyscrasia which always underlies this formidable malady."

This is equally true of Bright's disease, phthisis, tumors, cancer, and the entire train of chronic diseases. We do not properly "take the case." We lay too much stress upon the symptoms of the diagnosis—the fully developed disease—and overlook or forget the constitutional symptoms which antedated or preceded the development of the flower or ripened fruit.

* * *

CALCAREA 50M IN TUBERCULOSIS.—In our November issue, page 436, we published a case in which we think the author unmistakably clinches his diagnosis of "Tubercular infiltration." But to cure such a grave case with one dose of Calcarea 50m. is what one of our contemporaries takes exceptions to. "How much Calcarea was there in such a dose?" We don't know; evidently enough to cure. "But it was not repeated?" Why repeat it when the patient was steadily improving? We do not vaccinate a patient every week or every month. One dose of vaccine, measles, scarlatina, variola, syphilis, may last a life-time. Why repeat them? "But he cured a generally acknowledged fatal disease with a single dose?" Yes! Yet Dr. Martin did not prescribe for or attempt to cure tuberculosis. He prescribed for his patient, who in her life history and present symptoms presented a beautiful picture of the pathogenesis of Calcarea.

Any potency—the 30th, 200th, or cm.—might have done as well, might have so relieved the over-burdened life force (dynamis) that nature could have done the rest. Very few Homœopaths would decline to use the third centesimal potency of Aconite because it was potentized and yet neither the microscope nor spectroscope can detect a particle of the drug in it any more than in *Calcarea* 50m. The physiological test is the only one for each.

* * *

HAIHNEMANN HOSPITAL.—Apropos of the above we witnessed a strange spectacle a few days ago in Chicago when visiting Prof. Hawkes' clinic. A patient, who a week before had received two doses of *Rhus* 1000 and *Sac. lac.* reported marked improvement. The Professor coolly prescribed *Sac. lac.* for another week. A second patient, who had, two weeks previously, received two doses of *Puls.* 1000 and *Sac. lac.* since, was "continued on same remedy" for another week, as she was "nearly well;" and the students took it as a matter of course, an every-day occurrence. Wonder what effect such practice would have on Dr. H. M. Paine? If some medical philanthropist could induce him to attend Prof. Hawkes' clinic for a few weeks he would never write any more addresses like the one delivered at the last annual meeting of the New York State Society, on

* * *

THE POTENCY QUESTION.—The following is a condensed statement of the position of Dr. H. M. Paine, as set forth in his annual address before the New York State Society:

"Potencies came into this country when Homœopathy was introduced, and to separate this chaff from the wheat will require careful dissection—of the papers. If the cure, so-called, in a given high potency paper, was not nature's, we can often, yes, I might say always, trace it to physiology, hygiene, or some auxiliary not mentioned in it. If these fail to fix it there has probably been a wrong diagnosis."

This argument when applied to the well-established test treatment of pneumonia does not appear to "hold water," for the mortality was:

Under allopathic treatment.....	20.5 per cent.
Under non-interference treatment (expectant).....	7.4 “
Under homœopathic treatment.....	6. “

Nor is this all. The duration of the disease was:

Under allopathic treatment.....	31 days
Under non-interference treatment.....	28 days
Under homœopathic treatment.....	12 days

Why did not “nature” (non-interference treatment) lessen the mortality and shorten the duration of the disease. Give us something new. This is the same threadbare argument that Allopathy has used against the potentized drug ever since Hahnemann first announced his method of cure. If you must object to an established fact, science demands a better objection.

Comment and Criticism.

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.—WENDELL PHILLIPS.

THE TOTALITY OF THE SYMPTOMS.

EDITOR ADVANCE:—After the instructions I received at college, and after reading such articles as that of P. P. Wells, M. D., in the December ADVANCE, it seems strange that you should pretend that Homœopathy does not mean prescribing according to the “totality of the symptoms.” Dr. Wells says that the 18th section of the Organon declares that “the totality of the symptoms is the sole indication in the choice of the remedy.” Dr. T. F. Pomeroy on page 557 of THE ADVANCE for 1888 speaks of the “genius” of our Materia Medica and “its details of symptoms,” as two different things. According to him one must have a genius for deciding the relative value of the symptoms in a given case. He also believes that the genius of a remedy is often embodied in a single symptom. That is, Dr. Pomeroy would sometimes prescribe a remedy that had only one of his patient’s symptoms in preference to another that had forty, if that one had forty times as much relative value as any one of the others.

This is a very fine theory, but it seems to me that those who adopt it should not say much about “the totality of the symp-

toms," because that is very much of a numerical term. If our patient has one symptom it means one, but if he has forty symptoms it means forty. The idea of numbers cannot be divorced from the expression, "the totality of the symptoms." To my mind it is clear that we Homœopaths do not agree on this important principle. Some of us try to prescribe according to the totality of the symptoms. Others prescribe rather upon certain characteristic or very peculiar symptoms without regard to the totality of the symptoms.

I have a number of times asked the doctors who prescribe on the characteristic plan or upon the plan mentioned by Dr. T. F. Allen, of prescribing according to those symptoms having the least value in the diagnosis of the case, to give us some cases illustrating this plan, so we could see how they proceeded, but so far no one has given such illustrations. These cases should be reported in full, so we could see what symptoms were selected and what abandoned.

I take a case at random from page 505 of the *ADVANCE*. It is reported by Dr. E. B. Nash. He cured the case with *Kreasote* 200. I took down Hull's *Jahr* and proceeded to analyze the case, to see what I could make of it. I do not pretend to great accuracy, but merely proceeded as I would in a case of my own.

The symptoms given are substantially as follows:

CASE II. PAGE 505.

1. Cholera infantum.
2. Child two years old.
3. Attacked with diarrhœa and vomiting.
4. Painful and swollen condition of gums.
5. Intense thirst.
6. Greedy drinking, after which vomiting.
7. Stools extremely offensive and brownish.
8. Great and increasing prostration.
9. Very restless; continual tossing and moaning.
10. Sometimes dozing with eyes half open.
11. Child cannot sleep except when caressed and fondled or gently smoothing the face and body with the hand.
12. Painful dentition.

Analysis.

- Kreasote*, 4, 9.
Belladonna, 4, 5, 12.
Arsenicum, 3, 5, 8, 9.
Chamomilla, 2, 3, 4, 12.
Sulphur, 3, 4, 10.
Podophyllum, 1, 2, 3, 16.

Looking the above symptoms over, I would suppose the 11th would be the most important according to Dr. Allen's method, and

next to it the 10th, as neither of these could have much value in diagnosis. I could not find the 11th symptom at all, and only found the 10th in Pod. Dr. Nash prescribed upon the 12th, a very common symptom. I did not find the 12th in Kreasote, but did find it in three other remedies.

I do not wish to find fault with any doctor's prescribing, but I do want this matter explained and illustrated so we can all understand it.

J. G. MALCOLM, M. D.

Hutchinson, Kas.

Dr. Malcolm, evidently, is earnest and honest, but from the example given, he has yet to learn the secret of a homœopathic prescription — has yet to comprehend the significance of the value of symptoms. We do not think the English language can furnish a clearer or more comprehensive definition of the totality of the symptoms than is given by Hahnemann in § 153 of the Organon:

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 *these, 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.

In the case cited, symptoms 1, 2 and 3 can scarcely be called symptoms. If admitted as such are, at least, only diagnostic and valueless in a therapeutic sense, because not "peculiar" or "uncommon."

Hering gives under Kreosote:

"Very painful dentition; gums, red, soft, inflamed.

Great restlessness, wants to be in motion all the time, screams the whole night.

Greedy drinking, followed by vomiting: great thirst.

Vomiting: of every thing eaten; of sour, acrid fluid, etc.

Stools: dark brown; very fetid; cadaverous smelling.

General weakness and prostration.

Child moans constantly, or dozes with half open eyes.
Will only sleep when caressed and fondled.
Tosses about all night, without any apparent cause."

We think the symptoms in this case warranted the selection, and must agree with Dr. Nash: "Kreosote was the only remedy."

GLOSSO-SYPHILIS.

EDITOR ADVANCE:—As you kindly published the case reported by Dr. Skinner, in the ADVANCE, perhaps your readers would like to know the outcome, hence I enclose his letter. Fraternaly yours,

PEMBERTON DUDLEY, M. D.

25 SOMERSET STREET, LONDON, W.
November 23, 1888.

Dear Sir:—I have to acknowledge with thanks the Vol. of Trans. of The American Institute of Homœopathy for Session 1888, and I am glad to see that my case of Glosso-Syphilis has proved acceptable.

I learn that some of the members took exception to the frequency of repetition of such high potencies. On that point we must agree to differ. I am a very independent thoughtsman, and I give the greatest latitude to my opponents, but I object to any thing like *dogma*. "Thus saith Hahnemann, thus saith Lippe or Guernsey or C. Hering!" I am quite prepared to stand in my own shoes, and be guided by *my own judicious experience*. If my judgment is *incapable of guiding me when to repeat and when not to repeat*, I should retire at once from the field of practice.

I ask and expect no man to do as I do, but to be guided solely by their own judicious experience as Hahnemannian Homœopaths irrespective of what I may have found to be the best rule of practice.

Possibly by next meeting I may give you a paper of my views in regard to selecting, administering, and repeating the remedy or *simillimum*. Your witty author, the late Artemus Ward, of gracious memory, has said, "The American Eagle has Screeched!" Then "*Let him screech!*" It will do him good and me no harm.

I know no greater curse in science or teaching than dogmatic authority and rule of practice taking the place of *individual judgment*. All must learn to think and act for themselves whether right or wrong. "Let truth and falsehood grapple, no one ever knew truth come off the worse for the encounter."—*Milton*.

My patient, the case of Glosso-Syphilis, called on Tuesday last, Nov. 20th. He happened to be in town on business, and he thought that I should like to see how he was getting on. The tongue remains perfectly well, and its movements are as good as need be. He had nothing to complain of except a slight angina tonsillitis of *left* tonsil, not even painful when swallowing. As he has *all his life* been liable to this in *damp weather* and the *left tonsil*, I gave him one dose of BARYTA CARB. 50m. (F. C.) For one year now *the whole man* has shown *no sign of syphilis*.

Yours truly,

THO. SKINNER, M. D.

Dr. Pemberton Dudley, Philadelphia.

The members of the American Institute, and especially the many readers of the *ADVANCE*, will be glad to hear or read a paper from the pen of Dr. Skinner on "Selecting, Administering, and Repeating the Simillimum." It is the vital question of the day, and any light which he may be able to throw upon it will be thankfully received.

PROGRESS OF HOMŒOPATHY.

EDITOR *ADVANCE*:—In the December issue, page 497, Dr. Kent says: "Homœopathy has certainly progressed." If he means in the number of practitioners, he is correct. If he means in the administration of remedies according to the teachings of the *Organon*, he is mistaken; for, in the use of remedies, the practice of Homœopathy has not increased in the same ratio as that of the old school. Neither has Homœopathy increased in purity and in scientific administration in the past 38 years. When I first began the practice of medicine homœopathic physicians practiced Homœopathy. Now, with the large majority the practice has become scientific (?) eclecticism, which the student is taught in offices, in societies and in colleges. I do not set myself up as a Homœopathist. I never had the time or the ability to prescribe, as I believe every homœopathic physician should. Yet I shall die firmly believing in the teachings of the *Organon*; but life is too short for me to ever reach it.

D. H. BECKWITH, M. D.

CLEVELAND, OHIO.

State University of Iowa.—The Board of Regents of the Iowa University have made changes in the scheme of study in the two medical departments, that should attract a large class of students in the future. The term of study has been extended to three years, and each term to six full months. In addition a spring term has been added, which, however, will not be essential to graduation. This—the spring term—will commence March 4th, 1889, and continue six weeks. The faculty have not yet matured their plans, but it is safe to say the surgical department will attempt a *post-graduate* course, largely clinical, if a sufficient patronage can be secured. The new system will commence this year, the departments opening early in September, instead of October, as heretofore. We trust this is only the commencement of a still further improvement of the curriculum.

J. G. G.

VALUE OF BOOKS AND JOURNALS.—I believe good books and live journals to be the best investment the physician can make from any point of view. How, especially, is the homœopathic physician to select the similar remedy unless his library contains all the available *materia medicas* and the best repertories of the same? Books furnish the very life blood of the physician. How often have I been saddened and disheartened by finding among physicians a library that did not cost half as much as the kit of tools of a good carpenter, nor nearly as modern. The carpenter is wiser in his generation than they. We think nothing of several hundreds of dollars for horse, carriage, &c., while we hesitate at half the sum for medical literature. It is better, in the long run, to go on foot with a full brain, than in a carriage and pair with an empty one.—*J. B. Bell, M. D.*

THE REASON FOR HOMŒOPATHIC SUCCESS (?).—“The Berlin Homœopathic Society recently learned that it was the custom of many druggists to put up, on homœopathic prescriptions, merely some simple compound and label it as whatever was wanted. To test this, eighty different

burlesque prescriptions were written out in Latin and sent to as many different druggists. Seventy-seven out of the eighty swallowed the bait, and put up what purported to be the dose required by the bogus prescriptions. The other three sent the prescriptions back, with the remark that they did not understand them."

New Publications.

HEADACHE AND ITS MATERIA MEDICA. By B. F. Underwood, M. D. New York: A. L. Chatterton & Co., 1889.

"According to the exciting cause from which they spring" the author classifies headaches under the following divisions: "Anæmic; hyperæmic; nervous; reflex; toxic; rheumatic; catarrhal," giving a brief description of each. Then come the indications for remedies, and from these many good hints may be obtained in treating obstinate cases of headache. But, like many similar works, it pays altogether too much attention to the headache and far too little to the characteristics of the remedy. For example, on page 35: "Sanguinaria is the remedy, *par excellence*, in sick headache, and particularly in that variety known as "American sick headache." But there are many other remedies, *par excellence*, in "American sick headache," provided the symptoms are present. And this is just where we make so many failures, where we might make brilliant cures, if we did not so often prescribe for the headache to the neglect of the constitutional symptoms of our patient. The author had the opportunity of making a monograph, that, like "Bell on Diarrhœa," would have become a standard work in our school, but we fear he has failed to completely grasp the situation.

THE PREFERABLE CLIMATE FOR PHTHISIS. By Chas. Dennison, M. D. Reprint from the Transactions of the Ninth International Congress.

The chief points discussed are:

1. Dryness as opposed to moisture.
2. Coolness or cold preferable to warmth or heat.
3. Rarefaction as opposed to sea-level pressure.
4. Sunshine as opposed to cloudiness.
5. Variability of temperature as opposed to equability.

The author has made climatic influence in the arrest of chronic pulmonary disease a study, and outside of therapeutics is an authority.

THE HOMŒOPATHIC PHYSICIAN'S VISITING LIST AND POCKET REPERTORY. By Robert Faulkner, M. D. Boericke & Tafel, 1889.

It contains calendars for '87, '88, '89, '90; obstetric calendar; poisons and antidotes; Hall's method in asphyxia; a condensed repertory, and a visiting list for 40 patients per day, with a prescription record on the opposite page. It is very convenient.

THE REPOSE IN EGYPT: A MEDLEY. By Susan E. Wallace. With illustrations. Pp. 391. New York: Jno. B. Alden.

This is an interesting book of travels in Egypt by the wife of the author of "Ben Hur," and excels in vivid pen-pictures of scenes and peoples in the orient. It will be read with interest by all who have had the pleasure of reading any of her former works.

Editor's Table.

Montgomery County Society, before which Dr. H. E. Beebe read his paper on "The Mercenary Part of our Profession," found on another page, is the oldest Medical Society west of the Alleghenies. It was organized in 1860 and holds its sessions semi annually.

Phil Porter, M. D., the genial editor of the *Journal of Obstetrics*, has gone South for a few month's rest, and on his return will settle permanently in Cincinnati. Michigan's loss is Ohio's gain.

R. B. Sullivan, M. D., has removed from Albany, N. Y., to Colorado Springs, Col. Ill health.

Thos. M. Dillingham, M. D., has removed from Boston to 46 West 36th street, New York.

Dr. Aug. Korndorfer has removed to 1728 Green St., Philadelphia.

The Homœopathic Medical College of Missouri has a fine class this session, and the new Professor of *Materia Medica*, Dr. Reed, delivers three lectures per week on *Materia Medica*, and one each week on the *Organon*, and examinations in the latter as well as the former are demanded for graduation. This is as it should be.

John Hunter, M. D., (U. of M. 82), late of Independence, Mo., died recently of consumption. He was an enthusiastic Homœopath, a good prescriber and a successful practitioner; earnest, honest, manly and true to every conviction of duty, he will be sadly missed by his colleagues.

Dr. Gentry needs 200 more subscribers to make good his list and guarantee the publication of his Concordance Repertory. Send him your name at once.

Dr. Kent's lectures on the Organon belong to the "Post Graduate" not the "Lippe Memorial Course."

Members of the I. H. A. should forward their papers to the chairmen of the respective bureaus. For address see January number, page 53.

THE Gate City Stone Filter Co., 46 Murray St., N. Y., has a filter in which a natural stone is used as a filtering medium which is as easily cleaned as a water pitcher. It has a separate ice chamber thus keeping the water cool and free from ice impurities.

The "Carnival de la Mer," recently given in Philadelphia in behalf of the Hospitals of the Woman's Homœopathic Association, realized \$2,000 for the treasury, and Dr. Kent's lectures added \$520 more. There appears to be no such word as "fail" in their vocabulary.

Surgeon General John B. Hamilton has been elected to succeed the venerable Dr. N. S. Davis, as editor of the *Journal* of the American Medical Association.

Fourness Simmons, M. D., has removed to Brisbane, Queensland, Australia. We hope to have an occasional line from him, that our readers may know how Similia flourishes in the antipodes.

B. F. Betts, M. D., has removed his Gynecological Hospital to 1613 Girard Ave., Philadelphia.

D. Hayes Agnew, M. D., has resigned the professorship of surgery in the University of Pennsylvania.

John C. King, M. D., formerly of Circleville, O., now of Banning, Cal., in a letter to the Banning weekly paper, takes exceptions to the remarks of Dr. Crank and others, in the debate in the American Institute on "Climatic Treatment of Phthisis," in which he said that "more harm than good resulted from removal to California." Dr. Crank based his opinion on personal experience, and Dr. King, whose case was diagnosed "miliary tubercular deposit in both lungs" and certainly presented some grave symptoms from which he has completely recovered, on a personal experience also. This shows the necessity for strict individualization even in climate.

The Century says: The intensity of modern life and the deepening of consciousness through intelligence breed sadness. We think too much and work too hard to have time for enjoyment, and if we suddenly discover that we have need of it, we take it in inordinate quantities, rather than in simple and natural ways; we go out and buy pleasure at so much the hour instead of somehow contriving to live a mirthful life.

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No. 3

Original Contributions.

LECTURES ON THE ORGANON. NO. IV.

POST GRADUATE COURSE.

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

There is no essential difference, in the section I am about to read, between the translations of Wesselhœft and Stratton, with the exception that in the Stratton edition we find the word "spiritual," while in the Wesselhœft edition the same idea is expressed by the words "spirit-like." In modern times the use of the word "spiritual" might cause the philosophy of the Organon to be linked with ancient or modern spiritualism. There is, however, nothing in the philosophy of Hahnemann, either *pro* or *con*, relating to this spiritualism; yet there are two well-known divisions in the world, materialists and spiritualists. While in this sense we use these words in the Hahnemannian philosophy, we do not mean to use the term materialists in contradistinction to the religious body of spiritualists, for they have nothing whatever to do with medicine.

In homœopathic medicine we have one class of physicians who locate disease in the cells, or in something that is observable with the naked eye; and we have another class who have adopted the idea that disease is immaterial in its nature.

In § 16 of the Organon we find the spirit-like doctrine of disease:

“Our vital force, that spirit-like dynamis, cannot be reached except by a spirit-like (dynamic) process, resulting from the hurtful influences of hostile agencies from the outer world acting upon the healthy organism, and disturbing the harmonious process of life. Neither can the physician free the vital force from any of these morbid disturbances, *i. e.*, diseases, except likewise by spirit-like (dynamic, virtual) alterative powers of the appropriate remedies acting upon our spirit-like vital force, perceiving this remedial power through the omnipresent susceptibility of the nerves of the organism. Thus, healing remedies can and actually do restore health and vital harmony only by virtue of their dynamic action upon the vital force, after those changes in the health of the patient (totality of symptoms), perceivable by our senses, have represented the disease to the attentively observing physician, as completely as possible for the purpose of its cure.”

Have we any way of observing what the vital force actually is, except by observation? Have we any way of discovering what the possibilities of any given drug are, except by actual observation? Have we any means of demonstrating what the scarlet fever poison (if we could isolate it as such) would do to a child, until we have seen that child sick with scarlet fever? You will see that all these questions must be answered in the negative. There have been no scientific explorations that could possibly demonstrate *a priori* what a poison will do to the human system, or that a given substance is a poison at all, or what effects it will have on the body, except by actual experimentation. We know the scarlet fever poison from its effects and not from what it might have done. We know the poison of measles from the symptoms produced by it. So you can go through the entire category of disease, and you will find that we know disease only through the expressions of disease. Hahnemann chose to call these expressions, signs and symptoms, changes in the feelings, morbid sensations. When the microscope can reveal to us whether a grain of corn can grow or not, whether it is dead or alive, then we may give the microscope some attention, and consider it of

some help in the study of disease. When the microscope can tell us what symptoms an unproved drug will produce on the human body, then it will be of some service to us in therapeutics. When the microscope, by observation on disease products, will tell us what symptoms that particular disease will produce in advance of knowing what that disease actually is, then the microscope will be of some use. Suppose that you had never seen a case of small-pox; suppose that you were not acquainted with the small-pox virus or its effects on the human system. Suppose that you put it under the microscope for the purpose of having it examined by an expert microscopist, one who has made the microscope his life's study, can he by simply looking at that virus tell what effect it will have on the human body? Can he tell what symptoms it will produce? If he could, would you not think that there was a great deal in the microscope? There certainly would be. But we have never had such observations with the microscope, so you see what folly it is to talk about it. Has there ever been any observation with the microscope that has given us any intelligence in advance of actual observation in the sick room? All that we know of disease, all that we know of drugs, and all that we know of life, are the effects that we have observed upon the sick and upon the healthy through symptoms. It seems to me that we have pretty thoroughly studied the fact that there is such a thing as a dynamis.

The dynamis is a power, a force that belongs to a healthy man; it belongs to his nature; it identifies all life, no matter where found. The identity and individuality of the dynamis of diseases and the same dynamis of the human being, and the same dynamis of the drug, are the three grand parallels of the sixteenth section of the *Organon*. This is the trinity of the sixteenth section. Now notice, I want to re-read a part of it: "That spirit-like dynamis cannot be reached nor affected except by a spirit-like process." It must have taken Hahnemann a long time to think that out. In fact he does not give a clear statement of this idea until he issued the fifth edition of his *Organon*, and here he says distinctly that it is impossible for our vital powers

to be affected or disturbed except by an equally subtle dynamis. Is that true? Have we any knowledge of disease that refutes this? Have we not seen the small-pox contagion,—which is supposed to be a contagion attenuated with millions of volumes of atmospheric air — crossing the ocean in some old clothes, and falling into the hands of a washerwoman who in consequence comes down with small-pox? Is not that intensely ethereal? Go through with all the contagious diseases and marsh miasms. We talk of malaria. Some of us have lived in malarial districts, in which the malarial influence was dense enough to bring down every third or fourth subject with malarial fever, and yet there is nothing that can be observed about the malarial poison except its effects; and this is in keeping with all that we know of disease. The microscope has revealed absolutely nothing. Suppose a spore or germ could be discovered. It would demonstrate nothing. It would not enter into the great therapeutic problem of telling us what would cure the sick. It would only start a theory that would be utterly impossible to demonstrate. Take some of the examples that do not belong to contagion, as we understand contagion. Take some of the idiosyncrasies if you will. Take the lead poison; the rhus poison; the rose poison; the susceptibilities that come under the observation of every human being, and what do we observe? The same dynamis; the same ethereal causes of disease; the same subtle influences; nowhere do we find concentrated substances becoming the cause of disease. Concentrated substances can only become the cause of disease when brought into actual contact with the nerve tips or the blood. Think of the individual who sleeps in a newly painted room for a few nights, and with the windows open, too; he comes down with lead colic. Physicians do not have to practice long before they discover this. The painter when painting in the open air will be exposed to the exhalations of the lead, and this brings him down with lead colic and other symptoms of lead poisoning. The lead enters his system as an attenuated substance, by inhalation, it being diluted in the atmospheric air in millions

of volumes. You get over that by saying that he is susceptible. What is that susceptibility? That susceptibility is a condition brought about by being exposed for a considerable length of time to the cause. The longer you are exposed to it, the more susceptible do you become. It is well known that variolinum can be proved in a larger number of persons during a small-pox year. People are more susceptible to it at that time, because they are living in atmospheric conditions that render them more susceptible. All diseases are brought about by telluric influences that bring on susceptibility. The discovery of germs and bacilli amounts to nothing. You can eat them by the mouthful, they will do you no harm. They may be the results of disease. The time will come when all these recent changes in opinion brought about by the observation of germs, etc., will have to go. Changes in medicine (?) are very much like the styles in ladies' bonnets; they come with the fashion, and go sometimes to stay away permanently.

As the microscope has failed to show that there is or that there is not a dynamis in crude drug substance, and still they admit that crude drugs do cure disease, we therefore say that the microscope has failed to reveal anything, because when so attenuated that they cannot be recognized by the microscope, have the same effects, if not better, in the treatment of disease.

Why is it that the representatives of chemical science have adopted the molecular theory? Has it been because any of them have discovered or seen a molecule? Has any body ever seen an atom? Still this theory has become the fundamental theory for explaining the various chemical phenomena. But do you notice how wonderfully touchy they are on theory, and yet they have nothing else but theory on which to base their chemical philosophy? But they deny the existence of a dynamis, and say that only the crude drug can have curative effects. Triturate, if you will, gold, which is known to be an insoluble substance. Triturate it until it becomes lost. Triturate it until it has been raised to the eleventh centesimal trituration, and you will have

lost all there is of gold. Take the seventh trituration and remove from it all that can be discoverable as gold, that is, all that can be seen, and put that in one bottle, and that which cannot be seen in another. Which do you suppose will be the most active in curing the sick? Now, if this paragraph be true, the little heap of gold will not make a man sick. Our vital forces cannot be reached except by a spirit-like process resulting from the injurious influence of a hostile agent. You may take this inert substance in a crude form and you will not get any symptoms from it. You may take the most subtle causes of disease, and you will only get disease when the cause has been attenuated in millions of volumes of atmospheric air. You may swallow snake poison, it will not kill you. You may swallow apis poison, and it will not do you much harm. But we know the injury that they will work when the skin is punctured and they enter into the blood, so that nature cannot resist.

Now Hahnemann says that:

“Neither can the physician free the vital force from any of these morbid disturbances, *i. e.*, diseases, except likewise by spirit-like force (dynamic, virtual) alterative powers of the appropriate remedies acting upon our spirit-like vital force, perceiving this remedial power through the omnipresent susceptibility of the nerves of the organism.”

He starts out by actually demonstrating that there is a vital force; that there are disturbances caused by noxious influences from without, and that these are of an equally spirit-like character. These vibrations caused by the subtle influences from without constitute disease. But Hahnemann goes farther and says, disease, which is a deranged dynamis, has its only expression in the totality of the symptoms, and all the expressions of it are observations of nature, and are obtained by listening to what the patient and others have to say concerning his sufferings. This totality of the symptoms, this unit of symptoms, can only be affected by a subtle force. It is admitted that the vital force in a state of health is a wonderfully subtle energy, because it cannot be studied; we only know it by its powers. The

only way of disturbing it is by a cause equally subtle, and this disturbed vibration can only be restored by an agent of an equally subtle nature. That is a plain statement of the idea to be conveyed by this paragraph, which has been presented without argument; it is the doctrine of Hahnemann; it is the dynamic doctrine of this book, without which there can be no Homœopathy. Take that away and all that is in it is gone. How in the name of common sense can a medicine be similar enough to this dynamis to cure it, unless it be like it, unless it be equally as subtle; the more ethereal it becomes, the greater is its similarity to it. Is not that true? You cannot have the doctrine of similar effects without this dynamic doctrine. It beautifies or completes the whole system of Homœopathy. It rounds it out, and leaves no place for discord. When you accept it you can see everything in harmony in the system of Hahnemann. It is not at all like applying the microscope for the purpose of demonstrating something that never was, or never will be, but simply nonsense. Now let me read the closing portion of this section.

“Thus healing remedies can, and actually do, restore health and vital harmony only by virtue of their dynamic action upon the vital force, after those changes in the health of the patient (totality of symptoms), perceivable by our senses, have represented the disease to the attentively observing physician, as completely as possible for the purpose of its cure.”

There, you see that Hahnemann brings in the practical work that there is a cause for this; that nature appeals to the intelligently observing physician through signs and symptoms. Now, has disease any means of making itself known except by signs and symptoms? Has the remedy any means of making known what it can do except by signs and symptoms? The microscope is just as useless to demonstrate what a medicine can do, as it is to demonstrate what a disease can do. You will admit now that there is a science of dynamics which deals with the conditions that sustain life in all things.

Now these three conditions of force I have chosen to call the three parallels, are the trinities of the Organon. It

seems actually perfect. It has been accepted by every true follower of Hahnemann, and I do not see how any one can call himself a follower of Hahnemann, who disputes it. How can any one say that this thought is a whim of his advanced years, for he lived many years, and practiced and healed the sick, after he wrote this. This was the explanation of why he resorted to the thirtieth potency. This was the explanation of the dynamic doctrine that has been handed down by hundreds of his faithful followers. No one who has ever been able to see a drug picture and a disease picture has ever departed from it.

He follows this with § 17:

“In effecting a cure, the inner change of vital force forming the basis of the disease, that is, the totality of the disease, is always cancelled by removing the entire complex of perceptible signs and disturbances of the disease. Hence it follows that the physician has only to remove the entire complex of symptoms, in order to cancel and obliterate simultaneously the internal change; that is, the morbidly altered vital force, the totality of the disease, in fact, the disease itself. But disease obliterated is health restored, the highest and only object of the physician impressed with the significance of his calling, which does not consist in the use of learned phrases, but in bringing relief.”

In the schools of the present day, we know that object lessons are prominent in the methods of teaching. Here Hahnemann again speaks of the totality. When that is removed, then all that may be called disease is removed. The removal of the totality is health restored. There is hardly anything in that section that requires explanation. It contains a plain statement of facts.

We now proceed to § 18:

“It is then unquestionably true that besides the totality of the symptoms, it is impossible to discover any other manifestation by which diseases could express their need of relief. Hence it undeniably follows that the totality of symptoms observed in each individual case of disease, can be the *only indication* to guide us in the selection of a remedy.”

That is a most beautiful idea. It almost personifies the idea that nature has no other way of appealing to the

intelligent physician except by these signs and symptoms. It has been in vain that she has appealed to the materialists in their scientific methods and philosophy, for any relief. What, in the shape of cure, has all the science of the advocates of old-fashioned medicine given us? Absolutely nothing. They have misinterpreted nature's appeal. In fact nature never did appeal to them through the microscope or pathology, but she has appealed to them through the signs and symptoms; through the same symptoms and the same expressions that she has appealed to them from the beginning of the world to the present time. But this appeal was never heard until Hahnemann classified and arranged his philosophy, by which the symptoms could be considered the index of whatever vital wrong should exist in the individual. These symptoms are the index or the language of nature appealing to the intelligent physician. There is a very small percentage of physicians who listen to the appeal. Do they not turn a deaf ear to the symptoms? Do they not say to the nervous patient, "You are nervous," without attempting to administer a remedy that will cure that nervousness? Do they not say to the subjects of hysteria, "You are hysterical," and do they try to remedy the condition? Do they not say to the mental sufferer, "You are looking well, you do not look like a sick person, just work around a little and occupy the mind and you will soon be all right"? The index of the vital wrong appeals to them and honestly calls for a remedy, and would obtain it if it were in the hands of an intelligent physician; but the materialist sees nothing. What then does he do? Why he hunts for some pathological doctrine, or theory or germ. Does the discovery of any of these ever enable one to kill disease? The greatest happiness comes to him when he finds something that will kill the results of the disease. He wants to kill the microbes which may be there for some good. They may be there for some vital purpose. The materialists have not demonstrated that they are not here for that purpose.

If you will follow the higher instincts of the physician, you will not be running after instruments of precision in

the cure of the sick, because they are worthless for that purpose. You can get no help from them. The only source of relief is, as you well know, the medicine that will produce in the healthy individual symptoms similar to those in the sick. This parallel is the only one. When dealing with the sick, you will turn all the implements of precision aside and wish that you had the remedy that looks like the case before you, and that will effect a cure. If you can cure the case you will be perfectly willing to let the old-school adherents sneer at you to their heart's content. I have been brought up in the old-fashioned way. This ought to be an impetus to you to be independent. The homœopathic physician ought to be independent with all the wealth of the *Materia Medica* at his command. Do not expect to get it all at once. But you certainly ought to know how to study it, so that you may use it as necessity demands.

In § 19, Hahnemann says:

“Now since diseases are definable as *aberrations from the state of health*, which declare themselves by symptoms, and since a cure also becomes possible only by *changing this aberration of feeling back into the healthy state*, we may readily understand how impossible it would be to cure diseases by medicines, unless these possessed the power of altering the state of health dependent on feelings and functions of the organism. In fact the curative power of medicines must rest *alone* on their power of altering the sensorial condition of the body.”

To produce a cure you have to go through the same process of reasoning that you would in producing disease. What medicine will produce on the human body similar expressions or symptoms that will be given rise to by disease? Like causes produce like results. When you have cured a patient with Aconite, for example, and cured him quickly, you have a right to presume that the disease force must have been similar to the action of Aconite, in order to produce such symptoms. So similar are these two conditions that one may be mistaken for the other.

§ 20. “Neither the spirit-like power concealed in drugs, and shown by their ability of altering the health of man,

nor their power of curing diseases, can be comprehended by a mere effort of reason; it is only through manifestations of their effect upon the state of health that this power of drugs is experienced and distinctly observed."

The thought there may thus be explained. We gather the plant from the field. It is entirely new to medicine. We go to our botany and learn its name, and decide where it belongs. Now we know nothing about it. But we want to find out all about it. Would you put the leaves under the microscope in order to see what it would do? No, you put it through a pharmaceutical process and give it to a healthy man. There is nothing in its leaf to indicate its dynamis. Its powers are latent. By being properly manipulated, these powers are made use of, and we learn what it will do to healthy man. We find what it will do to healthy man just as we learn what disease will do. In one case we have the drug sickness and in the other the sickness that we are not able to name. They are both sicknesses. There is no process of reasoning by which we can determine what the dynamis is, until it has been determined what are the symptoms belonging to itself, what it is capable of producing. This drug produces its own symptoms, its own sickness, and the sickness of no other drug. It is only through the manifestation of their effects upon the state of health, that this power of drugs is distinctly expressed and observed. There is no process of reasoning, no other way known to man, by which we may learn of the effects of a drug than to watch its action on a healthy individual. If we have a law, we then know how to make use of it as a curative remedy.

MICROZOA.

When a poison has come into the organism, nature or the vital force endeavors to get rid of it, and the process of elimination is greatly assisted by the myriads of Infinitesimals with which the whole body is alive. In health these are invisible to the microscope, but as soon as disease producing poison is absorbed, that family or tribe of microzoa

that have an affinity for that particular morbid cause, commence to absorb the poison themselves, and they grow fat on it and then become objective to the microscope. Each particular poison has its particular tribe of poison eaters, and as they each take a different form as they become objective, the educated observer can designate the disease, and from always seeing the same forms in the same disease, concludes that they are the cause of the disease; but in nearly all cases they are merely the result. Those which are disease producers remain in the rooms in which the patient died, and the walls and ceiling should be washed thoroughly with any of the numerous disinfectants, except Carbolic Acid. What the Infinitesimals do with the poison they have eaten, except to hold and change its character by some chemical process, we have no knowledge. Or they may retain it for some time, as is proved by Pasteur's method of cultivation (a crude mode of potentizing), but showing the necessity of removing it, at least in some degree, from the crude morbid product; it might be considered a germ that would grow into potencies after a while.

As the Infinitesimals are myriads, they can make way with a great quantity of peccant matter. With regard to Microbes, I have recently received a communication from one who evidently knows more of the subject than usual. I am not at liberty to give his name or address, as he will not be interviewed. He says: "The Infinitesimals inhabiting the natural organism may be divided into species and genera; also into Permanents, Transients, and Accidentals. The Permanents are indigenous; the Transients pass from organism to organism like tourists, some for their health, some for a change of diet. One class of them also cast their eggs; they migrate as fishes do, to their spawning beds. The Accidentals are classes that reside in diseased and malignant portions of the body; as, for instance, in Cancer. They are at once a cause and a consequence of a disease; they also carry the disease with them and plant it. They are 'cute' and very predatory. Now a Malaria is itself a live cloud, and it carries into the system Transients

and Accidentals. They may be classified, some of them, as live foods, which are eaten by the resident Infinitesimals; but others are live eaters, and are of many genera. Some will eat the swimmers in the liquid currents; some will eat the fliers in the aerial currents; and others will eat the standers, who have their footing on the solids in the system; hence a malaria introduces war. Now when the malarious influence is expelled, with its consequences, from the system, a thing happens thus wise: the highest class of the Infinitesimals, native to the person, who have been resisting the invasion, commence to execute the invaders; but some of them they retain alive; they first extirpate their generative constructions, and then they inoculate the more subtle parts of the organism, and stir up by that means a latent potency against the malarial disease which has been introduced in that individual;" (probably to prevent a recurrence.) He adds: "As is the man in quality, tendency, and state of organism, so are the tribes that inhabit him, and so are their relative numbers and powers."

This is a glimpse into a vast philosophy to be investigated by those who have the time, taste, and talent to do so. The high potency of the morbidic product of disease, will cure that disease under the homœopathic law of "Like cures Like." This has been proved true by many eminent physicians, and if the profession will examine the subject and test the truth by using the potencies, a great advance will be made in the ability to cure disease. Such remedies antidote the poison; and the microbe that came with, was developed by, or brought the poison, will go into some other business.*

Were the microbes all killed, the man would die, for they are the great factors in the continuation of life; and that the so-called microbe killers do *not* kill them is evidenced by their parents living.

* Possibly we may learn somewhat of the action of remedies from the above statement, and how they cure disease. The aura or high potency of a drug may be in the form of Infinitesimals, and when taken into the system, at once commence to eat up the poison which caused the disease, and which they find is in the microbe which brought the poison, or which generated it within them organs

Materia Medica.

BERBERIS VULGARIS.

BY THE FARRINGTON CLUB—THE MENTAL SYMPTOMS.

Z. T. MILLER, M. D., PITTSBURG, PA.

The first symptom of Berberis is:

Defective recollection and weak memory.

There is nothing strikingly characteristic about this symptom, as it is common to a great many medicines, but the modifications render them available.

Acon.—Has the same; cannot remember dates, (Fl. ac.).

Agnus.—Reduced power of insight.

Ailan.—Must read a subject several times and add a column of figures over and over, the same as Ambra gris, Nux.

Anac.—Can't remember names (also Sulph.—what he reads, Hyd.).

Arg. nit.—Can't find the right word.

Bar. c.—The memory is congenitally weak.

Bell.—Forgets what he is about to do. (See Manc.).

Calc. p.—Forgets what he has just done.

Chel.—Combines both, forgets what he wants to do, or has done.

Colch.—Can read, but can't understand. (Also Con.).

Croc.—Forgets what he wants to write.

Hyper.—Forgets what he wanted to say.

Iod.—Constantly feels as if he had forgotten something.

Rhus.—Can't remember the most recent events. (Graph.)

Staph.—Want of memory with heavy weight between the eyes.

—and when they have finished that work they pass out of the system by excretions and secretions, or perhaps in turn are eaten by the resident Infinitesimals. As there is no such thing as death in nature—(what is so called, is merely a change of combination of the molecules and atoms)—there is nothing lost, and Infinitesimals are never idle, but always performing the duties allotted to them faithfully, and we should have great respect for them if they are so minute that our imperfect eyes and imperfect lenses cannot see them, except when they have grown fat on the poison in the system.

The second symptom is not so common. That is, not so common to drug symptomatology, but most awfully common among students, especially the last half of the symptom.

Mental labor requiring close thinking, very difficult; the least interruption breaks the chain of thought.

Ailan.—Lacks power of concentration, must read and re-read, calculate over and over again before correct.

Aloe.—Has great disinclination for mental work; it fatigues him.

Amb.—Is very like *Ailan.*, reads and re-reads, and then does not understand after all.

Dros.—Has mental restlessness; when reading cannot dwell long on one subject, must change always to something else.

Dul.—Has confused mind, cannot concentrate it; very much like *Fer.*

Nat. c.—Is unable to think or perform any mental labor. Head feels stupefied if he tries to exert himself. Has difficulty in grasping and connecting thoughts, when reading or listening. All the *Natrums* have *inability to think*, as also *Nitrum*.

Nux.—Cannot read or calculate, for she loses the connection of ideas; thinks she will lose her reason.

Phos. ac.—Has incapacity for thought in the morning.

Ran. Scel.—Is indolent and averse to mental occupation in the morning; low spirited and depressed in the evening.

Sep.—Has a heavy flow of ideas, inability for mental activity (*Aloe*, *Aurum*, mental labor fatigues).

Sil.—The mind is confused, cannot fix the attention.

Spig.—Is disinclined to mental work.

The *third* symptom is:

Indifference and pensiveness with disinclination to speak.

Actea.—Is indifferent and suspicious, takes no interest in household affairs.

Arg. nit.—Is indifferent to his occupation.

Arn.—Indifferent and hopeless.

Carbo v.—Is also indifferent, hears everything without feeling pleasantly or unpleasantly about it, and without thinking about it.

Cinch.—Is indifferent and apathetic (taciturn, Lyc.).

Fl. Ac.—Has a feeling of indifference to those he loves best, but becomes interested and converses pleasantly with strangers.

Kali b.—Is indifferent and low spirited from the least annoyance.

Mez.—Indifference to everything and everybody.

Phos.—Great indifference, answers no questions.

Phos. ac.—Indifference and unwillingness to speak.

Phyt.—Indifference to life, or to exposure of person, (Hyd.).

Rhod.—Indifference, with aversion to all occupation.

Sil.—Indifference and apathetic (Cinch.).

The next prominent symptom of *Berb.*:

Fretful humor; weary of life.

Bor.— — before the easy stool, better after.

Bell.— — nothing seems right; vexed at himself.

Aur.—Is weary of life, especially in the evening, with longing for death.

Graph.—Fretful, ill humor, easily vexed, irritable.

Lach.—Tired of life, even unto suicide.

Pod.—Disgust for life.

HEAD—INNER AND OUTER.

W. J. MARTIN, M. D., PITTSBURG, PA.

The headache symptoms of *Berberis* bear a striking similarity to those of *Bryonia*, as do also the mental symptoms.

Berberis has, "pressing, straining, bursting headache, especially in the sinciput, chiefly in the morning, increased by stooping, relieved in the open air; with weariness and exhaustion."

Bryonia has, "digging pressure in forepart of brain

toward the forehead, especially severe on stooping and walking rapidly; walking fatigues him very much."

The similarity here is seen in the pressing and bursting headache in the forepart of the head, aggravated by stooping, with weariness and exhaustion in *Berberis*, and "very much fatigued from walking" in *Bryonia*. But a distinguishing feature is this, that the *Berberis* headache is relieved in the open air.

Pulsatilla.—Now this, while distinguishing it sharply from *Bryonia*, brings it into comparison with *Pulsatilla*, which has the well known modality of amelioration in general in the open air. The next headache symptom of *Berberis* draws our attention still more strongly to *Pulsatilla*. It is this: "Tearing pains in whole head, now here, now there, in forehead and in temples." *Pulsatilla* always comes to mind for pains "now here, now there." The erratic pains and the amelioration in the open air which we find in the headaches of *Berberis*, being as they are, so highly characteristic of *Pulsatilla*, we must look for a distinguishing feature which we find in the mental states. The tearful, mild *Pulsatilla* patient is a very different one to the *Berberis* patient, in whom the mental symptoms should be something like this: "Indifference and pensiveness with disinclination to speak. Fretful humor with weariness of life."

Lac caninum.—The "now here now there" pains in the head bring to mind another remedy, having running all through its symptomatology the red-string of erratic pains and conditions, viz., *Lac can.*, which we find has "headache, first on one side then on the other; seems perfectly unbearable, amelioration on going into the air." How very like *Berberis* and *Pulsatilla* this is, and only by comparing the mental states can we differentiate. We are all well acquainted with the tearful, mild and gentle *Pulsatilla* patient. We have seen how different is the *Berberis* patient who is weary of life, of fretful humor and disinclined to speak. Now the *Lac caninum* patient is different from both these, "he or she is afflicted with the 'blues.' Everything seems so dark, that it can grow no darker.

Very cross and irritable. Intense ugliness and hatefulness."

Berberis.— The remaining headache symptoms of which are:

- (1) "A feeling in the head as if it were becoming larger."
- (2) "Headache aggravated by movement or stooping, ameliorated in the open air."
- (3) "Headache accompanied by hepatic or rheumatic arthritic complaints; or with affections of the urinary organs; or with menstrual derangements."

The first, "A feeling in the head as if becoming larger," we should expect to relieve by *Berberis*, when found in a patient suffering with hepatic or urinary affections, the symptoms of which corresponded with those of *Berberis*. It is a symptom, however, which in itself is very suggestive of

Gelsemium, but we will find by way of distinction from *Berberis* that when *Gelsemium* is indicated there will be a feverish condition, with a full pulse and general malaise; there will be dimness of sight and heaviness of the eyelids, or double vision; there will be vertigo, great heaviness of the head, "it feels too big;" dull, heavy expression. If the headache is principally in the occiput and aggravated by sitting up and reclining the head and shoulders on a high pillow; or if relief comes after profuse urination, then the *Gelsemium* will be as absolutely certain to cure as anything in therapeutics can be.

Glonoine is a remedy that has "head feels too large," it also has headache with increased secretion of urine, but it is not recorded that passing the urine relieves the head as it does in *Gelsemium*. The *Glonoine* headache is a violent congestion; the brain feels too large; bursting feeling; fullness; throbbing of the arteries; all the blood seems to be pumped upward; holds the head with the hands. Headaches of this character will come from working in the sun, or under gaslight. Violent throbbing is the red-string running through *Glonoine*.

Two more remedies come to mind for "big head," viz.: *Nux Vomica* and *Ranunculus bulbosus*.

These two drugs are useful for the veritable big-head,

following a debauch. *Nux Vomica*, the tincture on pellets or in water has always been sufficient in my hands to relieve the headache and also the accompanying gastric irritability and sleeplessness following excessive indulgence in alcoholic beverages. (For headache from malt liquors, that is from beer, *Rhus* is the remedy). Some who have had large hospital experience recommend highly *Ranunculus bulbosus* for alcoholism. As I say *Nux Vomica* has always been sufficient in my hands, but an examination of the symptoms of *Ranunculus* will reveal its eminent adaptability to this class of cases.

It has, "head feels large; pressing headache in the forehead and on the vertex as if pressed asunder, with pressure on the eyeballs and sleepiness; worse when entering a warm room from the cold air, or *vice versa*." This is just about the way a man's head feels the next day after taking "too much." *Nux Vomica* has more irritation of the stomach than *Ranunculus*.

For the "headache aggravated by motion or stooping, and ameliorated in the open air," our brethren who alternate would be very apt to give *Bryonia* and *Pulsatilla*, but he who seeks to cover all the symptoms with a single remedy, will find in *Berberis* the remedy.

The next two symptoms are, so far as I can find, peculiar to *Berberis*, nothing that is similar being given under any other drug; they are, "a peculiar cold sensation in the right temple," and "puffy sensation in the whole head."

"A sensation of coldness at a small spot on the left side of the head above the ear," is a symptom of *Asarum*.

Berberis has "tension of the scalp and skin of face as if swollen."

Alumina has, "tension of the skin of the face as though white of egg had dried on it." So too has *Sulph. ac*.

Graphites has "a constant sensation as if a cobweb were on the face."

Carbo veg. has "headache like from constriction of the scalp," but remembering that with this remedy the head is painfully sensitive to pressure, especially of the hat, will distinguish it from *Berberis*.

NAJA TRIPUDIANS.

Editor Advance.—When a poor sinner is in a quandary, he goes to his superiors for an illumination, and this is just now the case. It is expected of every mother's son of us that in practice we shall not deviate from what we find recorded as provings. Now, on page 45 of the January number, no less an authority than Prof. Kent publishes a case cured by Naja 45m., which showed the following symptoms:

“Almost constant heat of head and face. Pulse slow, sometimes as slow as 45. Cannot endure any mental exertion. Sweating of palms. Appetite voracious. Stitching pains in the heart.”

As I wanted to put these symptoms down in my own repertory, I compared them with the provings as found in Allen's Encyclopædia, Volume VI, p. 445, and here is the result:

KENT.

Almost constant heat of head and face.

Pulse slow, sometimes as slow as 45.

Cannot endure any mental exertion.

ALLEN.

32. Considerable congestion to the head at mid-day, increased with fluid discharge from the nose.

136. Face flushed in the evening, and burning hot.

138. Liver markedly increased.

141. Sensation of having caught cold in face and limbs.

382. Pulse 120, regular in rhythm, but unequal in force. Pulse 98, full. Pulse weak and steady.

10. Great inaptitude for exertion, with sense of aching over the whole head; feeling stupid, confused, melancholy.

- Sweating of palms. 423. Numb pain in hands, and sometimes a feeling as if ether had been dropped and allowed to evaporate; numbness in hands as if sleeping.
- Appetite voracious. 219. Appetite failing.
221. Craving for stimulants, which aggravate.
- Stitching pains in the heart. 370. Feeling of depression and lowness about the heart.
378. Fluttering about the heart with the headache.
382. Unusual beating of the heart, audible to myself.

Lippe's repertory fails to give Naja a symptom: "heat of head and face," nor does he mention it under sweating of palms or voracious appetite. Just so in stitching pains about the heart we find Natrum carb. follow Muriatic acid, but not a word about Naja.

Hence the query: What symptom of Naja is verified by this clinical case recorded by such an eminent authority, as we all consider Prof. Kent.

All the other cases are highly instructive, showing us, after all, the great value of key notes (blessed be the memory of H. N. Guernsey), "Cannot pass urine while *sitting* at stool, but it flows freely while standing" hinted strongly to Sarsaparilla, just as the symptom "the more I eat the thinner I get" indicated Iodine. In our readings and in our own practice, we have often verified the remark made by Dr. Talcott that Arsenicum ought to be prescribed where Aurum is given and Dr. Kent's fifth case shows the truth of it, for this chronic and hereditary dyscrasia yielded to the white metal beautifully, though gold failed to make any impression upon it. Another cure by Sanicula, delighting our Texan friend. Who will assist to give us provings of the mineral waters of America? Our Pareiso Springs are the Carlsbad of the Pacific coast.

C. Hering once told me that in relation to reported cures

the greatest scrutiny is necessary, before they can be accepted as true, no matter how high the authority whence they come. Let this be my excuse with the request that Prof. Kent may teach us the reason for the use of Naja in his second case.

S. L.

REPLY BY DR. KENT.

Editor Advance:—My good friend has taken me to task for making an empirical prescription. I suppose the patient ought not to have been cured in that way. Let us see what we can find to justify such a prescription.

Attacks of severe stitching pains in the region of heart, during which respirations almost cease and death seems impending.—("Guiding Symptoms.")

Allen's Encyclopædia.

(373). After riding some distance had considerable pain about the heart, extending through to left scapula; pain lasted some hours, and was very marked.

(374). *Complained of great pain near the heart.*

(377). Half an hour after breakfast felt twice, for a minute or two each time, a slight shooting pain in the precordial region.

(382). Pulse, * * ; 32, remarkably irregular both in rhythm and force, some of the beats being strikingly full and bounding.

It seems rather strange that my friend should overlook the symptom 32, and see 120 and 98. Does my good friend desire to have me furnish him glasses to look through?

It will be noted that it was said that *sometimes* the pulse was as low as 45; the word *sometimes* must indicate that the pulse was *irregular*, which is a strong characteristic of Naja. Let it read "slow and irregular," and it is Naja without discount. What can a pain extending through to the left scapula mean, but just what it says?

The application of these pains in a clinical way has shown me that rending, stitching, cutting, shooting, lancinating pains are all cured promptly by Naja. The use of a remedy enlarges from a small beginning, and it is justified in this case with Naja.

What can be the difference between shooting and stitch-

ing pains? Must we find fault with our patients because they have not adopted the language of the provers?

If any one can read the symptoms of the head and face and not see heat and burning and congestive head symptoms in the text, I fail to see how he can read and apply **Materia Medica** to sick people.

Let us add to this the congestion of the head and face with this cardiac trouble, and it is all the more *Naja*.

136. Face flushed, in the evening, and burning hot.

137. Face red on rising, and covered with hard knots, like in erysipelas.

144. Cheeks red, especially on cheek-bones; patchy.

(Read head and face symptoms in Allen, but not in quotation of S. L.)

It is now well known that all the ophidia destroy the source of mental endurance, which is a natural result of the cerebral stasis observed and gleaned by the symptoms; even symptom 10 would justify the conclusion.

The sweating palms and appetite could not contra-indicate *Naja*, as the former had been present since childhood and the latter was not a demonstrated symptom, as the indulgence did not make him sick, nor was he losing flesh. The former symptom was cured, and therefore valuable, as sometimes it may be cured again.

J. T. KENT.

HOW TO STUDY THE MATERIA MEDICA: HOW TO USE BÖNNINGHAUSEN'S CONCORDANCE.

POST-GRADUATE COURSE OF LECTURES.

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

To-day we shall begin our study of the **Materia Medica**. There is hardly a week of my life that some one does not write me asking "in what way shall I study the **Materia Medica**." This is a very difficult question to answer, because every person, every doctor must study the **Materia Medica** for himself. If he can formulate an original plan especially suited to himself, it is a good thing to do, far better in fact than following the plan of some one else.

But as most of us are parrots, we have to look to somebody else; we have to follow somebody's plan.

There are many plans of studying the *Materia Medica* in vogue, each of which is useful to the individual who originated it. We of course know how our *Materia Medica* is made up. After the provings are made the question naturally comes up how shall we use them in the sick room. In my lectures on the *Organon*, I said that it was necessary to see the image of each remedy. There is no short way of learning the *Materia Medica*. The more condensed it is, the more imperfect it is. We have our books full of the characteristics. We have our provings. Even our provings are questioned by many, and especially by those who do nothing towards giving us provings. We have many grumblers in our ranks who say that such and such a proving is fallacious, without being able to give any reason why it is fallacious. They talk of Allen's *Encyclopædia* being full of trash, but not one of them has attempted to eliminate the trash. The masters of the *Materia Medica* are not troubled with the "trash," because the things that seemed obscure become clear by constant thought and careful study. One soon learns to understand the different symptoms mentioned in the *Materia Medica*. Experience makes them plain. Patients often state symptoms more clearly than the pathogenesis does. Clinical symptoms when thoroughly confirmed should be adopted. Many of our key-notes are not to be found in our provings; they are better stated clinically. Many of these are to be looked upon as the clinical expression of the pathogenetic symptoms.

Well, we study the *Materia Medica* until we have facts enough to make an image of the drug. We study the verified symptoms as found in our repertories, in Dunham's, in Hering's, and in Farrington's works on *Materia Medica*. We compare them with the old *Symptomen Codex*, and we study them in one totality, just as we study the human being in a totality; study them until we see the image which is made up of all the sensations that this medicine can produce. We know that the artist makes an

outline, which looks like a skeleton, then he puts on the muscles, as it were, and finally gives his picture the finishing touches. Thus we find characteristics with all the little symptoms that serve to fill in. When we have done this, what becomes of the rubbish? Allen's Encyclopædia is full of symptoms which do not fall into the image, or which seem inconsistent with the image of the drug. The homœopathic physician does not want to do as Dr. Dake does, tear the old all to pieces and not give us something in its place half as good.

If you were to study the pathogenesis of Belladonna, would you expect to master that in a single day? If you do, you are very much mistaken. After studying it for a few weeks you will obtain the grand image of the drug. There are three words which express much in the symptomatology of Belladonna, namely, heat, redness and burning. You would not have a marked Belladonna case without its being governed by these. We have burning running all through it; so also heat and redness of the surface run all through it. You have a great many little symptoms, and a great many characteristic symptoms, but these do not rule out these three, because they cannot be ruled out of Belladonna.

Who would think of Ipecac. for mental symptoms? It has irritability; desire for things, but knows not what, like Chamomilla, Bryonia, and Kreosote. We know that the child is always wanting new toys, then throws this one away and wants another. Experience has led us to Kreosote for such symptoms. If it is coupled with extreme irritability, then it ought to be compared with Chamomilla, which has the same thing. When does Ipecac. come in? Now, these mental symptoms are not the first things to guide you to Ipecac., but they are the first things to guide you to Chamomilla and Kreosote. While Ipecac. is irritable, it is to be thought of in hæmorrhage with terrible nausea, and marked retching. With the marked retching that belongs to Nux vomica, you might readily overlook Ipecac.

The so-called rubbish of the *Materia Medica* is some-

thing that you will never hear straightforward Homœopaths discuss. That does not show that they do not know that these symptoms are there; but they do not call them rubbish. They realize that they do not know what minute this so-called rubbish may fall into line and become useful. This rubbish only serves to irritate those who do not know how to study *Materia Medica*, and who do not believe that any one else does. Drs. Dake and Hughes have become most prominent in vilifying our *Materia Medica*, and abusing and scolding it. But have they offered anything better in the work that they have attempted to create in the place of it? It remains to be seen whether they can cure the sick any better with it than they could before. If the masters of the *Materia Medica* cannot make use of this *Cyclopædia of Drug Pathogenesis*, what can these grumblers expect to do? This *Cyclopædia* is no improvement. It is a gross misrepresentation. The general sphere of a drug is a very important thing that the homœopathic physician must grasp.

The sphere of Aconite is quite a limited one, as it has no secondary or exudative symptoms. Its symptoms seem to end with irritation, mental symptoms, and heat. Its sphere begins but little in advance of that of Sulphur. Sulphur begins where Aconite leaves off. If you compare these remedies you will find that Sulphur has many of the symptoms of Aconite— is the complement of Aconite, is the chronic of Aconite—that its general sphere is similar to that of Aconite, but in a different way. It has a depth of action that cannot be secured by Aconite.

BÖNNINGHAUSEN'S CONCORDANCE.

The greatest of all comparers of the *Materia Medica* was Bönninghausen. The concordances of Bönninghausen's book are wonderful. What a pity that this book is out of print. These concordances are the most important part of the book. While the repertory in the front of the book is studied, the concordances have almost entirely been ignored. Old physicians have said to me, "What do you do with the concordances?" Many have looked over them

and have said, "I do not see the point in them." Bönninghausen expressed the hope that these concordances would not prove a failure.

I. Aconite is the first remedy in the concordance. He starts out by numbering these paragraphs, with numbers which correspond to the chapters in the fore part of the book. If I would take Aconite and I desire to study the remedy to be compared with it, I look over this concordance. Mind and soul refers to the mental symptoms. The highest marked remedy there is Belladonna, which means that Belladonna is most similar to Aconite in the rapidity of the onset of the symptoms, and in the general course of the symptoms. This does not, of course, individualize between the intensity of the congestion and heat of Belladonna, which is not accompanied by the anxiety and fear of Aconite. Next in order he mentions Lycopodium, Stramonium, Phosphorus, and lastly, Sulphur and Veratrum.

II. Now if we want to compare Aconite to ascertain what symptoms are similar to it in the general bodily state, we see standing very high, Belladonna, Pulsatilla, Nuxvomica, Sepia and Sulphur. Follow Sulphur with me, because you see that it was in the first, and now it occurs in the parts in general. Aconite is well known to produce a very acute inflammation, one that comes suddenly, one that is attended with sharp fever. Sulphur produces the same condition, but of less intensity; one, too, that comes on more slowly. Aconite only produces the congestion; it is not able to produce the results of inflammatory action. Pus is not the product of Aconite, but it is of Sulphur. Thick mucous discharges do not belong to Aconite. Quite a number of other remedies come in as second rate. We know the similarity of Bryonia, too, in the organs to Aconite; Calcearia, Chamomilla, Cinchona, Hyoscyamus, Lycopodium, Ignatia, Mercurius, Phosphorus, Rhus, and Veratrum, affect the organs like Aconite.

We individualize the specific symptoms; but this gives you what remedies to compare.

III, 1. *Sensations*.—Now what remedies are similar to

Aconite in sensations? First in order we find Belladonna, Nux vomica, Sepia, and Sulphur. Sulphur in fat type. Especially observe Sulphur, because I have something to tell you of it when I finish. Second in order are Bryonia, Calcarea, Lycopodium and Pulsatilla. There are two other degrees, both lower than this, but I will not take time to read them.

III, 2. The glands are influenced also by Aconite. We find in the highest degree, remedies similar to Aconite in the manner in which they affected the glands of the neck, and glands in general, Mercurius and Phosphorus. Second rate, Sulphur.

III, 3. *Periosteum*.—Aconite has a slight relation to this, and then we have Mercurius, Belladonna, and lastly, Pulsatilla and Sulphur.

III, 4. We know that Aconite produces some effect upon the skin. It produces a rash. Mercurius we find under 3 and 4, and it stands in fat type, while Belladonna, Bryonia, Pulsatilla and Sulphur, are second in degree.

IV. There is no remedy acting like Aconite in as high a degree in sleep and dreams. In the second degree we have Bryonia, Phosphorus, and Sulphur producing a similar kind of sleep, and similar dreams, but more passive in character.

V. As to temperature, fevers, heat, chill, sweat, concomitants, etc. We have Bryonia and Nux vomica in the first degree. They are like Aconite in fever and produce a similar kind of fever; while Belladonna, Mercurius, Phosphorus, and Rhus, are secondary in importance in this sphere of Aconite; they are passive, while Aconite is exceedingly active.

VI, 1. *Aggravation*—There are no remedies that have the same identical aggravations in the spheres we find in Aconite; but in a low degree of similarity, we have Arnica, Arsenic, Hepar, Calcarea, Ignatia, in the third degree only. They occupy a passive relation to Aconite.

VI, 2. *Amelioration*, we find under chapter 6, subdivision 2. We find that Bryonia has a similar amelioration to

Aconite. Calcarea, Lycopodium, and Rhus, in a secondary degree.

VII. Now the concomitants, which are the symptoms which experience has demonstrated as likely to occur, we find related to Aconite, Belladonna, Bryonia, Mercurius, Phosphorus, Pulsatilla, and Rhus.

You see how Sulphur has run all through these concordances as similar to Aconite. A remedy that does that will sustain either an inimical relation or one of complement to the other comparison. Sulphur takes up the work of cure where Aconite finishes. We so often see that in pneumonia, in inflammatory diseases, in febrile affections generally, and in inflammation of the brain. We never think of Aconite in fever, only when indicated by the symptoms. The Aconite fever is one marked by an anxious restlessness, fear of death, and prediction of the same.

In chronic spinal affections he predicts the hour of death; we would not then think of Aconite. Such a symptom belongs to *Argentum nitricum*, and it is as prominent under that remedy as it is under Aconite. The Aconite patient is awfully sick, at least he thinks he is. He thinks he is going to die.

We find remedies that are inimical to each other because of their similarity. Jealousy seems to be aroused between them. We find an example of this in Rhus and Apis. It is often almost impossible to tell the difference between Apis and Rhus.

In Bönninghausen we are able to ascertain the general sphere of the general outline of a drug. That done, you can go into the *Materia Medicas* and *Repertories*, and carefully compare the individual symptoms to see their similarity. You do not have to go to Bönninghausen for that. Lippe's *Index* also is a good book. When you have the general spheres of two medicines, you have to make their specific outlines. There are what we call symptom hunters. They have been made fun of. But this is the way some doctors do, hunting in the *Materia Medica* for the symptoms they want until they have found what they are hunting for. There are successful physicians among the

symptom hunters; others of them will meet with failure for the simple reason, that they are not able to ascertain the differences between the spheres of drugs, or between the symptoms and characteristics of drugs. You will, however, find that if a physician is successful in picking out what constitutes peculiar symptoms in his patient, he will be successful in picking out the drug picture. Very few physicians would refer to Ipecac, as a mental remedy, as it is thought of more for complaints attended with nausea. It is scarcely referred to in mental diseases. In cases of irritable temper, you would think of Chamomilla and Nux Vomica. Now it is just here that young men going out to practice fail. A patient comes who is irascible, wants things but knows not what; he knows that Ipecac. has that symptom and he gives it. The patient does not get well, and he therefore concludes that Homœopathy is a failure. W. H. Burt said that he commenced with the practice of pure Homœopathy, but he found it a failure and has abandoned it. Why did he fail? Because he was a mere symptom hunter. Homœopathy marches on just the same as it did, without these men. Why is it that Bönninghausen's book is out of print? Simply because Hahnemannian Homœopathy has not been taught. Nothing would please me more than to see the republication of this grand work. This book enables men who know how to study it, to cure the sick.

DR. E. B. GROSVENOR, Richmond, Ind., reports: "When the pains are feeble, weak, inefficient, or cease entirely during labor, heat applied directly to the abdomen by dry hot woolen cloths, soon restores the pains and labor progresses normally."

POTENCY OF DRUGS.—The more compact, the more solid the substance in its original condition the higher must the potency be to obtain the complete medicinal effect; the power, the force not being the substance but that which held it together.—*Hering.*

Clinical Medicine.

THE PNEUMATIC CABINET IN TREATMENT OF PHTHISIS PULMONALIS.

W. JOHN HARRIS, M. D., ST. LOUIS, MO.

Before calling the attention of the Society to the treatment of phthisis, I desire to say a few words relative to the cause of the disease.

When we remember what the lungs have to do, and the amount of assimilation and elimination continually going on, it is not to be wondered at that they are so often the focus of disease.

Whether the tubercular bacillus be considered the cause of phthisis, or but a pathological product of some deep-seated force at work in the system, it may be safely said that tubercle does not exist until the disease is well advanced.

The pathological changes which take place must be referred to some cause affecting the correlative forces of the body. As soon as the elimination of worn out or dead tissue is interfered with in the lungs, just so soon may that retained dead material become a cause of retrograde structural change. Faulty assimilation and faulty excretion go hand in hand in the early production of low grades of vital activity, with consequent more serious disintegrations.

The chief factor in the production of lung disease I hold to be diminished respiratory capacity. "Man in a state of civilization does not hold himself erect; he stoops more or less; the weight of his shoulders is thrown on the thorax, and consequently the latter is impeded in its movement, and his chest is narrow. By precept, example, and the necessities of his surroundings, he is rarely engaged in muscular exercise, and the greater part of his life is passed in conditions unfavorable to health. Man in the uncivilized state holds himself erect; the weight of his arms is borne by the spine; his chest is broad, well developed and

freely movable; and he passes the whole of his existence in active exercise in the open air. Such are, broadly, the marks of distinction between the fields of disease and health." *

"Life spent in towns is characterized by the practical absence of active muscular exercise, by the constant breathing of an impure air, and by habits having a marked tendency to produce stooping of the shoulders, impairment of the movement of the thorax, and consequent narrow chests. Long-continued inactivity of the muscles of the chest walls reduces the capacity of the chest. A striking alteration of the form of the chest, indicating an imperfect or arrested development, is the characteristic of 'inherited' disease.

"The trades and occupations that supply the greatest number of cases are those in which small particles of various substances are constantly inhaled, those that necessitate little movement or even a cramped position of the chest, and those where a considerable time is spent in small and badly ventilated rooms.

"The trades and occupations in which the disease is exceptional are those that necessitate muscular exertion in the open air, those that require strength of the upper extremities, those that necessitate continual full use of the lungs, and those in which the greater part of the day is spent in the open air.

"The trades and occupations that are unfavorable to its development are those that increase the capacity of the chest or cause increased functional activity of other excretory organs."

I hold, then, that the rational and only scientific method of preventing the spread of lung disease is to maintain the breathing capacity of the lungs — and that when this normal capacity is found to be deficient, proper and judicious measures must be resorted to to restore the lost breathing space.

To do this there is nothing, in my judgment, that can

* "What is Consumption?" By G. W. Hambleton.

compare with the Pneumatic Cabinet. When the chest walls have become too rigid, from inactivity, the patient has not the requisite muscular power to expand the lungs, hence some mechanical assistance must be used, or this most desirable end cannot be attained. This assistance we have in the Pneumatic Cabinet. The principle involved in the use of this appliance is that by lessening the atmospheric pressure on the outside of the chest wall — while that on the inside of the lungs remains the same — there is brought about a greater and more complete expansion of the lungs, without any effort on the part of the patient. The air is invited into the lungs, so to speak, instead of being forced in. In this way portions of the lungs that the patient cannot expand are gradually brought into proper use, and air cells that have been closed are opened up so that respiration can go on.

As doubtless many of you know, the Pneumatic Cabinet is not an untried instrument; it has been used in the East for two or three years, and with good results by nearly all those who have tried it. I used a Cabinet of Eastern manufacture for some months and found some very objectionable features to it, mainly that the respired air of the patient, which is often very foul and laden with disease, is discharged in the face of the operator.

To remedy this I had a Cabinet made here of my own invention, which I shall take pleasure in showing, and explaining the action of, to the Society. I have used it now for eight months and find that it has many advantages over the one I used previously.

In my cabinet the air is brought fresh from outside the building, is filtered, and can be medicated, as the physician may desire, in a special air chamber provided for the purpose. After respiration the air is conducted outside by means of a valve ball, thus preventing contamination and poisoning the air of the operating room. To those of you who have not used this appliance, it will be a matter of astonishment when you experience the foul state of respired air from persons suffering with disease of the lungs

when the closed air cells are opened by the action of the cabinet.

By a special arrangement of my cabinet, inspiration and expiration does not take place through the same tube, so that there is no possible source of contamination from patient to patient. This is a very important feature in the use of the cabinet.

As to the results obtained from treatment, I offer the following summary for your consideration:

Cases treated, 28; 17 male and 11 female. Ages from 18 to 56 years. Chronic bronchitis, 10; phthisis, 18. All cases of bronchitis benefitted, and 4 entirely cured. Phthisis, 4 cured, 8 improved, 2 unimproved and 4 deaths.

TABLE OF CASES TREATED.

	No. of Cases.	Recoveries.	Improved.	Not Improved.	Deaths.
Asthmatic Bronchitis.....	3	1	2	.....	.....
Chronic Bronchitis	7	3	4	.....	.....
Acute Catarrhal Phthisis.....					
1st stage.	8	2	5	1	.....
2nd stage.....	4	2	1	1	.....
3rd stage.....	3	.....	1	.....	2
Chronic Tubercular Phthisis.....	3	.....	.....	1	2

After using the cabinet now over eight months I believe the following conclusions are correct:

That thorough expansion of the lungs by this method is a measure of great therapeutic benefit.

That it is possible by this means to more thoroughly medicate the diseased tissue in the lungs than by any other method.

That the use of the cabinet in all cases of primary infiltration is of the highest importance.

That even in advanced cases the use of the cabinet is

beneficial except those presenting a temperature continuously over 101°.

That the great field of usefulness for this treatment is that of preventive treatment—where there is found a predisposition to phthisis and the breathing capacity is below the normal standard.

MEDICAL LEGISLATION.

Active work in this matter is being taken in several States. At the annual meeting of the Albany County Homœopathic Medical Society, Dr. Paine presented the form of a proposed circular, relating to the appointment of State boards of medical examiners, and concluded by presenting the following resolutions, which were unanimously adopted:

WHEREAS, An attempt is again about to be made, ostensibly for the benefit of the public, to promote unity of the medical profession by the enactment of a law providing for the appointment of a single State examining and licensing board: and

WHEREAS, Both public interests and ultimate union of the several medical schools can be more effectively and permanently secured by voluntary co-operation than by compulsory legal enactments; and

WHEREAS, The several medical schools should remain, as at present, free to exercise their judicial, educational and executive functions, untrammelled by association with the representatives of opposing systems, and subject only to non-sectarian and non-professional supervision and control; therefore

Resolved, That any such proposed bill is pernicious in its tendencies, being designed to accomplish by law that which can be safely, prudently and far more effectively left to the voluntary action of the several schools.

Resolved, That the proposed legislation to secure a *single* State examining board, being put forward by one part of the medical profession, without the concurrence or approval of the others, with the freely expressed purpose of destroying the individuality of the different schools of medicine, constitutes an attempt at effecting *class* legislation of a most objectionable form.

Resolved, That while we approve the principle of establishing State examining and licensing boards in this and other States, we most emphatically condemn the method by which this reform is entered upon and is being conducted, viz.: That of a compulsory union of the several schools in a single examining board.

Resolved, That the promotion of public welfare and the interests of advanced medical science demand, that in this State there shall be established a separate examining and licensing board for each of the legally incorporated schools of medicine.

Resolved, That with this purpose in view, we pledge our support to a bill having for its object the perpetuation of the provisions of the present law, that of 1872, by which each school is provided with separate examining boards: and in addition thereto, the amendment of this law, so as to make its provisions compulsory upon the representatives of all medical schools alike.

This is the *only* safe ground for our school. If we insist on having separate boards in as many States as possible, or in fact all of them, the old school can make no progress toward unity until *we are ready for it*, and that will be only when the old-school shall have adopted homœopathic principles.

H. M. PAINE, M. D.

[We wish every State Society had as vigilant a chairman of medical legislation as New York. Dr. Paine is never caught napping. His decks are always cleared for action.—Ed.]

Societies.

ORGANON SOCIETY: BOSTON.

[Read these sections in your Organon before reading the discussion.—Ed.]

The regular session of the society was held, Jan. 10th, at Dr. Bell's office. Dr. W. P. Wesselhœft read, beginning with § 82.

Dr. W. P. Wesselhœft: After examining a case and giving a remedy and it does not do what we think it ought to do, recalls Dr. Carroll Denham's remarks respecting Bönninghausen. He said that Dr. Bönninghausen rarely made a mistake in the first prescription, especially in intermittent fever; and if he *did*, he usually gave a second examination as if it were a new case. This reminds me of a recent case of a woman who had been under my care for years, since a child. There was very peculiar anæmia which

came on after living in Paris; after the anæmia hysteria followed, with left sided paralysis which would get better then worse. I thought the first examination a most excellent one, but she was going to New York and I advised her to go to a physician who gave her a most masterly examination, thereby eliciting symptoms that showed the cause to be a deep mental one which largely influenced the subsequent treatment.

§ 84. Dr. Wesselhœft: This is one of the most important features of Homeopathy.

Dr. Kennedy: How many physicians follow this?

Dr. Wesselhœft: About one in fifty *attempt* it.

Dr. Tompkins: How many new, chronic cases can one prescribe for in a day at this rate?

Dr. Wesselhœft: A physician is not to try to take more than two or three *new* cases a day.

Dr. Bell: Hahnemann had a great many patients in a day and he probably followed his own directions.

Dr. Wesselhœft: I do not think a doctor should see many chronic cases in a day. Dr. David Wilson would close his doors when he had seen twenty patients.

Dr. Bell: I think we may follow our own methods to a certain extent.

Dr. Wesselhœft: That depends very much upon the patient whether intelligent or not. Some patients we can never do anything for and must frankly tell them so.

[That may do for Boston. But the slight informality of an examination of the patient never prevents us from taking a case, acute or chronic "out West."—ED.]

Dr. Bell here read a statement of a case reported by a lady illustrative of a good record.

Dr. Wesselhœft: She knew how to report because she had been previously examined homœopathically. I usually tell a patient in communicating by letter to report *conditions* under which the symptoms occurred, otherwise they would be of very little or no use.

Dr. Winn: What do you think Dr. Wesselhœft of the effect of amalgam fillings upon the health of the patient?

Dr. Wesselhœft: They tell us there is no appreciable

oxidation, but I think there is; and in affections of the mucous membranes I have them take out the amalgam fillings and take off the woolen underclothing. I was first led to this some years ago by an ulcer on the tongue of a servant. It was a terrible punched-out ulcer with high edges and had been going on for some time. This ulcer fitted right over the amalgam filling of a built-up tooth. I had this taken out and a soft filling substituted. The ulcer healed in a very short time. The amalgam filling had been in some time.

Dr. Harvey: What is the best way to keep records?

Dr. Wesselhœft: Every one will do it in his own way, but I used to keep them on slips. My father kept them in a large folio. I think the method of slips, for one who has a large visiting practice among chronic patients, a good one. They can be kept in pigeon-holes. Hahnemann kept them always this way, and patients are often surprised to find that after fifteen or twenty years I can refer to their cases; but much depends upon the kind of practice. I keep my records now in books. Dr. Bönninghausen had only an office practice, and kept his records in a large folio. Hahnemann said: "Show me the examination of a case and I will tell you how much the doctor knows of *Materia Medica*."

Dr. Bell: I think this one point shows why this is valuable. If a patient is sent to another physician, the question is: Does he make a record of his cases? and *not*; Is he a high, or low, dilutionist?

Dr. Wesselhœft: I think we are more likely to retain patients if we can tell them what affection they had before.

Dr. Hastings: And we can sometimes tell the patient he is better, though he may not at first think so.

Dr. Wesselhœft: And if an aggravation occurs, we let the patient alone.

Dr. Tompkins: Does it not require an immense amount of "education" to get a patient to wait — for example, in hay fever?

[Treat them in winter, and prevent summer attack.—ED. J.]

Dr. Wesselhœft: It is our duty to educate such patients.

Dr. Tompkins: Cannot some work be printed setting forth Hahnemann's idea, and serving as a means of educa-

tion to patients, illustrating how some well-known cases are treated?

Dr. Wesselhœft: I think this is a good idea, and a popular work of this sort might be of value.

Dr. Tompkins: I tell my patients they will be better following a cure by this method.

Dr. Wesselhœft: A patient must know that he will be better after having a cold, even, cured by homœopathic treatment; he is not as liable to have a recurrence of the trouble.

January 24th.—Met at Dr. Bell's. Reading by Dr. Wesselhœft.

§ 92. The question considered is as to giving an antidote, or the indicated remedy, or letting the condition alone.

Dr. Wesselhœft: In a chronic case, when the patient is suffering from an acute exacerbation from an error in diet, let it alone.

§ 93, Note 79. Dr. Wesselhœft: I think that one of the most important features with which we have to deal.

Dr. Bell: How do you gain the patient's confidence?

Dr. Wesselhœft: I tell the patient that this method is very different from his former treatment, and that it is necessary I should know all. I often have a sort of intuition that there is something I have not seen or known, and I tell the patient that his welfare may depend upon my knowing all. I ask him if he has had any great grief, etc., in his life. To-day I had a case illustrating this very point. Upon questioning closely I found an enormous mental history. I found that which I think will be of great importance to me in selecting my remedies.

Dr. Bell: They are sometimes anxious to tell and sometimes anxious to conceal.

Dr. Wesselhœft: I had a case at one time that was somewhat obscure, but in which I was aided by the remark of a friend that accompanied the patient, who said: "She will never get well because she is so jealous."

Dr. Bell: All these points are practically overlooked by old school physicians.

Dr. Wesselhœft: How much has been done by our *Ignatia*, *Staphisagria*, *Phos. acid*, etc., etc.

Dr. Tompkins: What are your indications for *Phos. acid*?

Dr. Wesselhœft: I think of *Phos. acid* when the trouble has lasted a long time; has produced an apathy, and has affected the general health.

Dr. Bell: I had a case of a young man, a rejected lover, who was haunted by the idea that some one was following him. He had been treated by a so-called Homœopath; had received various remedies; could not sleep. He received *Hyoscyamus* with good results.

Dr. Tompkins: Yes, we like to find some indications for the remedy even if there *is* a history, do we not?

Dr. Wesselhœft: Why, of course; and this I wish to show. If we have the patient's story, for instance, and a remedy is suggested, we question along that line till we are satisfied that that is not the remedy, and then we go to work on another line, and so on.

Dr. Bell: I think, however, there may be cases where the anamnesis overrides all other things. I had a case of a patient with gall stone colic (so-called). Remedies failed till I learned that he had been very angry. *Colocynth* helped very quickly, though it was not a distinct *Colocynth* case.

Dr. Tompkins: I had a case with a similar history in which *Staphisagria* did good service.

§ 94. Dr. Wesselhœft: The question arises as to giving a remedy at the time of the menses. In chronic cases it is better not to give a remedy at the time of the menses; even in cases of dysmenorrhœa give the remedy between the menstrual periods. Hahnemann paid great attention to the menstrual condition of women; and due consideration of this function will often aid much in the treatment of cases.

§ 95. Dr. Wesselhœft: A very important paragraph. It is often very trying to have patients who think it is wicked to complain and who expect to get relief of only a part of their troubles. They think there are some things they must endure. I do not see how that could be better expressed.

A. L. KENNEDY.

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.

DIPHTHERIA: A NEW TREATMENT.—Nearly every issue of some of our contemporaries has a "new treatment" for this much dreaded scourge, until it has become ludicrous if not pitiful. The latest is a discovery of Dr. C. Lorey, of Frankfort-on-the-Main, in the *Deutsche Medical Wochenschrift* of November 15, 1888, and mentioned editorially in the *Medical and Surgical Reporter* for January 26, 1889. Latterly the teaching in the dominant school has become greatly modified. From the active cauterization and forcible removal of the membrane, so prevalent and so fatal, the advanced and more thoughtful members of the profession have gradually adopted the milder treatment advocated by Oertel, who has steadily insisted that such violent measures were not only useless but dangerous. Dr. Lorey's treatment consists in giving from three quarters of a grain to a grain and a half of apomorphia, in three and a half fluid ounces of menstruum, internally, and the insufflation of pulverized sugar locally. The sugar is carried to the throat by means of a glass tube --- "charged with the required quantity of pulverized sugar --- and armed with a rubber ball, compression of which propels the sugar against the fauces."

Dr. Lorey has employed this method in eighty patients,

old and young, all grades of severity, and claims that it not only limits the duration and severity of the attack, but diminishes the odor as well as loosens and facilitates the removal of the membrane.

But perhaps the next man who uses it will not obtain such favorable results, and lo! the *Saccharum officinalis* will go the way of every drug in the *Materia Medica* which has preceded it. But whether truly effective or not, it is a vast improvement on the old cauterizing methods, and much in advance of the best of medicated topical applications now in such general use. The lesson to be learned is a practical one, viz., that better results are claimed for it than from cauterizations, the disease is not suppressed, and the patient has a much better opportunity to recover. Nature—the life dynamis of Hahnemann—is permitted to eliminate the poison, instead of being overwhelmed by drugs.

But there are poisons that are constantly taken, and with apparent impunity—alcohol, tobacco, coffee, cannabis ind., tea, opium, etc., etc.; and there is scarcely an article of food that at some time, to some one, has not proved a poison. Pork, veal, oyster, lobster, buckwheat, oatmeal, peach, strawberry, tomato, potato, sugar, milk, etc., etc., are very common examples. Would it be strange if a thorough proving of *Saccharum off.* by Dr. Wesselhœft and the students of the Boston University should develop a remedy for diphtheria? *Calcarea* and *Silica* are practically inert in their crude form—converted into active medicinal agents by potentization—and would it surprise any one if *Saccharum off.* was not subject to the same law, not similarly affected by the same process? Why do we prohibit sugar in diabetes?

* * *

A CORRECTION.—On page 187 our German contemporary, the *Alg. Hom. Zeitung*, credits us with being “the organ of the I. H. A.” Neither the I. H. A. nor the A. I. H. have an organ. *THE ADVANCE* is an independent magazine—is not published in the interest of any society, college or pharmacy—is simply an advocate of Homœopathy pure and simple as bequeathed to his followers by the immortal Hahnemann.

Comment and Criticism.

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.—WENDELL PHILLIPS.

REINSTATEMENT OF THE MEDICAL TIMES.

We translate the following editorial of the *Allg. Hom. Zeitung* in order that those members of the American Institute of Homœopathy, who are determined that only non-homœopaths may feel comfortable in that society, may know what our German colleagues think of us.

“Some years ago the American Homœopathic Institute at its annual meeting passed a resolution erasing the *New York Medical Times* from the list of homœopathic journals, as the editors of that periodical had openly declared their apostacy from Homœopathy, erased the word “homœopathic” from its title, and in its pages stigmatized the principles of Homœopathy as sectarianism, belittled them, and in every way tried to misrepresent them. At this year’s (1888) session of the Institute they have rescinded that resolution, although there has not been the slightest change in the attitude of that journal.

“While we hold that it is perfectly proper that in so comprehensive an organization, a one sided partizan standpoint cannot be adopted, and that freedom of speech and action must be permitted to the different tendencies, yet there must not be license given to efforts which openly avow the determination to subvert the principles which the society represents. We can only look at the rescinding of the former resolution as an incomprehensible short sighted act, even if it is not a dangerous violation of the duty of the president in not opposing, with all his energy, such a design. It is only necessary to continue in this path a short time for the great American Homœopathic Society to erase the word *homœopathic* from its title. They are making the victory of the opponents of the principles of Hahnemann, certain. We are greatly surprised that all the

American homœopathic journals and societies did not immediately and decidedly protest after the publishing of this resolution. So far as we know, this has been done only by the *MEDICAL ADVANCE*, *N. A. J. of Homœopathy*, and the *Medical Counselor*. We hope that the International Hahnemannian Association which was established by the adherents of the stricter Hahnemannian opinions, and who have their organ in the *ADVANCE* will form a beneficial counter-poise against the constantly increasing tendency in the American Institute towards the disappearance of homœopathic opinions."

As an apology for the members of the Institute, we may add, that this incomprehensible resolution was not passed in full session, but at a session in which only a small number of the members were present. This mode of proceeding was not according to the by-laws in thus passing an important resolution verbally, early in the morning in the absence of the secretary, and when only a few were present, and when no notice had been given to the members of what was intended. The act was accomplished as a surprise.

A. McNEIL.

UNFORTUNATE TEACHING.

EDITOR *ADVANCE*:— In the January issue Dr. Drane says: "If Homœopathy is not taught and practiced in that college and hospital, it is not elsewhere," speaking of the Hahnemann of Philadelphia. I too am a recent graduate and now have a student at the college, and am thus able to speak of the recent past and the present. I will cite a few samples of the teaching and practice and your readers can decide as to its homœopathicity. I do it with regret for I have a feeling of reverence for my *Alma Mater*. Within three days one of the faculty cited to his class a case of croupous pneumonia he was treating; spoke of the high temperature, 105°+, and the high pulse rate, 137, and said he feared he would lose his patient from heart failure. He then said "if I dared I would ask you what you would do for such a case," but concluded he would not as his chair was neither "Materia Medica nor Practice." When asked by one of the class what he was doing for the case, he said he was giving the indicated remedy. There was clapping of hands and stamping of feet at this reply and when the students quieted down, he continued, "but I am doing more." He then told them he was giving physiological doses of *Digitalis* "to

keep that heart from stopping." He told the class he would feel himself criminally guilty if he allowed that heart to fail without using a cardiac stimulant. Is this Homœopathy? Is any man able to find the "indicated remedy" while using physiological doses of a drug? If this patient dies, was it Homœopathy that failed to effect a cure?

Another member of the faculty recommends 3 doses of Salicine to cure inflammatory rheumatism by destroying the "germ"; and 15 grs. of Quinine to cure intermittent fever.

Another member of the faculty says a physician that will not use hypodermics of Morphia to relieve pain is criminally guilty. He puts it in this wise: "will not use it to relieve pain when it is indicated," he claiming it to be indicated for all suffering incident to incurable disease.

This is a specimen of the teaching and practice of the faculty of the Hahnemann College of Philadelphia. This kind of seed-sowing cannot fail to produce an abundant harvest of "empirics" calling themselves Homœopaths, and Homœopathy must suffer accordingly.

ROBERT FARLEY, M. D.

PHOENIXVILLE, PA., January, 1889.

[It is to our colleges chiefly that we are to look for correct homœopathic teaching, because it is from them chiefly that the depletions in our ranks are to be recruited. Hence the quality of instruction imparted from college rostrums becomes a vital question to our school, and when the alumni of a college complain of its teaching, the faculty in justice to itself and to the responsibilities devolving upon it, should heed the complaint. No one has so undoubted a right to criticise the teachings of *Alma Mater* as an alumnus, because as some philosopher has said: "Our best friends are those who tell us of our faults and teach us how to correct them." And in all fairness and justice we submit that Dr. Farley has cause for complaint. It is not an easy task to unload a mass of empirical teaching, of therapeutic errors, and Lord Bolingbroke was correct when he said:

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 but not 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.

PURE HOMŒOPATHY DEFINED.*

EDITOR ADVANCE.—Is the homœopathic remedy always sufficient to relieve suffering in incurable cases?

It must be conceded that this is an able and carefully prepared document. No one can rise from a careful perusal of its contents, without greatly strengthening his belief in, and increasing his knowledge of, Homœopathy. Would it were given to all the winds of heaven, that it might go and teach the ignorant and the ill-informed, and give help to the wavering.

But, whatever we may generously allow to this committee's report, it remains that we may be permitted to look at with a critical eye.

It is to be supposed that the committee attempted fully to answer the question placed in their charge. Did they do so? Let us see. A considerable space is given, by way of introduction, to an explanation of the cause that gave rise to the society they represent. There seems to be a good showing made of the matters of issue between the Rochester Hahnemannian Society and the Monroe County Homœopathic Society. But all this does not seem to be pertinent to the question upon which this committee were to make report. It might all be left out as not pertinent to the case.

The committee then proceeds to offer evidence, bearing directly upon the subject, from the following well-known medical men: Drs. P. P. Wells, of Brooklyn; J. T. Kent, of Philadelphia; J. A. Biegler, of Rochester; W. A. Hawley, of Syracuse; Clarence Willard Butler, of Montclair, N. J.; L. B. Baylies, of Brooklyn, N. Y.; W. P. Wesselhœft, of Boston; W. S. Gee, of Chicago; E. B. Nash, of Cortland, N. Y.; A. McNeil, of San Francisco; H. C. Allen, of Ann Arbor, Mich.; G. W. Sherbino, of Abilene, Tex.; Jas. B. Bell, of Boston; S. Seward, of Syracuse; and Geo. H. Clark, of Philadelphia.

Abstractly considered, no better list of names or more

* Report of a committee appointed by the President of the Rochester Hahnemannian Society, composed of Drs. Brownell, Schmitt and Baker. Will appear in full in April number.—ED.

sufficient testimony could be obtained. They stand unimpeached in their testimony. But do they adequately answer the question? The committee think they do. But, since the question is one to be decided by evidence, and not legal technicalities, why not apply to the evidence offered, common legal rules? To all questions there must be two or more sides. It would be a very poor court that did not seek for evidence from all sides. Now these gentlemen, who have given us their testimony, belong, so far as we know, to the well-known class of Hahnemannian Homœopaths. Upon such a question can their testimony be unbiased. And is it not all *ex parte*? Would a jury in a court of law decide upon that, no more being offered? All on one side! Where is the testimony from the other side? Or is there no other side? Dr. Butler approaches more nearly the ideal form of testimony, in that he gives his experience, in one case at least, with other than the pure homœopathic method.

We are heartily in sympathy with the conclusions of the committee, but not on the grounds of evidence they produce. Truth is not advanced by a feeble demonstration of its truthfulness. Briefly, let us suggest a slight change in the form of the question, so that it may be more inclusive: What is the best method of relieving suffering? Throw it open to testimony from all sides and all parties. Let us have the *best* method. For our part, we have no faith in allopathic palliatives, but they are fastened like leeches upon the profession and the public. Let us pile up facts mountain high until the world shall see a better way. No single committee can close up the question by a single report. No *ex parte* testimony will be generally received. Let us have the best showing of the homœopathic school, and the best showing of the allopathic school, and any other school, and let them be compared, and trust to the triumph of truth. Every true lover of Homœopathy and every true follower of Hahnemann, will readily court such an investigation.

T. P. W.

MALANDRINUM VS. VACCINATION.

We have received many inquiries from various parts of the country for "more light" on the use of this remedy, not only as a preventive instead of vaccination, but how to administer it in variola. A recent letter referred to Dr. Guernsey; hence we asked him for a reply, and with his characteristic promptness we are enabled to publish the following facts, for which many of our readers will thank him.—ED.

EDITOR ADVANCE.—In answer to your request for a description of the manner of using Malandrinum as a preventive of variola, I will take the liberty of referring you to an article by myself in the Transactions of the I. H. A. for 1887, page 404. "Malandrinum has been given to numbers of unvaccinated children who were directly exposed to the contagion of variola, and they have invariably escaped the disease. I have given it to many persons (one dose each), directly after vaccination and been unable to make that or a re-vaccination "take" with virus which had proven effectual with others who had not had the medicine. One girl, who suffered terribly from pain and an enormously swollen and inflamed arm and forearm, following vaccination, I entirely relieved of the pain in a few hours by two doses of Malandrinum, and with an almost complete disappearance of the objective symptoms in twelve hours." As therein stated one or two doses are given, 24 hours apart, and not repeated until a succeeding epidemic or "scare"—at all events it is believed to be sufficient for at least a year. I frequently give seven powders of the medicine, but always enough Sac. lac. to last the patient a week. No symptoms have been observed from its use in this way, but I give below a record of symptoms which it has produced when proven in repeated doses. This was kindly sent me by Dr. R. Stroube, of 2822 Girard Ave., Philadelphia, who with Dr. Raue has made quite a study of the drug.

Head: inner. Frontal and occipital headache. Dullness. Vertigo.

Head: outer. Impetigo covering the head from crown to neck and extending to behind the ears thick greenish crusts with pale reddish scabs; itching worse in evening.

Eyes: Red stripes under eyes.

Ears: Profuse, purulent, greenish-yellow discharge, mixed with blood.

Tongue: Coated yellow with red streak down middle. Coated and ulcerating down centre. Swollen.

Stomach: Vomiting, bilious. Nausea.

Abdomen: Pain about umbilicus.

Stool: Dark, thin, cadaverous smelling. Yellow, foul smelling diarrhoea.

Sexual Organs: female. Vagina almost closed by yellowish, brownish, impetiginous crusts.

Back: Pain along back as if beaten.

Limbs: upper. Crusts of impetigo on extensor sides of forearms.

Limbs: lower. Pain, especially in left tibia with petechia-like patches on anterior aspect of leg from knee to ankle. Petechia on both thighs, worse on left.

Limbs: in general. Sore in all limbs and joints.

“Run arounds” on all nails of hands and feet.

Skin: Impetigo covering back of head, extending over whole back to buttocks and even into vagina covering labia and extensors of forearms. Boils. Malignant pustules. *Bud effects of vaccination.* Small, dusky red spots on legs, not disappearing on pressure.

Relationship: Follows well after Lach., Bry., Stram.

Is followed well by Sil.

I do not know that I can add any testimony to the above, save that I have continued to administer it instead of vaccination, and give as my reasons the ones cited in the article referred to; that no failures have come to my knowledge; that I have given one dose directly after vaccination, and been unable to make that or a re-vaccination “take” with virus that had proven efficacious with others who had not taken the medicine; that I found astonishing relief in a few hours with two doses of it in a girl suffering in-

tensely with a greasy swollen and inflamed arm and forearm, thus showing its antidotal nature; and because it was long ago observed to be *similar* in its action to vaccination, which *similarity* is more homœopathic than an *exactitude*. I should be glad to read an article by Drs. Stroube or Raue or from Dr. Herman Boskowitz, of Brooklyn, N. Y., who, I believe will have more evidence at command than—

Yours Truly,

WM. JEFFERSON GUERNSEY.

RESPONSIBILITY OF TEACHERS.

EDITOR ADVANCE.—The December number of the ADVANCE contains a letter by my classmate Dr. Drane, to which I feel it my duty to take *one* exception. He says: "If Homœopathy is not *taught* and *practiced* in that college and hospital it is not elsewhere." Without entering upon any personalities or the manner of its being taught in any other institution, allow me to say that many a graduate going forth with the endeavor to practice these tenets finds himself in a sad plight indeed; knowing only enough of them to make him feel that there is a better Homœopathy just beyond his ken, and imbued with so much *physiological action* that he is constantly tempted to take advantage of the cruder action of drugs, in order to avoid the perplexities attending the making of an accurate homœopathic prescription, and to obtain the impressional effect of a physiological dose, because it is easier. Thus it is that we lay ourselves open to the charge of the Allopaths, that we do not practice the true similia.

One of two things must happen to every beginner in this system of medicine, either he becomes an Eclectic in fact, or else seeing the error of the ways into which he has unwittingly fallen, he must perchance learn his lesson of how to prescribe over again; how difficult this relearning is you know very well. Nor am I alone in this position. The teaching of the schools must undergo a change or as a school we are doomed. Look at the works of Scudder and Willard Morse, and then tell me in what essential they differ from the teachings of Hughes, Hale, and the colleges. I say without fear of successful contradiction that Scudder to-day teaches as pure Homœopathy as many so-called Homœopaths. Then again, what does all this agitation about a union of the two schools mean? Are we to be ashamed of the title Homœopath? If so, I hope those that are will promptly renounce it, and walk into the other camp. Why is it said "Bartholow is a good Homœopath but won't acknowledge it?" The simple and whole truth is, that many are practicing an incomprehensible mongrelism under the guise of Homœopathy.

What shall we do with this condition? The stream will never rise above its source. Where are our sources and centers of thought whence flow the yearly streams of young practitioners? Are they not among the swamps and quagmires of Eclecticism? Root out the Woorari of allopathic quackery from about the springs of our school and the stream will purify itself. It is a hard battle to conscientiously try to practice true Homœopathy after leaving college now; but we have yet one faint hope, in what Farrington and Dunham have bequeathed us, and by an earnest striving we may perhaps reach the goal after a while.

C. M. BOGER, M. D.

PARKERSBURG, W. Va.

[Examples are found on every hand of the lamentable result of defective teaching, of the attempt to incorporate empiric methods on homœopathic practice.

A Michigan M. D. writes:

"Our versatile M. D. here who does not need homœopathic journals prescribes from 7 to 13 different medicines to be taken in rotation, and this to a delicate girl in a decline. To use his own words he "gave her medicine enough to kill a horse." Her parents afterwards declined to employ a Homœopath. "They had tried Homœopathy." Certainly!

Here is another which a well known homœopathic (?) physician at Hot Springs, Ark., gave a patient for,

Constipation: R. fld. ext. Cascara Sag..... 5 parts.
 Keith's Con. tr. Pod..... 3 parts.
 Tr. Collinsonia..... 1 ̄i.
 Tr. Nux vom..... 1 ̄i.

M. Sig. Take 10 m. in one tablespoonful of water before breakfast.

Sciatica: R. Tr. Colocynth..... 1 part.
 Tr. Gnaphalium 4 parts.

5 m. in tablespoonful of water before dinner and at bed time, or every 2 or 3 hours if sciatica be severe.

Is it any wonder our allopathic friends accuse us of inconsistency? Is it strange that many people are unable to tell a Homœopath from an Allopath by the practice? Is it not a vital question what colleges, journals, societies and preceptors teach?—Ed.]

LACHESIS: Throat, chest and ovarian affections begin on left side and go to right; rheumatism begins on right side and goes to the left.

BOOKS AT THE BEDSIDE.

EDITOR ADVANCE:—The editor of the *Homœopathic Physician*—last issue—supposedly an advocate of the higher attainments of homœopathic practice, is right in his premise that the “use of books at the bedside is much like death-bed repentance” in the hands of the greater number of prescribers.

The concentration of thought necessary for the use of books “in the surroundings of the sick-room” is as unattainable by the same individuals as is the recalling of the *Materia Medica*, or, of the characteristic symptoms in a like position.

But the question is begged in the main issue, as to whether the method is a wrong or right one, that teaches the necessary concentration of thought, abstraction from immediate surroundings,—accuracy at the bedside, the use of the very desultory knowledge the man must have in his earlier practice, and grants justice to his patients, as well as his own best advancement.

Is the man who is unable to use books at the bed-side, any more able to make use of his memorized *Materia Medica*, or characteristic symptoms? Is it not a truth that in either case he would be a shaky prescriber to trust to? Why then not take the shortest and straightest road to good prescribing?

Suppose one of our colleagues does “not use his Repertory once in forty times” he has it at hand and may need it at any moment, be it one mile or ten from his office. And if he studies his cases, and the symptoms cured by each drug, he has so fully annotated it that it is almost a complete *Materia Medica*. The people soon become educated to the methods, and when wisely used—a good prescription once made—will never again look askance at books or doctor. The physician, who best know the use of books are certainly not the ones who fear their use. Suppose a physician is called to a new family, one unused to homœopathic practice or methods, it is a comparatively simple matter to give Sac. Lac., sit down with pencil and paper, and while you

watch the effect of the remedy (?) work out the case. Of course your patient would detect any want of confidence as soon as you showed it; and it is granted by all that a Repertory is not used or needed in perfectly clear cases.

The truth is contained in a nutshell; the man who is able to concentrate his thoughts at the bed-side, is the man we need to heal the sick, for the same ability of concentration will make him an able student of *Materia Medica*, and he will know his drugs as no other student can.

That it is as much to know a Repertory well, as to know the *Materia Medica*, is a truth which the sooner we learn the greater will be our advantage, for the rubric, the symptom and synonyms for the language we hear at the bed-side, is as difficult of attainment as any other branch of medicine; but, does it not pay an hundred per cent., and is not the gradual training of our minds to coolness and concentration, as necessary for *our* progress, as it was for the progress of the *greater* ones who have gone before? Will any effort at self-culture be too difficult if in the end we gain a foot-hold among the leaders of our great cause? Does it mean less work to carry a Repertory to the bed-side, or more? Shall we younger practitioners know less of *Materia Medica* if we follow in the footsteps of leaders who in this very way have learned more of the characteristics of remedies than can in any other way be obtained; and as the science of Homœopathy overtops anything before known in medicine—as truth forever overtops hypothesis and empiricism,—so honor the practitioners of our school in the *best* use of that science, a power of healing the sick, never before known to the world: S. L. G. L.

EDITOR ADVANCE:—In the December number of the *ADVANCE* Dr. Swan refers to my having sent him, years ago, some Pyrogen which I had prepared according to Dr. Drysdale's formula No. 1. Will you allow me to say that this is the preparation I made for Dr. Burnett, and from which I believe most of his cures were made. It has kept perfectly in the stronger form for five or six years. I shall be pleased to send some to any medical man for use, free.

ALFRED HEATH, F. L. S., London.

NEW YORK STATE SOCIETY.

The thirty-eighth annual meeting was called to order by President William Todd Helnuth. About fifty members were present.

ADDRESS OF WELCOME.

GENTLEMEN: The very limited time which is allowed for these important gatherings renders every minute so precious, that the traditionary congratulations and ordinary worn-out phrases of welcome must not occupy time which should be given to matters of far more importance.

This society has grown to be an august and honorable body, knit together for the purpose of maintaining, propagating and protecting Homœopathy in this State. Driven by the persecutions of the old school sect in years gone by, the believers in Homœopathy found it necessary, not only for protection, but for scientific advance, to establish a separate organization; it has grown to be a power in the land, a power which by judicious management and careful manipulation will exert a great influence on the health of the people of this commonwealth, not only as far as actual medication is concerned, but in developing a more certain knowledge of hygiene and sanitary science which, as preventives, are even of more import than the prescribing of medicines for established disease.

The questions to be discussed in the coming days of this meeting are of more gravity than usual. They embrace, among others, that important one of state medical legislation, and our proper recognition as a medical body with equal rights and privileges with other medical sects now in existence in this State. The times of eternally bragging concerning what we can do and what we have done, are passed. The stirring up of controversy between ourselves and with the old school is a thing, though not forgotten, needs no further notice from the Homœopath. The doctors are sick of it, and it is stale to the public. Such methods of bringing Homœopathy to notice are both undignified and out of place in those who are sure of their position, and Homœopaths are now sure and certain of theirs. Therefore what is demanded by us of our legislature, is that it inquire fairly and without preference into our position, social, medical, and political. Let it be understood how large a number of persons in this State are satisfied to be treated when they are ill by the Homœopathist; let it ask for the regularly kept statistics of our hospitals; let it look into the examinations made by our colleges; let it test the capabilities of our teachers and examine the results of our practice; and when these facts are brought before it, without palaver, even without compliment, with a plain reliance on our side in truth and justice, I am convinced that the common sense and a disposition to do

right on the part of our law-givers will award to our committee just what its members deem fit to ask in this important matter.

A homœopathic medical examining board is not demanded as a means of dividing the medical profession; its establishment will have no influence in that direction, for doctors will always fight in every school—and in every department of every school—it is asked for the accomplishment of higher and nobler objects, namely, the preservation of the public health, and the protection of the people from the inroads of quacks and charlatans. These are the great objects to be obtained by the passage of our bill, and they stand on a plane so much more elevated than the mere settlement of polemical medical questions that the two ought not to be discussed together. There is in medicine something higher and better than the mere methods of the administration of drugs, the cultivation of bacilli, or the regulation of medical societies—it is simply the relief of the suffering, the healing of the sick. All the other questions are secondary. The next reason of import in favor of our homœopathic examining board is to secure the protection of our own graduates, and to see that a fair and impartial examination be given them. The tide of persecution by the old sectarians is abating, and the violence of their invectives is no more, but there yet remains something instinctive in the allopathic mind, which is prejudicial to Homœopathy; it has been ground into it by the wheels of time, and pounded into it with passing centuries, and even now when many of the more liberal-minded begin to acknowledge our position—yet gentlemen remember that—

“ You may break, you may shatter the vase if you will,
But the scent of the roses will hang round it still.”

This can't be helped, and even with a disposition to be fair, it is so easy in a medical examination for the examiner to have things mostly his own way that a homœopathic student, being examined by an allopathic doctor, could be easily plucked without any qualms of conscience. Indeed, he might say it was done fairly. It is on these accounts, for the present at least, that we must have our board.

On the report of the censors, the following were elected permanent members:

Jennie V. H. Baker, J. E. Russell, Samuel Eden, O. S. Ritch, Hugh M. Smith, Frank E. Caldwell, Clark Burnham, E. W. Avery, W. R. Winchell, Harriet Barkeloo, W. H. Nickelson, W. E. Rounds, C. S. Elebash, J. M. Schley, R. U. Flagg, W. N. Bell, R. S. True, Helen M. O'Connor, G. E. Tyler, P. O. Benson, R. W. Robinson, B. S. Partridge, J. T. O'Connor, Martin Dechere, J. W. Dowling, jr., T. E. Williams, D. J. Roberts.

A ONE-SIDED, BUT SENSIBLE MOVE.

Dr. A. R. Wright, chairman of the bureau of high potencies, made a report and asked that the committee be discharged. Dr.

H. M. Paine made a supplementary report, which he said was the result of an analyzation of hundreds of cases. The report also contained the names of the committee, copy of the circular issued and criticisms made in medical journals relative to the work proposed by the committee; and extracts of letters from those who use high potencies, among whom are Drs. Cushing and Latimer Dodds, who have had extensive experience. He did not desire to read it all, but wished it to go on record for the benefit of the profession.

Dr. Gorham thought the question of potencies was a matter that each doctor should settle for himself. He did not think the time of the society should be spent in discussing this subject. It was a matter that threatened to disband the society if the fight was continued, and he offered a resolution that hereafter in all reports the remedy may be mentioned but not the dose. The resolution was seconded by Dr. Wright.

Dr. Moffatt opposed the resolution. When he listened to reports of cases, he wanted to know the potency of the dose prescribed, whether it was the fifteenth, the thirtieth or lower.

Dr. Dillow also opposed the resolution. If cases were to be reported he wanted to know all the facts. He moved to amend that hereafter in all discussions all reference to the dose be omitted.

Dr. Terry offered an amendment to the amendment, that reference to the dose be omitted from publications but not discussions.

Dr. Gorham said the object he had in introducing the resolution was to save time in the meeting. He did not intend to cut off low dilutionists. He was in favor of knowing about the potencies, as he considered it valuable to the profession, but he thought the time of the society could be better employed.

Dr. Vandenburg offered a substitute that the potency and dose be included in published reports of cases, but that the discussion on potencies be declared out of order. This was adopted and the reports were accepted. The question of publishing the reports of Drs. Wright and Paine in the transactions was next discussed at some length, and was finally referred to the publication committee.

Dr. H. M. Dayfoot was elected president.

Rochester was selected for the semi-annual meeting.

[No good can come from discussing potency as this question has been discussed in our societies. It is an innocent cause of trouble, hence had better be dropped. It is not a question to be settled by argument, but by a practical test, just as Similia has been, and is being settled. It is a corollary of the law, and when we cease prescribing pathologically and adopt Hahnemann's plan, we may find we have expelled "the wrong fellow."—ED.]

New Publications.

A PRACTICAL TREATISE ON HEADACHE, NEURALGIA, SLEEP AND ITS DERANGEMENTS, AND SPINAL IRRITATION. By J. Leonard Corning, M. A., M. D., Consultant in Nervous Diseases to St. Francis Hospital; Fellow of the New York Academy of Medicine, etc. Octavo: pp. 300. New York: E. B. Treat, 1889.

The author is already well known by his work on "Brain Rest," "Brain Exhaustion," "Hysteria and Epilepsy," etc., and is well qualified both as a writer and an indefatigable worker in this field of medical research to do justice to his subject. He has, however, undertaken a very difficult task when he attempts to explain the *cause* of the innumerable forms of neuralgic pains affecting the head and face, whether intra or extra-cranial in their origin. The different forms of headache, anæmic, hyperæmic, nervous, toxic, sympathetic, bilious, organic, etc., are clearly and practically differentiated and, so far as now known, both cause and pathology given, with many illustrative cases.

Spinal irritation, especially that form dependent upon local injury or general shock, and idiopathic and secondary insomnia and considerations of the physiology of sleep, form the closing chapters of the book. Cases illustrating the treatment of the varieties of headache and other diseases enumerated, are given; but the treatment while original in method of application, is entirely palliative in character. The mode of applying electricity, ice water, Cocaine, etc., is ingenious; but adapted only to palliate the effect, not to remove the cause. It is intended solely to treat the disease, while it overlooks or forgets the patient. It is to be deplored that so much patient and toilsome research into the etiology and pathology of nervous affections could not be guided and directed by a *law of cure*—something higher in therapeutics than mere palliation.

TUMORS OF THE BREAST AND THEIR TREATMENT AND CURE BY MEDICINES. By J. Compton Burnett, M. D. London: James Epps & Co. 12mo.; pp. 213.

Like every work of the author this book from beginning to end, increases in interest. All of Dr. Burnett's works are intensely interesting, and this forms no exception to the rule. He discusses the question logically and fairly, yet with great earnestness. In the preface he says, "I felt it to be my imperative duty to bring my views and experience more prominently to the fore, as our knife men—our surgical carpenters—are waxing bolder and bolder every day, and the very excellence of aseptic and anæsthetic sur-

gery are fast running legitimate medicine to the ground, and with it our common humanity." There is more truth than poetry in this assertion. On page 5, the author says: "I declare that *the knife is no cure for tumors*, and that tumors can be cured by medicines, the requisite knowledge and patience being given. In order to be able to excise a tumor successfully, a man must first learn how to do it; it is the work of a skilled mechanic merely, in which there are many masters. In order to be able to cure a tumor by medicines, a man must also first learn how to do it, but it is the work of the patient chess player, in which there are but few masters. Still, without being a master, the art of curing tumors by medicines can—thanks to Hahnemann and others—be learned and practiced by all in direct proportion to their ability and industry."

But, after all, there are many grave defects in the book, one of which is the absence of an index, without which it is practically worthless in the library of a busy man. Another, and far more serious defect is the scanty indications on which the remedies are given. On pages 46 and 50, e. g., two tumors are cured—and they are very good cures indeed—with *Bellis per.* (daisy) "the old English bruisewort" and the sole indication given is "the anti-traumatic virtues" of the drug. *Arnica*, *Conium*, and several other remedies would fill this bill as well. This is rather too empiric. With our allopathic friends, many good cures are made, but they can't tell what did it, and they can't do it again; hence the clinical experience is not very valuable. While the author frankly states that he intends simply to prove that "tumors *have been* cured by medicines," he might have made the volume much more valuable, much more practical, by giving more and better indications for the remedies. Still its appearance is timely, and we trust the entire work, of which this is only a fore-runner, will soon be given the profession and given in a more complete form.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Consisting of original treatises and of complete reproductions, in English, of books and monographs selected from the latest literature of foreign countries, with all illustrations, etc. Vol. I. No. 2, pp. 523, Feb. 1889. Published monthly: \$10 per year.

This number contains, "Gonorrhœal Infection in Women," by W. J. Sinclair, M. D.; "On Giddiness," by T. G. Stewart, M. D.; "A Critical Study of the Clinical value of Albuminuria in Bright's Disease," by Dr. Pierre Jeanton, Paris.

Every homœopathic physician who has any lingering doubts of the terrible evils resulting from the suppression of the gonorrhœal discharge, should read the facts presented by Dr. Sinclair in this monograph; also, after reading the evidence presented by Dr. Jeanton on "the clinical value of Albuminuria," he will be less

inclined than ever to make an absolutely unfavorable prognosis, and to again return thanks that Hahnemann's "totality of the symptoms" is the only true guide for the treatment of the sick, even in desperate cases of Bright's Disease. These monographs form a valuable addition to the library and are within the reach of all.

DELAMAR'S FETICH, A STORY OF THE RIVIERA. London: The Leadenhall Press, E. C. New York: Scribner & Welford, 745 Broadway. 1888. pp. 210.

This is a bright and readable book, giving apparently vivid and faithful descriptions of life on the Riviera, and a graphic account of the terrible epidemic of Asiatic cholera at Marseilles. Dr. Seton, one of the characters loses his life in attempting to teach an enthusiastic pupil the principles of Homœopathy, which he evidently had applied during the epidemic, although not a word is said about Homœopathy. The work is anonymous. Yet we are inclined, by reading between the lines and carefully comparing many of the expressions with those found from time to time in our "Foreign Letter," to attribute the authorship to our esteemed correspondent, Alfred Drysdale, M. D. At least it is worthy the translator of Ameke's history. The first time you are on the train for half a day, read it.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK. Vol. XXIII. Pp. 370. 1888.

The frontispiece is a portrait of President Helmuth, and the last pages contain his biographical sketch. The bureaus of Surgery and Clinical Medicine in particular, contain valuable papers, one especially, "Is the American Heart Wearing Out?" by Dr. Dowling should be read by, and should be found in the library of every Homœopath in the land. It is a thoughtful, practical, helpful contribution, one from which the general practitioner may glean many a hint. Dr. Van Denburg also has a readable, level-headed argument on "Potency" to which he asks members to apply Hahnemann's test, viz., "try it." Try it, in every potency. Stop theorizing about where the powers of the microscope end and begin the practical test at the bedside, the only true test for the potency.

THE CASE OF EMPEROR FREDERICK III. Full Official Report by the German Physicians and Sir Morell Mackenzie. Translated by Henry Schweig, M. D. New York: Edgar S. Werner. Publisher, 48 University Place. Octavo: pp. 276. Cloth, \$1.25; paper, 75 cents.

This is a full report of "a celebrated case," which is, we regret to say, such a humiliating exhibition of petty spite, personal and

gery are fast running legitimate medicine to the ground, and v
it our common humanity." There is more truth than poetr
this assertion. On page 5, the author says: "I declare that
knife is no cure for tumors, and that tumors can be cured by
icines, the requisite knowledge and patience being given.
order to be able to excise a tumor successfully, a man must
learn how to do it; it is the work of a skilled mechanic mere
which there are many masters. In order to be able to c
tumor by medicines, a man must also first learn how to do
it is the work of the patient chess player, in which there a
few masters. Still, without being a master, the art of c
tumors by medicines can— thanks to Hahnemann and othe
learned and practiced by all in direct proportion to their
and industry."

But, after all, there are many grave defects in the bo
of which is the absence of an index, without which it
tically worthless in the library of a busy man. Another
more serious defect is the scanty indications on which th
dies are given. On pages 46 and 50, e. g., two tumors are
and they are very good cures indeed—with *Bellis per.* (dar
old English bruisewort" and the sole indication given
anti-traumatic virtues" of the drug. *Arnica*, *Conium*, an
other remedies would fill this bill as well. This is rathe
piric. With our allopathic friends, many good cures are
they can't tell what did it, and they can't do it again:
clinical experience is not very valuable. While the aut
states that he intends simply to prove that "tumors
cured by medicines," he might have made the volum
valuable, much more practical, by giving more and bet
tions for the remedies. Still its appearance is timely, a
the entire work, of which this is only a fore-runner, w
given the profession and given in a more complete fo

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS
consisting of original treatises and of complete reprints
English, of books and monographs selected from the
erature of foreign countries, with all illustrations
No. 2, pp. 523, Feb. 1889. Published monthly: \$10

This number contains, "Gonorrhœal Infection in
W. J. Sinclair, M. D.; "On Giddiness," by T. G. S.
"A Critical Study of the Clinical value of Al
Bright's Disease," by Dr. Pierre Jeanton, Paris.

Every homœopathic physician who has any ling
the terrible evils resulting from the suppression o
hœal discharge, should read the facts presented by
this monograph; also, after reading the evidence
Jeanton on "the clinical value of Albuminuria

M. Depew,
 Matt, E. W.
 D. W. Voor-
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Review, and

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The Fourth An-
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N. By J. D. Buck, M.
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divinity in man; in other
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 ng his destiny." Expected

ND NATURE. By the late
 Therapeutics of Tuberculous
 S. Diarrhœa or Allen's Inter-
 M. D.
 of the cause of consumption
 years the author has devoted
 es, making it as complete as the
 would permit.

professional jealousy on the part of the attending physicians that the entire medical profession on both sides of the Atlantic may well feel degraded by their representative men in high places. Consultations of this character are rarely beneficial to the patient; and for the sake of professional honor and common decency we hope will be omitted in the future. It is gossipy and personal; not very professional. There is nothing to be learned in it, except to learn how somebody blundered.

BEAUTY, HEALTH AND STRENGTH FOR EVERY WOMAN. By Oscar B. Moss, M. D., Kansas City, Mo., Late Professor of Physiology in the Homœopathic Hospital College, Cleveland, Ohio. pp. 376. Ann Arbor: *Register* Print.

This work is designed for popular instruction, and is capable of accomplishing much good. It shows from first to last that its author is master of his subject, a thoroughly practical physiologist, deeply imbued with the responsibility of his teaching. The work is dedicated to "The Mothers of America," and it treats of the problems of life, health, and consequently beauty and strength—mental and physical—in chaste and elevating language of which our school may feel justly proud. We congratulate the author on the production of a work of this kind that we can unhesitatingly recommend to every maiden, wife, or mother.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PA. Twenty-fourth Annual Session, 1888.

This volume of about 400 pages is a credit to the working members of the Society. Like many of its predecessors it is "full of meat"—a volume that will often be referred to in looking up a case—one that will be kept in the working library for use, not show. We can overlook the agnosticism in the President's Address, for the sake of the excellent statistics of comparative cures and mortality of the two schools which he presents. It is well edited, well printed and well bound.

ANNUAL REPORT OF THE STATE HOMŒOPATHIC ASYLUM FOR THE INSANE, MIDDLETOWN, N. Y.

Another admirable report, which clearly demonstrates that the nearer we follow Hahnemann's methods—no narcotics, no allopathic palliatives—the lower the death rate and the larger the percentage of cures.

REMINISCENCES OF ABRAHAM LINCOLN. By distinguished men of his time. Thorndike Rice. Octavo: pp. 656. 1888.

The contributors are the Editor, U. S. Grant, E. B. Washburne, R. E. Fenton, J. P. Usher, G. S. Boutwell, B. F. Butler, Fred. Douglas, Ben: P. Poore, H. W. Beecher, C. M. Clay, R. G. Ingersoll,

Schuyler Colfax, C. A. Dana, J. B. Fry, H. McCulloch, C. M. Depew, D. R. Locke, Leonard Swett, Walt Whitman, Donn Piatt, E. W. Andrews, J. B. Alley, Thos. Hicks, Jno. A. Kasson, D. W. Voorhees, W. D. Kelly, C. C. Coffin, and others, with portraits of nearly all the contributors. This splendid volume (price, \$4.00) is offered as a premium to subscribers to the *North American Review*, and in the interest of our readers we call attention to it.

PROCEEDINGS OF THE NINTH ANNUAL SESSION, I. H. A. 1888. pp. 490.

So many of these papers have been published during the past year in the *ADVANCE* that our readers can form a good idea of the contents of the volume. The report of the discussions show that the stenographer was not a professional man. It was not as well reported as the A. I. H., yet the editor has given us a readable volume.

THE WESTBOROUGH INSANE ASYLUM. The Fourth Annual Report of the trustees is a very flattering one. Under Dr. Emmons Paine this institution bids fair to rival Middletown in low mortality and high percentage of cured. Mr. Sanborn, one of the editors of the *Springfield Republican*, in a recent issue devotes a column to this institution, and his comparison with the allopathic asylums in the State does not aid the latter.

NEW BOOKS IN PRESS.

KNOW THYSELF: A STUDY OF MAN. By J. D. Buck, M. D. Pp. 300, octavo. Will be issued during the winter by Robt. Clarke & Company, Cincinnati, Ohio.

The following is an outline. "Recognizing the study of man as the most important in which the human mind can engage, the author briefly outlines in the introduction the position of both science and religion in regard to this great question.

"There is a modulus in nature, and a divinity in man; in other words, man is foreshadowed by all lower forms of life, thus rendering his creation a necessity. The higher nature of man is heralded by all coming events, thus revealing his destiny." Expected in March.

CONSUMPTION: ITS CAUSE AND NATURE. By the late Rollin R. Gregg, M. D. With the Therapeutics of Tuberculous Affections, after the plan of Bell's Diarrhœa or Allen's Intermittent Fever. By H. C. Allen, M. D.

Dr. Gregg labored on his theory of the cause of consumption for many years, and for about two years the author has devoted all his spare time to the therapeutics, making it as complete as the present provings of our remedies would permit.

AMERICAN RESORTS: With notes upon their climate. By Bushrod W. James, M. D. With a translation from the German by Mr. S. Kauffman of those chapters of "Die Klimate der Erde," written by Dr. A. Woeikof, of St. Petersburg, Russia, that relate to North and South America and the Islands and Oceans contiguous thereto. Intended for invalids and seekers after health and longevity, as well as for those who desire to preserve good health in a suitable climate. Ready in March.

HAHNEMANN'S ORGANON. A new edition. By M. W. Van Denburg, M. D. It will differ from Wesselhœft's in the following:

"A restoration of the foot-notes to the bottom of the page where Hahnemann placed them originally.

Marginal headings for each section, after the style of law-books, or it might occur two or more such headings in each §.

Type differences, to mark the comparative differences of the text values. And some brief, and I trust not too audacious, nor self-confident notes."

NEW JOURNALS.—Since Jan. 1, 1889 several new aspirants have entered the arena.

The Surgical Record of Omaha, edited by Drs. E. T. Allen and D. A. Foote. It is unpretentious but has plenty of room for a vigorous growth.

The Clinical Record of Chicago, edited and published by W. A. Chatterton. It is not so large as its Eastern namesake but contains more therapeutic truths.

The Medical Current of Chicago; editor, Dr. E. F. Storke, of Milwaukee, and published by W. A. Chatterton, is an octavo bright and pithy and has dropped its "blanket form." It can now be bound. It publishes "King on headaches," revised and made more complete, as an appendix. \$2.00 per year.

The Southern Journal has been purchased by Dr. G. C. Clifford, of San Antonio, Dr. Fisher removing to the Pacific coast. We shall miss his vigorous style and newsy monthly, but he leaves an able successor in its present editor. The *Journal* will remain, homœopathic all the same.

The Investigator—The December 1887 number, completing Vol. XXIII, just issued -- has been purchased by Dr. W. E. Reed, Duncan Bros. retiring. Dr. Reed has had experience in journalism, is a sound Homœopath and will place this "old reliable" again at the front, we hope. Make it as good as it once was doctor, but make it homœopathic.

A new candidate appears from Cedar Rapids, Ia., editor, Dr. Cowperthwaite; subscription \$2.00 per year. If we may judge by the publisher's prospectus, this is to take the lead of all the jour-

nals in our school. We shall look for it anxiously. It is called the *Northwestern Journal of Homœopathy*.

The Journal of Ophthalmology has been announced. We are awaiting its coming.

With new books and new journals for 1889, the literary outlook is good.

THE CENTURY.—The February installment of the *Lincoln History*, contains chapters of peculiar interest, describing the events leading up to the final removal of General McClellan; the financial measures undertaken by Mr. Chase and adopted by Mr. Lincoln for carrying on the war; the relations between President Lincoln, Mr. Seward and Mr. Chase, including the incident of the simultaneous resignation of the two secretaries and the manner in which Mr. Lincoln averted a political catastrophe, make this number of the *Century* not only interesting but valuable.

THE ATLANTIC MONTHLY.—The *Boston Herald* writes as follows of the January number, which begins a new volume: "This magazine puts on its best appearance with the new year. It is a great comfort to have a periodical in which the literary finish is what you find it here. Every writer uses good English. In point of style there is nothing in the language, unless it be *Macmillan's Magazine*, that compares with it." This is from pretty good authority.

POPULAR SCIENCE MONTHLY FOR JANUARY, 1889.—There are four illustrated articles this month, one of which, "The Guiding-Needle on an Iron Ship," opens the number. In this paper, the author, Lieut. Commander T. A. Lyons, U. S. N., tells why the various masses of iron on shipboard interfere with the working of the compass, and explains how the trouble is remedied. "House-Drainage from Various Points of View" is the title under which Dr. John S. Billings, U. S. A., describes, with illustrations, the present condition of this complex problem. This article alone is worth a year's subscription.

SCRIBNER'S for February contains an illustrated article from the pens of E. H. Woodruff and Andrew D. White, on "Walter Scott at Work," with fac-similes from the proof-sheets of "Peveril of the Peak," with Scott's and Ballantyne's marginal notes, in the possession of Andrew D. White, Esq.

THE CHRISTIAN UNION.—Among the most valuable of our exchanges we place the *Christian Union*. As a readable religious paper for the family it is unsurpassed, and one who keeps well up with its various departments from week to week, has in that alone a "liberal education." The Home department is free from "correspondence" and full of practical suggestions upon literary, hygienic and other topics. It is always a welcome visitor.

Editor's Table.

DR. J. T. KENT's post-graduate course of lectures begins April 8, at the Woman's Hospital, Philadelphia.

H. F. BIGGAR, M. D., sailed for Europe February 16, to spend a few weeks in Paris, the South of France, Italy and Algiers. We hope to have a note from him on current medical topics.

THE HOMŒOPATHIC FREE DISPENSARY, of Washington, D. C., makes a good showing in its sixth annual report. It is doing a good work while planting the seeds of truth (medical) in many a benighted household.

THOMASVILLE. "Among the Pines" of Southern Georgia, is one of the best health resorts for throat and bronchial affections to be found in the South. Before sending patients South, write for circular to W. G. Patrick, M. D.

THE CANADIAN INSTITUTE OF HOMŒOPATHY holds its next session at London on Monday and Tuesday, June 24 and 25. Members are requested to send an early notice of the title of their papers to the Secretary, R. Hearn, M. D.

WELLS LEFEVRE, M. D., has located permanently at Hot Springs, Ark., and will make a specialty of orificial surgery and the diseases of women. "Physicians visiting the Springs are cordially invited to make my office their headquarters."

A HOLIDAY TRIBUTE TO RED CROSS WORKS.—We are indebted to Dr. J. B. Hubbell for this report of the work of this Association in the recent yellow fever epidemic, and the annual address of Clara Barton, the President, before the International Council of Women, April 1, 1888.

W. D. STILLMAN, M. D., of Council Bluffs, died January 27, of blood poisoning, contracted while attending a case of erysipelas. He was an able man, and at the time of his death one of the lecturers and examiners in the Homœopathic College, U. of Iowa. He was one of the best known Homœopaths in Iowa.

C. G. SPRAGUE, M. D., of Omaha, Neb., in an 8 page leaflet, severely criticises the introduction into the Legislature of an innocent looking bill entitled: "A Bill for a State Board of Health; To define its duties and powers and to provide for its maintenance." There is no objection to a bill of this character, he says, "if the Board shall be constituted with representation of the existing schools of medicine." The Homœopaths of Nebraska are evidently not to be caught napping.

THE
MEDICAL ADVANCE.

VOL. XXII.

ANN ARBOR, APRIL, 1889.

No. 4

Original Contributions.

LECTURES ON THE ORGANON. NO. V.

POST GRADUATE COURSE.

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

We now arrive at § 21. I will read it:

It is then undeniable that the healing property of drugs is actually undiscernible in itself, and that even the purest experiments conducted by the most astute observer, fail to reveal any peculiarity of drugs, marking them at once as medicines or healing remedies. It is possible only to recognize the power of drugs to produce distinct changes in the state of feeling of the human body, particularly of the healthy human body, and to excite numerous definite morbid symptoms in and about the same; and it follows that, if drugs act as curative remedies, they exercise this curative power only by virtue of their faculty of altering bodily feelings through the production of peculiar symptoms. Consequently those morbid disturbances called forth by drugs in the healthy body, must be accepted as the only possible revelation of their inherent curative power. Through them only we are able to discover what capacity of producing disease, and hence, also, what capacity of curing disease, is possessed by each individual drug.

Notwithstanding this marked observation, which seems almost axiomatic, man arrogates to himself the right to deny or affirm *without observations of his own*, in accord-

ance with his belief. Of what value is his *belief* in the face of scientific experiment?

To a great extent this paragraph is a repetition of what we have already gone over. Substances may be examined by any method known to man, but we fail to discover anything in them, that will tell you whether or not they are able to produce the common diseases of man; whether or not they are going to act as chemical poisons; whether or not they are going to act as dynamic poisons; whether or not they are going to cure disease; and whether or not they are going to antagonize destructive influence in the system. You may handle them, you may subject them to the most searching examination under the microscope, you may may smell of them, you may taste of them, you may manipulate them, in fact you may study them in every way known to man, and yet you find no way of detecting the differences between them; no way of telling what the individual power is going to be, until it has been taken and acted upon by the dynamis of the human system. This is the only test of the qualities and properties of substance, its dynamis and capabilities. This is detected by watching and observing the effects it has upon the human system in signs, symptoms and sensations.

There is no way of discovering the action of a drug except by observing its effects. See how many hundred years drugs were taken into the system without observing their effects. They were taken in all quantities and under all circumstances, in real and in imaginary sickness, and yet we had no record of drugs, no record that could be relied upon for the cure of human sickness. To-day, arraign the allopathic physician if you will upon the witness stand and tell him to delineate the symptoms of Arsenic, a substance well known to him, and what does he tell you? Nothing but the destructive symptoms; nothing but the symptoms that mean death; he knows nothing but the coarser details. Arraign him on Opium poison, and he gives you the coarser details, dilated pupils, stupor and unconsciousness. Yet will a man of this kind stand up and call the homœopathic physician an ignorant man, be-

cause he has accepted a law which he himself does not believe, because he is accused of tying himself to a dogma and giving small doses. To be sure the majority of homœopathic physicians may be accused of having neglected morbid anatomy; but you cannot accuse them of not having studied *Materia Medica*. Their little books on *Materia Medica* would be of no use to the homœopathic physician. Hahnemann says that the only way of telling what a drug is capable of doing is by observing what it can do; that is, cultivated observation, and not the observation of ignorant persons. By observing the finer sensations and details of symptoms, we know the effect of a drug on the human body. By this we ascertain pretty nearly what sickness is. Because sickness is at the command of the physician to produce, he does not know what it is. Has the allopathic physician ever told you how to produce disease? No, he has not. The most he can do is to tell you that small-pox is contagious, and that certain other diseases are infectious. He has never told us what contagion and infection are.

Intelligent observation leads us to understand something about the nature of disease when produced by drugs, and why should these observations not tell us of the nature of disease when produced by other forces? We simply recognize in disease, disease-producing causes and the dynamis, as we have examined each after its own kind, the forces that produce diseases, that individually produce measles and small-pox and any named disease. It is only by observing the nature of disease and disease-producing agents that we have any command over their curative properties. It is by reason of the disease-producing influence, that we gain the knowledge by which we antagonize diseased conditions. Now, the most beautiful part of this section is expressed well in the last sentence: "Through them only we are able to discover what capacity of producing disease, and hence, what capacity of curing disease, is possessed by each individual drug."

That thought is the climax of the section. Now, what would Homœopathy be to-day if it were not for our symptomatology? Think of the record of diseases we have, and

we know that it is common for an individual to be extremely anxious to have a diagnosis made. You go into Allen's or Hering's *Materia Medica* and make a diagnosis. These are the true representatives of disease. What are your real diagnoses? The diagnosis is Aconite, Hepar, Belladonna, and so on to the end of the list. Why should we have anything different? We ask what that group of symptoms means, and that is what is the matter. If an individual proves Lachesis and certain symptoms are developed, we do not call the symptoms Lachesis, but we call them the symptoms by which they are described. We have the same symptoms in diseased conditions no matter by what name you call it. This is all that is to be observed. Almost every section ends with a similar kind of thought. It ends with the idea that the dynamis impresses itself on another dynamis, causing it to appear or disappear as we deal with causative influences or curative powers. It is impossible for me to add new thought to the subject, for there has been nothing new since Hahnemann.

§ 22 reads: Hence there is no discoverable part that can be removed from a disease for the purpose of restoring health, except the totality of its signs and symptoms. Hence, also, drugs manifest no other curative power except their tendency to produce morbid symptoms in healthy persons, and to remove them from the sick. Thus it follows on the one hand, that drugs become curative remedies capable of obliterating disease only through their power of creating certain disturbances and symptoms; that is, by producing a certain artificial diseased condition, they cancel and exterminate the symptoms already present, *i. e.*, the natural diseased condition which it is intended to cure. It follows, on the other hand, that a remedy must be found for the totality of the symptoms of the disease to be cured, which remedy is inclined to produce either similar or contrary symptoms, according to the dictates of experience, which must prove either similar or contrary drug symptoms to be most serviceable with regard to ease, certainty, and permanency in cancelling or converting into health the symptoms of disease.

For instance, an individual comes to you with an external disease, no matter whether it be an eruption on the skin or a tumor on the body. If you remove that in any

manner whatever without doing it through the dynamis, you have done your patient the greatest amount of bodily harm. You have refused nature one of her most beautiful and primitive expressions. The thought widens into another sphere. Suppose it is a tumor that the patient has. Do you suppose that by cutting off the tumor, you have cured your patient? You have removed the tumor, but the disease goes right on, and the patient is not as well off as before, because the localization of the disease force in the new growth is beneficial to the patient because it saves the changes of tissues in vital organs. It is the expenditure of nerve force on the new growth. There may be no symptoms to express that. The patient had better go on with his tumor; until it is certainly threatening, there can be no excuses for tampering with the patient's life. Suppose you have removed a cancer, have you in any way benefited your patient? The disease is there yet. You have not removed your patient. It is the patient that is sick, and not the cancer.

Now the first sentence in § 22 brings out these thoughts. If you have removed the totality of the symptoms of which the tumor is not a part, you have cured the patient but not the tumor. Your prescription is to be just the same as if the tumor were not there, as if the patient had no tumor. The totality of the signs and symptoms, the third paragraph tells us the intelligent physician should know. These are the things with which the intelligent physician should be acquainted. These signs and symptoms are the curable part of disease.

Hence also drugs manifest no other curative power except their tendency to produce morbid symptoms in healthy persons, and to remove them from the sick.

Here we get a parallel in sickness with the symptoms which are the removable and curable part of the sickness. The symptoms produced by drugs are the only things by which you may know a drug. All the way through we must recognize the signs and symptoms as the removable part of disease.

In the third sentence, Hahnemann says:

Thus it follows on the one hand, that drugs become curative remedies capable of obliterating disease only through their power of creating certain disturbances and symptoms; that is, by producing a certain artificial diseased condition they cancel and exterminate the symptoms already present, *i. e.*, the natural diseased condition which it is intended to cure.

We have no other way of reaching disease except by honest experimentation, and the careful observation that I have mentioned; by provings we ascertain what diseases can be produced on the human family by the physician. Now if disease were at our command, so that we could go out and arraign it against some similar disease to cure it, or if scarlet fever were at command so that we could take that disease and arraign it against a similar disease, we might make use of natural diseases for the purpose of antagonizing diseases; but we have no such command, and, therefore, we have to enter into another sphere among vegetables, minerals, etc., to obtain forces to be used on the human body to ascertain what diseased conditions they will produce, that they may be used against diseased conditions that are known to be the natural enemies of man.

It follows, however, on the other hand, that a remedy must be found for the totality of the symptoms of the disease to be cured, which remedy is inclined to produce either similar or contrary symptoms, according to the dictates of experience, which must prove either similar or contrary as drug symptoms to be most serviceable with regard to ease, certainty and permanency in cancelling or converting into health the symptoms of disease.

In searching for the law of cure, we again have to resort to experience or observation. Thus far diseased conditions and disease symptoms are only found to be changed by taking drugs in some one of the following conditions, and there are three: First, the drug seems to act upon the human body in a condition of opposition, the symptoms are opposed to those already present. This may be called the antipathic system.

By use of this method disease symptoms are known to be changed. For example, severe pain is antagonized by something that produces the opposite of pain. When a

nerve is excited sufficiently to give rise to painful sensations, opium is given, which produces a loss of power to feel. When a capillary is dilated a medicine is given that contracts the capillaries. Such medicines as the bromides, secale, exert a powerful action upon the system, especially upon one part of the system. When there is constipation the opposite to constipation is brought about by the administration of physic, increasing the peristaltic action of the bowel which we call catharsis.

Then we go on to describe what is the allopathic method, which is the old-school method of to-day, *contraria contrariis curantur*, an expression from the Latin to represent a theory that has long been in vogue, that of selecting a remedy contrary or dissimilar to the diseased condition in its action. Unlike; if it were possible to secure curative influences from unlike, from dissimilars, what a simple thing the practice of medicine would be. To present a simple illustration, you know how difficult it is to get a pair of similars. You start out to buy a pair of horses; and you know how difficult it is to get them similar. If dissimilars were curative, how simple prescribing would be. Almost everything would be dissimilar to the disease that you have under observation. Only to administer any drug and chance would help much, as dissimilars are very common. That notion has been pretty much abandoned at the present day, but not quite. As an example of this method, we have the practice of correcting disease by the application of a mustard plaster which irritates the surface violently. Another example is the treatment of congestion of the brain by producing violent action on the intestinal canal. The old theory that gave rise to the doctrine of contraries was that no two diseases could occupy the body at the same time. There was little foundation for it; but the doctrine in vogue was that you must create a disease more violent and stronger than the original, and thereby you would cure the original disease. This was expressed by the Latin *ubi irritatio, ubi fluxus*. Irritating the intestinal canal would draw the blood away from the head. I have done all this. I have participated in

this sort of thing by putting blisters on the feet to draw the blood away from the head. Beautiful thought, isn't it?

Now there is another method of using drugs, that of giving or introducing into the system a medicine that is capable of producing on the healthy body symptoms like those that you desire to cure. That you will give some drug that is capable of producing a condition similar to that which you desire to cure. That will cause you to stop and think. That can be answered by asking the question, "does it do it?" You may theorize about it, you may argue against it, and you may exert your prejudices against it, but that does not answer the question; the fact is to be settled. Now it will be impossible by any theory to jump to the conclusion that disease may be cured by drugs that have an action similar to the symptoms that you desire to cure. Hahnemann did not jump to conclusions. He experimented. He noticed that the symptoms produced by Cinchona were similar to those that had been cured by the drug. There was the experiment. To answer your question, I will say: "It does do it." After Hahnemann had by careful induction and deduction by investigation, long experience and observation, he answered the question and the matter was settled. Now you may theorize as much as you please, "no two bodies can occupy the same place at the same time," etc., but you do not gain one particle by so doing. The fact must be settled because it is a vital question. There is nothing in material science that can answer this question. Will two dissimilar diseases antagonize each other? They will not. Will two similar diseases cure each other? They will. That is actual observation. That is a statement of fact, and therein is the evidence of the law; there is the discovery of the law. That is all there is to the question, it does or it does not. Experience says that it does. If this law is infallible, it is only necessary for us to become acquainted with it that its purpose may be fulfilled. What are the circumstances by which this law can be fulfilled, by which similar diseases antagonize each other?

The experienced physician must hunt for some principle

to apply for the removal of the totality of the symptoms. Dissimilars do not cure. Antipathy has a considerable hold on the doctors of the present day and on the people, only through ignorance, nothing else. A perfect knowledge and careful understanding of this law of similars, intelligence in regard to applying it, places every practitioner of law under wonderful bond, for his responsibility is awful. If he has settled in his own mind that it is a divine law, then it is an infallible law; if so, how can he deviate from it? What right has he to administer morphia to remove a set of symptoms that the Almighty has put there to represent nature. Can you answer the question? What right have you to administer 15 grains of iodide of potassium to relieve biparietal head pains known to be specific? When this is done all that is accomplished is the removal of the pains, whereas if the similar remedy had been given, the symptoms would have all been removed and the patient restored to health. Antipathy does not do that. Opium removes the pain, and makes a fool of the patient and the doctor, and places the patient in a position where he is not able to realize that he is sick. Does he not want to be cured? He ought to expect it. Do you think that if a patient knew what Homœopathy really was that he would let a mongrel enter the house to treat him? If a drug is not similar it will have to be administered in such large doses that they have to produce an antipathic effect. Do you think that a sick man wants such a doctor, when he must carry through the rest of life the sickness from the negligence of the present hour. You remove symptoms and you fool your patient. He thinks that he is better, and because of his ignorance he thanks you.

Hahnemann has been called visionary by men in his own camp. When complimented on the number of his followers, Hahnemann said: "Yes, there are many who call themselves homœopathic physicians, but the number of my true followers can be counted on my fingers."

Another argument, and a simple one, is that it does not pay to practice pure Homœopathy. One would think so,

because it cures too quickly to enable the physician to get in a big bill. It is very pleasant to the doctor's pocket to treat a case for a few weeks that he might have cured with pure treatment in as many days. When Hahnemann had reached the age of 81, his good wife induced him to leave all his fortune to his children and to go with her to Paris. So he packed up and left for Paris, taking only 500 pounds with him. She secured him a certificate by which he obtained the right to practice in that city. Patients rushed to him from all sides, and in nine years he died, leaving a fortune of half-a-million dollars. Does that look as though honest practice did not pay? And yet men who do not cure the sick as Hahnemann did, scold and abuse his *Materia Medica*. When they can cure as Hahnemann cured, then let them teach their improved methods; until then their conceit will find its level and their productions on *Materia Medica* their proper place.

PURE HOMŒOPATHY DEFENDED.

REPORT READ JANUARY 31, 1889, BEFORE THE ROCHESTER
HAHNEMANNIAN SOCIETY, BY W. G. BROWNELL, M. D.

MR. PRESIDENT: The subject assigned your committee embodied in the question "Is the homœopathic remedy always sufficient to relieve suffering in incurable cases?" has become important, in consequence of the division that has taken place in the homœopathic ranks in this city. It is also important, because the use of old school palliatives to relieve suffering has always been the first step towards that unlimited liberality, which honest Homœopaths must denounce. It is a fact that the division to which we have just referred really exists in all the large communities of the United States, but only in Rochester, N. Y., has there been a public act of separation. It is, therefore, incumbent upon us, as pioneers in this movement, to make plain the grounds for the action we have taken. Many explanations have been advanced by different members of the Monroe County Homœopathic Society, to account to an interested

public, for the step taken last October. Great care has, with one exception, been taken that these explanations should not contain the real issues in the dispute. It will be one of the preliminary objects of this paper to bring out the real reasons why we can no longer affiliate with the liberal Homœopath or countenance his methods of practice. To assist us we will recapitulate the points of difference that have been publicly ascribed to this society by the so-called liberals. The one exception, noted above, and which constitutes one of the points of difference, was advanced by Dr. C. R. Sumner, when he said: "I hold that when a patient is ill beyond recovery, I have a right to use medicines which will relieve him and ease him from pain." It will be noted that the subject you have assigned us is suggested by the statement just quoted. This is the only honest, fair-minded statement of difference that your committee could obtain, and we venture the assertion that, if this were the only reason for a difference of opinion, no division would have occurred in the County Society of our school of medicine.

Other explanations that have been publicly made, have seemed to your committee absurd and false, and to carry in themselves the conviction of their absurdity and falsity. The first of these, in priority of the time advanced, was made by Dr. H. M. Dayfoot in the *Post Express*, when he said: "The members of the Monroe County Society, despite the charges of Dr. Biegler and others, fully believe in the rules of Samuel Hahnemann. We believe that Hahnemann formulated the best law of cure. We, however, claim that there can be progress in medicine as in everything else." This statement, on examination, seems to be a wonderful thing. It admits that the rules of Samuel Hahnemann constituted a law. Now, how can a law of nature change? Can it become more or less of a law after fifty years? Would he claim that under the law of gravitation an apple could be made to drop to earth faster, because of fifty years' study, or research, or practice? We claim an advancement of the medical science, in a more complete knowledge of the application of this law of simi-

lars. We know and study more drugs than were known fifty years ago. Our experiences and verifications are more complete, but the law, we claim, has not changed, and never will change, whether Homœopathy exists or not as a school of medicine. We pass, then, from this singular statement, which assumes that a law of nature can change after fifty years.

The last attempt, and it is the only other that we shall notice, to inform the public of the cause of our withdrawal, was recently made by the retiring president of the Monroe County Society. It was done in an official capacity, viz., by devoting one-third of the president's annual address to an effort to exhibit us as "drifting far away," whatever that may mean. Let it be incidentally remarked that as long as the Monroe County Society maintains its present methods, your committee hope we have drifted sufficiently far to remain forever out of sight of the eclecticism of that association.

The only difference that is claimed in this *magnum opus* of the before mentioned official, aside from a ridiculous attempt to belittle our methods of prescribing, is in the assertion that we use only the higher potencies, thus attempting to place the cause for division on the question of dose. You know, too well, the subterfuge here attempted, but for the enlightenment of any outsiders who might be deceived by such statements, we here affirm that the members of the Rochester Hahnemannian Society use potencies ranging from the lower, or sometimes even the tincture, to the highest, the third and sixth potencies being often employed. In short, we unhesitatingly place ourselves on record, to the effect that the question of dose has absolutely nothing to do with our having taken the decided step of separating ourselves from the Monroe County Society and its methods of treatment. We come now to discuss the real causes which have led the members of this society to sever their connection with the County Society. We wish it understood at the outset that we are prepared to uphold all the statements that shall now be made in proof of the following assertions. We charge the

majority of the members of the Monroe County Homœopathic Medical Society:

First—With the practice of writing prescriptions which are composed of several drugs, also of prescribing remedies, in form homœopathic, to the number of two, three or four in alternation, practices which are in opposition to the rules laid down by Hahnemann, which teach the use of the single remedy.

Second—Of a quite general use of the hypodermic syringe, to introduce such old school measures, as morphia, cocaine, etc., for the relief of pain in cases not incurable, and which plan of treatment recognizes pain as the only condition to be alleviated. This method ignores the plain instructions to select a remedy for the "totality of the symptoms," is too often the beginning of the opium habit, and many times renders the case incurable.

Third—The use of cathartics, diuretics, emmenagogues, etc., and the use of drugs for diagnosed conditions, prescribing more for the name of a disease than for the patient.

Fourth—Of a general laxity of practice, under which some of their members have publicly boasted of the success they have attained with the recent fads, antipyrin and sphincter stretching.

Lastly—That while claiming the honorable name of Homœopaths, their practice is so diverse, that they cannot be described by any other term than Eclectics, to-day using homœopathic remedies, to-morrow measures of the Old School and the next day both together. In consequence of which inconsistency, they have already brought *opprobrium* upon the name they profess to serve.

To sustain or prove the above assertions, your committee have obtained certain evidence. A prominent official of the Monroe Society has been in the habit of ordering cathartic pills of an Auburn, N. Y. pharmacist, in large amounts. A member has taught a patient the use of the hypodermic syringe and furnished her with the instrument, the result being to produce the opium habit with all its evils. We have seen the prescriptions in the drug stores calling for mixtures and compounds, and openly signed by so-called Homœopaths. A young member of this sect stated his ordinary treatment for a cold to be the alternation of a mixture of Aconite and Belladonna with a mixture of Causticum and Phosphorus. The following is

a prescription given by one of these false practitioners. It was obtained from the patient himself: Aconite, Belladonna, syrup of Squills and wild cherry bark for a cold, and Salicylic Acid and Antipyrin for his rheumatism. It is submitted, that such Homœopathy certainly was not designed by Hahnemann; and it is equally true that the above instances are facts, and can be verified if necessary. We could extend the list if more were needed, but enough are already given to prove the "Devil quite as black as he was ever painted" in Rochester. To revert, the only essential point of difference between the two factions, that has been advanced by the other side, namely, the efficacy of Homœopathy in incurable cases, we can produce some evidence in the affirmative. To accomplish this we have been compelled to go to the professed followers of Hahnemann. The other, whose methods we have been reviewing, is by his very practice excluded. He has never tried the efficacy of true Homœopathy by hard, persistent work, but has speedily resorted to the narcotics of old physic, and in the stupefaction so obtained has claimed his euthanasia. We have placed ourselves in communication for this purpose with more than a score of the leading Homœopaths of this country and now give you their practice in these cases, which wonderfully uphold the beneficent action of Homœopathy when properly applied. We will open our evidence with a letter and case from P. P. Wells, M. D., of Brooklyn, N. Y., that venerable, noble old man, full of years and honors, who has practiced pure Homœopathy for nearly half a century. His reply in full is as follows:

"In response to yours of the 24th ult., asking for information as to whether the homœopathic [the most similar] remedy is always sufficient to relieve suffering in incurable cases," and on some other points, I would say: I do not know whether the most similar remedy will relieve the sufferings of incurable cases in all instances, but an experience of the results of the action of this remedy, in curable and incurable cases, extending through forty-six years, has proved beyond all doubt, that this is the best possible resort in all cases of whatever nature. This has

so served me through these many years, that I have had no call for other means to relieve or cure the sick in a single case.

I have met no need of palliatives, or any of the resorts of old physic in a single case in all these years. I have seen no case where there was the least reason for believing that any of these could have equalled the beneficent action of the "most similar" remedy.

I abandoned the practice of old physic, in which I had been educated, forty-six years ago, and have in no case resorted to its methods since. I adopted at that time the methods and means of the homœopathic system because I had found in it greater power to relieve and cure the sick, than was in that system in which I had been educated. I found the homœopathic system better, and why, then, when I found myself with difficult cases to care for, should I turn from this better, back to that which had been abundantly proved to me not so good, for the relief of self and patient? I can see no place for temptation so to do. That there are some who call themselves "As good Hahnemannians" [say as Biegler] who have done and do this, is true enough, and it is sad as it is true. We can see but one explanation of this, and this is not altogether so complimentary to these men of gristle as might be wished. We can see no other explanation of this supreme folly, which abandons law for a guess, than that these men are equally ignorant of both old physic and the specific medicine of Hahnemann. Their practice and its results would seem to convict of both, and the consequences seem a great price to pay even for so well a sounding word as "liberality."

I began to try to make homœopathic prescriptions after a careful reading of the Organon, having in view in this duty only the symptoms of the cases, as I could gather them and those of the *Materia Medica* as they had then been gathered. We had then no ten volumes of these, but only one and this a small one, with a brief record of the proved pathogenesis of about one hundred and fifty remedies. These were studied earnestly and diligently compared with the symptoms of the sick, with no reference to

names which diagnosis might have imposed, or to the plan which a scientific, nosological arrangement might ascribe to the case. Neither of these were mentioned in the *Organon* as necessary to the discovery of the specific curative in any case, and we were intent on following the instructions of that peerless book, the objective being to cure the patient, not to make a parade, to myself or others, of my knowledge, scientific or otherwise, of his disease.

I was so engaged in September, 1842, when I met the first case of uterine schirrus I had been called to treat homœopathically. I found this condition of the cervix uteri, when called to arrest a threatened miscarriage, at about the fourth month of pregnancy. This was not effected, because of the extensive diseased condition of the cervix and lower portion of the uterus, which rendered the development of the organ requisite to accommodate the increasing growth of its living contents impossible. The next call was to arrest a formidable hæmorrhage. This was successfully accomplished, as was that of each of the series of floodings which ended, as was inevitable, the life of the patient. The floodings had not only been arrested promptly, but the pain usually incident to uterine cancer had been so controlled that after the death of the patient the question of diagnosis of cancer was raised by the surviving friends, who were assured by practitioners of old physic that "such a thing as cancer without pain was never heard of." Being so instructed by those who claimed to be of authority in the case, these friends called for a post-mortem examination, and were told this would at once be performed. When I called at the late residence of the patient for this duty, I found myself face to face with no less than *six* old school doctors, and among them the aged and gentlemanly Nestor of old physic, in Providence, who had by his years and learning come to the position of ultimate appeal in mooted questions in his school.

The manner of those who were younger in this half dozen, when we met, was quite peculiar, and there was no attempt at a concealment of it. It was on the verge of the hilarious. They seemed quite satisfied with the hole they

had dug and into which they had come prepared to put the young doctor and his Homœopathy and bury both out of sight. I was then alone in the practice of Homœopathy in Providence. I proceeded at once to remove the uterus and present it first to the Nestor and then to each of the other doctors. Its disorganization by diseased process, and the name of that process, were too apparent to admit of question, even by those who had come to witness the confusion of one whom they expected to see humbled and degraded. They only found themselves in the hole they had digged."

The next communication is from J. T. Kent, M. D., of Philadelphia.

"What can be more astonishing than that professed homœopathic physicians should deny the efficacy of their own remedies?"

What greater evidence can the public ask of ignorance of the system they profess to make use of to cure the sick?

It has been known to many witnesses that I have not needed anything but homœopathic remedies in incurables.

I have been giving unusual attention to incurables, in private and hospital practice, where cancer and phthisis have fallen to me to watch to the last; where the horrible pains have been present, where morphine had, in other hands, entirely failed, and in all cases has the homœopathic remedy, when properly selected, been all that was needed.

Argument will fail to convince some physicians, for the reason that they cannot cure and they cannot be made to believe that any one else can. They do not know how to palliate and they do not believe that any one else knows. If they cannot cure, how, then, can they be expected to palliate or *vice versa*. You may freely say that for years I have offered to show that the severest sufferings from phthisis and cancer, can be subdued with potentized homœopathic remedies. You may say that my students all do it, and say openly that we do not need anodynes. They are as follows: Dr. Tomhagen, of Sloan's Valley, Ky.; Dr. Miller, 17 Berkley Terrace, Glasgow, Scotland; Dr. Gundlach, Spokane Falls, W. T.; Dr. Reed, 2309 Washington

Ave., St. Louis, Mo., also the three lady physicians, Drs. Jennie Medley, E. P. Marshall and Mary A. Sargant. The latter three are in the hospital under my supervision, and I know that they could not hold their places unless they know all this. Let any man select cases of cancer or phthisis and bring them to the Woman's Homœopathic Hospital, and bring his own judges, and we will teach him to palliate the most painful cases with the indicated remedy. We challenge the world to this very test. I might report cases and they would not be accepted, but here is the hospital that treats these cases and here is the place to see it done. We have now many cases of phthisis and some of cancer. A patient under my care who is being cured of a fibroid of the uterus, a tumor as large as her head, and she (the patient) is returning to health.

It is astonishing that physicians will not listen to men who know how to cure. I offer the wards of our hospital, to show the work, and our work will sustain the position of the physicians in Rochester that have resigned. The post-graduate pupils under my tutelage have been trained in the art of healing, and I will guarantee that each one of them can do this work. If this be true, what a pity it is for the professed Homœopaths of your city to claim anodynes as needed means of relief.

Be sure to make this point emphatic, that I make, viz: I do not select my remedy any differently in curable and incurable cases. I am firmly convinced that a doctor who cannot select medicines closely enough to palliate an incurable, cannot select medicine closely enough to cure curable cases, and he should be trusted in no class of cases. The homœopathic physician does not know that his cases are incurable, and he selects the remedy, and that remedy palliates the sufferings of the patient in incurable cases and cures the patient in curable ones. The physician is a Homœopath or he is not.

The next is from one, of whose attainments and methods we have reason to be acquainted, I refer to the Father of Homœopathy in this city, J. A. Biegler, M. D. He says "I am thankful to your committee for accepting the duty

assigned you by the Rochester Hahnemannian Society, of submitting to the consideration of the practitioners, and of the laity, the questions embodied in your letter. It is an important and timely step, taken at a time when there is a recovery from a state of confusion into which Homœopathy has been placed, consequently misunderstood and nearly extinct, through the acts of pretenders who are in a large majority in the ranks of its practitioners. To justify themselves for the confusion they have created, they resort to further deception, by declaring that the difference between the true practitioner and themselves is only on a question of the potency of the drug used in practice. As a fact the practice of Homœopathy is not based on the potency of drugs, and the true practitioner of that art has for his range in practice, the potencies from the lowest to the highest, it becomes necessary to make plain the real difference, in order that this deception may be appreciated. The real difference between Homœopathists and the pretenders to that art, is that the former are guided, in the selection of the remedy, by the law of cure, and as this law is all-sufficient in all cases and under all circumstances to provide for the relief of suffering, even in the incurable cases, and as it gives support to the end of life as no other means can do, he never resorts to means outside of this beneficent provision. The latter class pretend to do this, but the fact that this pretension is not true is so notorious that it is only necessary to revert to their practice and to their declarations in the privacy of their own meetings and of those made in the journals which represent them, to effectually establish its falsity.

Two facts are here presented. The first, that the true Homœopathist faithfully conforms to the requirements of this law in practice. Second, that those who are pretenders do not conform to it. These two facts are already established in the minds of the people, who have had experience with the treatment of one or the other, or it may be of both. The ordinary practice of these pretenders is in direct opposition to the principles of Homœopathy as given in the *Organon* of Samuel Hahnemann. But then the Orga-

non is almost an unknown book to these false practitioners so much so that it is perfectly safe to say that it would be difficult to find one of that class who had ever seen it, much less ever read it. Its very name strikes those who know anything of it, with the terror exhibited by Mephistopheles, when he heard the heavenly tones of the cathedral chimes.

On the question, "Is the Homœopathic remedy always sufficient to relieve suffering in incurable cases?" I answer yes, with certainty if the practitioner be not so light-minded as to ignore the law and the welfare of the patient. It is however, easier for him to evade his duty than to perform it. What I say here is said openly and I will further say that there are too many witnesses of its truth and none who can controvert it, among those who have had experience in my practice in the past ten or fifteen years. Numbers of cases could be cited by all true practitioners to illustrate the beneficent office of this law of Him whom no name can worthily designate.

I here give one illustration bearing on the question: it is of a case and one on which professed Homœopaths make a stand to justify their departure in practice, claiming that their duty to incurable suffering patients demands it. It is the case of a lady who was well-known and highly esteemed in this community and the facts in regard to her case are also well known.

The disease was uterine cancer, involving the vagina, which was in a honey-comb state. She had suffered, as such cases do, a lingering death. Under the palliative treatment, of cocaine, chloroform liniment, etc., she scarcely experienced an hour of relief from agony during the several months she was under that treatment. She was brought here from her home in New York, with the apprehension on the part of her attending physicians, and of her friends, that she would die on the way. With her came a basketful of preparations, of the various strengths of cocaine and mixtures of liniment, provided by the attending physicians. In this, her last stage of suffering, all palliative treatment of the above description was discarded from the next day after her arrival and the indicated remedy only given. She lived nearly two months after her arrival with

comparatively little suffering, and with such relief as to enable her to devote hours in finishing a piece of memorial work to which her loving heart had long been devoted. She died without suffering and in keeping with the repose of a gentle sleep, to the consolation of her friends, whose gratitude was expressed to the author of this beneficent law; which is not regarded by some well-meaning and honest men among the professed Homœopathists, because their opportunities in their medical studies, in the so-called homœopathic colleges, have not afforded them a knowledge of it, or of the principles which emanate from it as given by the master in his *Organon*, and which is daily being defiled by a class who 'wear the livery of heaven to serve the devil, etc.'

The following is from W. A. Hawley, M. D., of Syracuse: "I am heartily glad of the step recently taken by the real Homœopathists of Rochester, in separating from the mass of physicians, who, while assuming the name of Homœopathists continually, in practice, deny and transgress its law—the law of the curative relation of drugs to human ailment. They professed to believe this law, but claim its inadequacy to afford relief to the hopelessly sick, that it has no power to smooth the way down into the 'valley of the shadow of death,' and therefore they must forsake their principles at this trying hour and resort to the questionable methods of the so-called 'regular' school of medicine. That which will cure cannot afford relief! What absurdity! You ask my experience. It is simply this: I abandoned the methods of the regulars (?) thirty-five years ago, and never since have I in one single instance had occasion to resort to other than homœopathic remedies to relieve the sufferings of the dying. I will give you a few marked cases:

CASE I.—In the winter of 1865-'66, Mary B——, aged about nineteen, was sick and dying of phtthisis pulmonalis. Three or four days before the end she experienced a marked aggravation of the cough which became almost constant. Her parents and attendants became clamorous for an anodyne to alleviate. I selected the remedy and gave it in the thirtieth potency, but so urgent were the family for something more, that I consented to allow them to send for morphia. Before the drug could be obtained, the remedy that I had exhibited had produced such complete relief that she could not be induced to take the morphia

powders, and they remained on the mantel after my patient had peacefully passed away.

CASE II.—In the autumn of 1870 Mrs. F. C. was dying of consumption. She had been troubled with sleeplessness for some days, until the patient and her sisters, one of whom was an electric physician, became very anxious that she should receive a dose of choral. I declined to give it. Against my advice they obtained and gave it. The next morning her first words were, "Oh! doctor, I have been in heaven all night." She had taken one dose of chloral which produced stupefaction speedily. The next night she did not take it and did not sleep—on the following night she took it, and, not sleeping, took a second dose, but without sleep. In the morning she said, "Doctor I have been in hell all night." I never saw so nervous a person as she then was and continued to be until she died. The drug, choral, remained as a perfect bar to the indicated remedy and she would take no more old school drugs although urged to do so by her sisters and others.

CASE III.—From 1865 to 1876 I had a patient, an old lady, suffering from cancer of the breast. During these eleven years the pains and the hæmorrhage incident to this condition were readily controlled by the indicated remedy, even to the hour of her death. For all these pains she got no medicine lower than the thirtieth potency and often the two hundredth. Her death was painless and peaceful. At about the time of her death it was my sad experience to see the sufferings and death of a friend from cancer of the womb, under the so-called regular (?) treatment. I can truly say that again and again I saw her suffer more in one hour than did my patient during the whole eleven years. Her agonies were horrible, and largely the result of drugs. Her last intelligible words were, "If you know of anyone suffering from cancer, tell them not to take morphine."

CASE IV.—Miss A. F. C., aged 40, was under my care from spring until late October, 1878. The disease was scirrhus of the breast extending into the lungs with death from hydrothorax, as was demonstrated by an autopsy. She suffered often from the characteristic pains, but was always soon relieved by the indicated remedy. Her death was as peaceful as possible and was unaccompanied by a single struggle, as I stood by her side and saw her expire.

CASE 5.—During the past autumn I lost an old client and friend, who died, as I believe, from a malignant tumor in the abdomen, although no autopsy was allowed.

Some three weeks before he died he asked me to give

him something to make him "sleep right out." I replied, "Why, my good fellow, you do not want to go off without your head, do you?" He thought a moment and answered, "No," with emphasis. I said, "I will not make you drunk, but I will let you down so quietly and easily that you will scarcely know you are going," and I did it. Ten or twelve days before the end he had paroxysms of difficult breathing when he must have windows and doors open and be fanned very briskly. Any Homœopath will name the drug indicated. Half an hour before he expired he called for this remedy and got immediate relief, even in the midst of death. What else could be expected of a drug which cures those conditions in curable cases, but relief in any case?

The next is the reply of Clarence William Butler M. D.
* * * While I can assure you that my information is correct and my custom is to treat all classes of cases by the use of the homœopathic remedy unaided by drug adjuvants. I have "fallen from grace" lately under peculiarly trying circumstances and I send you a record of the case. I know, no one better, how incomplete must have been my knowledge not to have relieved my patient with the homœopathic remedy. I tried faithfully for twenty-four hours, but did not find it. The rest of the story the report will tell without "notes" from me in this place. Enough that it was my first lapse from what I consider correct treatment, for some years, and the experience will not make me crave the "flesh-pots of Egypt" for some time to come.

In regard to my custom, in practice, of rejecting the palliative drugs and measure of the old school, it may not be out of place to say a few words. I know of no *a priori* reason for not expecting the curative drug—the homœopathic—to be also the palliative. Indeed in those cases recognized by skilled and conscientious medical men as self-limiting or necessary fatal (e. g., renal colic as an instance of the first class and phthisis or cancer of the other) where pain is one of the symptoms and that one which is most severe, and seemingly requires the most immediate attention. I used to have a theory in common with many others, that the use of palliatives was not only common humanity and good practice but often an absolute necessity. The reason that I now reject these agents in practice, is that I have

learned by careful experimentation — I know from personal observation that the homœopathic remedy reduces the aggregate of suffering to the minimum.

The theory of any man is of no value, the experience of any man is valuable, in just so much as he is skilled to observe and faithful to experiment. Thus when experiment had shown me that even I could reduce the aggregate of suffering without these adjuvants, I had but one course to pursue. We must never forget that Homœopathy faithfully applied is continually reducing the number of incurable diseases, and in such cases, when we have the testimony of many men, that a larger measure of relief may be afforded by their treatment homœopathically, we must ever give the patient even the remotest chance of ultimate recovery.

Eight years ago I was called to see a case of cancer, scirrhus, of the breast. It was so diagnosed by my predecessor in the case, by a consulting physician and by myself. An operation, removal of the breast, was advised. The consulting physician frankly said, that an early operation would probably prolong life only (and even that was not positive), and would palliate, in that for sometime after the removal of the tumor, there would be no pain. I demurred, and with the concurrence of my patient commenced to treat her for such conditions as presented themselves from time to time. Many remedies were used for varying conditions during the next four years, always the single remedy, and always stopping medication during any improvement in general conditions. * * * * Result; the woman is well and has been for more than three years. I wish you and your *confreres* all success in the good work you have undertaken. If the enclosed record, of my ignorance and error, can aid any one of you, to avoid a similar mistake and painful experience, I shall be glad I have reported it — although I hesitated long before concluding to do so — having none of Dogberry's ambition, "to be writ down an ass."

Dr. Butler's reported case is highly instructive and is as follows:

"Miss M. W., of light complexion, small and spare, has inherited together with the tubercular diathesis (both of her parents having died of consumption), an excessively nervous temperament and a willful ungovernable disposition, which has been made worse by lack of early, healthful discipline. She is now in the last stages of consumption. For several years she had taken powerful purgatives, from time to time, her bowels never moving without such *stimuli*. In October her bowels, which had become much better under remedies suited to her general condition, became obstinately constipated, not moving at all for ten days. She was comfortable, however, and no special prescription for this condition was made. But, from long continued belief, that constipation was "the unpardonable sin" she was not satisfied "to leave well enough alone," and insisted upon having something administered which should purge her. Of course I declined to accede to her wishes and gave the nurse strict orders that no such measures be resorted to. This provoked a most pronounced opposition on her part, which culminated in about twenty-four hours in a violent attack of hysteria. She insisted that she suffered the tortures of the lost, from abdominal and rectal pains, and by her violent screams made everyone in the house uncomfortable. It so happened she was in a boarding house, where, among others, a sick person resided. The shrieks of my patient made this person worse and my endeavors to control her nervousness were only partially successful. Did you ever treat a nervous patient in a boarding house where at least half of the boarders were violently opposed to your school of medicine, and the other half confident that they knew more about medical treatment in your "pathy" than you did? Between the scepticism of the one half and the kindly (?) advice of the other, my patient's grandmother, the only near relative she had, was nearly as hysterical as the patient. She therefore begged me to do something—anything to relieve her suffering. The invalid, before mentioned, told me (by messenger) I must do something or she would die. The boarders, according to their dispositions, were sympathetic or ugly, over the noises and disturbance.

Now I do not think I am lacking in that determination and firmness which is so necessary a part of a doctor's character, but here was a case where, if ever, an anodyne was needed. The case was incurable, the necessity for relief urgent, the surroundings almost imperative. Was not my patient losing more vitality, from her present condition, than she could from the administration of a drug, which would, at least, produce surcease of all her suffer-

ings? She received a dose of morphia. A more pleasant effect I have never seen from this drug; quiet and sleep followed the manifestations of the preceding hours; the patient was blissful, the boarders appeased, the grandmother tearfully grateful. I have never regretted giving that dose of morphia but once — and that is ever since I gave it. After several hours' sleep, my patient awoke, feeling exhausted and faint, but no food could be suggested which she would take. She had no nausea, but a disgust for food prevented her taking even a swallow of milk. Uncomfortable and unhappy, she wanted another dose of the anodyne—nothing else would relieve her; nothing else would she take, for she

“On honey-dew had fed,
And drank the milk of Paradise.”

Her appearance was ghastly, her skin moist and cold, and her face bloodless; the pulse small and weak, the heart's action feeble and occasionally intermittent, still she screamed for the morphine — “that better medicine.” It is needless to say she didn't get it, in view of her condition, and it is impossible to adequately describe the struggle of the following month, for it took no less than that time to undo the mistake of that night. It would require a volume to record the varying symptoms presented during that time, but briefly her general condition may be stated as follows: Before this well-nigh “fatal error” her appetite had been very good for her condition; after it, she had absolutely none. Before, her strength, while gradually waning, had not been accompanied by a commensurate sensation of weakness; after, the sense of exhaustion was extreme and terribly distressing. Before, she had been cheerful and hopeful; after, she was depressed and hopeless, sad and tearful. Before, she looked forward to that time when she would be well again; after, to that time when she would be “out of the way.” Before, her sleep had been peaceful, although she had slept in short naps only; after, her sleep was full of dreams and she invariably awoke exhausted. Before, she did not have night sweats; for a month after she always had exhausting sweats when sleeping. Of course her constipation was more obstinate, with no relief of the mental anxiety over this condition and, indeed, with no little physical suffering from it.

Persistent, honest work has made her again comfortable, and she is now surely and steadily going down to the dark river with almost no pain and comparatively little suffering — even from the nervousness which has, all her life been her *bete noir*.

Dr. B. L. B. Baylies, M. D., of Brooklyn, writes: "The homœopathic simillimum has, in my practice, always relieved the sufferings of those dying of cancer, of phthisis and other protracted and painful diseases, and the dynamic power of the higher potencies has often astonished me by its rapidity and successful operation."

From W. P. Wesselhœft, M. D., Boston, we have this to present: "In answer to yours of the 24th of December, I wish to make the statement that I never use other methods than those strictly in accordance with the law of similars "to relieve pain" or other agonies.

During a practice of thirty-five years, I have become more firmly convinced, from year to year, that the homœopathically indicated remedy, is in all respects, the best, to give the patient the most relief, whether in the agonies of death or during the course of an incurable disease. The elimination of this remedy, is not always an easy task, but the labor spent in its discovery is much more satisfactory than the resort to the usual means, of stupefying the patient by poisonous doses of drugs allopathically indicated. One of the most painful cases of disease, coming under my notice, was one occasioned by an embolus in the femoral artery of a lady, aged seventy-five. The symptoms, at first, pointed strongly to *Secale*, which was given without relief, for several hours. *Arsenicum* also failed, even after the aversion to external covering of the part, had given place to a desire to have the limb covered. *Cantharis*, however, cured the pain in a few hours, and the limb remained absolutely painless for nineteen days, during which time the limb mummified, and a distinct line of demarcation formed below the middle thigh. Amputation was performed on the twenty-first day, after the formation of the embolus. The patient is still living and in good health, now in her eighty-sixth year. Can we not, with justice, ask, what would have been the result of this operation, after three weeks of drugging with opium?"

W. S. Gee, M. D., of Chicago, has this to say: "While I am in full sympathy with you, I question whether the good to be obtained, by any array of statements, will

pay for the pains taken. Our willful doubters will not believe and act upon it. Life is too short and "though one were to rise from the dead" they would not believe. Go on. We sometimes question whether "the right will prevail," but perhaps we are too anxious for speedy results.

From E. B. Nash, M. D., Cortland, N. Y., comes the following: "After twenty-five years of honest experimenting, I am firmly convinced that the best remedy to produce euthansia is the homœopathically indicated one. I used in my earlier practice, to resort to morphine, when I was satisfied that my patient must die and I wished, or the patient wished me, to ease him or her down to death. For a few doses they often suffered less pain and expressed great satisfaction and gratitude for the relief. But if they lived any length of time, I found that the morphia, not only failed to secure the relief from suffering that it did at first, but invariably seemed to add greatly to it. In many cases. I have had patients beg me not to give them any more morphine, because they suffered more with than without it. It is a delusion and a snare. It is a moment's pleasure for an hour of pain. Even with my years of experience, it is very often difficult to select the true remedy, but when once selected and applied, I have not only seen the desired relief brought about in fatal cases, but wonderful cures wrought in cases, which from any human standpoint seemed absolutely incurable. I am sure that many lives that might have been saved, or greatly prolonged, have been lost or shortened by allopathic measures for producing an easy death."

From across the continent come these words of cheer and encouragement, written by A. McNeil, M. D., of San Francisco:

* * * * "In moribund cases my experience is that the remedy indicated by the totality of the symptoms, is amply sufficient to avert suffering. The remedy will give relief generally for a shorter time than in curable cases, but when its action is exhausted, if the same remedy remains indicated, it will continue to afford relief if given in a higher potency. When in a serious case the adminis-

tered remedy only relieves the pain, without producing a fundamental improvement, I consider it ominous, and often find the case incurable. I cordially endorse the action of the members of the Rochester Hahnemannian Society in withdrawing from the County Society. When there is no further prospect of enlightening the poly-paths, then further intercession in societies is folly."

H. C. Allen, M. D., editor of the *Medical Advance*, sends a few words of God speed:

"In my practice I have no use for allopathic palliatives, even in incurable cases. The similar remedy is much more efficacious in the alleviation of pain in incurable sicknesses and leaves no drug effects, often much more troublesome than the original affection, behind it. You have my hearty sympathy in your fight for the right. Go on; it is only a question of time. You are on the side of truth, which, in its conflict with error, has been, and ever will be, triumphant."

G. W. Sherbino, M. D., of Abilene, Texas, says:

"I claim superiority for the indicated remedy in incurable cases, provided the remedy is selected with care and according to the rules of Hahnemann. Any other treatment than this is not homœopathic, and the sooner the public understands this, so they can distinguish the true from the false, the better for the public."

James B. Bell, M. D., of Boston, writes: "I have no difficulty in treating all cases of acute pain without narcotics."

S. Seward, M. D., of Syracuse N. Y.: "I have depended entirely upon the carefully selected simillimum, to relieve the pain of the sick and dying, for the past thirty years, and have, under no circumstances, used anything else."

We will close the communications with one from George H. Clark, M. D., of Philadelphia:

"I am heartily at one with you and the other Hahnemannians. To the question you ask in regard to the suffering of incurables: I answer—any one who has had experience in honestly applying the homœopathic law, can positively answer—yes. Not only this: If he has seen

anything of the use of palliatives, as advocated by many so-called Homœopathists, he will not hesitate to compare results. For the result of palliation in the form of powerful drugs, is almost invariably followed by an aggravation of the pain and other symptoms present, and their continued use will convert a curable into an incurable condition.

A practice of over sixteen years, in which a fair share of representative cases of various diseases has been under my care, including the most painful affections, in not one of which has an anodyne, or narcotic, or soporific, or anything but that demanded by the law of Homœopathy, been used, enables me to reply in the affirmative to your question. The following case will illustrate:

A man, aged 48, has been under the treatment of a so-called Homœopathist for a painful affection which has been diagnosed dyspepsia. After several months' treatment, without benefit, he came under my care. I found the following: Sensation of great fullness on taking a few mouthfuls of food, followed almost immediately by gnawing, burning pains and tenderness in the region of the stomach; great tenderness over the entire abdomen, cannot bear the least pressure; intense sharp pain in the abdomen, constant, but worse in afternoon and evening, with much swelling. Examination revealed a tumor in the region of the cardiac orifice of the stomach. There was great emaciation, occasional vomiting, much mental depression, sleeplessness from pain, obstinate constipation alternating with an occasional soft, acrid stool which aggravated the abdominal pain. Here was unquestionably cancer of the stomach. The symptoms indicating the conditions were so plain, that it was thought astonishing that any one, professing a knowledge of disease could possibly be so myopic as not to be able to make a correct diagnosis.

The prognosis, considering the depressed mental and physical state, and the length of time the disease had been progressing, was of course unfavorable.

The question was to find a remedy to relieve the suffering. No thought was given to other than homœopathic measures, and after a study of the case I began treatment with *Lycopodium*. In a few hours all the symptoms were relieved and the remedy discontinued. After two weeks the patient was able to take appropriate food with less pain than for several months previous. The remedy was continued, when necessary, for two months, and always with

the same result, relief of all painful symptoms. Death came, but the man retained his mental powers to the last, and yet was saved from the distressing conditions, which follow the use of drugs, powerful for harm only.

Compared with cases, in which anodynes are used, I am sure that one need have no fear of trusting to Homœopathy alone for true euthanasia.

MR. PRESIDENT: In the consideration of these communications, the fact should not be forgotten that we are not engaged in a controversy with the older school of medicine. We rather, much as we may differ, recognize their right to use these narcotics in incurables, as it is in accordance with their professions. But what shall be said of the men, who, while claiming the honor of being Hahnemann's truest followers, Anglo-maniac-like, ape the practices they profess to disown, and only conform to the selfish usage of being "all things to all men." "By their works ye shall know them." In examining the statements, in regard to practice, and the reports of relief afforded in incurable diseases, it would seem wonderful that there should be such unanimity of opinion, were the fact forgotten, that these men have been practising medicine according to a law. But when we recall the fact that the law of healing, promulgated by the great Hahnemann, is infallible, then such results, as we have read, are only the ordinary events to be expected. The cases reported, as you will have readily seen, are the most intractable, incurable, and attended by the most excruciating pain, that the medical profession encounters. The results are generally complete palliation and in all, palliation sufficient to allow the patients to attend to their final preparations, for the supreme event in human existence. What a contrast to the results of narcotism! On the one hand, complete possession of all the powers of the intellect; on the other, the faculties of the mind, benumbed and befogged, and even though there be an absence of pain for a time, when the force of the drug is spent, the suffering returns increased in power.

We can give no description of the after effects of Opium so effective as the following words of Coleridge, who wrote

from experience: "Conceive," he says, "a poor, miserable wretch, who for many years has been attempting to beat off pain by a constant recurrence to a vice that reproduces it. Conceive a spirit in hell employed in tracing out for others the road to that heaven from which his crimes exclude him. In short, conceive whatever is most wretched, helpless and hopeless, and you will form as tolerable a notion of my state as it is possible for a good man to have."

Dr. Benjamin Rush, a prominent physician of the old school, has given out this great truth: "To pronounce a disease incurable is often to render it so."

Pure Homœopathy never assumes a case incurable, and until the proper remedy is seen to possess only palliative powers such case will be found a curable one. At the present time there is a case of diabetes (usually called incurable) in this city progressing to complete recovery by the use of the indicated remedy only.

To lessen the number of people addicted to the Opium habit, the chloral habit, or the new cocaine habit, will by the thoughtful be considered a gain to humanity. An advantage accrues to the physician by this method in the confidence which enables him to treat the most painful diseases with the same care he gives painless ones, knowing he runs no risk of cursing his patient with a habit that often proves worse than the original disease.

To the laity we say—lay aside your fears of suffering. The leading men in Homœopathy to-day are, and have been for years, practising in accordance with the discoveries of Hahnemann, and praising God for their powers to help suffering humanity even unto death—

* * * * * "Sustained and soothed
By 'an unalterable law (thou shalt),' approach thy grave,
Like one who wraps the drapery of his couch
About him, and lies down to pleasant dreams."

W. G. BROWNELL, M. D.,
JULIUS G. SCHMITT, M. D., } Committee.
WILL H. BAKER, M. D., }

Materia Medica.

PROVINGS OF ETIOPE MINERAL, JACARANDA AND CAPANAPI.

MR. JOSE M. REYES, BOGOTA, SOUTH AMERICA.

The discoveries of M. Pasteur have a tendency to revive the "Isopatia," and here they have vaccinated with the urine of those who are attacked with the yellow fever, the people in good health, in order to preserve them from the disease, and have succeeded in it. In the hot sections of this country, there are many different kinds of vipers. In the section of Tolima, are several kinds of serpents, which are called "Pudri doras," because they produce gangrene in the "tender parts of the body, with their poison." There are also several kinds, which live in the water but have not as yet been classified by any naturalist, hence I cannot send you the poison that you desire, "snake gall." I only know that the dissolution in alcohol of the "gall bladder" is the best antidote for the bite of any serpent.

One of my pupils made a trial of three remedies, one of which the "Etiopie Mineral" you know. The other two are trees of our hot section of the country. I send you a statement of these trials, and a small quantity of the remedies, so that you can use them and tell me what result they give. The Jacaranda is the best I know of, to cure gonorrhœa and chancroid. The Capanapi is a powerful insecticide and disinfecting remedy. I have used the Etiopie 6x as a preservative against the "paludial fevers." The *Grillus domesticus* which exists in this country in great abundance is a powerful diuretic, and is used with good success for the spasmodic retention of urine. I published the Spanish translation of the Biochemical Treatment, because I have obtained very good results with Mag., phos. 6, Kali phos., Fer. phos., Kali mur. and Nat., mur. 30.

The *Icica Carana*, has a direct action upon the eyes; is a

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good preservative for tumors on the eye lids, and I cured with it a young man who had the cornea conic, by an increase of the watery humor.

EXPERIMENT WITH THE "PROTO SULFURO DE MERCURIO,"
OR ETIOPE MINERAL: MERCURIUS SULFURICUS. HG. L.

November 23rd, 1885. I, José M. Reyes, 20 years of age, took this medicament, which has not been tried, and has been used for typhus fever and as a preservative of epidemic diseases. I took the first trituration during eight days in quantities of a gramme every six hours and only produced diarrhœa of a dark yellow or blackish color, gave me more appetite, weakened me, made me look pale, and produced a pain at the left side of the abdomen above the navel.

December 4th, 1885, I commenced to try the third decimal trituration of the Etiope mineral in doses of half a gramme. I felt more pain than before; this pain diminished by changing the position, and lasts a short time. The diarrhœa also continues of the same color, with three or four evacuations per day, and urination has increased from twice a day, what it was before, to four or five times per day.

Before commencing this experiment I had 66 pulsations per minute, and after, it increased to 84.

The pain at the abdomen is relieved by pressure, it repeated about six times a day, is of a short duration and very seldom do I feel it during the night. It does not get better nor worse by evacuating. I always feel it in the space between the navel and the left hypochondrium. This third trituration I took from the fourth to the twenty-first of December.

January 7th, 1886. I commenced the experiment with the sixth dilution, taking ten drops every six hours, and on that same day I felt during the evening a compressive pain in the throat, whenever I spoke or something passed through it; it produced inflammation of the pharynx, left amygdala, and made me cough.

The uvula was also inflamed.

I took this remedy until the 14th of January, and the inflammation lasted until the 20th, when it disappeared without having taken any antidote.

January 22rd. I tried again the 6th, in order to be sure that the amygdalitis was produced by the medicine, and the throat was again inflamed as before and the diarrhoea also returned.

I have never been very sickly, only have a lichen which is chronic and did not vary with the remedy.

EXPERIMENT WITH THE JACARANDA.

February 2d, 1886. I commenced to take the tincture of *Jacaranda*, prepared from the dried leaves.

I desired to know what was its effects, as it had been very successfully used internally and externally, to cure gonorrhœa, chancroid and ulcerations.

February 2d, 1885. I took twelve drops every six hours, and only felt a pain during the night, between the sacrum and coccyx, and a pollution which perhaps was not produced by the remedy as I am a single man.

February 4th. I took twenty-six drops, and only felt a vertigo when raising my head after stooping; a momentary loss of sight and heaviness in my forehead.

February 5. I took two grammes twice a day, and continued taking the same dose until the 9th without feeling anything in particular, with the exception of loss of memory.

February 10th. I commenced taking five grammes twice a day, and on the 11th I had diarrhoea of a blackish color, which continued until the last of the experiment.

February 13th. I took ten grammes of tincture, increasing the diarrhoea which was of the same character but painless.

From the 13th to the 16th I took ten grammes twice a day, or twenty grammes per twenty-four hours, and the diarrhoea continued, with loss of memory, incapacity to study, and much weakness in the glans penis.

On the 24th I commenced with the 3x potency, taking twelve drops twice a day, and on the 25th I began to feel

pain and irritation in my eyes, which became very red and felt as if I had sand or something strange in them. The pain, weariness, and all the sensations were more noticable in the left eye, and the eye-lids were glued together during the night by the increased secretions; was compelled to wet them in order to open them and clean the blearedness before I could see.

From the 27th I have observed increase in the secretion of the urine, heat in the larynx when reading aloud or when laughing, as well as some small bladders in the pharynx with inflammation of the left amygdala.

I stopped taking the remedy on the 28th, and commenced to feel better until the 2d day of March, when I again commenced to take it, and the irritation came again in my eyes, much worse in the left eye, and my sight began to be weaker.

I also felt during the night pain and weakness in the lumbar vertebræ.

I took the 3d potency from the 2d to the 5th of March. The irritation was worse in the eyes, with abundance of blearedness on the left eye, which I could not open, being more irritated toward the internal canthus.

I stopped taking the medicine on the 5th, and the irritation in the eyes began to disappear, but the diarrhœa continued, and on the 8th I took *Ars. 6x* to stop it, but did not get any better. The evacuations are mulberry colored, with mucosities, without fetidity. I had eight evacuations per day. I took several remedies for the diarrhœa, but of no avail until I took, on the 15th of March, *Merc. 12x*.

EXPERIMENT WITH CAPANAPI.

The tincture was prepared from the dried bark of the tree, which is found near the town of the same name, and the oil of which is used to kill insects and cure gonorrhœa, and ulceration.

May 27th, 1886, I commenced to take the 3d potency, 10 drops every six hours, and as it did not produce any result, although I took it until the 31st, on the 1st day of June I

Spig.—Back, cold, extending from back to umbilical region.

Rhus.—Back, cold in spots.

Paris.—Under the heading of Cold, I find the symptom “Cold in Spots.”

Vesp.—Cold, wave-like.

Asar., Cinch.—Cold as from a cool wind.

Glou.—Coldness in the whole spinal column.

Hæmatox.—Coldness between the shoulders.

Lachn.—Coldness between the shoulders, like ice.

IX. *Vertigo when urinating and at no other time, occurring in a case of valvular cardiac disease.*

Hyper.—Has vertigo during an urging to micturition.

X. *Eyes feel as if they set out on the ends of wires.*

Tril.—As if the eyes would fall from their sockets.

Nat. c.—As if the eyes were pulled out.

Bell.—As if the eyes were pulled out, and slowly increased to such an extent that I was obliged to go to bed. I could not walk, as it just seemed as if I was going to lose my head.

The pain commenced at the top of my head and extended to the frontal region and base of the nose in such a way that I could not touch it.

The pain was a pulsating, or beating, principally in the temples, where the temporal arteries beat hard.

At 3 P. M. I rubbed myself with Florida water and smelled camphorated liniment to relieve the pain, soon feeling better, and then could eat with good appetite.

Afterwards, being quiet, I only felt the beating of the temples, but on moving the pain returned again in the forehead.

At 9 P. M. I went to bed, lying on my back, when the pain passed to occiput and lasted two hours. After that I slept well until next morning, when I got up with the head very painful and my mind perplexed. The blisters also increased during the night, but on the following days began to disappear, so that on the 1st of July I was perfectly well.

[We are indebted to Dr. Swan for these provings.—ED.]

pain and irritation in my eyes, which became very red and felt as if I had sand or something strange in them. The pain, weariness, and all the sensations were more noticeable in the left eye, and the eye-lids were glued together during the night by the increased secretions; was compelled to wet them in order to open them and clean the blearedness before I could see.

From the 27th I have observed increase in the secretion of the urine, heat in the larynx when reading aloud or when laughing, as well as some small bladders in the pharynx with inflammation of the left amygdala.

I stopped taking the remedy on the 28th, and commenced to feel better until the 2d day of March, when I again commenced to take it, and the irritation came again in my eyes, much worse in the left eye, and my sight began to be

and the ringing continued.

away, sometimes in one ear and sometimes in the other.

The remedies having somewhat similar symptoms are:

Berb.—Ringing beginning deep and becoming higher.

Merc. sol.—Ringing as from high sounding glasses.

Ailan., Phos.—Ringing like music.

Sulph. ac., Col.—Roaring, rhythmical.

Baryt. c.—Sound like sounding board, when breathing.

Carbo v.—Dull vibration; ringing in ears.

Can. s.—Like the string of an instrument.

Lyc., Merc. c.—Whirring.

Lact.—Whirring, evening in bed.

Sal. ac.—Sounds like music.

Puls.—Evening on lying down.

Agar.—Humming like a spinning wheel.

Chel.—Sound like the whizzing of wind.

VIII. *Cold circular spots about the size of a silver half dollar, along the back and in the epigastrium. "Puffs of air" sensation over various parts of the body, where covered.*

The patient was a female, a teacher aged thirty years, suffering from neurasthenia.

The remedies corresponding are:

Spig.—Back, cold, extending from back to umbilical region.

Rhus.—Back, cold in spots.

Paris.—Under the heading of Cold, I find the symptom “Cold in Spots.”

Vesp.—Cold, wave-like.

Asar., Cinch.—Cold as from a cool wind.

Glou.—Coldness in the whole spinal column.

Hæmatox.—Coldness between the shoulders.

Lachn.—Coldness between the shoulders, like ice.

IX. *Vertigo when urinating and at no other time, occurring in a case of valvular cardiac disease.*

Hyper.—Has vertigo during an urging to micturition.

X. *Eyes feel as if they set out on the ends of wires.*

Tril.—As if the eyes would fall from their sockets.

Nat. c.—As if the eyes were pulled out.

Bell.—As if the eyes were starting from their sockets.

XI. *Smarting at the roots of the hair; membrana tympani feel puffed out.*

Acon.—The roots of hair are felt.

Sep.—Has sensitiveness of roots of hair; worse in evening; from contact with cold north wind; when lying on the painful side, and it also has a burning after scratching.

Caps.—Sensation as if the blood rushed to the roots of the hair; like pepper upon the tongue; fullness of the ears.

Bell., Kali iod., Laur., Nit. ac.—Have the sensation of distension in the ears.

XII. *Pain in the parietal region of the head, with waves of pain running out from the head to every part of the body.*

Fagop.—Surging sensation in the head.

Rhus.—Pulsating sensation in the head.

Graph. and Laur.—Shocks through the head.

Natr. s.—Electric shocks through the head.

Pod.—Sudden shocks of pain.

Zinc.—Aching, raging like beating of waters, in the evening in the sides of the head.

Sep.—A surging sensation like waves rolling up and down the forehead.

XIII. *Violent headache that comes and goes like waves. It comes in a wave and seems to engulf her; a nervous sensation then runs all over her, then it recedes and she is easy for a moment or two, then the wave-like headache returns. There is no throbbing, the face is not flushed, but is rather pale and the head is not hot. Evening headache.*

Hip.—Undulating morning headaches.

Sulph.—Undulating evening headache.

XIV. *Unable to recognize objects at a distance for a moment or two, especially after looking a while at near objects. Cannot concentrate his thoughts; cannot remember anything he reads or counts up, such as a column of figures.*

Pic. ac.—Can only see clearly at five inches from the eye.

Natr. s.—Vision impaired for distant objects.

Amm.—Forgetfulness, makes mistakes in writing and reading.

Alum.—Great weakness of memory and inability to think coherently.

Kreos.—Weakness of memory.

Fluor. ac.—Forgetfulness of dates and of his common employment; peculiar disposition; aversion to his best friends.

Anac.—Forgetfulness.

LACHESIS.—*Tonsilitis*: Left side; choking when drinking; fluids are returned through the nose; worse in afternoon, after sleep, the slightest touch; cannot bear bed clothes near neck. In quinsy there is no remedy so often effective in breaking up the attack at its inception, nor in promoting restoration in its later stages.—HERING.

IN the cures resulting from alternation of Nux and Sulphur, where each used separately, failed, the explanation is that the remedies were complementary and it was to this action that the cure was due.—HERING.

Gynecology.

MR. LAWSON TAIT AND HIS METHODS.

THOMAS M. DILLINGHAM, M. D., NEW YORK, EDITOR.

Mr. Lawson Tait, the most successful surgeon of the day, is of the utmost interest to the true followers of Hahnemann, for reasons well known to the readers of the *ADVANCE*. In this, but especially in a following paper, I shall endeavor to bring the reasons for this interest in Mr. Tait more clearly before the profession. It is true he has no sympathy whatever with Homœopathy, but his lines of reasoning and the remarkable results of his clean, simple and beautiful work, are in full accordance with the teachings of Hahnemann, and have given me great encouragement as a Hahnemannian. Having enjoyed most delightful professional and personal relations during three months of the past year with Mr. Tait, I shall devote this paper to a brief account of the man and portions only of his work. I fully recognize the difficulty of doing the great surgeon justice and hold myself responsible for any statements I may make or impressions I may give that are not in accord with what he may have written or may be writing at the present time.

As a man and a surgeon, Mr. Tait no more hesitates to change his methods and opinions than his clothing, if he sees good and sufficient reasons for so doing. This is well illustrated by the thorough manner in which he tried Listerism and discarded it. His object in life is success; to cure the greatest number of patients in the simplest and quickest way. A close observer, he learns from rivals as well as from friends, and sacrifices friends and foes alike, or even his own hobbies, if they stand between him and the safety of those who trust their lives in his hands.

He is a thorough business man. Everything about him moves like clock-work, and his simple, systematic life has

enabled him at the age of forty-two, to have his great natural talents perfectly in hand. This is a part of the secret of his occupying the most eminent position in the field of surgery.

His whole soul is in his work; and while he is a most prominent and useful citizen, an active liberal in politics, anything which interferes or might interfere, with his professional duties, is unceremoniously cast aside. It matters not whether this disturbing element be friend or foe, native or foreigner. No man has been more misjudged, on that account, than Mr. Tait, by some of our countrymen, and my personal experience with him convinces me that several reports have been mischievously and willfully untrue. To see Listerism completely unhorsed and thrown in the mud where it belongs, was more than their weak human nature could stand. They apparently felt that the salvation of *their only idea*, justified any means, fair or foul, they could lay their hands on: hence this froth and foam and mischievous misrepresentation.

After much experience and observation in Vienna, Leipzig, Halle, Berlin, London, and other places, it seemed very remarkable to find in Birmingham, a man with a clinic larger than any other similar hospital clinic, making a far greater number of operations, and with a per cent. of recoveries which so astonishes the world, that it is deemed best by a few blind egotists to give him the lie. It is possible that I saw what I wanted to see — we are all inclined that way — but I know a live patient from a dead one and have had some experience and observation. I assisted Mr. Tait in more than a hundred operations. I do not wish it understood that Mr. Tait's success leads me to advocate more surgery and less Homœopathy, for I advocate exactly the contrary, and base my reasons very largely on what I saw with Mr. Tait, as well as what I know of Homœopathy.

Mr. Tait has two hospitals under his special direction. His private establishment at No. 7, the Crescent, is in the very centre of Birmingham, surrounded by smoking chimneys, and but a few feet above the canal. Here are three

old houses, one charmingly fitted up as his residence, and the other two, with very little alteration, used as a hospital. There are over thirty rooms. Convalescents are sometimes placed two or three in a room; but all new cases have a room to themselves and a special nurse for the first week or as long as may be required.

The "Spark Hill," or "Women's Hospitals," is three miles from the city and charmingly situated on high land, where the perfections of drainage and the purest air can be easily obtained.

There is the greatest possible difference in the locations, constructions and interior arrangements of the two establishments. The people who are calling loudly for well situated and properly constructed hospitals, would be perfectly satisfied with all the arrangements at "Spark Hill," and those who cry "danger" from old buildings, unpleasant surroundings and smoky air, would turn up their anti-septic noses at the "Crescent," situated as it is in the very heart of the great manufacturing city of Birmingham—and constructed of houses, long since of little market value on account of their location.

In spite of all this difference, and it is very great, the results are the same. Mr. Tait told me he desired all this, to ascertain, if possible, the difference in mortality, if any, on account of location.

"Spark Hill" hospital receives charity patients only, while all the private patients and many free, go into the "Crescent" wards and, as we well know, come out alive and well; minus less than six per cent., just as they come from "Spark Hill."

Now, all this is the result of clean surgery. In neither hospital can you detect the slightest odor of any so-called antiseptic, as such methods of treatment are never resorted to by Mr. Tait.

The water in the instrument pans is simply clean water as it comes from the faucet. The water for cleaning the sponges is the same, and that used for irrigating the abdominal cavity, after severe operations, is the same. If

it comes from the boiler too hot for me to use, it is cooled with water from the ordinary house faucet.

Patients come to the hospital in the evening and are operated on in the morning without any so-called preparations.

There is no better way of stating his "modus operandi," than by describing briefly a simple case, from the preparations of the room to Mr. Tait's leaving after the operation.

The anæsthetic is given always by Miss Clark, a most intelligent woman, and a graduate of a Swiss university. She has a large practice in Birmingham. Three afternoons in the week she holds the clinic in Upper Priory Street, where most of the charity cases come from. Mr. Tait is supposed to be there twice a week, other men filling the balance of the time. The most difficult cases go to the "Crescent," as they are more conveniently attended to by Mr. Tait than those at "Spark Hill." There are no operating rooms in either hospital. Everything takes place in the room assigned when the patient entered. Preparations are made in the hall near the room for the operation, and after the patient is fully under the anæsthetic, two or three nurses quickly and quietly place them in the room. Mr. Tait is notified that all is ready. He enters the room in his brisk, quiet way, removes his coat and dons an apron that is much the worse for wear, scrubs his hands with soap and clean water, looks at his nails, which are cut to the quick, and takes his position by the patient. For the first time, he now looked about the room. If all is right, he quietly proceeds; if things are not as they should be, there is lively hustling, after which perfect quiet is restored.

The abdomen is exposed. Its surface about the region of incision quickly wiped with a sponge from a pan of clean water. No soap, no preparations of Carbolic acid, nor per cents. of Mercury; no tonsorial flourishes; no oratorical remarks over the myriads of hungry and deadly infusoria in the Birmingham water. A short incision is made with a stubby knife by a short fat hand. Quickly, but with great care, the peritoneum is exposed — lifted

with forceps and a very small opening made, into which a finger, two inches long and one inch in diameter, is inserted. If there are no adhesions, it is soon withdrawn, followed apparently by an appendage. If the adhesions are strong, great beads of perspiration start from his forehead, and after the fat finger of the right hand relieved by that of the left, frequently an artery forcep is passed by the side of the finger, and a short appendage held in place while the needle is passed and the "Staffordshire knot" quickly tied. If either appendage is normal, it is usually left and the wound closed. A light dressing of unmedicated cotton is placed over it and secured in the customary manner by the nurses.

When the adhesions are strong and numerous, and attended with much hæmorrhage, a glass drainage tube is inserted and secured between the stitches; the same simple dressing being used in all cases by the nurses. Such a case is one of Mr. Tait's "removal of appendages" of which I will speak later.

When removed they are carefully preserved and examined by a skillful microscopist and pathologist, Mr. Teichelman, and who at the present time is Mr. Tait's assistant.

No medicated gauze, or rubber tissue, is placed over the wound; no iodoform sprinkled about, after the manner of the young girl who spends her precious time decorating your beer-bottles and extracts of beef jars with glittering sand. Nothing but clean, simple work by a perfect mechanic; a man of clear convictions and the courage to put them to any and every test that seems reasonable to him or are likely to decrease his percentage of mortality. This operation may have occupied ten minutes or five. No one is allowed to hold the watch. Mr. Tait refuses to "work a race." The next patient is now looked after; all preparations having been made by another set of nurses. It may be another simple or a very severe one. The same order is maintained. The same quick work done.

In this manner two, three or four operations are made between nine and eleven, when he breakfasts and begins his busy office hours. In the afternoon consultations, in

the city or out, very often in London or surrounding country. The work at "Spark Hill" is also done in the afternoon, usually on Monday and Thursday. After 7 P. M. comes dinner and the rest and recreation of the day. Previous to this hour you see only the great surgeon, all earnestness and activity, but from this on, a genial Scotchman, full of information, story and anecdote; a gentleman and a friend.

For nearly a month I could hardly understand Mr. Tait's work, so quickly was it all done. After the operations, and during the visits to the convalescents, I could not possibly make notes on the cases and got easily confused; but as soon as I once understood his methods, and what to expect, it was a very simple matter. He judges by his results and not by probabilities, and wastes no time on them. Most careful record of all cases is kept. The specimens which I took away with me are charged to my name on the records, which also tell what they were and all that was known about them. I cannot better close this paper than by giving the result of such an operation as I have briefly described, as related to me by a woman who had undergone a similar operation five years before. This woman came to the clinic in Priory Street the day I left Birmingham, bringing with her a friend who she felt would surely be helped as she was, by the removal of the appendages. Indeed she brought several women. At Mr. Tait's request I took her into the examining room and learned the following facts:

Mrs. —, age 28, married at 21, and soon began to suffer very much, not only at menstrual periods, but between them, with such severe pains in her left groin that she would fall to the floor in a helpless condition, remaining there for many minutes, the pain gradually passing away; all conditions greatly aggravated at the menstrual period. More than half her time was passed in bed and she became a useless encumbrance to her husband, a poor working man. Sexual intercourse she could not possibly endure; the act putting her into spasms of pain. In this condition she presented herself to Mr. Tait, and underwent

the operation of "removal of the appendages." What the condition of them was Mr. Tait could not remember, and I had no time to look it up; but from a helpless invalid she was restored to the rosy, round, perfectly well woman with whom I was conversing.

The cause of this woman's trouble, and Mr. Tait's opinion as to the causes of most tubal and ovarian disease, I will speak of later. They are perfectly reasonable and accord with the facts Homœopathy has taught us. A very large per cent. of these cases can be and should be cured with the indicated remedy.

The destiny of this operation is to be as much abused as the so-called "Emmit operation," even in our own school.

FLORIDA CLIMATE.

EDITOR ADVANCE:—In the North, I suffered from a catarrhal trouble, that I was unable to cure even with Homœopathy, aided by the suggestions of such men as Brigham, Carmichael, Wesselhoeft, and others, and which finally drove me here. And while not cured by the aid of the climate, I have been very well thus far; but the first year I spent without much perceptible gain or change. Therefore my observation and experience, after a five years' residence, leads me to emphatically state that it is folly and almost wholly useless for such persons to come here from the North, about or after the holidays, and then rush back the first really warm day for fear they will get burnt by the Florida sun. A Florida winter is the worst season of the year for the invalid suffering from catarrhal, bronchial or pulmonary troubles. Such persons should come here as early as October 1st, and *remain until the second spring*, if they come for climatic benefit. Otherwise they may as well remain at home, except for the money they leave in the State.

You doubtless have heard that a doctor has to live here *a few years*, ere he knows how to treat the sick here, for, as the darkey says, "it takes a heap mo' pow'ful med'sin here than 'way up norf." This may be true of the other school, but not of ours. Bowel complaints, fevers, etc., etc., are just as amenable to the indicated simillimum as in New England or Ohio.

C. H. LANPHEAR, M. D.

ZELLWOOD, FLA.

Clinical Medicine.

THE BORDERLAND OF INSANITY: ANACARDIUM. ARSENICUM.

THOMAS SKINNER, M. D., LONDON, ENGLAND.

In November, 1886, I was consulted by a gushing young Irishman of a thoroughly go-ahead disposition, barring a decided tendency to very severe headaches and nervousness. He has had them, on and off, as long as he or his mother can remember, and his age is 15. During the last four years they have become much worse, and somewhat changed in character. They are now *worse on awaking*, increasing as the day advances, when he becomes sick and retches until he goes to sleep. The retching is aggravated by the least movement, and it is accompanied by a deadly nausea and giddiness. He also at times suffers from a dull, stupid, drowsy headache. All his head symptoms are relieved by sleep, which is not readily get-at-able. The location is both sides of head and vertex, and of a shooting character from side to side.

I learned from his mother that he had been under the care of a well-known physician who "practices homœopathically," in the West of England. His perscription is a remarkable example of Homœopathics. *His diagnosis was: "My good lady, your son's headaches are arising from a peculiar state of his stomach and blood, bringing about a condition of general anæmia. His assimilation is also all wrong, and I think it is traceable to a want of salt in his system. Treatment: Encourage him to take plenty of salt with his meals."*

The boy was fond of salt and took more than enough already to his meals, but having received the sanction of a physician, he went in for it until he actually craved salt, and when his mother consulted me, she and the lad stated that he partook of it freely whenever he could get the chance.

It is a remarkable fact that the aggravation of the boy's

headaches dates from the consultation with this homœopathic or rather *isopathic* physician, and here we have an admirable illustration of the natural results of Isopathy—an *aggravation of the symptoms*. But the worst of it is that, knowing no better, the treatment was allowed to run on, although the Isopathy was rendering matters worse and worse, until I was consulted in November, 1886. Treatment: It may be charged by some that I also am an Isopathist, but I scorn them as much as I do Isopathy, because the latter can never be ranked as a system of cure. Its only use has been in medical logic to prove a *reductio ad absurdum*; but when we come to the dynamization of medicines, the term Isopathy, when used with reference thereto as if the logician was dealing with the raw material, with crude drugs, becomes “a fatal error,” a terribly fatal error. And why? Because every decimal or centesimal, or every attenuation is the same medicine, but *different in power if homœopathically selected*, and there being no two attenuations alike as a “*dynamis*” (*vide* Professor Kent’s incomparable demonstration of what a *dynamis* is) selecting *the crude dynamis* which induced or aggravated the mischief, and giving that same morbid factor in a *high attenuation*, we practice pure Homœopathy, and not Isopathy. The lad’s “photo” was, *headache almost daily on awaking, craves salt and eats it freely by the doctor’s orders, habitual constipation*.

He was directed to drop salt altogether, and I placed upon his tongue Natrum muriaticum cm. (F. C.). In the course of about one month he was free from his headaches and constipation. Some will say, that the cure effected by the cm. was much more likely due to the removal of the cause, the abuse of common salt, ordered by the doctor. It must not be forgotten, that the headaches and constipation existed almost all his life, that is, before the doctor’s prescription, and they were only made worse by it. One thing is certain, *the aggravation in the morning on awaking* was a feature unknown to the patient before the doctor’s isopathic prescription, and it was the first symptom or condition of the headaches which disappeared, clearly

pain and irritation in my eyes, which became very red and felt as if I had sand or something strange in them. The pain, weariness, and all the sensations were more noticeable in the left eye, and the eye-lids were glued together during the night by the increased secretions; was compelled to wet them in order to open them and clean the blearedness before I could see.

From the 27th I have observed increase in the secretion of the urine, heat in the larynx when reading aloud or when laughing, as well as some small bladders in the pharynx with inflammation of the left amygdala.

I stopped taking the remedy on the 28th, and commenced to feel better until the 2d day of March, when I again commenced to take it, and the irritation came again in my eyes, much worse in the left eye, and my sight began to be weaker.

I also felt during the night pain and weakness in the lumbar vertebræ.

I took the 3d potency from the 2d to the 5th of March. The irritation was worse in the eyes, with abundance of blearedness on the left eye, which I could not open, being more irritated toward the internal canthus.

I stopped taking the medicine on the 5th, and the irritation in the eyes began to disappear, but the diarrhœa continued, and on the 8th I took *Ars. 6x* to stop it, but did not get any better. The evacuations are mulberry colored, with mucosities, without fetidity. I had eight evacuations per day. I took several remedies for the diarrhœa, but of no avail until I took, on the 15th of March, *Merc. 12x*.

EXPERIMENT WITH CAPANAPI.

The tincture was prepared from the dried tree, which is found near the town of the oil of which is used to kill insects and ulceration.

May 27th, 1886, I com
drops every six hours,
although I took it un

Spig.—Back, cold, extending from back to umbilical region.

Rhus.—Back, cold in spots.

Paris.—Under the heading of Cold, I find the symptom “Cold in Spots.”

Vesp.—Cold, wave-like.

Asar., Cinch.—Cold as from a cool wind.

Glon.—Coldness in the whole spinal column.

Hæmatox.—Coldness between the shoulders.

Lachn.—Coldness between the shoulders, like ice.

IX. *Vertigo when urinating and at no other time, occurring in a case of valvular cardiac disease.*

Hyper.—Has vertigo during an urging to micturition.

X. *Eyes feel as if they set out on the ends of wires.*

Tril.—As if the eyes would fall from their sockets.

Nat. c.—As if the eyes were pulled out.

Bell.—As if the eyes were starting out. *It was weak, and slowly increased to such an extent that I was obliged to go to bed. I could not walk, as it just seemed as if I was going to lose my head.*

The pain commenced at the top of my head and extended to the frontal region and base of the nose in such a way that I could not touch it.

The pain was a pulsating, or beating, principally in the temporal region where the temporal arteries beat hard.

At 11 P. M. I rubbed myself with Florida water and a camphorated liniment to relieve the pain soon.

At 12 M. I could eat with good appetite. At 1 P. M. being quiet, I only felt the beating of the arteries. On moving the pain returned again in the

temporal region. I went to bed, lying on my back, when the pain was violent and lasted two hours. After that I slept

the next morning when I got up with the head very sore and my mind perplexed. The disease was not cured during the night, but on the following day I was so that on the 1st of July I was pronounced cured.

, a
ache

pointing to the cm. as the factor. In fact, after the one dose of the cm. he never had another headache *on awaking*. Headache on awaking is all but characteristic of Natrum mur. If there is a single reader who cannot now discern the difference between Isopathy as *an impossible mode of cure*, and Homœopathy *the sole and exclusive METHODUS MEDENDI*, my soul grieves for his obtuseness.

I was now introduced into a new phase of my patient's medical eccentricities, and the wonder to me was, that I was not informed at first of what now follows.

April 28, 1887. Ever since the sudden death of his father some five or six years ago, he has been subject to *great nervousness when out walking alone*. The young man is fearless on horseback or when driving—and he prefers a restive and lively to a quiet animal—yet, for all that, very frequently when out taking a constitutional by himself, more especially on a quiet country road, he will be seized suddenly with horror, an awful fear or dread comes over him—he literally is compelled to stand still, as he cannot move a limb—and if he can move, he is impelled to race home as fast as his limbs can carry him, as he feels that he is being *pursued* by some horrid thing and he dared not turn round to look. This occurs in open day.

If the headaches and constipation were more than a match for the West of England homœopathic physician, this nervousness fairly made him cave in. By way of consolation to the widow, she was informed that they would gradually disappear as he grew older. In other words, he would grow out of them. The spirited young fellow informed me that so great was the fear and feeling that he was actually pursued by some fiend, “he would knock any man down who tried to stop him.”

The simillimum to the above, “he who runs may read” that it is Anacardium. Desire to escape or run away is the nearest rubric, but they have not, “*as if pursued*” and by day.

When I come across a proving of Hahnemann, whether found or “not found” by the learned Dr. Richard Hughes, what a confidence it inspires me with. In the *Chronic*

Diseases I read under the moral symptoms of *Anacardium orientale*, "When walking, he felt anxious as if some one were pursuing him. He suspected everything around him." Having no higher attenuation than the *Im.* (F. C.) I gave him seven powders. One to be taken at bedtime and one with or after every nervous attack.

June 30, 1887. Greatly better in every respect, has only required to take three of the seven powders of *Anacardium*. He has never again required to "run home because of being pursued by an imaginary foe."

April 10, 1888. I was consulted again because of extreme nervousness *when about to undergo a journey by rail*. He is then seized by a severe *tremor of the hands* and a *cold clammy sweat breaks out all over him*. He feels himself to be *helplessly unmanned*. The strangest and perhaps the most inexplicable part of the nervousness, is the fact, that he becomes *all right as soon as he is in the train*. He is similarly unmanned when almost anything is expected of him. I gave him about twenty doses of *Arsenicum album Im* (F. C.), one to be taken to-night at bedtime, and no more unless the feeling returned, when he was to take a dose with every return.

March 7, 1889. He has had no return.

ARSENICUM IN RHEUMATIC FEVER.

J. J. GRAHAM, M. D., LAPEL, IND.

The following case was pronounced incurable by the old school physicians:

Feb. 21, 1888. Patient, aet. 39, tall, spare, thin, sandy hair, blue eyes, with a squint in both eyes, and of a rheumatic diathesis. Was taken suddenly in the night with severe pain in left ankle, and the following morning called in Dr. G., who pronounced it a strain and treated it as such for two months, the patient continually growing worse. The pain had now attacked left hip and right knee, with a high pulse and continued fever. Dr. C. was now called, and he pronounced it sciatic rheumatism, and after six months of

regular treatment said he could do nothing more, as "the fever had settled in the leg and she never would walk again."

I found her with some fever, thirst at night for small quantities of water, restless nights, right hip swollen, inability to move right lower limb without lifting it with the hand, feet and legs œdematous to the knees, severe burning pains across sacro-iliac articulation extending into hip, and a profuse, yellowish, very offensive leucorrhœa. For these symptoms I gave her one dose of *Arsenicum dry* on her tongue, followed by *Sac lac*.

Feb. 27. Pain much less, leucorrhœa not so offensive, no fever, swelling of legs perceptibly diminished and general improvement. *Sac. lac*.

March 9. She had a hard chill in the afternoon, slight fever, no perspiration, some thirst but only drank a little at a time, as water produced pain in stomach. *Arsenicum*, one powder dry upon the tongue, and *Sac. lac*.

May 19. Was nearly well, when improvement ceased, and in the last few days had become worse. Another dose of *Arsenicum* completed the cure of what was pronounced an incurable case.

GLONOINE: A DISCOVERY.

R. D. TIPPLE, M. D., TOLEDO, OHIO.

I was not a little amused on receiving a circular from Shark & Dohme, manufacturing chemists of Baltimore, written doubtless by some regular M. D., advertising Nitro-Glycerine or Glonoine as a remedial agent, put up in tablet form, ranging from 1-200 to 1-50 of a grain each, to be administered either hypodermically or by the mouth for certain diseases mentioned, viz: angina pectoris, asthma, neuralgia, tinnitus aurium, headaches, etc., etc., going on to give the indications and counter-indications for its use, some of which are pretty good homœopathic indications; evidently with them, a new discovery, as usual. No plagiarism of course. It is encouraging to see with what freshness and originality the new discoveries of homœopathic

remedies (that have been in use for years) are made by these great medical investigators. They are coming, Father Abraham, but they want to come alone and by the longest and most difficult road; nevertheless, they are on the way and will arrive in time for the next Centennial. How much their journey might be shortened if they would abandon their self-sufficient and egotistical ideas and accept a little assistance from a guide who is thoroughly familiar with the road. Unfortunately for their success in the use of Glonoine they fail to comprehend, as usual, its secondary or curative action and cling to its primary or antipathic effect in a majority of the conditions described. However, in time they will profit by their mistake, and sooner or later discover its true position as a remedial agent in the *Materia Medica*.

The Century.—Mr. Joseph Jefferson has been engaged for a number of years upon his autobiography, which will soon begin to appear in this magazine. No more interesting record of a life upon the stage could be laid before the American public, and Mr. Jefferson's personality is perhaps more sympathetic to the people of this country than that of any actor we have had. He is the fourth in a generation of actors, and, with his children and grandchildren upon the stage, there are six generations of actors among the Jeffersons. The record which he has made of the early days of the American stage is said to be peculiarly interesting, especially the story of his travels as a boy in his father's company, when they would settle down for a season in a Western town and extemporize their own theater. The work will be illustrated with a portrait gallery of distinguished actors.

Pulte College Commencement was held March 12th with a graduating class of 24. In the final contest for the Faculty prize, a gold medal valued at \$100, Fritz Askenstedt, of Detroit, and Jas. Butchart, Clinton, Ont., were tied, with a percentage of 99.9, and were each awarded a medal. The following ten graduates with a percentage of over 97 were entitled to honorable mention. Bird, Day, Fischback, Fawcett, Hathaway, Helt, Niebling, Parker, Pardee and Trimmer. Pulte certainly should feel proud of the quality of its work, and in Homeopathy it is quality not numbers that is to fix the standard of the school. Next year, the three year's graded course begins.

Surgery.

J. G. GILCHRIST, M. D., EDITOR.

SYPHILIS AND CARCINOMA.

EDITOR ADVANCE:—My attention has been called to the criticisms of J. G. Gilchrist, M. D., in the ADVANCE for October, 1888, on the paper read by me on cancer, before the Missouri Institute of Homœopathy, on the 26th of April, 1888, at Kansas City, Mo.

The critic says: "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."

In answer to the first exception, viz., "insufficiency of evidence furnished," the writer will say that the rules of the Missouri Institute of Homœopathy, as he understood them, allowed but fifteen minutes in which to read a paper on any subject; a time entirely inadequate to furnish a tithe of the evidence that can be brought to substantiate the theory in question. To bring his paper within the time allotted to each reader, he was compelled to condense as much as possible, and selected only three typical cases, from among hundreds of others he has treated. The three cases were given without any pretensions of going into the details necessary to establish a diagnosis of cancer.

The object of the paper was mainly intended to give *the details of the means of cure of cancer* that have proven so efficient in my hands. It will be seen by perusal, that the article simply *invites investigation* of a subject of absorbing interest, one that has engaged the close observation of the writer over eighteen years, and that the cases presented were not chosen with a view to establish their diagnosis.

The writer did not intend the paper to be elaborate, or exhaustive, but only to be suggestive. He did not, nor does he expect any one to accept his statement of facts, as true, until they are verified by parties interested enough to

test them. He does not care whether any believe him or not, he has performed his duty to mankind by giving his experience in cancer to the profession and to the world; and if the profession chooses to remain where the critic is trying to keep them, by saying "the matter being very ancient, and long ago supposed to be put at rest," it will only be so much more discreditable to the medical profession if they fail to investigate the subject.

The critic says, "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."

Is not an epithelioma a form of cancerous growth that confines its destructive operation to the mucous surfaces, or epidermis?

It was not intended to make it appear that the pedunculated fibroid tumor spoken of, in connection with the second case of cancer, in that paper, was a well defined scirrhous cancer; because a *dash* followed the word uterus, and separated the two statements, and because it was stated that syphilis in the tertiary stage was present in the case when treated. It was also distinctly stated that the cancer, the tumor, and the syphilis were cured by the same treatment; clearly showing that the writer of the paper did *not* intend to convey the idea that the cancer, the pedunculated tumor, and syphilis were one and the same thing. He did, however, select this particular case of cancer *because of the pedunculated tumor having disappeared under the same treatment*, while the cancer and syphilis were being cured; thinking, perhaps, it might serve as a clue to further investigation and development of the subject. •

We now come to his second objection, viz., "the misinterpretation of many essential points in pathology and histology."

He says, "Cells are cells at all times, and a cancer cell is the same as any other kind of cell." Does the critic mean to convey the idea that a cancer cell, distorted, compressed, twisted, and elongated by the process of proliferation in the disease is the same kind of cell, a cell having

the same characteristics, as to color, form, and consistency as a cell free from pathological conditions? Again he says, "the microscopic characters of both syphilis and carcinoma are in the tissues." Are not the tissues made up of cells, fibres, etc.? Is it not possible that some of the cells of the "tissue" might become detached in securing secretions from the surface of the diseased parts, and so come under microscopical inspection?

The critic says, "A cancer cell is the same thing as any other kind of cell." This statement, of necessity, includes the syphilitic cell; if so, he concedes, unwittingly, that carcinoma and syphilis *may have* the same characteristic cells. Again he says, "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."

As to the clinical history of cancer referred to, the writer's reading on the subject, in the past, has not been borne out by his personal bedside experience of forty-three years.

The pathology of the different forms of carcinoma was as well understood when he commenced practice in 1845 as it is to-day. Its cause has been shrouded in mystery, and careful investigation only will bring it to the light. The first cause of syphilis is wrapt in a gloom so dense that the keenest perceptive faculties of any one that has made the attempt, has failed to discover it, yet the profession understand it well enough to know that it may be congenital, or acquired; that in some cases it may be in the system a long time without its existence being suspected, yet upon close scrutiny it may be detected in the rectum, fauces, and other parts of the body when there will be no appearance of the disease on or about the genitalia.

What does the critic mean when he says, "the known factors in etiology?" Etiology is a discourse, or rather the literature on the cause, or causes of disease. "It would be interesting to know just what these peculiar" "known fac-

tors in etiology" are. What factors in etiology does he know of, that pertain to the cause of cancer? He has proclaimed in the *ADVANCE* for October, 1888, that "the matter being *very* ancient and long ago supposed to be put at rest," without a factor in the cause of cancer being made known to the medical profession.

In histology, the accuracy of microscopic observations will greatly depend on the lenses used, and the care and judgment of the person making them.

How the critic can say that cancer and syphilis are as different as typhoid fever and measles, is puzzling to the writer. In their incipency there is a marked difference; but to understand them you must observe them from their emergence from incubation to their termination.

Where does the reviewer draw the line between a syphilitic lupus and a phagedenic cancer?

Where does he draw the line between syphilitic cauliflower excrescence and proliferation of an open carcinoma?

Where does he draw the line between the syphilitic laryngeal ulcer and an epithelioma?—an epithelial cancer.

Instead of acknowledging any weakness, I am so firmly supported by my own clinical experience in the statements made, that I have no fear that my position will be shaken after painstaking investigation will have done its work.

The critic says, "It is incumbent upon him to prove his case," and then adds, "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."

I am not an artist, so will have to give a pen picture of the characteristic cells.

They are *long, slender, unevenly prismatic*, and tapering at the ends. As for the remainder of the *incumbency*, it devolves on the critic to correct his misleading statements in trying to make it appear that the writer of the criticised paper on "cancer" intended to convey the impression that a well defined scirrhus cancer, and a pedunculated fibroid tumor, were one and the same thing.

GEO. K. DONNELLY.

SAINT JOSEPH, MO.

COMMENTS.—It is regretted that the reference to the paper of Dr. Donnelly was not satisfactory to the author. Our space is too limited to point out all the errors in pathology and histology into which we think the writer has fallen. The assertion is made as a bare statement of a fact that cannot be disputed, that a cell is never diagnostic; the *arrangement* of the cells, and the stroma are alone characteristic. *Shape* of cells means nothing to the histologist and pathologist apart from other and more important matters. By etiology the pathologist means something more than the doctor does, viz.: the causes themselves, as well as a "discourse" about them. With all deference to the experience of the doctor, the facts are that we *do* know something more of these "factors" now than we did forty-five years ago, or else the writings and labors of Rindfleisch, Ziegler, and hosts of others go for naught. But the doctor has restated his case, and we are content to let the profession pass judgment. It must be repeated, however, that when a revolutionary doctrine is propounded, the propounder is not warranted in asking others to make experiments; he is in honor and duty bound to furnish a full and thorough exposition himself. This is what Hahnemann did when he announced his revolutionary doctrine. This our writer has failed to do. J. G. G.

"SUPRA-PUBIC LITHOTOMY."

JAMES H. THOMPSON, M. D., PITTSBURGH, PA.

Geo. W. M.—, æt. 10 years, has been suffering with symptoms of stone, with vesical blenorrhœa, ever since he was two years old. It came on gradually at first, presenting symptoms of acute cystitis, and later on those of a catarrhal or spasmodic condition of the bladder and urethra. He was under treatment by physicians of both schools for the last eight years; over three months of this time in the hospital under the care of the hospital staff. The little sufferer during all these years experienced no relief whatever. Strange to say with the symptoms present, not a

single one of them examined the bladder with a sound or stone searcher. The trouble was attributed to different causes by the different M. D.'s—colds, chronic catarrh, scrofula, constitutional weakness, sequelæ of scarlet fever (which the boy never had), one to phymosis, for which he operated, etc. When he came under my care November 17th, 1888, was very feeble and prostrated by the long continued suffering. He had been confined to his room for over nine months, owing to his wretched condition. Urine at times was loaded with pus and mucus and exceedingly offensive. The urine when tested showed both albumen and tube casts present. There was a constant desire to urinate, which was only accomplished by lying recumbent, which position he has been obliged to take each time he urinated for the last year. At times stillicidium. The urethra was so extremely small that a No. 4 bougie could not be passed. The bladder when filled would not retain over two ounces. Finding all these symptoms present on my first visit I decided at once to sound for calculus, and not to my surprise, I soon succeeded in touching the stone, high up and to the left of the prostate. My diagnosis being confirmed by the searcher, the lithotrite was thought of, but owing to the limited size of the bladder and urethra, and on account of the probable sacculation, and the large size of the stone, the idea of lithotripsy was abandoned, and the high operation chosen.

Previous to the operation the patient was given a carbolized bath, and the bowels evacuated freely with oil. Anæsthetic of ether being given, and the bladder moderately distended with a one per cent. solution of Carbolic Acid of the temperature of the body, and well raised out of the pelvis by a rubber rectal dilator, I proceeded to expose the anterior wall of the bladder by a vertical incision of about two inches, made in the median line above the pubes, through the parietes, with the patient recumbent. The bladder being exposed, it was transfixed with a silk ligature, and the abdominal parietes carefully kept open with retractors. The incision in the bladder was made on the

back of a silver catheter which had been used for the injection, and in the median line close to the symphysis, from below upward. On incising the bladder two small sized phosphate stones escaped with the fluid contents. By examining the interior of the bladder with the finger, it was found to contain a very large sized mass, sacculated near the fundus, filling about one-half the bladder. An attempt was made to remove the mass as a whole, but finding it to be attended with much difficulty, owing to the small size of the entrance, it could only be accomplished by crushing and removing the fragments with the fingers and spoon. The particles when collected weighed two ounces or 960 gr. The bladder was thoroughly washed out with a three per cent. solution of Carbolic Acid. It was then closed with a combination of the Lembert and continuous stitch of small size cat-gut, and the abdominal incision united down to the lower angle, when a small rubber drainage tube was inserted, and the wound dressed with a calendula dressing, which consists of the following: Glycerine $\bar{3}$ ii, Calendula $\bar{3}$ i, Carbolic Acid grs. xx, \mathcal{M} ., and applied locally on prepared lint. Silk catheter was retained in the bladder twenty-four hours, after which time he urinated about every four hours, passing the normal quantity, but very offensive. The patient reacted nicely from the anæsthetic and experienced no untoward symptoms until the seventh day, when the nurse discovered that a small quantity of fluid had escaped from the tube during the night, slightly wetting the dressing, which I examined closely on the following morning but failed to detect the odor of urine. On the eighth day there was no sign of any fluid whatever. The wound healed kindly and was completely closed on the tenth day. Continued to irrigate the bladder morning and evening with a twenty-five per cent. solution of Peroxide of Hydrogen, owing to the offensive character of the urine. Internal treatment consisted of Staph. 3 and Benzoic acid 6. At no time was the temperature above 102° , pulse 150. Whether the small quantity of fluid passed the seventh day was urine or not I am unable to say. My candid opinion is that it was nothing more than

a collection of serum in the tube, as later on I discovered the tube to be partly filled with coagula. Had it been, it is doubtful if complete union on the tenth day would have taken place. The patient was up and around the room on the tenth day, and urinated in the erect position, for the first time for over a year. This inability was due to the two small floating phosphate stones which escaped when incising the bladder. To-day he enjoys good health and feels grateful for the relief obtained.

Correspondence.

MEXICO AS A HEALTH RESORT.

CITY OF MEXICO, February 21, 1889.

DEAR DOCTOR ALLEN:—Perhaps the many readers of the *ADVANCE* would enjoy a brief letter from the land of the Montezumas, and under the shadow of snow-capped Popocatepetl. This city is in a basin in the mountains; the elevation about 7,500 feet above sea level. It is undoubtedly pre-eminent among the cities of the civilized world for filth. Owing to the fact that the surface level is only a few feet above that of Lake Tezcuco during the dry season; that all the sewage of the city empties into this lake; that during the rainy season, which includes June, July, August, September, October, and sometimes November, the rainfall is enormous, the lake overflows, and a considerable part of the city is inundated. Then the sewage, the contents of vaults, and the general *debris* of a large city, commingle in a common solution, sluggishly rolling through the gutters, streets and ditches of the city. When the floods subside, the sediment is deposited and begins to decompose. The odors become frightful and linger till the following rainy season. Could Coleridge, who discovered in Cologne forty-nine separate *stinks*, besides several distinct *smells*, now visit Mexico, he might add some new ones to the list. From the foregoing facts it is not sur-

prising to learn that the mortality rate is very high. Indeed it is said to be the highest of any city of which we have a credible record.

This morning I spent with Dr. Joaquin Gonzalez, Jr., whose father, of the same initial, is the oldest living representative of Homœopathy in the Republic. From him it appears that there are six educated, accomplished physicians of our school of medicine here — all doing well. Dr. G. was educated in Philadelphia, being a graduate of Hahnemann Medical College. He speaks English fairly, is a courteous gentleman, and I believe an Honorary Member of the American Institute of Homœopathy.

The boys have inaugurated a College, and are giving a full course of lectures to twelve students. Under the provisions of the government a five years course of study, with a full course of lectures every year, is compulsory. The Dispensary, attached to the Institute, treats one hundred poor daily. This is doing well for a beginning. The lecture room, library and dispensary are small but adequate to their wants, well lighted and pleasant. The students pay nothing; in the Allopathic Colleges the expense is borne by the State. Our boys go into their pockets. The Homœopathic Hospital is located at Tocabaza, a beautiful and fashionable suburb beyond Chapultepec, reached by horse-cars in forty-five minutes from the Zocolo — the centre of the city. There are 20 beds — ten for men, ten for women, and generally occupied. Dr. G. has invited me to go out there with him, which I shall do at an early day. All parts of the city are accessible by horse-cars, and the system is said to be the most complete on this continent. Fares about as usual in the States.

The Homœopaths publish a monthly journal, in the Spanish language. This is now in its third year. It is well printed, and no doubt interesting. (My knowledge of the Spanish language being limited, I am not a good judge.)

The prevailing diseases are typhus, malignant-pneumonia, and membranous croup, and are more virulent in the dry season. Typhus is endemic. Gelsemium θ is the

most valuable remedy in the early days. The fever runs fourteen days. If the patient recovers, the convalescence is tedious and protracted. Death results from collapse, or from perforation of the intestine. Intestinal hæmorrhages are very rare. Many cases are complicated with pneumonia and bronchitis. Epistaxis frequent, petechiæ invariably present over the chest and abdomen.

The weather here is perfect. The sun shines with unwonted brilliancy: the air is exhilarating, none of us feel any inconvenience from the altitude. The flowers are in bloom. Strawberries are ripe and luscious. We go about all day without any wraps.

There are many points of interest here, but they have been so often described that I will not venture to burden you with their repetition.

We propose a trip to Vera Cruz through the coffee and sugar plantations, and to get a glimpse of the magnificent scenery *en route*. A party is making for the ascent of the volcanic Popocatepetl, but the trip is too rugged, dangerous, and fatiguing for an old duffer like me. I hope to get home early in March.

WM. D. FOSTER.

The Atlantic for April in "Why Our Science Students go to Germany" says: "American students themselves seem to possess more ability than the Germans. But characteristic American haste more than nullifies this advantage. The American is in too much of a hurry to control any results he may obtain; too ready to consider a felicitous experiment as positive proof of a previously formed theory, and too ready to consider a small influencing condition of no importance. He is also too easily discouraged by first difficulties, and lacks what a Western humorist has termed stick-to-it-iveness. Finally, he almost invariably displays his practical Yankee traits in trying to obtain the largest possible objective for a telescope, disregarding the fact that the brains behind the ocular are the chief thing. But his faults are remedied when he goes to Germany." Read it.

North American Review for May will begin the publication of a series of articles, "The Civil War" from an English soldier's point of view, by Lord Wolseley, taking the personal narratives of the participants as published in *The Century*. He reviews the Civil War, its battles and its leaders.

Societies.

AMERICAN INSTITUTE OF HOMŒOPATHY.

EDITOR ADVANCE:—The American Institute of Homœopathy will convene in its forty-second annual session at Hotel Lafayette, Lake Minnetonka, Minn., on Monday evening, June 24th, the session continuing until the following Friday night. The place of meeting is one of the largest summer hotels in the country, capable of accommodating upwards of six hundred guests without inconveniencing or crowding, and furnishing adequate provision for the general and sectional meetings, and the various committees of the Institute. The entire hotel and its force of *attaches* will be practically at the disposal of the Institute during the week. The situation and arrangement of the hotel are such as to afford a lake view from each and all its rooms. The apartments are spacious and airy, with high ceilings, and all the appointments are such as pertain to a first-class hotel. Terms three dollars per day.

“Minnetonka,” with its deeply indented shores, its irregular bays and jutting head-lands and its numerous islands, is described as one of the most beautiful inland lakes of America. Several excursion steamers ply on its waters, and its fine scenery and excellent hotel accommodations attract thousands of summer sojourners to its shores.

Medical organizations are invited and requested to send delegates to the convention as follows: Associations composed of more than fifty members from different States, two delegates, with an additional delegate for every twenty members; State societies two delegates, and an additional delegate for every twenty members; county and local societies, hospitals, asylums for the insane, dispensaries and medical journals, one delegate each; colleges two delegates each, to form the Inter-collegiate committee. It is not necessary that delegates be members of the Institute.

Physicians desiring to become members are required to

present to the Board of Censors a certificate signed by three members of the Institute, setting forth that the applicant has pursued a regular course of medical studies and sustains a good moral character and professional standing. The applications should be accompanied with the initiation fee of \$2.00, and the first year's annual dues, \$5.00. Blank applications for membership may be obtained from the secretary, or from the chairman of the Board of Censors, R. B. Rush, M. D., of Salem, Ohio.

Homœopathic state and local societies, hospitals, dispensaries, colleges and medical journals are requested to *fill out and return promptly* the statistical blanks which will be forwarded to them by the Bureau of Organization, Registration and Statistics in order that the Bureau's report may not be delayed. Physicians having knowledge of the life, services, etc., of any member of the Institute who has died since June 1st, 1888, will confer a favor by communicating the facts to Dr. Henry D. Paine, the Necrologist, No. 19 West 24th Street, New York City.

Papers designed by their authors for publication in the journals after presentation to the Institute, should be prepared in *duplicate*, and one copy placed *in the hands of the General Secretary before the close of the session*, as required by the by-laws.

The committee on railroad fares will announce, in due time, the arrangements that have been entered into for the reduction of rates to physicians and their friends who may be in attendance at the session.

The "Annual Circular," giving full details, together with the programme as prepared by the committee, will be issued in May. Any physician failing to receive a copy before June 1st, can obtain one on application to the undersigned.

PEMBERTON DUDLEY, M. D.,
General Secretary.

S. W. COR. 15TH AND MASTER STS., PHILADELPHIA.

The Audubon monument committee offer to send reproductions from the best portrait of Audubon extant, of a size suitable for framing, to every contributor of the fund of \$1.00 or more. N. L. Britton, Columbia College, New York, is Sec'y-Treas.

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THE HAHNEMANN HOSPITAL, ROCHESTER.

The bill incorporating this hospital passed the legislature February 28, and the managers evidently have not spent their time in talking. A permanent location in the old Governor Selden homestead has been secured; the building, a large three story brick has been remodeled to accommodate 40 patients, and the hospital will be opened with appropriate ceremonies on April 10, the anniversary of Hahnemann's birthday. The grounds comprise three acres surrounded by hedges and ornamented by the choicest shrubbery, shade and fruit trees, furnishing ample room for the adoption of the cottage plan in future. The staff is as follows: Dr. J. A. Biegler, chief of staff; surgical, Drs. Carr, Hoard, Brownell; medical, Drs. Schmitt, Grant, Baker, Hermance; resident physician, Dr. Finley McPherson, recently of Batavia. One more institution for the cure of the curable and the palliation of the incurable by means of similia, pure and unadulterated. No morphine or opium as palliatives; no antiseptic surgery.

EDITOR ADVANCE:—In a community of some 20,000 there is not one oculist. Before the field is taken up by an Allopath, can you not through your valuable journal point out this garden spot of earth to some deserving young homœopathic specialist? This town is overwhelmingly homœopathic, and it is incumbent upon us to see that it is kept so. We will guarantee that should a specialist come here, the five or six long established Homœopaths will give him a loyal support.

P. BOERINGER & Co.

TACOMA, W. T.

The Popular Science Monthly for April has an article on "The Chemical Elements," by Prof. J. P. Cooke, of Harvard, telling the story of the changing beliefs about what substances are made of, from the time when earth, water, air, and fire were thought to be the elements of all things, down to the present day, with its list of over seventy simple substances, and this, too, when the idea is gaining ground that perhaps there is only one kind of matter after all. "The Domestication of the Buffalo" by John W. Dafoe is worthy of notice as opening up a new article of commerce.

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.

PURE HOMŒOPATHY.—Perhaps the best work at the present time that is being done in this country, in the interest of our school, is in the asylums for the insane. The statistics, at least for comparative purposes, are easily obtained and are supposed to be reliable. Below we give the reports of five—four allopathic and one homœopathic asylums—that are able to present an average of five years treatment; Ionia and Westborough not being that long in operation:

Harrisburg, Pa., (Allopathic).			
Average percentage of deaths for five years.....			7.40
" " "	" recoveries for five years.....		4.37
Norristown Pa., (Allopathic).			
Average percentage of deaths for five years.....			7.59
" " "	" recoveries for five years.....		5.85
Danville, Pa., (Allopathic).			
Average percentage of deaths for five years			4.82
" " "	" recoveries for five years.....		4.96
Dixmont, Pa., (Allopathic).			
Average percentage of deaths for five years.....			8.33
" " "	" recoveries for five years.....		5.84
Middletown, N. Y., (Homœopathic).			
Average percentage of deaths for five years.....			4.26
" " "	" recoveries for five years.....		12.79

Dr. Talcott, at Middletown, relies upon the homœo-

opathic remedy for the cure of the curable and the palliation of the incurable cases. Will any Homœopath pretend to say that the additional use of chloral, morphine, opium and other palliatives — the means by which the allopathic asylums obtained their low percentage of cures — would enable Dr. Talcott to make a better report? Is it pretended that homœopathic physicians are more skillful in the use of allopathic palliatives than the Allopaths themselves? If not, then why should the Homœopath forsake his law of cure when he encounters a difficult case for the uncertainties of empiricism. What logic or reason is there in attempting to obtain better results by adulterating Homœopathy? And what is true of the treatment of the iusane both acute and chronic, is equally true of all other sicknesses of whatever name, *the purer the Homœopathy the lower the mortality and the higher the percentage of recoveries.*

* * *

From the time that Hahnemann first announced his discovery in Hufeland's journal to the present, our allopathic brethren have persisted in misunderstanding Homœopathy; have ridiculed it as a system of infinitesimals, overlooking or declining to see the law, the method of selecting the remedy. And from the arguments of our esteemed and able contemporaries the *N. A. Journal*, *N. E. Gazette* and *Counselor*, the method of Hahnemann does not yet appear to be fully comprehended. They maintain that the resignation of the members of the Hahnemanian Society of Rochester was due to the action of "a few high dilutionists," and ridicule the idea that there can be a principle at stake, notwithstanding their denial that they "use potencies ranging from the lower, or sometimes even the tincture, to the highest, the third and sixth potencies being often employed," and that "the question of dose has absolutely nothing to do with our having taken the decided step of separating ourselves from the Monroe County Society and its methods of treatment." But they do protest against "homœopathic physicians writing prescriptions and sending them to the drug stores; using two,

three, or four remedies in alternation; the use of cathartic pills; of using cocaine, morphine, etc., for the relief of pain in curable cases, and instructing patients in the use of the hypodermic syringe." If our contemporaries would examine instead of ridicule this question, they would learn that there is as wide a difference between Hahnemann's method of selecting the remedy as between themselves and the *Medical Record*. Or do they prefer to uphold measures quoted above as homœopathic, as justifiable under the law of similia? The *Counselor* appears to think so, and as an offset publishes an old prescription envelope of Dr. Beigler's (after Bönninghausen's croup plan) in which remedies are alternated. The envelope bears the address "North St. Paul St." from which he removed ten years ago, when he was alternating remedies as the *Counselor* is now. Why not go back a few years more when he was practising Allopathy, an M. D. from the U. of Pa., to illustrate his present method of curing the sick? We are not discussing persons, but principles. This question can never be settled by "argument" either in or out of societies; the bedside test is the only one which will ever change the practice of any man of any school.

* * *

THOMAS M. DILLINGHAM, M. D., who has recently returned from Europe, where he spent much time in the surgical wards of the hospitals of London, Berlin, Vienna, Halle and Leipsic, has consented to take editorial charge of the Gynecological and Obstetrical Department of the *ADVANCE*. Dr. Dillingham was for three months the private assistant of Mr. Lawson Tait, assisting him in more than a hundred operations. His first contribution, "Mr. Lawson Tait and his Methods," will be found on another page, and, if we are not greatly mistaken, will delight as well as surprise the readers of the *ADVANCE*. To Mr. Tait belongs the honor of giving the death blow to Listerism; and unless all signs fail, it now looks as if his successful work was about to perform the same task for its twin-sister, antiseptic surgery. Dr. Dillingham says that, "his line of reasoning and the remarkable results of his clean, simple and beau-

tiful work are in full accord with the teaching of Hahnemann." Why, then, should the surgeons of our school forsake well-known, well-tried and successful methods under the guidance of law, for the annual or semi-annual discoveries (?) of the empiric school? Dr. Dillingham, we are certain, will receive a kindly welcome by our readers, and we bespeak for him their hearty co-operation in making this department more practical and helpful.

Comment and Criticism.

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.—WENDELL PHILLIPS.

THE REPORT OF THE COMMITTEE OF THE ROCHESTER HAHNEMANNIAN SOCIETY AND ITS CRITIC, T. P. W.

EDITOR ADVANCE:—It is known to many that this Association has lately been making history and doing good work. It is a joy to all "right minded men" that this last is so near culmination in a grand success. In its history making it gave to a committee for investigation the question: "Is the homœopathic remedy always sufficient to relieve suffering in incurable cases?" In their prosecution of this inquiry this committee asked for the experience and observation of *fifteen* physicians whom, from long practice, it might be reasonable to suppose would have had experience and observation of the matter given to the committee for investigation. The response of these *fifteen* has been incorporated into the report of the committee, which report our critic highly approves. We heartily join him in this approval. He also says of the *fifteen*:

* * * "No better list of names or more sufficient testimony could be obtained. They stand unimpeached in their testimony."

And then the critic proceeds, strange as it may appear,

to attempt to impeach their testimony, and the first reason he gives in this attempt is:

“Now these gentlemen who have given us their testimony belong, so far as we know, to a well known class of Hahnemannian Homœopaths. Upon such a question can their testimony be unbiased? And is it not all *ex parte*?”

The professional or other status of these witnesses was not a matter given to this committee for inquiry, and can be of no interest to them farther than it bears on their individual character for veracity. The only question is as to the *truth* of their testimony. The critic says: “In this they stand unimpeached.” This being so it does not matter whether they were “Hahnemannian Homœopathists,” Mohamedans or Parsees. But being such the critic says: “Can their testimony be unbiased?” Why not? Their testimony being unimpeached, did they testify to matters of which they had knowledge? Most of them have had many years of experience and observation of these matters, and so, presumably, they knew the truth of their testimony. Indeed the facts to which they give witness are of a character which would make any other than a willful mistake impossible. Is it because they have *seen* and *know* the truth that our critic would have their testimony discredited? In “courts of law,” to which our critic refers, a witness who knows something of the matter in hand is supposed to be the most valuable by reason of this knowledge. Our critic’s notions of “courts of law” seem a little mixed. It is the *jurors* there, and not the *witnesses*, who are required to know nothing before they can properly be trusted with their special duties. And here the testimony of witnesses who have observed the facts of the case and know them, must be accepted as against that of witnesses who have not seen and therefore do not know.

Our critic prepares the way for this assault on the “unimpeached” veracity of the *fifteen* by the remark: “There must be two sides to all questions.” True. But there is but *one* side to truth. The other side is *lies*. And then “Truth is not advanced by a feeble demonstration of its truthfulness.” Was it because of the “feebleness” of the

testimony of the *fifteen* that in the earlier part of his criticism he would have it "given to all the winds of heaven that it might go and teach the ignorant and the ill-informed?" Would it be wise to send "feebleness" through the world on such a mission?

P. P. WELLS.

REINSTATEMENT OF THE MEDICAL TIMES.

EDITOR ADVANCE:—In the March issue, under "Reinstatement of the *Medical Times*," you quote an article in part from the *Allg. Hom. Zeitung* that sounds like true principle and upholds Homœopathy. Your comments are too mild to have much weight at the next session of the Institute. [The comments were the translator's, not ours.—ED.]

The very moment a would-be leading journal omits from its title the adjective indicating it to be a homœopathic journal, that moment it begins to weaken our cause and fosters that of our opponents. If the editors, from the fear of a loss of a few dollars, are afraid to be partisans and would "sell their birthright for a mess of pottage" let them step down and out (editorially) or join the other camp.

I listened with much pleasure and profit some years ago to lectures given by one of the editors (I believe) of the *Medical Times*, and held him in high esteem, but since he fell from grace I could not listen to him with half the respect I would to an old school lecturer. I respect a man of principle, whether he agrees with me or not, but a man who tries to practice both systems I cannot tolerate, and much less can I tolerate a journal which ought to be, and is an educator, for good or evil; a journal of that kind does the cause of Homœopathy more harm by far than an out-and-out old school journal.

What a sorry sight it must have been for the *homœopathic* members of the Institute to see the oldest National Medical Society of the United States stepping down from its high plane of honor and dignity and rescued by a small

vote in an irregular way "early in the morning, in the absence of the secretary," a *just* and *honest* resolution which was regularly adopted by a large vote at a previous session. If that is to be the method of conducting the affairs of the Institute, and it is to be managed by men devoid of the true principles of Homœopathy, I am in favor of renouncing it and turning it over to the mugwumps, and let them bury themselves at the earliest possible moment; if not, then let the Institute hold aloft the high standard she adopted years ago; and the man that dares deface or lower that standard, "shoot him on the spot."

CHAS. H. COGSWELL.

CEDAR RAPIDS, IOWA, March, 1889.

WHAT IS DYNAMIS?

EDITOR ADVANCE:—In the February ADVANCE this question is proposed, on page 66, and in the following pages are given the answers. We read: "But now we come to the subject of the vital force, or the dynamis. What is that dynamis?"

The main point to note here is, that dynamis and the vital-force are synonymous and convertible terms. We are then told, "we must go to protoplasm to find the earliest evidence of life, yet it is not the lowest form of life it is only the lowest form of animal life. The dynamis may be found in every substance, whether animal, vegetable, or mineral. In man it is higher than that found in Silica."

Its characteristics are thus set forth:

First: "It gives to each thing its own identity; gives identity to every known identity."

Second: "It makes wheat grow wheat, corn grow corn, protoplasm bring forth protoplasm." That is, it has the power of reproducing its kind.

A third characteristic of the dynamis is, it cannot be revealed by chemical analysis. "They (the chemists) cannot reconstruct protoplasm and make it live and move. When it is analyzed it is no longer protoplasm—it is dead,

—the dynamis of the chick has never been found in the laboratory.”

Fourth: It is, as implied above, impossible to construct the dynamis in the laboratory. “You can put together all the elements that form it (the egg), but you will wait a long time for the chick, it will not hatch.”

Fifth: It is inscrutable. “Has chemistry ever been able to say why Aconite will destroy life, and a cup of ginger do no harm? Why Arsenic will destroy life, while a teaspoonful of Bicarbonate of Soda will do no harm?”

Sixth: All substances possess it; this is implied in the first, but is so frequently reiterated that it may be well to note it under a distinct head. “The dynamis may be found in every substance, whether animal, vegetable or mineral.”

This would seem to be a fair enumeration of the characteristics as set forth. For the present, passing over the first point, it may be pertinent to ask, where and when has Silica reproduced Silica? Is there one more atom of Silica on earth than there was in the beginning, unless it has been added by fortuitous circumstances, such as meteors? But Silica is a compound, and so there may be more of it at one time than another. Then did the Silica previously existing produce this increase? Evidently this characteristic does not belong to the dynamis of Silica.

As to the third characteristic, chemico-physicists all agree with the author; there is no one who claims, so far as I know, that they are able to demonstrate in the laboratory all the inscrutable qualities of living organisms, or of mineral substances. If any hold to the contrary, I am not aware of it. But why are not these things, the vital force included, just as legitimate objects of investigation as anything that is unknown; especially for chemists?

Of the fourth, it may be asked,—if chemistry has not been able to construct the dynamis of the chick, has it not been able to produce the dynamis of Arsenic? Has Arsenious acid ever been produced in the laboratory, and its dynamis not been present at that very moment? Evi-

dently, then, chemists can reproduce the dynamis in the laboratory in some cases.

The fifth point is the inscrutability of certain qualities of drugs. What chemist of modern times has ever pretended he could reveal these in the laboratory? Suppose some chemist tries to look for these qualities, what then? Are they not a legitimate object of research? Suppose he chooses to approach them from the chemical side, what great sin has he committed?

Now we have a kind of dynamis that chemistry can produce, and a kind that it cannot produce. To confound these two is no great advance in knowledge. To call the inscrutable qualities of drugs, "dynamis", and then to assert that they are of the same nature as the inscrutable qualities of organized life, except in their inscrutability, is a kind of assumption of premises that opens the flood-gates of error. If one may do this, what is there to hinder assuming with *equal warrant*, that drugs are sentient, or that they are possessed of a will? The world is waiting—has long been waiting for some additional revelation concerning the vital force. But it is difficult to see wherein either the assumption of Hahnemann, or the assumptions of the article quoted, enlarge the bounds of human knowledge.

If one wishes to assert that the inscrutable qualities of all things are the same, it is for him to name and clearly define those qualities, and to show that they are universal. In the second place he must show wherein they are better accounted for by his theory than by any other; if he does not, he is no helper, but a very great hinderer. There is just as much sense in calling the inscrutable qualities of health, Arcanum, with Paracelsus, as calling the same qualities of organized life, dynamis, with Hahnemann. Wherein is the benefit of either?

Whoever would establish a valid claim to a new grouping of phenomena, must bring forth new characteristics, such as have not been hitherto known, or he must show new relationships. In either case they must be of such a character that any intelligent person, versed in the subject, can demonstrate them for himself.

Neither the Organon, nor the article before us, accomplishes either of these ends, in the use of the term dynamis. But discussion of these topics is of only secondary importance, as Hahnemann himself showed long ago. They do not necessarily pertain to the calling of the physician. "The physician's highest and ONLY calling is, to restore health to the sick." The emphatic, *only*, is Hahnemann's. The sole essential, as Hahnemann has said, is the natural law of cure; the HOW to do it, not WHY.

Section 28 runs: "Since this natural law of cure has been attested to the world by every pure experiment, and every careful experience, and the fact has become established, the scientific explanation of *how it is brought about* (the italics are Hahnemann's), amounts to very little; and I place little value upon any attempt to do such a thing."

In the light of this, the whole discussion is relegated where it belongs, to a very subordinate place.

M. W. VAN DENBURG, A. M., M. D.

FORT EDWARD, N. Y., March 21, 1889.

New Publications.

A PRACTICAL TREATISE ON NERVOUS EXHAUSTION (NEURASTHENIA): ITS HYGIENE, CAUSES, SYMPTOMS AND TREATMENT. By George M. Beard, M. D., formerly Lecturer on Nervous Diseases in the University of the City of New York; Fellow of the New York Academy of Medicine, etc. Second edition, revised and enlarged by A. D. Rockwell, M. D., Professor of Electro-Therapeutics in the New York Post-Graduate Medical School. New York: E. B. Treat, 1889.

Before the appearance of the author's first work, neurasthenia, as a comprehensive term for many nervous diseases, was almost unknown. Now, like malaria, it is a fashionable household word, a harbor of refuge into which the perplexed diagnostician may at any time flee, when the interminable array of symptoms points to no well known or clearly defined disease. The author's preface says:

"In spite of its frequency and importance, although long recognized in a vague way among the people and the profession under such terms as 'general debility,' 'nervous prostration,' 'nervous debility,' 'nervous asthenia,' 'spinal weakness,' it is be-

ginning to find recognition in the literature of nervous diseases. It is the most frequent, most interesting, and most neglected nervous disease of modern times.

"Among specialists and general practitioners alike, there has been, on the whole subject, a fearful and wondrous confusion of ideas. These functional nervous symptoms have, in short, always slipped from our grasp, whenever we have attempted to seize them and bring them into science.

"The diagnosis of neurasthenia, moreover, is often as satisfactory to the patient as it is easy to the physician, and by no means helps to reduce the number who have been duly certified to as neurasthenic, and who ever after, with an air too conscious to be concealed, allude to themselves as the victims of nervous exhaustion. The doctrine to be taught and strongly enforced is, that many patients are not neurasthenic, and under any hardly conceivable circumstance could they become neurasthenic. They do not belong to the type out of which neurasthenia is born, either mentally or physically. Many of them are unintellectual, phlegmatic, and intolerably indolent, and are pleased at a diagnosis which touches the nerves rather than the stomach, bowels and liver. Instead of rest, quiet and soothing draughts, they need mental and physical activity, less rather than more food, depletion, rather than repletion."

In treatment, the bromides, electricity, and massage form the chief reliance of the author. The work is so well known that an extended notice seems superfluous.

SHALL WE TEACH GEOLOGY? A Discussion of the Proper Place of Geology in Modern Education. By Alexander Winchell, A. M. LL. D., Professor of Geology in the U. of M. Chicago: S. C. Griggs & Co., 1889.

A contest has long been waged among educators as to which is of greater practical value in education, the Classics or the Sciences. For many years the friends of the Classics had it pretty much their own way, but of late the Scientists have been putting in some strong pleas in behalf of their side of the case. The latest of these is the present volume by the well-known author and scientist, Dr. Alexander Winchell, of the University of Michigan, and is an able exposition of "The actual position of Geology in Public Education." The contents, among other subjects embrace: "Geology in the Educational Struggle for Existence; Geology in the Schools; Geology in Culture; Classics and Culture; Geology and Modern Civilization; Geology in the order of Studies." Few, if any American writers are better qualified for discussing this question than Dr. Winchell. While his treatise is a special plea for teaching Geology in the public schools, it is intended to cover the whole ground of contest between the Sciences and the Classics, and hence promises to be of great interest, not only to teachers, but to

all interested in observing the tendencies of modern education. It is a timely volume on a practical question of great public interest. Like all publications from this house, it is a fine specimen of the printer's art.

THERAPEUTIC METHODS. An outline of Principles observed in the art of healing. By J. P. Dake, M. D. College edition. Boston: Otis Clapp & Son, 1889.

The evident intention of this "College Edition" is a student's text book, from which the principles of the homœopathic healing art are to be learned. In other words, it may be intended to replace the teachings of the Organon, or to antidote the teachings of Hahnemann. As an evidence of the doubt and uncertainty of the author, here are two sections from his directions for the examination of the patient and the selection of the remedy, page 165: "5. Make careful record of all that is learned by narrative, description, inspection and tests. 6. When the symptoms, the history and the pathology of the case have shown that it is not one outside the pale of the homœopathic law, revert to the *Materia Medica*, and compare the pathogenic effects of the agents displayed there with the symptoms presented in the patient to be cured." Whether "the case is one outside the pale of the homœopathic law" is the impossible problem which student or practitioner must first solve, ere he can make a prescription. He must first decide whether his *ipse dixit* can prevent a law of nature from becoming operative, before he can administer the simillimum. No man living, not even the learned author, is competent to decide a non-surgical case of sickness "outside the pale of the homœopathic law," and yet this is the burden of the teachings of Dr. Dake's book. On the following page Reichhelm's motto, "Homœopathy rewards only her true votaries" is quoted approvingly. But Reichhelm was a pioneer Homœopath who never stopped to ask the silly question: "Is this case outside the pale of the homœopathic law?" before he could prescribe. Had he learned his Homœopathy from Dr. Dake's book, the brilliant record he made for the new cause in the West would have been an abortion. The student is to be pitied who pins his faith in similia or his knowledge of true Homœopathy to the teachings of this book.

THE PHYSICIAN'S LEISURE LIBRARY. Detroit: Geo. S. Davis, Publisher.

The Modern Treatment of Diseases of the Kidneys. By Dujardin-Beaumez, Paris. Translated from the fifth French edition by E. P. Hurd, M. D. Cloth, 50 cents; paper, 25 cents.

The publisher has conferred a favor on the American profession by placing these lectures by the celebrated French professor within the reach of all. In the anatomy and physiology of the kidneys they are extremely lucid; his method of urinalysis is complete and practical. But in therapeutics he presents nothing new, at least for the American reader.

Bright's Disease of the Kidney. By Alfred J. Loomis, M. D., New York.

This essay of one hundred and seventeen pages by the professor of Pathology and Practice in the New York University gives the etiology, histology, and the pathological changes which occur in acute and chronic albuminuria. It is a graphic account of a so-called progressively fatal malady.

EXPLORATION OF THE CHEST IN HEALTH AND DISEASE.—By Stephen S. Burt, M. D., Professor of Clinical Medicine and Physical Diagnosis in the New York Post Graduate Medical School. New York: D. Appleton & Co., 1889.

This is an unpretentious yet a most excellent little manual for either student or practitioner. It is tersely written, evidently by a positive man, who has something to say and says it in a clear and direct manner. He advises the student to first master the normal sounds of the healthy thorax, and upon this knowledge to base a correct understanding of the changes caused by disease; the only sure way to know it. It is well printed and well illustrated, a credit to the publishers.

Editor's Table.

Errata.—March number, page 162, headache of Gels. "aggravation" should be "amelioration."

Harold Wilson, M. D., removes his office April 1st, to 88 Lafayette Ave., Detroit.

Dr. F. E. Wilcox has removed from Rochester, New Hampshire, to Willimantic, Conn.

H. P. Boyce, M. D., goes to Cheboygan, Mich., taking the practice of Dr. Perrin, who goes to California.

D. B. Neal, M. D., of Little Rock, writes that Pine Bluff, Ft. Smith and Texarkana, Ark., are good locations.

The Cleveland Hospital, College and Dispensary were remembered in bequests made by the late John Huntington.

C. S. Durand, M. D., late of Sedalia, Mo., is in New York preparing for medical work in connection with a mission at Munggli, Central Provinces, India.

L. E. Helt, M. D., (Pulte, '89) and Miss Frances E. Fenton, of Winchester, O., were married March 21. The *ADVANCE* extends congratulations. The Doctor locates at 284 South 18th Street, Columbus, Ohio.

C. E. Fisher, M. D., late editor of the *Southern Journal*, recently made this office a pleasant call. The Doctor will spend a few months in the hospitals of New York and Europe before permanently locating in San Francisco.

BÖNNINGHAUSEN.—By the first of June Guernsey's Bönninghausen will be ready for delivery, and we refer our readers to advertising page 32 for particulars. Fill up the blank and send it in at once if you want a book that will help you cure incurable cases.

Mrs. Emma J. Bartol, of Philadelphia, has endowed another free bed in the Woman's Hospital (\$5,000). Also Alv. Higgins, the soapman, has donated \$1,250 to the Institution holding the largest number of "Higgins German laundry soap wrappers," the ladies turning in 21,861.

J. L. Moffat, M. D., Sec'y of N. Y. State Society, says: "The injustice of the single Board of Examiners is that it compels members of one school to submit to examination by another school. The State has no more right to favor one school of medicine than one system of theology over others."

Messrs. J. B. Lippincott Company announce to the profession the publication of a "Cyclopædia of the Diseases of Children," medical and surgical, by American, British, and Canadian authors, edited by John M. Keating, M. D., in four imperial octavo volumes; to be sold by subscription only. The first volume will be issued early in April, and the subsequent volumes at short intervals.

Polk's Medical and Surgical Directory is being revised and brought up to date; ready about Jan. 1, 1890. No name will appear who is not a graduate, hence it behooves the members of the profession to respond promptly when applied to.

Gentry's Repertory Concordance is now in press, published by A. L. Chatterton & Co., of New York. See advertisement in this number. Now that its publication is assured, and Vol. I to be ready in June, send in your subscriptions at once. The author has done his share; let those who have been longing for more and better repertories do theirs. See advertising page.

Lippincott's Magazine for March has, as usual, some good articles. "How I Succeeded in Literature" by Charlotte Adams, is one of the brightest articles in the number. The "Apotheosis of Travel" considers the annual hegira of Americans to Europe in at least a new, if not a novel light, and should be read by all who are contemplating a continental trip.

Scribner's for April has "A Shelf of Old Books" by Mrs. Field, which for all book lovers is of absorbing interest. It contains brief sketches and some excellent illustrations and portraits of noted men, especially of Rev. John Brown and his son, the celebrated Dr. John Brown, of Edinburgh, John Wilson (Christopher North), De Quincy and a *fac simile* of his writing, Wm. and Robt. Chambers, Allan Ramsay, Robt. Burns, Walter Scott, and his mother, wife and daughter. The article is a literary gem and should be read to be appreciated.

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No. 5

Original Contributions.

OPTIMISM OR PESSIMISM IN THERAPEUTICS.*

CHARLES WOODHULL EATON, M. D., DES MOINES, IOWA.

The immortal Socrates drank deep from the cup of hemlock, walked about a little time, and then laid himself down and died. That's history. A chief executive of our nation, Chester A. Arthur, drank deep at the cup of nephritic disease, walked about a little time, and then laid himself down and died. That's memory. There is held to the lips of the sturdy Hohenzollern Kaiser a deep draught from cancer's corroding cup, and he walks about a little time, soon to lay himself down and die.† That's to-day. What of the future that bears swiftly down upon us? The hemlock, the nephritis, the malignant growth, have all moved forward to the same inevitable end. They triumphed yesterday; they triumph to-day. What shall be the story of to-morrow?

The conflict between optimism and pessimism in therapeutics rages mainly over the field of chronic diseases. In acute maladies the bridging over of a few crucial days secures the successful issue. If only life can be maintained while a few swift days fly by, recovery is certain. Let life but remain, and a few day's time ferries us over to solid

* Read before the Iowa State Association, at Iowa City, May 23rd, 1888.

† Written in May, before Emperor Frederick's death.

ground again. There is small room for pessimism here. Hope always hovers over narrow-veiled emergency.

But when we turn to chronic disease the exact opposite obtains. Here the days are our enemies. Before, their rapid passing away brought us to the end of a malady which at its worst was self-limited. But when chronic disease is encountered there is absolutely no time limit; and each successive day but supplies additional time in which the morbid process may carry on its baneful work. Here's the rub. If from practical health the body has fallen into a diseased condition which every passing day but helps to further develop, can we hope that any agency will be able to turn back the shadow on the dial, reverse the flight of time, and restore to health? If the healthful body could not even maintain its health, how can we hope that it will regain it when lost? If these things be done in the green tree, what shall be done in the dry? What should be the attitude of the therapist as toward these questions? If he incline to the optimistic view, is he visionary? If he incline toward the pessimistic, is he therefore more scientific?

It is right here that a dividing line runs through our ranks. On the one side are those who have seen unpromising cases recover, and remembering this, are inclined to speak hopefully and work hopefully when encountering a doubtful case. They are optimists. On the other side are those who have sore remembrance of defeat, when some grave malady pursued its way to the bitter end, unchecked by the most skilled combat; and they give a sombre and chilling prognosis, and feel that they are exercising the truly scientific spirit in so doing. They pride themselves on ruling out mere desire and taking account of already established fact only. They are pessimists. Which is the truer position? On which side of the line should we place ourselves? Shall we look for the best, or shall we look for the worst? Which is the more truly scientific?

This paper does not come forward with any ready-made answer, any dogmatic decision, for these large and weighty questions. Its purpose is but to invite attention toward a

consideration of some of the factors which should enter into the make-up of this decision.

Allow me, then, first, to remind you that there are certainties in physiology and pathology. We, as physicians, are often accused of being but the blind followers of theory and experiment. Yet there are some things we know. We know positively that the blood current is sweeping through the system with surprising impetuosity. Pinion a frog, and put the delicate web of his living foot under the objective of a microscope. What do you see? You see the ultimate capillaries, channels so small that the blood corpuscles can pass through them only in single file. You see these corpuscles threading these mazes, not with leisurely motion, but flying through on their swift errands like the shuttle in the loom, weaving together the warp and woof of life. The intense activity is impressive. Those who have seen it cannot easily forget. This, then, is the first point—*the intense activity within the tissues*. Let it stand out sharply in our minds as being the first certainty.

What else are we really sure of? What else do we know with absolute certainty of knowledge? We know this, that the molecule is king. Pick carefully a spear of grass so as not to disturb the dew which trembles on its point. Look for a moment at that crystal drop. It may truly be said to be composed of hydrogen and oxygen. And yet we may have a mixture of these two gases, yet altogether miss having a sparkling drop of water. The unit of the dew-drop is not oxygen, is not hydrogen. Now take two atoms of hydrogen and one of oxygen. They join hands in forming a new substance. That substance is a molecule of water. And our dew-drop is built of these molecules of water. The molecule is the unit. Do not accuse me here of indulging a mere quibble over the fact that the gases are invisible, and the water visible. By the application of heat drive that dew-drop into the invisible gas we call steam, and it remains true that we do not have oxygen, do not have hydrogen. The unit of the steam is still the molecule. The nearest clay bank is not a mere

mixture of oxygen and aluminium. If it were, we need only to sift the one from the other to revolutionize the arts in a single day. It is, instead, a mass of aluminium oxide, an aggregation of its own peculiar molecules.

I have thus called attention to the clay bank and the dew-drop, to freshen remembrance and conception of the fact that the molecule is the unit of all bodies. There is no escape from the steel-ribbed law, that as is the molecule so must the resultant body be. For the molecule is the unit always and everywhere; and nothing exists that is not made up of its units. It is an absurdity on the very face of it to speak of an aggregate that is not the sum of units. Yet we constantly forget it. We speak great swelling words of Xerxes' army of a million men, and forget they were mustered in one by one. Your fortune may be a round million, but it is a round million of *dollars*. The limited express may take you from Chicago to New York in twenty-five hours, but it is mile by mile just as truly as when its slow length is dragged out behind a team of oxen. You may hold in your hand a sphere of glass; solid, homogeneous, transparent though it be, you have only a pile of glass-molecules.

Push the investigation one step further. All inert matter is built up of molecule units. What of living matter—"organic" bodies, as science has it? The human body, for instance? How is it built up? Of molecule units, precisely as is the inert matter. The only difference is that the unit of our bodies is more complex than the inorganic unit, and has received the distinguishing name of cell. But this poor word "cell" has been so ridden to death by wild-eyed pathologists and crack-brained *savants*, that it has lost in our minds its sharpness of outline and become somewhat a creature of fancy and vehicle for the imagination. That precision of thought may be attained, compel the mind to stand vigorously by the fact—the fact that our bodies are built wholly of definitely formed cells which may be seen and handled, just as truly and in just the same sense as the cables of the Brooklyn bridge are composed of innumerable strands of wire. We began with

the inorganic, and there found the certainty to be that the molecule is King. We pass over to the organic, to the human body, and the same inevitable, immutable certainty confronts us—*the cell is King*. It wields the sceptre of an absolute despotism. When this cell-king graciously extends his sceptre to the rosy daughter of health, the muscles grow rounded and the eye flashes. And when his sceptre is extended to the skulking shadow of death, the shrunken form totters to its dissolution.

Constant, intense activity within the tissues was our first certainty. That the cell is King is our second certainty. What shall be the third in this trio of certainties?

It is this: *Disease is a mob of cells*. What is disease—any disease of any tissue? It is only and always the misdirected activity of its component cells. All tissue is but an aggregation of cells. And these cells are the seat of unremitting activities. To say that a given tissue is healthy is but a familiar way of saying that its myriad cells are decorously employed in their proper labors. To say that tissue is diseased is but a familiar way of saying that its myriad cells have been turned from their normal labors, and are acting riotously. Health is normal cell-action. Disease is abnormal cell-action. The proposition is simple, its comprehension easy, the fact it sets forth one of the certainties in medicine.

We have now in hand our three certainties. I name them over again that our grasp be not loosened. They are first: intense activity within the tissues; second, the cell is King because it is the unit both of the tissue—body and the tissue—activities; third, disease is a mob of cells. Standing on this tri-basic foundation of certainties, what shape may our reflections properly take?

Foremost in the thought of each one of us, I am sure, will be the prompt conclusion that life and death are molecular—always and everywhere. Health is cell-health. Disease is cell-disease. There is no health that is not the direct product of cell-health. There is no disease that is not the direct consequence of cell-disturbance. Disease will be conquered just in proportion as the misdirected

cell-energy is constrained to return to its normal exercise. It is a wofully crude conception which slips into our minds now and then, that our remedies must attack this enlargement or that morbid product *en masse*. If the remedies do the work at all it is because they give right direction to the multitude of cell-workers which compose the tissue. These myriad workers once set right, toiling ceaselessly by day and night, noiselessly tear down the abnormal structure, carry away the morbid material, and restore the part to its normal contour and texture. Let me but direct the cell in the discharge of its duties, and I can defy every disease in the entire range of pathology.

We may not think of the body as of some building whose walls of brick have been laid in place to stay as long as the building itself shall last. Were this the case, it would be just as hopeful a task to pour medicine down the side of a wall which has become cracked and unsafe with the purpose of making it solid again, as to pour medicine down the mouth with the purpose of making the body sound again. No. Our bodies are structures upon which are engaged by day and by night millions of Liliptian workmen, busily tearing out and carrying away the old material, and replacing it with new and serviceable. Command these workmen, and you determine the character of the structure. They used to teach us that these workmen rebuilt the temple of our bodies once in seven years; but recent researches suggest that under favorable conditions they can give us the new building in as many months. But it is not necessary to discover the exact time in which this work may be completed. Suffice it to know that it is being carried on with great rapidity.

Under superficial conceptions of chronic disease and morbid growths, it does certainly seem visionary to expect any medicine to effect radical change. But when we hold ourselves carefully to the actual facts of the composition of tissue, the intense activity in its every part, the supreme power of the cells, and the constant and rapid rebuilding continually going on, is it not most reasonable to suppose that these cell-energies may be so influenced and directed

as to be made to work out the salvation of the parts involved? Take, for example, one form of Bright's disease, granular degeneration of the kidney. It is conceded on all hands to be incurable. It consists in the increase of the substance of the connective tissue frame-work of the kidney. And just so fast as this frame-work gains substance, the proper secreting tissue, imprisoned among its reticulations, suffers annihilation. The one gains at the expense of the other. Would any sane man suppose that medicine could "do anything" for such a case? Under the generalized view we are so easily betrayed into, it appears absurd to entertain such a notion. But when we bring ourselves down to the minute scientific fact, and see the army of tireless cell-workers in that kidney, is it not reasonable to conclude after all that there may be some means of so directing these busy workmen that they shall restore the structure? We have not yet found the means, but is it not rational to expect that we shall find them? Is not the scientific attitude of mind optimistic rather than pessimistic?

I was impressed by a recently encountered hint in this direction. The old man was almost ninety, an age when tissue changes are comparatively slow and difficult. There was an indolent growth over the outer margin of the ramus of the jaw, which might have weighed four ounces. It had been long in coming. Nothing was done for it. But of their own accord the little workmen undertook the task, and it was carried away, melted down in a few months—a change, I would not have hesitated to say, was impossible. Standing upon the three certainties of the intense activity within the tissues, the supremacy of the cell, and the cell-riot of disease, the optimistic therapist occupies the logical position. Years ago Professor Huxley said, "If we consider the knowledge positively acquired, in this short time, (the forty years preceding), of the *modus operandi* of urari, of atropia, of physostigmin, of veratria, of casca, of strychnia, of bromide of potassium, of phosphorus, there can surely be no ground for doubting that, sooner or later, the pharmacologist will supply the physi-

cion with the means of affecting, in any desired sense, the functions of any physiological element of the body. It will, in short, become possible to introduce into the economy a molecular mechanism which, like a very cunningly-contrived torpedo, shall find its way to some particular group of living elements, and cause an explosion among them, leaving the rest untouched." For the maladies known to-day as incurable we have not yet contrived the torpedoes. But why should we doubt that they are coming inventions? Has the car of progress rolled along the centuries only to be stayed in this year of grace? Hippocrates yesterday. Homœopathy to-day. Who dare measure the hope for to-morrow? Columbus must first dream of the western continent, and then by dauntless toil coerce the dream into the reality. Morse must first dream of the lightning messenger, and afterward send the electric word. Watt must first dream over the tea-kettle, and afterward put steam in harness. Standing by the bed-ridden and distressed, the incurably forlorn, we are but weak-kneed scientists if we do not dream of triumph yet to be, and ever reach out after it with eager, toil-hardened hands.

Dealing with doubtful cases, and cases commonly supposed to be incurable, the scientific physician is at the farthest possible remove from the position of one who simply does or does not know of something "good for" this or that malady. Emphatic protest should be entered against that conception of the physician which holds him to be a man who may chance to know what is "good for" the roster of diseases. You call up a man before you. "Tell me, sir," you say to him, "do you know how to set up a stick of type?" Answer at once, "yes," or "no." That's sense. You call another. "Tell me, sir, do you know how to send a telegraphic message?" Answer, "yes," or "no." That, too, is sense. You call a physician. "Tell me, sir, do you know what is 'good for' consumption?" Answer, "yes," or "no." And that is sheer nonsense. Types are not individuals and living organisms. They are common matter cast in common molds. The electric button is

not an individual and a living organism. It is common matter measuring off inorganic force. But the consumptive is an individual. He was not run in a common mold, nor is he the product of a factory, making machines whose parts are all interchangeable. He is peculiar to himself. And he is a living organism, subject to the constant play of living, organic forces. The physician carefully investigates this organism, an individual by itself. Being possessed of the knowledge of its condition, what problem presents? Is it simply this. Does he know anything "good for" consumption? Away with such folly. Is it, then, this: Does he know anything "good for" his patient? That question is a great improvement upon the first, yet it is still insufficient. The real problem is whether he can, in this individual, by any combination of agencies whatsoever, so influence the tissue cells that their tireless activities shall cease to work destruction, and be turned in such direction as to become forces making for life instead of death. That is the whole issue. That is the only question. The working out of the solution of that ever-recurring, ever new problem, is what levies such a relentless tax upon the knowledge, the judgment, the observation and the invention of the physician. I would mass all emphasis at this point, for it is the pivotal point, the core and essence of all therapeutics.

Therapeutics may very properly be defined as the science of directing cell activity. And the reason that so many methods for curing the sick, find advocacy, is because there are various ways in which cell-life may be influenced. Some man becomes enamored of the movement cure, passive exercise, or vibratory motion, whichever name you may prefer to give it. This man proposes to cure almost everything after this fashion. And he really does much good work because this passive exercise does really influence cell activity. Another man is enamored with oxygen, calls it compound oxygen, perhaps. This man proposes to carry everybody to the promised land of health by the oxygen route. He really does much good work because the use of oxygen does really influence cell activity. The hydropath

urges upon us the claims of water, the electrician insists upon his battery, and Schussler comes forward with his twelve tissue remedies. Time fails to complete the list of these special methods. And they all accomplish more or less, because all of them influence cell activity more or less. Nor is it true, as sometimes said, that if such an one of them is right, therefore, the others must be wrong. They simply approach cell-life by different paths, and should be, not antagonistic, but allies.

This paper having insisted that the cell is supreme; that it is supreme both by reason of its position as forming the substance of the tissues, and by reason of its ceaseless and intense activities; that all successful treatment of disease has been the influencing of cell activity to take the right direction; that it is rational to expect success to encroach upon the incurable because logical to still look to the cell for relief, it becomes pertinent to inquire by what means or by what agencies it is proposed or expected to bring to successful issue the great task of setting right again these perverted and perverse cell activities.

I am not slow to meet this challenge. I have no new and wonderful scheme to spring upon this Association. I am not about to pull some string whereby a jack-in-the-box will pop up before you. I am a Homœopathist. I was a Homœopathist ten years ago. I am ten times the Homœopathist to-day. And the next ten years will multiply it in the same ratio. I am a Homœopathist to the backbone. Indeed, my backbone is the result of my Homœopathy. These side issues in therapeutics, the water, the electricity, the Schusslerism, the oxygen, the host of methods, are all well enough as adjuvants, but the homœopathically selected remedy must bear the brunt of the battle. There are many methods but only one law. On our railroads the down grades and the up grades, the air-brakes, the wheels, the lubricating oils, the bell and whistle, all have to do with the running of the train. And yet, after all, it is the steam that does the business. In like manner, after we get down through all the fuss and feathers, it is the homœopathic remedy that really does the business.

Nor is it necessary that the face of one who looks for increased achievements in therapeutics, should be turned toward new remedies. There is untold wealth of undiscovered power lying hidden in the remedies which we are wont to think familiar. Occasional cures, by familiar remedies, of what are known as incurable cases, bear telling witness to this fact. For these cures are not by chance. Natural law knows neither accident nor exception. These cases all mean something. Proving does not put us in possession of the entire possibilities of a drug. Who could predicate from provings of *silicea* all the useful applications of which it is susceptible? The provings of *aconite* did not at once suggest even its main sphere of usefulness. Dr. Quin, the pioneer Homœopathist of Great Britain, was well acquainted with Hahnemann, and has left on record how, "in 1826 he asked him how he had discovered the great antiphlogistic power of *aconite*, as that was not evident from the proving. Hahnemann replied, that he had not directly discovered this property from the proving, but that whilst treating some inflammatory disorders he was led to the employment of *aconite* from the similarity of some of the concomitant symptoms with some in the pathogenesis of *aconite*, and he had found its administration followed by a great diminution in frequency of the pulse and a cessation of the febrile state."

Not from any troop of new remedies, not from some new law of cure, not from any revolutionizing discoveries, but from the vantage ground of a better understood and closer applied Homœopathy are we to conquer the incurable. Because one of the natural laws, Homœopathy demands as steady acknowledgment as does gravitation. If I have ever yielded weak assent to the twaddle that in selecting one's physician it should be the man rather than the "school," I repent in sackcloth and ashes. I much prefer having a second-class man plunge his weapon into my disease, rather than to have a first-class man miss my disease and plunge the weapon into me. Stand with me by the bedside of the young mother. It is a most pleasing sight to see approaching that bedside a practitioner, uncouth indeed,

but carrying in his hand the priceless jewel of Homœopathy with which he purchases life and health for her in that narrow pass where the gates of life and the gates of death are so strangely set over against each other. But how painful the sight to see by the same bedside a practitioner learned and urbane indeed, and yet gravely absorbed in the ill-starred employment of throwing a hundred grains of quinine into the face of Providence. Various degrees in brilliancy of attainment can well be tolerated if only the silver thread of a truly scientific method run through them all. But learning and brilliancy become wholly intolerable when joined with chaotic blundering over human distress.

When as now we are met at a distance from the scene of our daily labor and its stern realities, and are undergirded by our mutual sympathies, it is easy to speak hopefully; but these lines were not written here, they were written in the midst of the work itself. They are straightforward, inevitable deductions from what is known in physiology, pathology and therapeutics. May the message be a helpful and cheering one. I know too well the truly terrific responsibilities and anxieties you carry upon your shoulders, uncomplainingly, dumbly, month after month. I would cheer your hearts and strengthen your hands by thus reminding you of what the past presages of the future; by thus asking you to listen to what the cell would whisper in the ear of the thoughtful and dispassionate physician: "A point which yesterday was invisible is goal to-day, and shall be the starting-point to-morrow."

LEDUM.—Ecchymosis, remaining a long time in bruises and contused parts, after pain and inflammation subside. A few doses of the potentized remedy internally is sufficient.

MANGANUM.—Cough; dry, constant, from irritation under midsternum, worse from talking, laughing, walking, deep inspiration, (with painful dryness, roughness and constriction); *always promptly relieved by lying down.*

Materia Medica.

HEPAR SULPHURIS CALCAREUM.

POST GRADUATE COURSE.

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

In taking up the study of remedies, I shall omit preliminaries usually taken up in lecturing to a class of neophytes; hence we shall not study the chemical, or pharmaceutical classification of drugs, but take up the study of symptomatology. There is an exactitude about the study of Homeopathy; we cannot deviate from the recorded symptoms. It is impossible for one to carry all the symptoms of the *Materia Medica* in memory. One must undertake to carry the characteristics of each remedy that form its picture; to carry a clear image of each remedy in common use. But when we come to the study of minute details, the minute study of a remedy, it constitutes simply the taking up of the proving and the studying of it with a view to its application in the sick room—to see what we can do with it, to see what symptoms occurring in disease this remedy is similar to—in a characteristic way. Every remedy has its own peculiarities, just as every individual walking upon the street has his peculiar walk. We see them walk, and they are human beings. We study our medicines, and they are drugs to be used at certain times.

I shall now take up the study of a remedy, a polychrest. I have selected one that you probably know as much about as any in our books; because of the extensive knowledge concerning it we can better see how to study it. I will take up *Hepar*.

In studying this remedy we will see striking resemblances between it and several other medicines, especially *Hepar*, Nitric acid, *Mercurius*, *Silicea*, and *Sulphur*. We will also see many striking resemblances between the symptoms of *Hepar* and those of other remedies under

certain headings, as between Hepar and Mercurius. Among the first things we do when we take up the study of a drug is to classify it as to cold and heat. Hepar is a "cold medicine." It is adapted to subjects that are always shivering. Persons who are always shivering are good subjects to prove Hepar. Hot-blooded subjects would be hardly sensitive enough to prove this remedy in proper doses. In obtaining provers you must select them with great care, or you will not be able to bring out symptoms. Only recently a man in the South offered his body for the proving of potentized remedies, not seeming to understand that it is a most difficult undertaking to find a drug to which he would be at all sensitive. If you want to prove Hepar you must select for this purpose a chilly subject. Hot-blooded subjects will not get a proving unless they use large doses.

This peculiar condition of the Hepar patient modifies all the symptoms of the drug, except, perhaps, some symptoms of the head and teeth. The Hepar cough is made worse by placing the hands out from beneath the bed-covers. The Hepar patient is always chilly and always freezing. The pains are made worse from cold. Except some forms of headache and toothache which are made better from walking in the open air; most of the other symptoms are worse in the open air, unless it happens to be warm air. The stomach symptoms are worse from drinking cold water; so much is this the case that the stomach thereby becomes chilly and diarrhoea is brought on. Hepar is one of the medicines that has diarrhoea from drinking ice water. Here it is similar to Arsenicum and Pulsatilla. The Arsenic subject is also chilly, but he has internal burning. Pulsatilla has an opposite state. It has considerable shivering; while the patient desires to be always in the open air, yet she wants to be bundled up. But most of the states of Pulsatilla are opposed to those of Hepar in that they are made better by cold.

The Mercury subject is sometimes a cold subject and sometimes a hot one. Mercurius is one of the parallels of Hepar. We will see by many comparisons that these two

remedies are very similar in every sphere of their action. While Mercurius is a cold subject and is worse in damp, cold weather, he is at the same time worse from the warmth of the bed, while Hepar is better from the warmth of the bed. The Mercurius patient is unhappy from this state; he wants the clothing off, but as soon as he lifts it he feels chilly.

In Hepar we have great general weakness; of mind, of the limbs, great muscular weakness almost amounting to actual paresis; great prostration, the mind seems to give out, almost imbecility, loss of memory, melancholy.

Now as evidence of the paresis of the circular muscular fibres produced by Hepar, we have in the bladder, almost complete inability to pass urine, or can only pass urine slowly. The muscular walls of the bladder are so feeble, that the urine almost dribbles out. It falls perpendicularly to the ground. This weakness runs all through the symptomatology of the drug.

While in Mercurius there is general weakness, there is more irritability of mind. The Mercurius patient is irascible, obstinate; will not bear opposition; is easily tormented; the pains are tormenting. He is not passive in anything. He is low-minded; has some loss of memory. All of these disturbances create great prostration.

The character of the discharges under the two remedies is purulent. Mercurius has thick, yellowish, and yellowish-green discharges. Hepar has thick discharges, sometimes almost cheesy, with an odor like that of spoiled cheese. The discharge from his nose and ears is a thick, yellow, fetid pus, or mucous pus, or a mucous discharge resembling pus. We may note the same characteristics in the gonorrhœal and vaginal discharges. The ulcers, also, give out these same discharges. Again we have a similarity between Hepar and Mercurius, in that both produce thick, bloody discharges.

The suppurating tendency seems to run through both remedies. Both have stinging and burning pains in threatening abscess, in ulcers, and in threatening suppuration. The Mercurius ulcer is worse from the warmth of

the bed. The surrounding parts itch and burn from the warmth. The Hepar ulcer is made better from the warmth. If we have an abscess with stinging and burning pains, we find that the pains of Hepar are made better from heat, while those of Mercurius are worse.

We find the pain and distress of Hepar quite similar to that of Mercurius; the Hepar sufferings come on in the evening, generally ending before midnight. They appear again in the morning. The Mercurius symptoms begin after the patient gets warm in the bed and last the greater part of the night. With this suppurative formation, both remedies have copious sweats, in neither with relief of the sufferings. In both there is tremulousness and anxiety. Hepar sweats day and night without relief in cases of suppurating cavities. Mercurius sweats in the night; sometimes in the morning. In some cases the pain is actually made worse by the sweating.

We have the same characteristics running through both remedies in rheumatic affections; Hepar with drawing pains, and Mercurius with rending, tearing pains. Hepar may sweat day and night, with Mercurius, the sweat comes at the time that the pain is the greatest. The alternation of chilliness with heat under Mercurius, is a feature distinguishing it from Hepar, which wants to be covered up all the time. In the rheumatism of Mercurius, the pains are so severe that he gets out of bed, and then he is driven back again in order to obtain the warmth.

Another grand feature of these two medicines where they come together, is in their action on glands. The glands swell in both of these remedies; become inflamed and suppurate. Inflammation of the glands with or without suppuration, belongs to both Hepar and Mercurius. The glands of the neck more especially, are thus affected. Some of the most beautiful cures ever made, have been in cases of inflammation of the ovaries treated with these medicines. Mercurius, especially, belongs to the left ovary; in fact, as markedly so as Lachesis. Many have been the times that I have gone to the bedside when Lachesis seemed at first indicated; but it was not. You know

that there is a tendency of many of us to prescribe by routine. Severe pain in the left ovary means *Lachesis* too often. You ask any neophyte what remedy prefers the left ovary, and he will answer, *Lachesis*. Let me tell you that *Mercurius* selects the left ovary for its action as markedly as does *Lachesis*. With *Mercurius*, the greater the pain the greater the sweat. The pain comes in the evening and lasts a great portion of the night, and is of a stinging, tearing character. In the last case of this character I attended, I could hear the lady scream out in the street, so severe were the pains. She was covered with profuse sweat and with flashes of heat going through the body, making her desirous of throwing off the covers. When she would lift the covers she felt as if she would freeze. *Mercurius* will stop the pain in a case like that in fifteen minutes, and the patient will go to sleep. If the pain were in the right ovary with these symptoms, that would not contra-indicate *Mercurius*. Any glandular inflammation with stinging, tearing pains, will suit *Mercurius*, when all the symptoms agree.

There is one thing to remember, that the *Apis* patient wants to be in the cool room; not so *Mercurius*.

Apis seldom sweats with the pains. It is common for the sweat to relieve the pains of *Apis*.

Vespa is a remedy in case of inflammatory affections of the left ovary, with stinging, rending pains, and the patient wants to be in a cold room; it is here a better and quicker acting remedy than *Apis*. *Vespa* has a more violent set of pelvic symptoms, pains in the uterus and ovaries of similar character, and more intense even than those of *Apis*.

Hepar and *Mercurius* have both given us excellent results in affections of the bones; in caries. We have here the same general features as elsewhere; worse from the warmth of the bed, *Mercurius*; better from heat, *Hepar*.

We sometimes run into a condition about the ankle where *Hepar* and *Mercurius* run together, in which relief comes only from putting the foot into ice-cold water. This cannot mean either of these. Just think of a case

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of caries of bone, where suppuration has been going on, and spicula of the bone come out of the sinuses, and the only relief the patient can obtain is from putting the foot into ice-cold water. The remedies having this condition are Pulsatilla and Ledum.

I remember one time of being called to an old gentleman, whose feet were swollen, blue and œdematous. There was a pretty high grade of inflammation about the periosteum over both shin bones. He had passed through a long period of syphilis, and was greatly broken down. When I saw him his feet were in a pail and he had a piece of ice between his legs. He said that he would die if he removed his feet from the ice water. He received a dose of Ledum and he never put his feet into cold water again. The swelling all went out of his feet promptly. Pulsatilla and Ledum are the only remedies with which I am familiar that have periositis, with blueness of the feet, looking like chilblains, and all the relief that can be obtained is by putting the feet into ice-water. When you get such a symptom, you will wish for these remedies.

There is a grand feature that runs all through Hepar, that of eruption. These eruptions are sometimes moist and sometimes dry. They are pustular; there are boils, large and small; pimples; great round ulcers surrounded by large boils; sometimes a carbuncle occurs on the back, and is surrounded by fine pustules, a little hybrid eruption. That which distinguishes Hepar in many of these cases is a sticking sensation,—a sensation like little sticks in the part affected which is found all through the Hepar symptoms. Nitric acid also has this symptom. When there is suppuration going on in the tonsil the patient feels as if there was a stick sticking in the throat. Old ulcers feel as if sticks were “jagging in.” There is stinging in the edges of the ulcers; in ulcers of the throat that may be specific. These ulcers are often present in the cases of old syphilitics who have been iodized excessively, or who have been fed on Iodide of Potassium in large doses. Generally in such cases you will find many Hepar symptoms present.

Nitric acid has these same sticking sensations. In the

throat we find this same ulceration and suppuration with Nitric acid, and Hepar compares closely to it. For sensation as of sticks in the throat, we may think also of Alumina, Argentum nit. and Natrum mur.

Under Alumina we seldom have much ulceration of the throat. There is always a thick, granular, spongy condition of the mucous membranes, and the voice is husky. There is also a sticking sensation. As soon as the mucous membrane becomes dry it starts him to hawking. There is a scraping feeling in the throat, as if little sticks were there. He is always swallowing over sticks.

A similar dry condition of the throat belongs to Natrum mur. You could not individualize between these remedies by the throat symptoms alone.

In Hepar the throat trouble is either an ulcer or a suppurative condition. In suppuration of the tonsils the patient cannot swallow, because great sticks seem to be sticking into the throat during the act. When he swallows, pain extends to the ears, following the course of the Eustachian tubes.

In Nitric acid this sticking sensation may accompany an ulcer, but it is hardly ever attended with suppuration; fuzzy surface in the throat; the tonsils are covered with follicular patches.

In the nose we have characteristic conditions for both Hepar and Mercurius. Mercurius has a greenish, thick discharge, and the condition present partakes more of a catarrhal character, while Hepar attacks the bones of the nose, so that lateral pressure produces soreness and aching through the root of the nose and the bones of the nose. But old syphilitics, in whom the bones of the nose have sloughed out, discharged with the mucus in small pieces, the nose flattened out; there is great swelling, and they have taken Iodide of Potassium, Iodine and Mercury, Hepar comes in as a valuable remedy, and sometimes alone finishes the case, and gives the patient a moderate degree of health.

Under Hepar the complaints of the body are all worse in the open air except the headache and the toothache. In

the toothache the pain is of an aching, rending character. The pain in the case of headache is mostly in the forehead and is associated with an inability to think. It is not uncommon for the Hepar headache to be made worse when the head is uncovered. In fact that is the general characteristic; but if the head is covered he is better in the open air.

Now one of the characteristics running all through the Hepar symptomatology is a marvellous sensitiveness. The most sensitive, delicate, irritable mortals on the face of the earth are Hepar subjects. The patient is sensitive to the slightest draught; always wants his head covered up; always wants to be in a warm place. He is sensitive to cold. Mentally he is marvellously sensitive, sensitive to every impression; over-sensitive to pain, in fact as much so as the Chamomilla patient, hence the key-note, "slight pains cause fainting." In Chamomilla it is a mental state; in Hepar it relates to the body.

This symptom is as characteristic of Hepar as nausea from slight pain is of Ipecac. We know how that symptom runs all through Ipecac. There is scarcely anything in the Ipecac subject without nausea. If he has pains in the head he is sick at the stomach. If she discharges a little blood there is nausea. Pains in any part of the body will soon bring on vomiting. With Ipecac. a slight colic will be attended with nausea. So you see the parallel with Hepar in pain. "Pain causes her to faint." Hepar suits sensitive children that are scrofulous, and have ulcerations of the skin; eruptions on the scalp; behind the ears; on the face; discharges from the eyes; extremely sensitive to all impressions; sweating all night, and sweating about the head; it steals many of these symptoms from the Calcareia it contains.

There is another grand characteristic of the Hepar patient, and that is the offensiveness of it. The Hepar baby is sour; the mother may wash it as carefully as possible, and yet five minutes later it has a sour odor about it again. During the course of the summer the discharges from the bowels are sour, whether it be a case of diarrhoea or dys-

entry. The breath smells sour. The perspiration of the body is sour. He sweats all day a sour, pungent sweat.

Another form of offensiveness under Hepar is that running through all the discharges of a purulent character, especially in old ulcers, which have an odor like that of old cheese. Some of the provers in relating this symptom made use of the expression "smelling like rotten cheese." No remedy is indicated so strongly as Hepar when this odor is present.

As I have already said, this sensitiveness runs all through the Hepar symptomatology. I have hardly said anything concerning Hepar that is not characteristic. I have hardly touched on any of the finer symptoms of the drug. We all know how useful Hepar is in croup. What would we do without it in some forms of croup? Aconite, Hepar and Spongia, perhaps lead our list of remedies in common croup that comes from exposure to cold winds. The Aconite croup comes on in the first sleep. The Hepar complaints come on more slowly. If you were to commence to take Hepar for the purpose of proving it, you would not get symptoms for days. The symptoms are passive in character. Not so with Aconite. Aconite has a hoarse, barking cough; so has Hepar. Hepar has a hoarse cough with choking. Every bark chokes him; not so with Aconite. The Aconite patient will start up with anxious restlessness and fear, with a hoarse, croaking, croupy cough. Now this cough of the Aconite croup comes on the very first night after the day on which the child was out and exposed to the raw wind or cold atmosphere. Not so with Hepar. The Hepar case is of slower onset. The child takes cold. The symptoms appear. The next day they are a little worse. Then the croup comes on. The morning and early evening are the times of aggravation; at least the aggravation comes on before midnight. Hepar then has the history of a case coming on more slowly.

Now Spongia has a place intermediate between Aconite and Hepar. If the child takes cold in the day time, about two or three o'clock the next morning it arouses with a hoarse, barking cough, with suffocation; then do not be

afraid to give Spongia. There is less fear than in the Aconite case. The time of aggravation is two o'clock in the morning.

Suppose you have given Aconite and it quiets the child. In the morning the child is still croupy. Aconite has proven insufficient; it has not been deep-acting enough. It has warded off all danger temporarily. Then your remedy is Hepar. Hepar is thus complementary to Aconite.

HELIX TOSTA (TOASTED SNAIL).

W. H. LEONARD, M. D., MINNEAPOLIS, MINN.

This preparation of Calcarea has gained a popular reputation in some parts of the country where it has been successfully used in pulmonary hæmorrhage. We have no provings.

Case I. A gentleman applied to me for frequent attacks of hæmoptysis. Continuous hoarseness; dry, tickling cough; worse at night, preventing sleep; dyspnœa, worse from walking or ascending stairs (he was out of breath coming up one flight of stairs to my office); all the symptoms were marked phthisical, and as the usual homœopathic remedies had been already used without any relief from the attacks of bleeding, I at once gave him three doses of Helix Tosta cm. followed by Sac. lac. to be used at stated intervals. He had no more hæmorrhage. The patient fearing a return of the hæmorrhage, the Helix was repeated in a few weeks. Four months after the first dose, when I saw him, he was much improved in health and has remained well.

Case II. A lady of a tubercular diathesis, after child-birth developed the premonitory symptoms of phthisis. Several well indicated remedies were used to tide her over the impending crisis, but with unsatisfactory results. At length hæmorrhage set in which further jeopardized the patients' interests, both mentally and physically. I now concluded to try the Helix tosta cm. The effect was decided. There was no more hæmorrhage, the cough and expectoration gradually improved, and now, eight months

after, patient is fully restored to health and remains well.

This remedy deserves a proving, and I regret that with such marked clinical results I have so few guiding symptoms to offer to the profession. But these cases are sufficient to call our attention to the remedy, trusting that some one will give us a reliable proving.

HOMARUS (LOBSTER).

L. H. HALLOCK, M. D., SEBEWAING, MICH.

An hour after eating a small amount of lobster salad, a general pruritus commenced, most severe on the lower extremities, especially the calves of the legs. The itching was of a burning, biting character, not relieved by rubbing or scratching, and almost unendurable. The severity of the itching continued about two hours in spite of bathing with hot and cold water, both fresh and salt. The itching no sooner abated than my lips, nose and eyes began to swell until the eyes were closed and lips almost completely inverted. The throat was swollen and oedematous, so that it was almost impossible to breathe, with profuse salivation and lachrymation. About eight hours after eating the *Homarus*, had the appearance of a severe and protracted debauch. The symptoms disappeared in 24 hours, when I felt as well as ever. Once, since, have had a similar experience from eating a small quantity of lobster, so that I now give them a wide berth.

THESE few cases, drawn from the writings of the older physicians and from my own experience, are sufficient to convince the intelligent observer that the itch, together with its varieties, *tinea capitis*, *crusta lactea*, herpes, etc., are the external vicarious symptoms of an internal disease affecting the whole organism, and that *psora* is the most pernicious of all chronic miasms. After reading the above cases no reasonable and inquiring physician will dare to assert that the itch, *tinea*, herpes, etc., are mere cutaneous diseases, which may unhesitatingly be removed from the skin by external applications, because the organism is not affected by them.—*Hahnemann*.

Societies.

PROCEEDINGS OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

SYRACUSE, N. Y., Sept. 20, 1888.

THE MORNING SESSION was held at the office of William A. Hawley, 52 Warren Street.

Members present: Drs. E. B. Nash, J. R. Young, Wm. A. Hawley, Harriet Emens, Stephen Seward, A. L. Brewster, R. S. True.

Visiting members: Drs. D. F. Young, E. J. Robinson, S. L. G. Leggett and Frederick Hooker.

Communications were read from: Dr. Julius Schmitt, of Rochester, offering his resignation as Secretary-Treasurer of the Society in favor of Dr. R. S. True, of Syracuse.

Also from Dr. J. T. Kent, expressing his regrets that he could not be present at the meeting.

On motion, Society took a recess until 2 P. M.

AFTERNOON SESSION.

The Censors reported favorably upon the applications of Drs. R. C. Grant, V. A. Hoard, S. L. Guild-Leggett and D. F. Young, all of whom were unanimously elected.

Section 6 of the By-Laws was read by Dr. Hawley, who branded it as a mess of machinery without any use. He said that while the entire membership of the Society is requested to report in the case of each applicant, the response is so exceedingly limited that the duty is imposed virtually upon but very few, and he thought if a man were vouched for by three responsible physicians, that ought to be a sufficient guarantee for any applicant.

Section 10 was read and the Secretary was instructed to inform the membership that the motion to rescind *Section 6* would be voted upon at the next meeting.

Dr. Nash called for reading of the Organon, and § 121 to 145 inclusive were read.

Dr. Nash: I think the potency of the drug should be considered in its relation to the susceptibility of the

patient in every given case. Do not believe the same dose can be given in every case. The question of dose is an open one and to be applied in special reference to the susceptibility of the patient.

Dr. Seward: Results are better with those susceptible in proportion to their susceptibility.

Dr. Hawley: Some patients produce a proving with every drug they take. He cited a case of a lady who proved the ten-millionth potency of Lachesis, presenting the symptom of "sensation of sinking in bed."

Dr. Brewster: Twenty years ago when a proving was presented at one of the meetings of the N. Y. State Society with the 40 m. potency, the entire membership was paralyzed and ridiculed the idea.

Dr. Nash: While the infusion plan has gone out of date, there are some drugs that produce better effects in the infusion.

Dr. Young: A point presented at a meeting of the N. Y. State Society, was, that remedies given in warm water produced an effect in one-fourth the time they did in cold.

Dr. Seward could take any 30th potency; he had tried every day the year round, and realized no effect.

Dr. Hawley, had often made the same remark, but did not know but he would be compelled to give that up, since his experience with *Mercurius cm.* administered to himself—profuse general perspiration without relief being the indication. Now, if that affected me so favorably when sick, why should it not do the same thing in health?

Dr. Nash: Hahnemann's claim for the 30th potencies might mislead and convey the impression that nothing lower than the 30ths were used in provings, but in this section we see that he used the infusions.

Dr. Hawley: A faction of our school disclaim the utility of the 30th potencies, but I believe it is a fact placed beyond all cavil, that our best provings are made with the higher potencies.

Dr. Nash: Some advocate the giving of a single dose and then waiting until the effect is produced, but I prefer to give it according to Hahnemann's rule, that of repeating the dose until a positive effect has been produced.

Dr. Robinson: In his *Chronic Diseases*, Hahnemann claims that the intensity of an effect could be increased by increasing the quantity.

Dr. Leggett: Does not that refer to the rapidity of its action, rather than the intensity?

Dr. Nash: It would not be wise to repeat the dose in order to produce an intensity of the effect.

Dr. Seward: In many of our provings the dose has been repeated throughout the entire proving.

Dr. Hawley: Our provers should be more careful in noticing those conditions.

Dr. Robinson: Has the order of sequence been observed in Hahnemann's provings? If not, why?

Dr. Nash: As a rule, it was observed. In consulting Teste's *Materia Medica*, I found the use of Opium and Coffea controlled by the order of sequence. In Opium, sleepiness was followed by sleeplessness. In Coffea, sleeplessness was followed by sleepiness.

Dr. Leggett: Does not the modality of the drug include the sequence, aggravations and ameliorations?

Dr. Hawley: The susceptibility depends upon the miasm.

Dr. Seward: It depends more upon the individual idiosyncrasies than upon the miasm.

Dr. Hawley: Hence, the impossibility of relying upon the fixed law of sequence.

Dr. Nash: We would avoid the drug effect by giving the potentized drug. My students become bewildered right here. How can a drug producing constipation be given in diarrhœa? they ask.

Dr. Young: If a drug will not produce the same effect upon six different persons in health, will the same drug produce a curative effect upon the same six persons when sick?

Dr. Brewster cited a method of proving where the habits of the provers were considered in the effect produced. For example: We all took the drug and all reported diarrhœa. The question was then put: Is constipation or diarrhœa your normal habit?

The comparative merit of the two translations of the Organon used was discussed, and all agreed that Stratten's translation was the more desirable.

Dr. Nash: Symptoms not found in the provings should be observed.

Dr. Young: We do not appreciate the symptoms thus observed.

Election of officers resulted as follows:

President, Dr. E. P. Hussey, Buffalo; Vice-President, Dr. Leslie Martin, Baldwinsville; Secretary-Treasurer, Dr. Richard S. True, Syracuse; Censors, Drs. Hawley, Nash and Biegler.

On motion, next meeting will be held in Rochester, on third Thursday in December.

The Secretary was instructed to notify the newly elected officers of their election.

On motion, Dr. Hawley was requested to present at the next meeting a paper on Sanguinaria.

On motion, the Society adjourned.

RICHARD S. TRUE, Secretary.

THE REGULAR MEETING was held at Rochester, December 20, 1888.

Members present: Drs. E. P. Hussey, R. S. True, Wm. A. Hawley, Stephen Seward, W. F. Clapp, T. D. Stow, J. A. Biegler, Julius Schmitt, A. B. Carr, W. H. Baker, V. A. Hoard, R. C. Grant, R. H. Adams, S. G. Hermance and W. G. Brownell.

Report of last meeting read and approved.

Dr. Stow: Upon what does the susceptibility of the patient depend?

Dr. Hawley: It depends upon the miasm. Sick people do not have idiocyncrasies; it is supposed to be the well men who have those.

Dr. Hawley: Having made a motion to rescind section six of the By-laws, I wish to give a reason for so doing: In the case of applicants to be elected I am seldom able to get a satisfactory response from the members to whom I write for approval or disapproval; for example, in the case

of the applicants who were elected at our last meeting. I wrote at least forty letters, but received no definite reply that in the least helped the committee in its work save possibly three who reported favorably.

Dr. Biegler: I do not oppose the measure, but I question the propriety of rescinding section six at present. It may happen, as the Society grows, that there may be some unworthy applicant elected, and this accident may repeat itself until we are loaded down with an element of discord, to the injury of our cause. There is too much danger of men vouching for others, simply because they are asked to do so, and this provision will undoubtedly result as a safeguard to our society.

Dr. Grant: As Dr. Hawley has said he received but three replies that were of the least assistance to the committee, may it not often happen that even one negative answer might lead to an investigation, resulting in rejection?

Dr. Stow: I would have section six stand as it is at present.

Dr. Biegler: Information regarding any applicant must be secured from the membership.

On motion, the question was laid on the table.

On motion, a committee, consisting of Drs. Hawley, Seward and Stow, was appointed to draft resolutions in regard to the action of the physicians constituting the membership of the "Rochester Hahnemannian Association" in withdrawing from the Monroe County Homœopathic Medical Society, to report before the adjournment of present session.

The essayist, Dr. Wm. H. Hawley, read a paper, subject, "Sanguinaria Canadensis."

Dr. Biegler: I have made one cure on the indication, "pearly white condition of the fauces." The patient was of a diphtheritic tendency. Had another case of continued nausea, not relieved by vomiting, cured with Sanguinaria.

Dr. Clapp: Have discovered a similarity between the Sanguinaria and Natrum Muriaticum, a scalding, pricking and burning sensation in mucous membranes, somewhat

resembling Phosphorus; rusty colored sputa. Lippe speaks of one set of symptoms coming up to take the place of another set.

Dr. Stow: I think Pulsatilla possesses the same feature.

Dr. Hawley: Have heard Sanguinaria characterized as the acute of Sulphur. Have heard it said—though I do not credit it—that in phthysical patients where you don't dare to give Sulphur, you may give Sanguinaria. Don't believe anything short of the exact similar, whether it be phthisis or any other disease, should be used.

Dr. Schmitt: Should like to agree with Dr. Hawley, and if Sulphur were indicated, I'd give it at all hazards.

Dr. Biegler: No properly indicated remedy will kill the patient or do harm, but the difficulty is we are in danger of administering the indicated remedy wrongly. The corresponding remedy is always safe and effectual, whether in the early or late stages in any disease.

Dr. Hawley: I have found out that it is unsafe to repeat Johnstone's em. potencies.

Dr. Stow Will Dr. Hawley explain what we are to do with the analogues?

Dr. Hawley: You cannot, according to the teaching of the Organon, use anything but the one most similar. The term analogue applies to the drugs of a class having like characteristics.

Dr. Hoard: The symptom, an escape of flatus on coughing, is covered with Sanguinaria.

Dr. Grant: Have heard that Sanguinaria is a prophylactic to croup.

Dr. Beigler: Should object to using Sanguinaria or any other remedy, unless it covered the totality.

Dr. Clapp: One of the peculiarities of Sanguinaria is that it acts upon the entire mucous tract and covers the burning sensations wherever present.

The committee appointed to report on the action of the Rochester Hahnemannian Association was called for, and responded as follows:

WHEREAS, The members of the Hahnemannian Association of Rochester have resigned their membership in the Monroe County

Homœopathic Medical Society, because its members practice an impure Homœopathy; therefore,

Resolved, That this Society sustains them in their action and deems it one that every true Homœopath must follow or our noble science and art will be buried in a mass of error and falsehood.

WM. A. HAWLEY,
T. D. STOW,
STEPHEN SEWARD. } Committee.

Dr. Hawley: I am so glad that this fire has started in Rochester. There has been a still small voice whispering in my ear, "Come ye out from among them," and I am with you, if I come alone. I hear the earth quaking under the influence of the I. H. A. The honest men are coming out from among them, and so far as its being a sacrifice to stand by principle, I have never seen "the righteous forsaken or his seed begging bread." I have never seen a man who has always been true, in the begging business.

Dr. Stow: I attended a late meeting of the — County Homœopathic Medical Society, where I heard a man in all sincerity recommend the use of Aconite and Belladonna in alternation, also Hyoscyamus and Stramonium, and applications of Glycerine and Hydrastis to a woman's uterus. I wished I were somewhere else.

Dr. True: I honor you—Hahnemannians of Rochester—for the step you have taken, because I believe you are sincere in your action and have measured your ability to sustain yourselves in the position you have taken, and can rely upon the support of those who have been under your instruction long enough to be able to recognize the superiority of your methods over those who practice eclecticism. You have watched the signs of the times, and are convinced that now is the opportune time to "strike while the iron is hot." We bid you God-speed, and shall watch your progress with a great deal of interest, not to say anxiety, and while we are with you in sympathy you must not ask us to do likewise in Syracuse until the conditions which have made it possible for you to take this step in Rochester prevail in our midst as the result of the same kind of work as you have done. When the people of Syracuse and every other city, hamlet and cross-roads in this country

discover that Pure Homœopathy in the hands of those educated to the proper degree of perfection in the art cures more of their sick and gives comfort to the dying—then the eclectic cannot give his drugs away, and he will find himself left in a more frigid temperature than even the Allopath. A purely homœopathic prescription will command a higher price than a palliative measure can. It is far better to study a few cases well, and charge accordingly, than to serve the multitude for a pittance. The ability to prescribe rapidly comes with familiarity with the *Materia Medica*, and is the natural result of careful study and experience. A man thus prepared and competent to make a prescription so purely homœopathic as to produce a cure every time, will carry the people with him.

Dr. Beigler: While we have taken the first steps in the position taken, we do not possess the strength with which Dr. True credits us, but we know we are coming out right—because the Lord is with us and we cannot fail. It requires courage, but there can be but one end to this matter. We sincerely hope you will take the same step in Syracuse in the near future.

I wish for an expression of opinion in regard to palliative treatment in incurable cases and the value of Homœopathy in the dying hour.

Dr. Hawley: If the indicated remedy be used, it will often smooth the pillow of the dying and is the best palliative possible in incurable cases.

Dr. Biegler: Have not resorted to a palliative in fifteen years. Have met with serious cases continuously. Not a single case where the patient has gone down to death in a state of stupefaction from palliatives, and those dying under my treatment do not die in a struggle. Desperate cases often fall into my hands after having been given up by others, and I am fortunate enough not to lose more than two or three cases per year by death. A case of a man whose end seemed very near from heart disease, with complications involving the kidneys, exhibiting the symptom of fear, I gave him Aconite, resulting in a night of rest, and he was very comfortable for months. He died

afterward from kidney disease, which I had no hope of curing. The desire to be fanned led me to proscribe Carbo veg. Without it he was in great distress, but with it he was in perfect composure to the very end.

Dr. Carr: I have found that in my later practice, when I have relied upon the indicated remedy, rather than palliatives, I have been able to lead my patient to the hour of death in a state of quiet and rest.

Drs. Seward, Hussey and Schmitt gave similar testimony.

After the reading of communications from Drs. L. B. Wells, J. T. Greenleaf, Wm. M. Gwynn, W. E. Deuel and the Post Graduate Course of Homœopathic Philosophy and Materia Medica of Philadelphia, the Society adjourned to meet at Syracuse, on Thursday, March 21, 1889.

RICHARD S. TRUE, Secretary.

THE INSTITUTE MEETING.—LETTER FROM THE PRESIDENT.

MIDDLETOWN, N. Y., April 15, 1889.

To the Members of the American Institute of Homœopathy:

Your President sends you greeting, and wishes you all to remember that the annual session of the Institute will be held at Lake Minnetonka, Minnesota, from the 24th to the 29th of June, 1889. We urge upon every member the duty of attending these annual gatherings of our national organization, and we promise both pleasure and profit to all the members who assemble in June next upon the banks of that beautiful and historic lake—the pride alike of ancient Indian and modern American.

What we need is an earnest, enthusiastic and rousing gathering of the friends of Homœopathy in order that the dignity of our cause may be enhanced; in order that the virtues of Homœopathy may be better known and therefore better appreciated; and in order that the blessings which arise from the methods we have adopted may be as widely disseminated as possible among the people.

We ask all the members in the West to rally at Lake Minnetonka because they may thus demonstrate the value of holding meetings in that locality. We ask all the members in the East to visit the West and to show their appreciation of their Western brethren, and of the hospitality and cordial welcome which they will receive in the State of Minnesota. We ask the brethren from the South to go up during the hot month of June from the torrid

breath of the Southern slopes to the cool and refreshing breezes of the great North wheat state. We ask the members who dwell upon the Pacific slope to come East and enjoy once more the friendships of former days.

We especially urge the Chairmen of the various Bureaus to work with vigor and energy during the next two months, for the purpose of insuring a large number of valuable papers to be read at the meeting. And we also urge upon the various Chairmen the propriety and the duty of securing these papers as soon as possible, in order that a careful and full synopsis of each essay may be incorporated in the report which each Chairman is expected to make. We expect all who are interested in our cause to do their utmost to make the next meeting of the American Institute an assured and triumphant success. "Naught more we ask, nor less will have."

SELDEN H. TALCOTT, President.

The R. R. committee have completed arrangements by which a special train will be run from New York to Lake Minnetonka, without change, provided a sufficient number of members will agree to go at the same time. The New England members will join the train at Albany, and stops will be made at the principal cities to accommodate members *en route*, as the train proceeds westward, arriving at Lake Minnetonka at 3 P. M., Monday. Members and others wishing to join the train will please leave their names with Dr. Talbot, Boston; Dr. Helmuth, New York; Dr. James, Philadelphia. A fare and a third for the round trip. After the close of the session, round trip tickets from Minneapolis to the Yellowstone Park and return, 2,186 miles, including sleeping car, dining car, stage coach and five and one-half days at Park hotels, for \$110. This trip will take about ten days.

LARGE DOSES.

[Translation from the New York *Medizinische Monatschrift*.]

EDITOR ADVANCE.—"According to the *American Journal of the Medical Sciences*, 1833, in Cincinnati and St. Louis, there were given in several cases of cholera up to 840 grains (56 grammes) of Calomel within three days, and in one case even 1,500 grains (100 grammes) of this remedy in one week, when the Lord stepped in and as a proof of His kindness closed the eyes of the patient forever."

Such facts explain sufficiently the success of Hahnemann's teaching in this country.

RUDDOLF C. KAISER, M. D.

Boston, April 12, 1889.

V

Clinical Medicine.

GENERAL DROPSY: CURED.—CALCAREA.

THOMAS SKINNER, M. D., LONDON.

The following case was so puzzling, yet so simple, I have thought it would be interesting to my professional brethren if I narrated it from my journal of the case, with all its faults, difficulties, failures and successes:

Miss C. A., aged 24, with golden auburn hair, dark hazel eyes, and a lovely fair complexion, five feet in height, and very handsome, consulted me along with her mother on the 28th of March, 1887. The family had just returned from Germany, whither they had gone in order to finish her education. Education or no education, the climate and cuisine of Germany very nearly finished both the mother and daughter. I shall keep to the state of the daughter at present, who was residing at the seashore on our south coast. While all the family were tanned by the sun and the sea breeze, my patient remained pale and haggard—complaining of nothing, only feeling terribly weak. She had lost much flesh and fat, and was low spirited, but in no way fearful about herself; on the contrary she poo-pooed her state, and she would have it that there was nothing but weakness the matter with her.

The following is her "Photo": Puffy swelling of her face from below the eyes, always worse on first getting out of bed of a morning, disappearing as the day advances, but never wholly away; face pale, wan, sallow and sickly. Both extremities from the hips downwards, are painfully distended, and the patient thinks that the swelling begins at the hips. Fidgets in legs and arms; from the knees down and the whole of both arms. They commence about 9 P. M., as the sitting room gets heated, only relieved by moving about or getting into a cooler atmosphere or apartment. She is free from fidgets in bed. Her feet and ankles are very œdematous, pitting deeply on pressure

with finger. M. P. every three weeks, and scanty, as a rule, otherwise normal, the last M. P. just over. Sleeps unexceptionable. Sinking at the epigastrium from 11 A. M. till 6 P. M., when in Germany, more rarely since her return home. Her hands are cold and dry; chilblains on hands; feet normal. Severe *anæmia*.

March 28, 1887. Taking the dropsy—the restlessness evenings, relief in bed, the general debility and the chilblains,—it seemed to me that Arsenicum was better indicated than any other remedy. Doubtless the sinking at the epigastrium from 11 A. M. till 6 P. M., with anæmia, was strongly indicative of Sulphur, but as I had greater faith in Arsenicum in all forms of dropsy than in Sulphur, I gave my patient on this date Ars. 200 (F. C.) 18 doses, one to be taken night and morning.

July 7. The cough is entirely gone and the heaviness of her limbs “as if weighted.” Since the hot weather set in she has had terrible oppression and weakness at the heart with back-ache, worse at bed time and in bed. It keeps her awake until 3 or 4 A. M., and she is unable to lie down. Must leave the window of her bed room open at night and herself lightly covered. Great debility. In consequence of the intense heat of the weather and which was of a stifling character, even to those in health, I felt certain that medicine could not play the part of cool, fresh air. Consequently, I advised her removal as soon as convenient, to a cooler atmosphere. Moffat, in Dumfrieshire, was selected. No medicine was to be taken, and I was to be written to if in any way worse.

August 22. She wrote in great spirits to tell me that the cooler air of Moffat had made her “quite well,” and she continued so until the fall of the year.

October 21. *Restlessness all over the body, generally worse about 8 p. m.* Weakness and at times pain at her heart. Late in going to sleep. Merc. sol. 1m. A dose every night at 7 P. M., while the restlessness continues.

November 3. Restlessness gone.

November 15. Her sleep is still very unsatisfactory; *late in getting to sleep.* Her brothers and sisters are Lyco-

podium subjects. Lycopodium 1m., a dose each night at bed time until a decided improvement sets in as regards "late in getting to sleep."

November 23. Sleep returning with general improvement all round. No medicine.

December 15. Continued improvement in sleep, but in spite of that there is an increase of *lassitude or weakness, worse in the evenings of every third day*. Heart jumps upwards now and again, *worse evenings*. (Query: was this some new symptom or an aggravation from the previous Lycopodium? as it clearly indicates Lyc.) I gave her Lycopodium 10m. (F. C.)

From this date, I seemed to be at sea without a rudder, with my patient. Nothing would go right. The dropsy got worse than ever and most alarming and disfiguring. Kind friends and relatives called on her mother and tried to dissuade her and the patient against those *trifling globules*. "The girl is dying by inches, and yet you trust to weak sugar and water. You surprise me, and a Christian mother!"

As the late Dr. H. N. Guernsey once told me: "Doctor, it is not the ill ones that are difficult to manage, IT IS THE WELL ONES!"

In a sort of desperation I gave Arsenicum 20 m. and 50 m. (F. C.) but they only made matters worse. On January 16, 1888, I made the following "photo" of the dear girl at her mother's house when in bed. No change, or if anything, worse. The swelling is extending to her body and is accompanied by *burning, stinging pains* all over her feet, worse in the evenings when her feet become warm. She feels as if her skin were scratched across the front or bend of her ankles, and she *dislikes the fire*. One more ray of hope, "a sail in sight appears." *Apis 1 m.* (F. C.) in water every four hours till again seen, or worse.

January 19, 1888. The burning, stinging pains in feet are gone, and the swelling is less in her lower limbs, but there is more swelling in face and body, which latter she knows by her dresses not meeting. There is still a general restlessness of body.

Nota Bene.—I may as well here state that her bowels have all along been perfectly natural, and her urine is normal in quantity and color. Specific gravity from 1015 to 1020, and although it has frequently been tested for albumen, not a trace of it has ever been found by heat and Nitric acid. The heart, though now and again functionally deranged, has never been found to manifest any organic change. And so far as I know the liver has never been in fault. So that, here we have a case of acute or subacute dropsy, in no way directly connected with any fixed lesion of the kidneys, the heart, or the liver, and purely depending upon anæmia of a strictly psoric character in a hydrogenoid habit, as we shall see more particularly in what follows.

January 23, 1888. I received a visit from a married sister at my consulting rooms in town. She wished to have a talk with me about her sister's case, as she felt certain that she did not tell me all. She informed me that she was "a regular *hydropathic water spaniel*, and whenever you call upon her or when she knows that you are going to call, she always has an extra tubbing. She seems to think that cleanliness is next to godliness." So said her sister. Here is the key to the whole case,—*Anæmia, aggravation from meddling with water.*

In my "Notice to Patients," a printed copy of which I give to every patient, it is clearly stated as a condition of patientship, that

"Baths of *all kinds*, Turkish and Russian, medicated or not, must be entirely under Dr. Skinner's control—even as regards sitz and ordinary sponge baths used for the purpose of cleanliness,—as also all practices learned at Hydropathic Establishments: because water, cold, and damp, as a rule, are inimical to the most and the worst forms of *Chronic Disease.*"

At the close of said "Notice to Patients" the following speaks for itself:

"If patients cannot or will not adopt the above simple but necessary rules whilst under treatment, *they had better not begin*, because Dr. S. does not pretend to work miracles, or do that which is impossible."

Hydropathy is a vast improvement on Allopathy, but it has much to answer for.

April 12. Reports general improvent; M. P. expected in three days; paroxysmal cough mornings. Ars. 200 every second night at bedtime.

May 12. M. P. scanty, every three weeks, the last every two weeks. Fainty spells commencing in chest. Dry, tickling cough only by day. Sulphur, cm. (F. C.) one dose at once, dry, on tongue.

May 20. The Sulphur cm. has agreed, and she feels better in every respect. Last Saturday night, but not since, she felt a heaviness as of lead *in her heart*. (As she has never had such a sensation before nor since, I have no doubt that this symptom will be found more or less characteristic of Sulphur, as it was induced by the cm. and gave her great alarm. I have italicised "in her heart," because she persisted that the feeling was so). Her cough is better, but it comes back at irregular intervals. The dropsy is gone, and she feels less fainty. The usual *placebo*.

June 3. The weakness remains the same. Hot, warm, or close weather induces pain as of pricking, and heaviness, with a feeling as if the dropsical swelling would return. *Cough worse by laughing or entering a warm room from the open air*. Bryonia, cm. (F. C.) a dose each night until the cough is entirely gone.

After this providential visit from my patient's married sister, I called at my patient's house and saw her in bed (after "a tubbing," I presume). I made inquiry, and found that all through her illness she had "a tubbing" once or twice a day, except at her monthly periods, which she, poor innocent, thought it was the proper thing to do, and the more so, as all her young female acquaintances did the same. I told her it was all very well for those in sound health, but it was not for those who required the aid of the physician, *unless he ordered it*. It goes without saying, that I stopped all meddling with water, except on uncovered parts, until further orders, much to the chagrin and disappointment of my patient, and I made the last, the following "Photo.":

The Apis 1 m. removed the burning, stinging pains, but it did not seem to influence the ascites, and general anasarca of face and body. *Leucophlegmatic subject, irritable and headstrong, ALWAYS WORSE AFTER A BATH, particularly a warm one, which is her delight. Cold feet, worse evenings. Fidgets of arms and legs on and off. Anæmia. Hydrogenoid.* On the head of this "Photo," even granting that we have not much to recommend the selection so far as ascites and anasarca are concerned, except our "guiding symptoms" on

January 23, 1888, I put her on Calcarea 200 (F. C.) thrice daily, and on the 2d of February she reported the swelling and dropsy nearly gone. General restlessness about 8 p. m., beginning at the feet and ascending, continues until bedtime, relieved by uncovering,—accompanied by a grasping sensation at the heart,—Calcarea cm. (F. C.) one dose at once, and one at bedtime. No placebo. *To let it work.*

February 21, 1888. Feels herself to be a new woman. Has lost the yellow chlorotic hue of countenance. Sleeps like a child in health.

January 20, 1889. Has never once "looked over her shoulder." My patient is now the healthiest of the healthy, and the gayest of the gay. She has gone to balls, concerts and theatres for the seasons of 1888 and 1889, to the agreeable surprise of those friends who pooh-poohed Homœopathy.

Comment. In all diseases adhere to the totality of the symptoms, prescribe for the patient and never for the disease, and never forget that hydropathy may be a curse as well as a blessing.

PULMONARY ABSCESS.

G. W. SHERBINO, M. D., ABILENE, TEXAS.

Mr. J. H. Thornton, aged 44, telegraphed for me to come to Merkel, seventeen miles west of here. He said he had been sick six weeks; was taken with pneumonia, followed by jaundice. He had old school treatment all this time.

He now suffers with a pain in the whole of the left lung when coughing, moving or taking a long breath; this pain has been constant since his sickness began. The attending physician and also the one in consultation, could do nothing to relieve him of this suffering. They had given him Opium, Morphine and Digitalis, until he had the physiological effect of the drugs, but to no purpose. He had always laughed at my sugar pills, but now he was bound to give them a trial, as the other physicians told him he would "have to wear it out"; but he found it was wearing him out.

I gave him a dose of Bryonia at 6 P. M. with many misgivings, as the table was covered with bottles of medicines, the whole room was impregnated with their odors, and especially as he had a flannel cloth saturated with the most popular liniment spread over his chest. This I had removed and the windows opened. I put the dose on his tongue as soon as possible, but was doubtful if it would act with these unfavorable surroundings.

I called again at 8 P. M. and he said that he felt relieved in fifteen minutes, and was very much better. At my morning call he said he had passed the most comfortable night since he had been taken sick; all the pain in the left lung was gone, and he was truly thankful for what I had done for him. When I called at first the night before, his temperature was 101°, his pulse 120; he was coughing and expectorating moderately, a white looking mucus.

January 17. Was sent for again, and arrived about 7 P. M.. At about 1 P. M. he commenced to have very hard coughing spells, with very profuse expectoration of pus, and during that time he had got rid of two quarts. He was now somewhat easy, as he had got rid of the most of it, but he felt weak and exhausted, especially across the lower bowels. He had fan-like motion of the *alæ nasi*. I gave him a dose of Phosphorus *cm.* (Skinner's). He coughed through the night, which kept him awake.

At 7 A. M. he commenced to cough again in the same way he did the day before, coughing and gagging so rapidly and so severely, I did not have time to give him a

dose of medicine. Some times it would run out of his mouth. He very soon broke out with sweat on his face, he still had the fan-like motion of the *alæ nasi*; gave another dose of Phos. cm., yet his cough never gave him a moment's peace. He would become so exhausted that it seemed as though he could not survive the attack; he thought he would not live, that he was near his end: Temperature $87\frac{1}{2}^{\circ}$, pulse 130. At 11 A. M. the expectoration and cough became less, and I left him at 2 P. M. During the coughing spell I could feel between the intercostal spaces a gurgling and bubbling under the fingers; he said he thought something in his right side had given way.

January 20. Telegraphed to come at once. I arrived at 10 P. M., he was coughing severely and was very weak and prostrated from the loss of sleep and the expectoration. He said, "I feel that this thing is going to get away with me." Pulse 130 and weak; temperature normal. He had had high fever and profuse perspiration while I was away. I thought now that cardiac failure was threatening, the fan-like motion of *alæ nasi*, rising and falling of larynx were so pronounced. I left him on Lyc. 30 m., before I went home, and did not change it on my arrival.

At 2 A. M. I was taking a nap in a chair, when I was awakened to see if Mr. T—— was not dying. I tried to take his pulse, but there was none to be found at the wrist. I listened to the heart but the beating was so mixed up I could not compare it to anything but an old broken sucker in a pump when trying to pump water. He said, "Don't you think I am sinking now?" I said, "Yes, I do." "Well, that's the way I want you to talk." He requested that his clerk be sent for, to whom he gave some instructions about his business. He was perfectly calm. The difficult breathing had all passed. He was now breathing slower than normal. He said, "I am perfectly easy now; "No pain, no bad feeling, but I feel that my left side has given way as the right one did." I could feel the same gurgling and bubbling, and I thought of the diaphragm being ruptured and the pus from the thorax passing down into the abdominal cavity. I thought of internal hæmor-

rhage as the cause of the sudden collapse. Then I thought of septicæmia as affecting the sympathetic and the motor nerves, and in this way paralyzing the heart. I have never found any remedy for such a case or for such a heart action. What should I do? There was whiskey on the stand. Should I give that? I thought of the teaching in college, "always give whiskey for such cases," and I always look upon it as a freight train running down grade; it might stimulate for the time, but what about the reaction when coming to the up grade? This is the time whiskey gets away with the weak heart.

Remembering what I had read of P. P. Wells, Lilienthal and Kent, that a high potency of Rhus would cure the crude Rhus poisoning; this I have found true myself. Kent wrote me more than two years ago about a remedy introduced by Swan, called Pyrogen, he says: "If you ever get a fever sore that dates back twenty years or so to a badly treated low fever, or other complaints that so date back, the effect of sewer gas poisoning, etc., some day I will tell you more about what to do. Backache, bones ache in the chill, etc. Give one dose of Pyrogen cmm."

Here was a badly treated case resulting in pus poisoning that seemed to fill the bill, and unless relieved was going to die. I gave him a dose of the cmm. that Dr. Kent had sent me. I sat by the bedside with my watch in hand, in thirty minutes the pulse was barely perceptible; in one hour by the watch, pulse 160 and regular; at 7 A. M., pulse 120. He got two doses of the Pyrogen and that is all. I never had to make another visit and his health is improving at the rate of a pound of flesh per day. He has no cough remaining as a sequelæ, and is in every way in good health again.

HÆMOPTYSIS: FERRUM PHOS.

C. M. BOGER, M. D., PARKERSBURG, WEST VIRGINIA.

Miss S.—, æt. 27. Was called to see this patient three weeks ago. She related the following history: One sister died two years ago from consumption; three years ago the patient was suddenly attacked at the menstrual period by

a profuse, bright red and frothy hæmorrhage, evidently from the lungs; since then the attacks have been almost weekly, until ten weeks ago, when they began to come almost daily; the amount varying from a mere streak to a mouthful of pure blood; menses have been very irregular and painful until last month, since which the flow has not appeared; every attack is preceded by a warm flush passing upwards over the body; has much aching between the scapula; belches enormous quantities of gas, seeming to come from deep down in the abdominal cavity; has much burning in stomach after belching; is very thirsty, drinking much water; has shortness of breath; skin looks a greenish yellow color, face drawn, haggard, and emaciated; has much throbbing headache; must be propped up in bed.

All this did not have a very promising look, especially as her allopathic attendant had practically given up the case after prescribing Scott's Emulsion, powders of Gallic acid, and a liquid mixture, presumably Aromatic Sulphuric acid. I stopped all this medication and the oil, leaving one powder, Ferrum phos. 1x, to be dissolved in a glass of water, and ordering a teaspoonful to be given every two hours; on calling the next morning, I found her much better, having bled very slightly and its color had changed to a dark red, almost black; since that day she has not bled, her menses have appeared at the proper time and in proper quantity; the only other prescription necessary was a powder of Bryomia 3x, for constipation; she is up and about the house for the first time in many months, and is rapidly gaining strength.

NEPHRALGIA: BERBERIS.

Mrs. M.—, æt. 27, mother of one child. For the past nine months has suffered at frequent intervals with what her several physicians variously denominated as rheumatism, dyspepsia, and neuralgia of the bowels. Each attack comes on suddenly, without any premonition, with a violent pain in the region of the right kidney, passing gradually over the crest of the ilium and terminating abruptly in the right supra-pubic space. At the acme of attack she is

bent double and shrieks with the agony of her suffering. After the termination she passes a large quantity of bloody urine. In the intervals she complains greatly of weakness; mouth constantly full of a sticky, bad tasting saliva; tongue coated yellow; a sense of weight in the hepatic region; constipation, stool hard, every three days; yellow, muddy complexion.

Berberis 3 x, a powder every night for a week, when she reports feeling perfectly well, has no pain or constipation, and to date has had no return of former paroxysms. What have those homœopathic physicians to say who claim that the indicated remedy cannot relieve renal colic?

IS THE AMERICAN HEART WEARING OUT? ITS CAUSE AND PREVENTION.

J. W. DOWLING, M. D., NEW YORK.

The following is a brief abstract from Dr. Dowling's admirable monograph on this subject:

Chief among the indiscretions to be avoided by afflicted persons is the habitual, though moderate use of drinks containing alcohol. With but few exceptions, the exhilarating, the damaging ingredient of all the so-called stimulating drinks, is alcohol. It matters not that they be in the form of spirituous liquors, cordials, still wines of high or low grades, the most delicate champagnes, ales or beers. Independent of the effect of alcohol in disturbing the liver, its presence in the blood, and actual contact with the delicate structures of which the body is composed, does injury which aids in the production of the changes which finally result in the wearing out of the heart. Second in importance of these indiscretions is the excessive use of meat as an article of diet, and the excessive eating of other kinds of food. Third, sedentary habits, with a lack of a proper amount of physical exercise in the open air, and lack of healthful mental exercise. Fourth, mental strain, too close attention to business, accompanied as it generally is by a lack of a proper amount of diversion and amusement; irregularity in eating, which generally results

in dyspepsia and loss of appetite; and too little sleep, which finally results in insomnia or inability to sleep. Fifth, the habitual and indiscriminate use of drugs and patent medicines. In a very large majority of the cases of weakened or diseased heart, there have been two or more of the above mentioned factors concerned in their development. Added to these are certain unmentionable indiscretions which, by their direct action on nerve centres, disturb the functions of all of the organs of the body and finally result in premature wearing out of the heart as a part of a general process. Many of our cases of supposed organic disease of the heart in young persons — really cases of irritable heart, purely nervous affections which may finally result in organic disease of this organ — are attributable to these indiscretions.

In closing this article, which has already outstepped the bounds of its intended limits, the author proposes to leave the sphere of his own profession and make a suggestion in political economy to the law makers of our land, which, if favorably acted upon, would be the means in many instances of preventing the wearing out of the American heart, lungs, liver and kidneys, and of saving to the nation many valuable lives — lives that cannot well be spared. For the innovation he asks pardon of the lawyers and statesmen. The suggestion is this: That a corps of expert medical examiners be appointed by each State, whose duties shall consist in the making of a thorough and scientific physical examination of every adult citizen at least once a year, and that the result of that examination be given in writing to each person examined, the expense of said examinations to be borne by the State, the examiners to be salaried officers, who shall not be permitted to engage in private practice, and that said examinations shall be compulsory. By this method, and this only, could men active in business or professions be kept informed as to the actual state of their health. Few, till they are reminded by symptoms of which they are conscious, trouble themselves as to their physical condition. The time for medical skill to be of service is often before the evidences of disease

have been made manifest to the patient, and indiscretions are often indulged in which would be avoided did he know that by such indulgences health and life were endangered.

Our life insurance companies and our national banks are obliged by law to submit sworn statements annually, regarding their financial condition. Paid examiners, experts, are provided by the government, whose duties consist in carefully scrutinizing the books of these institutions, to see if their financial statements are correct. Is money of more value than life? Had the late Chief Justice known that his heart was weakened, probably from the very causes mentioned above, would he have insisted upon attending court and participating in an important and exciting decision, while in a feeble state of health, the result of a cold? Would the late Commander-in-Chief of our Armies have risked his life by an unnecessary and sudden muscular spurt had he known that his heart was unequal to such an effort and that death would result from it? The very recent sudden death of Matthew Arnold was the immediate result of a violent and unnecessary muscular exertion. If it is argued that the law would be difficult to enforce, the answer may be given that valuable citizens are law-abiding, and that few whose lives are worth saving to the state or nation would violate the law by neglecting its provisions.—*N. Y. State Transactions.*

Surgery.

A CASE OF IRREDUCIBLE HERNIA MADE REDUCIBLE AND REDUCED.

EDMUND CARLTON, M. D., NEW YORK.

Mrs. Lizzie M—, 39 years of age, entered the New York Medical College and Hospital for Women, May 11, 1888. Fourteen years ago she first noticed a swelling in the left inguinal region, which proved to be a hernia. She thinks it was produced by labor or a fall over a chair. Until two years ago she kept it reduced by wearing a truss;

but the truss was ill-fitting and caused annoyance, besides allowing the tumor to enlarge, so she stopped wearing it. Soon she could not reduce the rupture, and it remained unreduced. Its size kept increasing until it became that rare affection known as inguino-labial hernia. When she entered the hospital for treatment, she suffered considerable inconvenience from the bulk of the intruder trespassing upon the regions indicated, especially the left labium, which was as large as my first.

The best description of this very unusual variety of hernia may be found in Gross's System of Surgery. It is likely that a majority of the writers of text books on surgery have never seen a case. However, the anatomy and pathology of it are simple. The labial negion is invaded by the well-developed tumor from above. It is almost always an entro-epiplocele, and prone to form adhesions.

The hospital and visiting staff having assembled, the patient was put in a state of complete anæsthesia with ether, and efforts at reduction by taxis, position and the like were pushed to their utmost justifiable extent. I succeeded in getting the intestine back, but the omentum was hydertrophied and had formed adhesions within the sac, so strong that they could not be overcome at the time. Therefore we established a regular siege against the adhesions in the hope of finally conquering them. Gross says that he has seldom been able to secure the active co-operation of his patients in his endeavors to overcome adhesion, more than six or eight weeks; and when he cannot achieve success in that time, he lets them go. Our prospects were not flattering.

I placed a strip of surgeon's adhesive plaster about one inch wide around the neck of the sac, to prevent dilatation at that point; and then firmly compressing the tumor, fixed it in its constrained position with more strips of plaster. A compress and bandage completed the toilet. Nux vomica 200th, in water, one teaspoonful every two hours, was ordered to be given until all effects of ether should disappear, and then stop. She took this remedy about forty-eight hours.

May 14. Patient feels well; tumor a trifle smaller. New dressing applied, and she was instructed to practice taxis upon herself many times a day, as she had been accustomed to do long before.

This plan was followed steadily. We were surprised to find it necessary to apply new dressings every second day, in consequence of the reduced size of the hernia. On Friday, May 25th, nothing remained but a hint of a tumor in the canal; so that was treated to a compress and bandage only. May 20th, the canal was patent. A truss-maker was summoned to take measurements and he made a truss. This had to be adjusted carefully before the patient was allowed to walk; and then she went home more than satisfied.

Neither a good subject nor skillful surgery, nor the right medicine alone could accomplish such a result in so few days. I might say never, for all practical purposes, for experience has abundantly shown this, It required the three combined.

“A word to the wise is sufficient.”—*Trans. I. H. A.*

Gynecology.

LACERATION OF THE CERVIX.

WM. D. FOSTER, M. D., KANSAS CITY, MO.

Mrs. C. F. E., æt. 38, was born in New London, Conn., March 10th, 1850. Menses appeared at the age of fourteen years: regular from the first and profuse. She was married in 1874 at the age of 24 years. Health had always been good to date of marriage.

Her first child, Aug. B., was born May 7th, 1875—weight ten pounds. The labor was very severe, lasting eleven hours, natural delivery; profuse flooding afterwards; slow getting up; continuing weak for six months; nursed child 16 months.

Florence C., born September 29th, 1881. Short, easy labor, nursed child six months. Menses appeared after

three months; recovery slow, but better than after first labor.

Edith N., born June 7th, 1883. Quick labor; did not get well for six months; menses from the first; nursed baby three months.

Joshua, was born April 28th, 1884. Eight months child; quick labor; placenta adherent; removed in pieces. Very good recovery. Nursed child eight months. Joshua died January 30th, 1886.

Boby E., born November 1st, 1886. Quick labor, free flowing; nursed child ten months. I attended this lady in her last labor. She got up poorly, and has been in bad health ever since. Last winter she went to Florida—was brought home on a bed May 8th, 1888. Had a severe attack of dysentery in the South, very much complicated by womb trouble. On May 8th I made a careful examination of this patient, and found a condition of impacted feces; a very pronounced retroversion of the uterus; laceration, bilateral, of the cervix; depth of uterus nearly four inches; raw, angry looking erosions on both lips of the uterine cervix. I got the nurse to inject several teacupful of Olive oil into the rectum, and aided her to clear out the scybalæ; made topical applications of Compound Tincture of Iodine to cervix; introduced tampons of medicated antiseptic wool every five days. Large hot douches were used at bed time.

Here is a history of rapid childbearing: there being five children in about eleven and one-half years, with an interval between the first and second child of six years, four months and twenty-two days. The last four children were born within a period of five years, one month and four days. Together with this is also a history of long lasting bad health. From this it is fairly to be concluded that the laceration occurred at the first labor, having existed about thirteen years. At what period the retroversion first appeared the most careful inquiry failed to reveal. Nature in her attempts to repair the rend in the cervix filled up the wounds with cicatricial plugs—to all intents being foreign bodies imbedded in the cervical structures.

W

This lady being in proper condition for operation, on June 30th, four days after the cessation of the menses, I made Emmet's operation for the repair of the damaged cervix. In this I was assisted by Drs. Moses T. Runnels, H. A. Barber, and L. J. Olmsted. Nine wire sutures were used—five on the left and four on the right. On the fourth day after the operation the flow came on in a moderate degree, and continued three days. The sutures were removed on the eighth day, and union was found to be perfect. After the second day hot douches medicated with *Calendula* were used twice daily until the fourteenth day, when I inserted a well fitting Hodge closed pessary. On this day she got up and is steadily gaining.

December 18th. That is the record completed shortly after the patient left her bed.

I can now add that, after the lapse of five months and a half, Mrs. E. has gained about twenty pounds in weight. The menstrual periods which had been from six to eight days, are now completed in four days; as a precautionary measure she will continue to wear the pessary during the flow for several months.

The conspicuous benefits of this proceeding could not be better illustrated than by this case. No exclusively medical treatment is competent to achieve this result. Inasmuch as the bad health came from an injury during childbirth, the only way to a cure is by repairing the wound. And so it must be in this class of cases. Nature repairs the damage doubtless in many instances—and also in many cases fails. Herein the surgeon may come to her rescue.

INERTIA OF THE UTERUS.

SAMUEL SWAN, M. D., NEW YORK.

After two weeks of uneasiness, and decided falling of the womb, the patient had severe pains in the back, and great motion of the child. She went to bed on the 12th inst. She had no severe uterine pains, only slight ones, which I had to consider opening pains from their location. The next day these continued with increased pain in the back.

In the afternoon the nurse told me there had been no expulsive pains. On examination the head of the child was found presenting at the vulva, with no protrusion of membranes; the waters must have escaped unnoticed. The child appeared struggling to get out; she was advised, as there were no pains, nor could we excite any, to bear down with abdominal muscles, and after a few efforts, the head popped out suddenly, causing a slight lesion, the rest of the body was delivered by traction; there was no hæmorrhage. The placenta appeared firmly adherent and I found it impossible to get up any contraction, and being fearful of a hæmorrhage I waited further developments. The vulva was so exceedingly sensitive I could make no examination; I suggested the patient should manipulate the womb through the abdomen, as she could do so with less pain and inconvenience. On Thursday, the 15th, I was able with a 5 per cent. solution of Cocaine, to introduce my finger in the vagina, and found the placenta close to the entrance, and a resort to the abdominal muscles as before, delivered it; there was no flow following. By examination through the abdominal walls, I found the uterus contained a quantity of blood, but could get no contraction, and there was no pain; the flow continued steady but not profuse, and no clots. On the 16th it became very offensive, which was speedily rectified by a dose of Pyrogen, high. There was evidently a complete atony of the uterus. The child kicked its way out, and was delivered, as was the placenta, by means of the abdominal muscles. The patient had a good flow of milk, but cracked nipples appeared, and before they were cured, the milk failed and has not returned. The child, a girl, is strong and thriving.

A CASE OF LABOR WITH THE OCCIPUT SITUATED POSTERIORLY.*

T. GRISWOLD COMSTOCK, A. M., M. D., PH. D.

A case. Mrs. —, æt. 24, primipara, in good health, was taken in labor at full term, October 23, 1888, and attended by Professor Goodman. Presentation recognized as the

* From the Transactions of the Chicago Clinical Society.

vertex, with normal pains, the membranes rupturing spontaneously early in labor. After the pains had continued some sixteen hours, the head well down below the brim, and no advance being made with each pain, Dr. Goodman applied the forceps, but without result, being unable to move the head. At this period of the labor, I was called in consultation, and found the head well down upon the perineum. The head seemed impacted, and was in no way influenced by the pains that were strong and vigorous, and I could not seem to move it by the touch, when made during the interval of a pain. The reason of this was, that the occiput was situated posteriorly. I then tried the forceps, but could not move the head, or bring it out of its position, so as to deliver it over the perineum. I then applied one blade of the forceps to the side of the head and tried to make rotation, but without effect. We then concluded to wait and see what nature would do. In the meantime the woman was becoming exhausted; the sounds of the foetal heart were very faint, and finally could not be heard. We then found that our only resort was to perform craniotomy and remove the child. With the approval and at the request of Dr. Goodman, I accordingly proceeded to make this operation, and with his assistance delivered her of a large-sized male child. The patient, as Dr. Goodman informed me, made a slow recovery, caused by the sufferings endured during the lingering labor, from the impacted head.

[This is one of several similar cases cited, and the following admirable résumé should be remembered.—ED.]

Finally, I appeal to the members of the Clinical Society, that it seems to me not inopportune to suggest that we have reached that place in our profession where it would be at least both creditable and advantageous for us to begin to turn our attention to the details of obstetrics, as well as to gynecology.

Résumé. I. When the occiput does not rotate normally, and it is driven down into the cavity of the pelvis, *it has to travel at least three times as far*, as when it is anteriorly situated.

II. In this *vicious* position, the whole body of the child is jammed down into the cavity of the pelvis, and this is necessary before the occiput can escape over the perineum.

III. In this position, the occiput is at first forced a downward grade, into the hollow of the sacrum, and then to further advance, it must take an *up-grade* in order to glide over the perineum.

IV. In posterior rotation, as I have stated, the occiput has to travel at least ten inches before reaching the outlet whereby it can escape into the world and the whole foetal ellipse (which only measures eleven inches) becomes jammed down into the cavity of the pelvis, and then the uterine power for expulsion is lost, although the pains still continue and exhaust the mother.

V. One of the most frequent accidents of delivery when the occiput rotates posteriorly is, if the head is delivered in this position, that the perineum is ruptured.

VI. When such cases occur, and we cannot deliver with the forceps, I would propose that lateral sections of the perineum be made, (episiotomy), and then the delivery can be accomplished.* After such a proceeding, I should advise that the lateral cuts be closed at once by catgut sutures. Experience has proved that such wounds made by the knife will heal much easier than jagged wounds made in the central line by long pressure of the head, producing traumatism.

NOTE.—Experience proves that when the occiput lies posteriorly, and rotation cannot be effected, and the accoucheur fails to deliver with the forceps, in some rare instances nature comes to the relief of the suffering woman at the eleventh hour, and the occiput rotates under the arch of pubis, and normal delivery is then accomplished.

This fact should be borne in mind by the practitioner, and he should delay until the last moment before proceeding to extremities.—*Clinical Reporter.*

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 NEW MATERIA MEDICA ASSOCIATION.—On March 25 representatives of the Materia Medica Committees of Boston, Brooklyn and New York, met at the residence of T. F. Allen, M. D., for the purpose of discussing Dr. Wesselhœft's plan for the revision of the Materia Medica. The following is the basis of the work as formulated by Dr. T. F. Allen:

1st. No drug is to be accepted for the new Materia Medica unless at least seven experiments, either voluntary in the way of provings or involuntary in the way of poisonings, have been made with it.

2d. No proving is to be accepted, even for criticism, unless a full statement has been made concerning the method adopted in making the proving, and unless detailed results of the experiment (day-books) are given.

3d. No effects of over-dosing on patients are to be accepted.

4th. Experiments on animals are to be kept entirely separate as an appendix to each drug.

5th. Such symptoms only are to be accepted as have been corroborated by at least twenty-five per cent., or thereabouts, of the observers (the larger the number of the observers the greater the percentage needed to establish the value of the observations).

6th. Perfect fairness is to be observed towards all records, no

distinctions to be allowed on account of the potency used in making the proving.

Note.—The question arises as to the admission of symptoms furnished by Hahnemann's early provers as recorded in his *Materia Medica Pura*. I think it follows from our rules that these observations of Hahnemann cannot be accepted, although we feel sure that they were made with great care and scrutiny by Hahnemann. * * * At the same time let it be understood that this new departure is not to overthrow our present *Materia Medica*s and Therapeutics, but to form the basis of a new and absolutely reliable work.

For many years the complaint has been an "unscientific *Materia Medica*." There was so much chaff and so little wheat, so many unreliable symptoms and so many clinical symptoms, which, although repeatedly verified at the bedside had never occurred in provings, that an accurate prescription was impossible, and hence, frequent failures in the cure of the sick. For years, Drs. Dake, Hughes and their collaborators have, on every possible occasion—in State Societies, in the American Institute and in current literature—labored to destroy the confidence of the practitioner in Hahnemann's schema and upon its ruins rear a structure upon a scientific (?) basis with all the chaff winnowed, nothing but the grain left. After numerous consultations and the failure to secure a publisher in this country or Great Britain, The American Institute of Homœopathy and the British Homœopathic Society assumed the responsibility of the publication of the *Cyclopedia of Drug Pathogenesis*, a scientific (?) *Materia Medica*, two volumes of which are completed. But now that members have secured the treasure they are unable to use it in practice, and the predicted scientific (?) prescribing still belongs to the future. Is it too scientific? or has the pruning been injudiciously done? Dr. J. B. Sutherland, one of the originators of the present scientific plan, says: "The provings in the *Cyclopedia of Drug Pathogenesis* are condensed by individual judgment, and consequently are not scientific." But there are two editors and six members of the consultative committee, and will the present scheme not be subject to the same objection, "indi-

vidual judgment"? No, gentlemen, with all due deference to your good intentions, and we believe you are honest, you will never reach the Elysian goal by the *scientific* route. You are on the allopathic track. It is not the *Materia Medica* that is at fault. It is not Hahnemann's schema that is defective. It is the defective method of application. You must return to first principles, the principles enunciated in the *Organon*, and then you will have no fault to find with the *Materia Medica*, no cause to regret your lack of success at the bedside.

* * *

HOMŒOPATHIC METHODS.—If I were asked to state what chiefly distinguishes the homœopathic physician from his older brother in the science and art of medicine, I should at once reply: "Not the law of cure, not the infinitesimal dose, not the Hahnemannian hypothesis of Chronic Diseases; none of these, but simply this — his fixed faith in the efficiency of drugs."—*Grounds of a Homœopath's Faith.*

Why is it that the enthusiasm of a modern Homœopath is so far below that of the pioneer and the early converts? Why is it that with each succeeding decade we find a decreasing faith in the efficacy of the homœopathic remedy? A lack of enthusiasm and deficient faith is the natural offspring of defective methods. When the pioneer Homœopath met a complicated and difficult case he went to the fountain head, the *Materia Medica*, and by hard work found his simillimum and was rewarded with a cure. But the modern Homœopath who reads allopathic periodicals, studies allopathic methods, and prescribes from his pathological basis meets with a success that is not intended to inspire enthusiasm in the system or faith in the efficacy of the remedy. As a consequence he resorts to palliation when his first prescription fails to cure and ends by becoming a first-class agnostic. Like his empiric brother, he has "lost faith in therapeutics."

* * *

CHOLERA.—In Cincinnati, during the cholera epidemic of 1849 and 1850 Drs. Pulte and Ehrman treated over 1100 cases with a loss of 3 per cent., while during the same epidemic Allopathy with its palliation lost 59 per cent. In Naples, Italy, in 1854, Dr. Rubini treated 700 cases with a

loss of only 3 patients, while the allopathic mortality was over 60 per cent. Will any modern Homœopath explain how this record could be made more successful by resorting to the palliation of Allopathy? Is the success of palliative treatment in cholera intended to inspire enthusiasm, or faith, or confidence in the law of the similars?

* * *

In our feeble way we have tried to show our readers that it was not "dilutionism" but the method of selecting the remedy, that forms the dividing line between the two wings into which the homœopathic camp is divided. It is not a question of high or low potency, but of following the method of Hahnemann as promulgated in the Organon. It is Hahnemann and Dunham *vs.* Hempel and Hughes; not the high *vs.* the low, but treating the patient instead of the diagnosis. Under the law of cure this is the only basis for prescribing, either in curable or incurable cases. Our view of the pathology of the case or the pathological changes which we think have taken place, cannot effect in the slightest the action of the indicated remedy — cannot vary by a hair's breadth the operation of a natural law. There is scarcely a Homœopath in the land, of two or more years' practice, who has not by the use of the simillimum reversed the fatal prognosis of some distinguished allopathic competitor and cured an "incurable case."

Comment and Criticism.

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.—WENDELL PHILLIPS.

PASTEURISM.

EDITOR ADVANCE:—I have always been of an inquisitive turn of mind, and as I grow older, my complaint grows with my years. Just now I am laboring with an acute attack, and as the ADVANCE has solved many a knotty problem for me, I hope it will be able to satisfactorily "untwist" the following conundrums:

First. Is Prof. Pasteur determined to vindicate Dr. Samuel Swan?

This question presented itself to me—and I in turn present it to you, gratis—after learning that Prof. Pasteur's assistants had "diluted" a diphtheritic membrane to an "infinitesimal" preparation, but that even thus *infinitesimally diluted* it had not yet been rid of its noxious or poisonous element, and that its inoculation, even when so diluted, had produced death as rapidly as the *crude* substance; but that they hoped (like Dr. Swan, did you say?) to reduce it to such a *weak dilution*—Homœopaths please read *high potency*—that its poisonous power would disappear and its prophylactic power be developed.

Second. Why is it that the whole scientific world, and particularly the medical fraternity, is now on the tip-toe of expectancy for further information from Prof. Pasteur, while Dr. Swan is being ignored?

Third. Why is it that we Homœopaths are just as much on the alert for the latest from the Pasteur Institute as are our allopathic brethren, after reading Dr. Swan out of the school, or much the same thing?

Fourth. Why is it that we Homœopaths so avidiously gobble up the crumbs from quasi-allopathic sources—for Pasteur is endorsed and encouraged by the major portion of the old school—and refuse to even taste the slice cut from a fresh loaf by an acknowledged Homœopath?

Don't say to me, Mr. Editor, that the prescription of a high potency of Diphtherin is not Homœopathy. Let us not argue that question—but:

Fifth. Why! WHY!! WHY!!! Hurrah for Pasteur and damn Swan!

S. W. COHEN.

WACO, TEXAS.

HOW TO FIND THE REMEDY.

EDITOR ADVANCE.—In the December issue of the *Homœopathic Physician*, M. W. Van Denburg, A. M., M. D., tells the profession "how to find the remedy." It seems a little strange that any one should attempt to impart a knowledge which he does not possess, and that Dr. Van Denburg is a practical stranger to the correct method of selecting the remedy is evidenced by the case he re-

ported to the semi-annual meeting of the New York State Society at Syracuse in September, the fatal termination of which was such a source of wonder. I report from memory: He was called early in the morning to a beautiful girl of nineteen who was suffering very severe pains in the left ovary. He immediately gave her Aconite tincture and Belladonna tincture, about fifteen drops in half a glass of water, and ordered them given in alternation every half hour till the pains were relieved. But, as he was going out of town, as a safeguard, he left two Belladonna suppositories with instructions that if the pains were not relieved by 2 P. M. one was to be inserted, and the other in two hours if the first failed. But the pains continued and at 11 A. M. the nurse inserted a suppository, which was only retained half an hour, about half of it having been absorbed; the other was then used but immediately expelled. When he returned at 9 P. M. he found his patient in a state of insensibility, pupils widely dilated, pulse very feeble and extremities cold. He immediately gave a hypodermic injection of morphine, and as there was no relief in half an hour he gave a hypodermic of whiskey, and half an hour later one of coffee, but in spite of the hypodermics she died at 2 o'clock in the morning. Possibly he has the knowledge, and he may be capable of instructing his colleagues in the art of selecting the remedy, but we submit that this is not a very brilliant example.

Again, in the April issue of the *ADVANCE*, he criticises Dr. Kent's lectures on the *Organon* and asserts that, "it is difficult to see wherein either the assumption of Hahnemann or the assumptions of the article quoted, enlarge the bounds of human knowledge." From the case quoted above we think the critic of Hahnemann's *Dynamis* as much a stranger to the *Dynamis* of the homœopathic remedy as he is to the method of selecting the remedy. At least, the administration of Aconite and Belladonna tincture in rapid alternation with Belladonna suppositories and hypodermics of Morphine does not exhibit an extensive knowledge of the *Materia Medica*, of *Dynamis*, or of how to find the remedy.

FREDERICK HOOKER.

GIVE US FACTS.

EDITOR *ADVANCE*.—You are making a good journal, the best with which I am acquainted; but it is hard to swallow those extremely high potencies and "wheel-barrows full of books at the bedside." Don't print any of that "highfalutin" bosh unless you *know* it to be true. *Give us facts.* Give us something tangible. Then we can go to the bedside feeling that our remedies will help us. The practical, every day physician needs hard, solid facts instead of high spun theories.

L. T. VAN HORN.

[A journal is what its contributors make it. Please look

through the index of the last five volumes of the ADVANCE, doctor, and tell us how many "solid, tangible facts" you have contributed for the benefit of "the practical, every day physician." We are always happy to publish the facts of the experience of the profession, irrespective of what *we think* or what anybody *believes*. Our correspondent evidently considers the third or sixth potency a "tangible fact" because he has put it to the test at the bedside; his allopathic brother, who has not tested them, considers the third or sixth "highfalutin bosh." So it is finally resolved into a question of practical bedside test. Put these high potencies to the bedside test and accept or condemn them on the same evidence.]

DEAR DR. ALLEN.—May I be pardoned for offering an improvement upon that which is well nigh perfect? If so, I would like to suggest that I have found the following a useful key to the repetitional part of your work, *Therapeutics of Intermittent Fever*, than which our shelves do not contain a book more complete in its purity of homœopathic teaching; its general arrangement; its designation of valuations of remedies by the various types used, and its fullness in treating the subject in question. By means of this key to the Repertory the reader can instantly turn to the needed heading. It will further aid a ready reference and avoid many errors if he will erase the word "repertory" at top of page in that section and substitute the proper title of each rubric "Type," "Time," "Chill," etc.

SYMPTOMS.	Chill.	Fever.	Sweat.	Apyrexia.
Absent.....	278	291	308	—
After.....	289	303	307	—
Aggravation.....	276	290	306	—
Amelioration.....	277	291	307	—
Beginning.....	271	—	—	—
Cause.....	265	—	308	—
Character.....	258	303	309	—
During.....	279	292	315	328
Followed by.....	289	303	307	—
Location.....	273	292	313	—
Predominating.....	278	—	308	—
Prodrome.....	267	—	—	—
Stage in general.....	278	291	308	—
Time.....	261	264	312	—
Type.....	258	303	309	—
Tongue, appetite, taste, etc.,	318	—	—	—

I have a copy of this pasted in the back of my book, and use it constantly.

WM. JEFFERSON GUERNSEY.

New Publications.

HANDBOOK OF MATERIA MEDICA AND HOMŒOPATHIC THERAPEUTICS By T. F. Allen, M. D., is now in press by the Hahnemann Publishing House and is promised in May.

Ever since the completion of the Encyclopædia, Dr. Allen has been engaged on its revision. "Errors have been corrected, superfluous matter eliminated, symptomatology condensed, new matter added, and clinical sections giving reliable data of the therapeutic range of each drug appended," and the Handbook thus brought up to date will be a valuable addition to our working volumes of *Materia Medica*. This work can be used by every *Homœopath*; even those who were so anxious for the condensed *Drug Pathogenesis* of Hughes and Dake, can find comfort in this, because they can use it in the selection of a remedy, while *Drug Pathogenesis* is practically worthless, except for toxicological reference. While personally, we do not favor condensation in *Materia Medica*, we consider this the most judicious condensation yet produced in our school.

A STUDY OF MAN AND THE WAY TO HEALTH. By J. D. Buck, M. D. Cincinnati: Robert Clarke & Co. Pp. 302. 1889.

We have expected much from this work of Dr. Buck and we have not been disappointed in our expectations. Under the following chapter headings the author discusses the problems of life and health in a manner at once interesting and instructive: "The Criterion of Truth; Matter and Force; The Phenomenal World; Philosophy and Science; Life; Polarity; Living Forms; Planes of Life; Human Life; The Nervous System; Consciousness; Health and Disease; Sanity and Insanity; Involution and Evolution of Man; The Higher Self."

Under the last heading we find: "It is a great mistake to suppose that birth is the beginning and death the end of man. An endless future necessarily implies a measureless past. What we call time is a span between two eternities, the whence and the whither; and when time drops out, eternity only remains. It would be as correct to say that we die into this world and are born out of it, as to say that we are born into it and die out of it. Our mistake of the meaning of life includes a mistaken idea regarding both birth and death; and we have previously shown the evidence of this mistake in the fact that we have allowed fear and foreboding of evil to gather around the exit which is painless and beneficent as a baby's sleep, and have come with rejoicing to welcome the entrance which is often an *inferno* to both mother and

child. It is thus that man's ignorant and superstitious ideas have reversed the beneficent will of nature, and reduced divine ideals to grotesque and horrible caricatures."

Medical men of all schools will here find discussed in a lucid and practical manner, many of the questions of the higher psychology, physiology and biology as affecting the ethical problems of to-day. Here is a work which discusses the relations of capital and labor, the enfranchisement of women and the practical effect of egotism and altruism in our every day life. This work can safely be placed in the hands of the intelligent layman, and its perusal and study will aid both him and the physician in solving the problem of health and disease.

THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA.
By C. Hering, M. D. Vol. VII, *Lachnanthes—Natrum Mur.*
Pp. 604. Philadelphia: Published by the estate of Constantine Hering.

Another splendid volume of this grand work embracing *Lachnan.*, *Lac. ac.*, *Lac. v.*, *Laur.*, *Led.*, *Lept.*, *Lil.*, *Lith. c.*, *Lob. c.*, *Lob. in.*, *Lyc.*, *Lycop. v.*, *Lyssin*, *Mag. c.*, *Mag. m.*, *Mag. p.*, *Mag. s.*, *Manc.*, *Mang.*, *Mar. v.*, *Medor.*, *Mel.*, *Meny.*, *Meph.*, *Mercurialis*, *Mer.*, *Mer. c.*, *Mer. cy.*, *Mer. iod.*, *Mer. rub.*, *Mer. sulph.*, *Mez.*, *Millef.*, *Mitch.*, *Mosch.*, *Morph. s.*, *Murex*, *Mur. ac.*, *Mygale*, *Myosotis*, *Myrica*, *Myrtus*, *Naja*, *Nat. a.*, *Nat. c.*, *Nat. m.* Many of these—*Lil.*, *Lyc.*, *Lys.*, *Med.*, *Mel.* and the *Mercuries*—are the most elaborate in our *Materia Medica*, and some are for the first time accessible to the profession. This monument of Hering's genius will, without doubt, be the most complete and valuable work of reference in our school. Every Homœopath should have it, as no one knows what day he may want to refer to it, and when he wants it he wants it badly. It is impossible to practice Homœopathy without works of *Materia Medica* to which to refer. There is no danger of having too many works of this kind; nor too many repertories by which we can find the symptom desired.

ATLAS OF VENEREAL AND SKIN DISEASES. By Prince A. Morrow, M. D., Clinical Professor of Venereal Diseases in the University of the City of New York. Fasciculæ X, XI and XII. New York: William Wood & Co., 1889.

This great work which is now rapidly nearing completion, the publishers have had in contemplation since 1883. In its compilation the author has had the active co-operation, both in illustrations and contributions, of the leading dermatologists and syphilographers of the world; and the result is, without doubt, the finest Atlas on this subject which has been produced in this or any other country. So far as illustrations go the publishers have left nothing undone, and no illustrated work in medical literature, at least

in the English language, has equalled or even approached it. Enterprise of this kind deserves recognition at the hands of the profession.

VIEWS A-FOOT: OR EUROPE SEEN WITH KNAPSACK AND STAFF. By Bayard Taylor. With a preface by N. P. Willis. Pp. 481. New York: John B. Alden, Publisher, 1889. Long primer type, cloth, well bound, price reduced from \$1.50 to 50c.

Next to "Innocents Abroad" and "Travels in Europe" by our lamented Dr. Pearson, this is one of the most popular books of travels ever published by an American author, and the expiration of the copy-right enables our readers to procure this new edition (a better edition than the old one) at one-third the former cost. The author *travelled* through Europe, while others have only *visited* it.

Editor's Table.

W. O. CATRON, M. D., Valparaiso, Ind., removes to Pekin, Ill., forming a partnership with S. D. Low, M. D.

THE WOMEN'S HOMŒOPATHIC HOSPITAL gives a course of "Free Lectures to Nurses" at the Hering Building, commencing April 9 and ending May 24.

THE INDIANA INSTITUTE OF HOMŒOPATHY meets at Indianapolis May 14 and 15. We hope the members have their papers completed, as upon this the success of the meeting depends.

NEW JERSEY STATE SOCIETY meets at Trenton May 7, at 11 A. M. Dr. Cooper, chairman of the local committee, has secured accommodations for every Homœopath in the State and expects a large attendance.

HELMUTH'S ADDRESS.—Copies of this admirable address of the late President of the New York State Society can be had at the following rates: 25 copies for \$1.25; 100 copies for \$5.00, by addressing Dr. A. B. Norton, 152 West 34th Street, New York.

THE RIVERSIDE SANITARIUM at Tarrytown, N. Y., has recently been opened by E. J. Morgan, M. D., formerly of Ithaca. Dr. Morgan is well known as the former editor of the *Homœopathic Expositor* and his professional reputation should soon fill the Sanitarium. We wish him success.

MICHIGAN STATE SOCIETY meets at Detroit May 21, 22 and 23, and we sound a note of warning to the members of the different bureaus to get their papers ready *now*. Do not wait until the last day of the last week. It requires time and hard work to get up a good paper; begin now so as to be ready.

S. E. Chapman, M. D., removes from Forest Hill to Watsonville, Cal., forming a partnership with Dr. Capps.

THE OHIO STATE SOCIETY meets at the Gibson House, Cincinnati, May 14 and 15, and a large attendance and good meeting is confidently anticipated.

E. G. Cooke, M. D., of New York, has recovered from a long illness and is again in harness. "It is nearly half a century since I first began to investigate the divine art of Hahnemann," he writes.

THE NORTH EASTERN OHIO SOCIETY held its regular quarterly meeting at Akron, April 17, and was well attended. Papers were read by Drs. Hayden, Deetrick and Gann, followed by valuable and practical discussion. The members of this society are very enthusiastic and the State Society will have to look after its laurels.

MAGAZINE OF AMERICAN HISTORY for April, might, from the splendid article on "Washington and Some of his Contemporaries," by the editor, almost be called a Washington number. It deals with the notification of his election as President and his journey to New York to be inaugurated, with official and social life a century ago.

THE MEDICAL EXAMINERS' BILL which passed the Pennsylvania Legislature March 27, was decidedly a one sided partisan affair until by a vote of 132 to 39 the following amendment was added to section one: "Provided further, that each State Medical Society existing at the time of the passage of this act shall be represented upon said board, but there shall at no time be a majority of any one school of medicine or system of medical practice, and there shall at all times be at least one woman physician on said board." This victory for equal rights and fair play was largely due to the splendid management of the President and Legislative committee of the State Society.

THE CENTURY for March contains a most timely essay on the "Rules of the House of Representatives," by the Republican leader, Hon. Thomas B. Reed of Maine. Mr. Reed explains how the rules of the House have been framed with the view of rendering legislation difficult, and he makes important suggestions of changes which it is natural to suppose he and his political associates who will control the next House of Representatives, may endeavor to bring about. And now, when the Republicans are again in power in the House, they cannot confer a greater benefit on the country than by enacting a law by which all contested election cases may be taken from a partisan election committee and relegated to courts of justice having competent jurisdiction. It is difficult to conceive of a greater legal farce than the trial of a contested election before a Congressional Committee, and the sooner that committee be abolished and the rules amended the better for the people.

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Original Contributions.

HAHNEMANN'S HOMŒOPATHY.*

BY CLARENCE WILLARD BUTLER, M. D., MONTCLAIR, N. J.

LADIES AND GENTLEMEN.—No fact impresses itself more forcibly upon the student of history, than the carelessness of human life,—the indifference to human suffering, which, before the beginning of the Christian Era, obtained among all the nations of the earth. I do not speak of the thousands of lives sacrificed to national acquisitiveness or individual ambition on fields of battle; for these the warlike spirit of a time when all men were soldiers, or serfs, may offer some degree of fair excuse,—but rather of that absence of humanitarianism, that lack of sympathy between man and man as fellows, which made no sacrifice of human life too great, no measure of human suffering too large to further the reckless ambition, or minister to the passing fancy of the great and powerful.

The spirit which made the unfortunate, or improvident Athenian debtor the slave of his more prudent neighbor; which exposed the invalid or aged Roman vassal to starve on an isle of the Tiber; which condemned to shameful death the captive invalid and to shameful life the captive virgin;

*An address delivered at the opening of the Hahnemann Hospital, Rochester, N. Y., April 10, 1889.

and which forced millions to rewardless labor that huge edifices might grow to be the architectural wonders of the world. The very temples of the ancient gods seem to echo even yet the sighs and groans of those great armies of hopeless workers whose lives were given to their fair adorning, and when viewing the Egyptian Pyramids, one contemplates the vast amount of bootless labor, the terrible sum of useless suffering through which these rose from the desert sands to monument the height of human pride and folly. The sad-faced Sphinx may well seem a god of pity petrified at the sight of so much misery which he was powerless to alleviate.

With the birth of the Christian religion was promulgated a new code of ethics. The religion of the ancients was but a burglar's tool for prying open the closed gates of a forbidden future, or a *dernier resort* in time of dire distress through which the gods might be bribed by gifts and promises to lend their aid to individual necessity. Upon the daily life of men—their actions, their habits, their morals—such a religion could have, and did have, little or no influence. The new religion, whose central truth repeated in differing phrase, was ever the injunction to “love one another,” entered very intimately into men's daily life, prescribing their conduct, regulating their habits, and elevating their morals. Its doctrine of future rewards and punishments according to “deeds done in the body,” offered a powerful—probably the most powerful—incentive to right living possible in that age, while its standard of morality based upon the golden rule was at once novel and beneficent.

By fostering the spirit of universal brotherhood, it for the first time in the world's history placed Charity, which aforetime had been but the impulse of the individual, the expedient of the statesman or the device of the politician, among the rudimentary virtues, and laid the foundations for all those institutions through which benevolence has ministered to the needs and mitigated the sufferings of frail humanity.

No place of resort and retirement, where diseases and

injuries might with favorable surroundings receive needful care, was known to the ancient world, and it was reserved for Christianity to add to its long list of benefits to mankind the establishing of the first hospital. This was a benefit so obvious, a charity so practical, that through all succeeding ages it has commanded the unqualified approval of the hearts and heads of mankind. Even the Gradgrinds of political economy, whose "facts and figures, sir," militate powerfully against the wisdom of some of the well meant efforts of benevolence, are fain to nod approvingly at this.

Woman's nature, more impressionable than man's, has always moved her more quickly to sentiments of pity, and inspired her more promptly to deeds of benevolence. It is, therefore, though a significant, not a surprising fact, that the first hospital of which we have record was founded by a woman, and from the time of Fabriola until now, wherever the interminable conflict with sin and suffering has raged, there, in the forefront of the battle between the clergyman and the physician, she has ever been found, doing doughty deeds for righteousness and charity.

For more than two hundred and fifty years, in the great panorama which history throws upon the shifting canvas of time, wherever scenes of suffering and sorrow are brought to view—the battle field, the charnel-house, the chamber of sickness, or the hospital ward, there, moving with noiseless step and ministering with skilful hand, is ever seen the black-robed figure of the Sister of Charity. "Her convent, the houses of the sick; her cell, the chamber of suffering; her chapel, the streets of the city; her cloister, the wards of the hospital; her veil to shut out the world,—holy modesty; her grille, the fear of God."

Look at her, oh, scoffing infidel! Look at her, oh, sneering cynic! And still your lying tongues in the presence of unselfishness so pure and holy!

"It is this spirit of Charity, born with Christianity, and growing with its growth, which has made it possible for us to meet to-night, and dedicate this building to its high purpose. Here the affluent may receive, for fair com-

penation, such sanitary surroundings, such wise and gentle restraint, such skilful nursing and scientific medical attendance, as is possible to but few, even in their own spacious and luxurious homes. Here the poor may receive, without money and without price, the same skilful attendance and the same kindly treatment in their time of sickness and suffering. And it is well that the petition of the man of God, the joyousness and beauty of music, and earnest words from thoughtful men, should contribute to make more impressive an occasion at once so solemn and so glad as this.

The opening of this hospital, an institution where the mode of medical practice is to be homœopathic, *and only homœopathic*, marks an epoch, not alone in the history of hospital work, but in the history of medicine. Although this method has been followed by many physicians in private practice, and adopted in some charitable institutions (notably, in that fair monument to woman's earnestness and persevering endeavor, "The Woman's Homœopathic Hospital of Philadelphia"), this is the first general hospital in the world's history to adopt uncompromisingly and unconditionally this method; and I would that the grateful task which your kindness has imposed upon me might end with this statement of happy fact; but we may not ignore the further fact, that, in order to dedicate to Hahnemannian Homœopathy this beautiful building, it has been necessary to divide the resources of a great charity. A step like this is in itself so important, and without good and sufficient reasons so indefensible, that it is due to the thousands of Homœopaths throughout the world whose eyes are turned enquiringly upon us; it is due to the hundreds of thousands whose work for charity is contributing so much to the world's betterment, and it is especially due to the people of Rochester whose present generosity has established, and whose future contributions must maintain this institution, that the reasons for a separate and especial guild-house where these distinctive methods may have fair opportunity unembarrassed by conflicting opinions and unhampered by differing methods, to pursue that course

which shall demonstrate their superiority, or shall fail of such demonstration.

If it can be shown that these proposed methods are distinctive—that they differ radically or even materially from all other known methods, that they are other than those employed by many who march with us under the banner upon whose fair folds is inscribed the motto "*Similia Similibus Curantur*," and especially if it can be further shown, that by the testimony of a body of men respectable in numbers, in intelligence and in character, these methods are superior to all others for the mitigation of human misery, I think that a spirit of fairness and honesty will impel not only the friends but the opponents of this and similar undertakings to acknowledge not alone their right to exist, but the necessity for their existence.

I assert that all that is implied in the foregoing sentence is true in point of fact. I assert that in the new, as in the old school of medicine, factions exist, whose theory of therapeutic action and whose methods in remedial application are widely different, and that these differences are so radical that harmonious action in the treatment of diseased conditions is impossible, and all endeavors at concerted action are not only unsatisfactory to the physicians, which is in itself a small matter, perhaps, but disastrous to the welfare of the patient, which is a matter of the gravest possible importance.

In discoursing of the present *status* of Homœopathy, especially in respect of these matters, I wish it understood that I speak of conditions and of principles, not of men. It shall be my earnest endeavor to be wholly impersonal, and if, when I have concluded, I may seem to have reflected on any man or set of men, I shall have desired it not at all. Ladies and gentlemen, I honor the profession to which I belong; I honor the men and women who grace its ranks; I honor them for their high grade of intelligence and for their high standard of morality. If it has been urged that, as a class, they are less progressive than other scientists, I do not forget that their discussions involve questions of health and happiness, of disease and misery,

of life and death, and while I may at times deplore their excessive conservatism I can but respect the motive which, in matters so grave and serious, impels them to courses of seeming safety. If individual instances of depravity and wickedness have cast reproach upon the guild, I consider how many are the physician's opportunities for dishonest practices and disgraceful conduct; how strong and direct his temptations to wrong doing, and wonder at and admire that high standard of professional honor which makes the prostitution of this high calling to ignoble ends the rare and infrequent exception. Their methods are public property which may without censure be criticised freely, however, and this I shall not hesitate to do.

From the time when the greatest of therapeutists, if not the greatest of physicians that the world has ever known, first announced the celebrated discovery which he epitomized in the Latin words *similia similibus curantur*, many differences of opinion and of practice have existed among those who recognized in it the embodiment of a great truth, and these differences still exist. Certain ones recognize the rule of homœopathic prescribing as not a "principle in practice" but as a law of nature, God given, and therefore, unchangeable. Others have regarded it as a simple rule of practice, the product of man's ingenuity, and therefore, always fallible and often untrustworthy. The first class of physicians, from the very nature of their faith, believe thoroughly that no deviation from this law is permissible, since the creature can not hope to improve upon the methods ordained by the Creator. The others believe that, since it is but a rule of medical practice, it may receive as little attention as any other suggestion made by the great physicians of past or present times. The one class to-day is represented by the Hahnemannian Homœopathist; the other by the advanced Allopathist. Between these two extremes have ever been, and are still found, a large number of physicians holding all intermediate shades of belief, and these men mostly call themselves Homœopaths. Far be it from me to deny them this honorable title, but I shall refer to them as Eclectic-Homœopathists

since this term carries no undertone of reproach and as fairly as may be expresses their avowed methods in practice. Some of this class regard the law of homœopathic prescribing as a simple rule or principle in practice, and differ from their neighbor of the old school principally in their belief in its wider applicability; others regard the law as a true law of nature, but hold that the collateral branches of necessary knowledge are as yet so insufficiently developed that strict adherence to this law is impossible; and others still, while holding the homœopathic mode of prescribing as an expression of natural law, by some acrobatic feat in mental gymnastics unknown to the logician, still claim that it is right from time to time to depart from it. These are the principal differences of theory existing between the two factions which divide the new school of medicine. The differences in practice are even greater than those of theory. The Hahnemannian Homœopathist believes that the sphere of drug action under the homœopathic law is wide and comprehensive, while the Eclectic therapist would limit the law's legitimate sphere to narrow bounds. The method pursued by the Hahnemannian for arriving at such a knowledge as shall furnish him a basis for intelligent prescribing differs materially from that of his Eclectic *confrere*. The former endeavors in a methodical and painstaking manner to possess himself of a detail of all the conditions which the case presents from the most pronounced and obvious tissue change to the most minute and seemingly trivial sensation experienced by the sufferer. Knowing that no mistakes are made in the great laboratory of nature, he regards no deviation from that vital harmony which we call health, as too inconsequent for his grave consideration,—indeed, since many remedies produce similar pathological changes within the human economy, while the changes in function or sensation vary largely, he has learned to find among these latter his most reliable guides to the selection of that drug which is most homœopathic to his case. The Eclectic—on the other hand, casting aside these less obvious symptoms as mere accidents of the disease (as if Nature allowed acci-

dents to occur!) or as too insignificant for serious attention, bases his prescription upon the more manifest symptoms. The one, in short, endeavors to prescribe for the *whole* sickness; the other for but a *part* of it.

The prescription being determined upon, the Hahnemannian gives but one remedy at a time, since he has no reliable records of the action of drugs given alternately for provings—that is, to the healthy, for the purpose of ascertaining their sphere of action—while the Eclectic, letting no such minor consideration as lack of preliminary knowledge interfere, does not hesitate to drive two, three, or even more potent drugs “tandem” through the human system.

In choosing the strength or potency of the remedy to be employed, the Hahnemannian is careful to select one which shall produce the curative effect of the drug only, avoiding thus the complication of a drug disease superinduced by the direct action of his therapeutic agent; the Eclectic not only frequently uses drugs for their anti-pathic, not homœopathic action, but even when striving for the latter not infrequently grafts a drug disease upon that already existing, by the exhibition of too strong medicaments. The potencies habitually employed by the two factions of our school have been frequently regarded the most marked and peculiar difference between them. This is not true. Such difference does exist, but other differences are more important and more radical. The Hahnemannian has learned by comparative experience and careful observation, that by using the higher potencies he can accomplish more favorable results than by using the lower; that he can accomplish these results more quickly, and that when accomplished they are more permanent. Therefore he uses them. The Eclectic has never learned this lesson, and, therefore, *he* does not. And that is all there is about it.

In any scientific experiment it is necessary, in order to the accomplishment of a given result, that all the requirements of the experiment should be carefully and painstakingly performed. If not, failure must certainly follow. What would you think of a chemist, who, leaving out one

of the ingredients or ignoring one of the conditions necessary to the formation of a complex chemical compound, should attribute his lack of success to failure of recognized laws of chemical affinity? What of the scientist who would deny the existence of any such law as that known as the Law of the Attraction of Gravitation because this bottle of water is not dashed to the earth in spite of the supporting desk? Are you surprised that the Eclectic-Homœopathist, having made his prescription without having fulfilled *all* the requirements of the law for prescribing, should frequently fail? With the natural egotism of man he is inclined too often to attribute this failure to other than the true cause, and then he feels justified in resorting to such expedients as are employed by his neighbors of the old school of medicine. In short, he leaves the guidance of natural law to follow that Will-o'-the-wisp, the "medicine of experience."

This the Hahnemannian does not do. If failure follows his prescription, he knows that that failure is because for some reason he has not mastered his case, not because Nature was unfortunately too tired for her appointed work. This knowledge and his always careful examinations tend more and more to make him a successful prescriber, while the careless habits induced by the laxer methods of the Eclectic-Homœopathist bring to him no added strength, and his growing experience, owing to his frequent failures, leads him more and more to depart from Homœopathy and to resort to Eclecticism.

In another important matter there is a wide divergence in the practices of these two kinds of Homœopathists. The Eclectic claims that he is not only justified in cases whose nature entails a large amount of physical suffering, or in cases that are necessarily fatal, but that it is his undoubted duty to administer some one or more of that long list of drugs furnished by the art of the chemist and which experience has proven to have the power of benumbing sensibility, and thus afford temporary surcease from suffering. In cases where the pains are agonizing to the verge of madness, what man of humane instincts can let his pa-

tient suffer when agents exist which may with magic rapidity charm away that agony? When no hope of saving human life remains, why should not the kind physician, with agents such as these, smooth the rugged pathway to the great unknown? With such alluring and specious arguments as these are plead the cause of palliative medicine.

Let us examine these arguments, casting aside the glamour with which rhetoric has clothed them, not as does the sickly sentimentalist, but after the plain, business-like manner of those who seek the Truth,

"As a lover lonely,
To woo her, win her, wear her only."

In the first place, such pleading as this assumes that these are, if not the only, at least the best methods for affording relief to the sufferer. Is this true? It dwells upon the relief afforded, but says nothing of the pains and sufferings entailed by these supposed agents of pure humanity. Is this fair? It implies that in such cases the law of homœopathic therapeutics has no sphere of action. Is this in accordance with observed facts? To all these queries, I answer emphatically, *No!*

I know of no reason why, as a matter of pure theory, the law of cure should be also the law of safest and most effective palliation. But I do know that it is. I know this by testimony so direct and conclusive, that he only whose judgment is obscured by prejudice, can have the temerity to deny it. The testimony on this subject comes from three classes of observers. From those who have never employed these benumbing agents, but have always depended upon the law alone. I envy these men their experiences, but I must cast their testimony aside as worthless in an examination such as this, for its records are from one side only. Again, we have the testimony of those who have always employed these agents, and never faithfully, persistently followed the law, and this testimony, like the other, is valueless, and for the same sufficient reason. But we have the testimony of many of recognized honesty, of large experience and wide observation, of acknowledged skill and puissance in the practice of their art, who have tried

faithfully *both* methods, and whose testimony, therefore, is of surpassing and unquestionable value. And the testimony of these men in private and in public, and scattered over the pages of homœopathic literature from its earliest publications to the present time, is uniformly this,—that the *aggregate of human suffering is least* when *all* prescriptions for the sufferer have been such as are strictly enjoined by the homœopathic law of cure. And this is another distinguishing mark of the Hahnemannian Homœopathist. I have no time to further pursue this subject,—to refer to thousands of miserable Opium, Chloral, Bromide, Cocaine, and Alcoholic inebriates, whose horrible lives are ever present protests against such dangerous drugging, nor to those other thousands doomed by these pernicious drugs to hopeless invalidism. In the considering of them and their terrible records, one is tempted to place himself at the feet of Calvin, and from that dark and mighty intellect learn to have faith in the powerful machinations of a personal Devil. I do not envy that man who, standing by the sick bed, feels called upon to decide whether or not the sickness is incurable, knowing that an error of his poor, weak, fallible judgment will consign to premature death or living misery, a human being whose life and health mean that a man's work shall be done for the world's advancement; and I am profoundly thankful that a wise Creator has made my duty so plain that the terrible responsibility of such a decision need not rest upon me.

In this connection I wish to refer to a series of catch phrases all based upon the same idea, and that one so foolish that I feel almost that an apology is due for introducing to an intelligent audience sophisms so manifestly absurd. But they appeal with such force to the ignorant and unthinking that their influence demands a notice which their character would not warrant. I refer to such sayings as these: "I believe in anything that will cure." "I employ the best methods of all schools, whether homœopathic or not." "When Homœopathy fails, *of course* I resort to something else."

Homœopathy, ladies and gentlemen, if it is not a gigantic

humbug, is natural law, given by God himself, and for its universal and unvarying success He (and I say it reverently) and He alone is responsible. Man fails in its application, for the human is always liable to err, but this law can not fail till all law fails and the universe is resolved into original chaos.

“When Homœopathy fails!”

The unbeliever or the unthinking may have some fair excuse for such phrase, even though the words clothe them with the motley and crown them with cap and bells; but what shall we say of that one, professing a belief in Homœopathy whose monumental assurance and microscopic intellect dares to advance as argument an absurdity like that. What can we say? Let us, with the widest possible stretch of human charity, exclaim with witty Beatrice, “God made him; let him pass for a man.”

Such, then, are the principal differences between the Hahnemannian and the Eclectic Homœopathists. They are not the only ones by any means; on many other important, though minor points, they are equally at variance. But enough has been cited, I am sure, to convince any fair minded person that such harmony in belief and in practice as alone can insure the highest success possible to either faction, does not, and for the present at least, can not exist; and that joint work in hospital labor would only insure abject failure.

This hospital, then, not only has good excuse for its existence, but is an absolute necessity if the practice of the Hahnemannian offers help and hope to sick humanity. That, in the opinion of a large body of competent judges, it does make such offer, is a fact so patent that it requires no proof. Your very presence here to-night is an earnest of the truth of this assertion. The great physicians of the homœopathic school almost without exception have been in accord with the tenets of Hahnemannian Homœopathy as I have briefly presented them to you, and every decade marks material gains in the numbers of its adherents. The future is bright with hope and the signs of the times gladden the hearts of the faithful. Among these indices

of the trend of homœopathic growth, none has inspired to renewed exertion, and comforted with especial gladness the lovers of pure Homœopathy more than the auspicious event which we meet to-night to consummate.

The reputation of the physician, however surpassing his excellence, is usually a local one; but I congratulate you, citizens of Rochester, that you have just cause for pride, because dwelling among you are men of all medical schools and of *all factions* who by their contributions to the sum of medical knowledge and their devotion to medical science and art, have made reputations not only national but international. And of these noble men none have made or merited greater names than the distinguished band of physicians who will serve you in the medical and surgical wards of this new hospital. One there is, your senior physician, whose earnest, efficient work for the advance of pure Homœopathy has made his name known and loved by every Hahnemannian through all the world.

The preliminary work is now done, the hospital is established, the dedication is made, and the experiment has begun. With a board of managers so earnest, with a corps of patrons so generous, with a staff of physicians so skilful, there can be no fear of the result.

Ladies and gentlemen of the board of managers, on behalf of the many, who, differing from you in medical belief, still hold to the good old maxim of "fair play;" on behalf of the many, who, rejoicing in the same medical faith, turn their eyes to you in thankfulness and in hopefulness; on behalf of the many, who, because of your action, shall receive the highest type of medical treatment, not alone in this, but in other similar institutions *which this one has made possible*; and in the name of that great Physician whose natal day we thus fittingly celebrate, I bid you "God speed."

He who is blind against the wisdom which the above quoted examples teach, willfully prepares the ruin of mankind.

SPECIALTIES, FROM A HOMŒOPATHIC STAND-POINT.*

ARTHUR G. ALLAN, M. D., PHILADELPHIA, PA.

It has been my opinion for a long time that the specialist, as he exists among Allopaths, has but a limited sphere of usefulness among true Homœopathists; and the more knowledge of Homœopathy I acquire, the firmer becomes my conviction that he is of very little value, and I am actually beginning to feel that his services can be dispensed with altogether. This may appear to be a sweeping assertion, and may seem to savor of retrogression rather than progression, which is the prevailing endeavor of these times. But I take the stand that the study of the specialties has a tendency to make the physician neglect the study of the entire organism for his own specialty, and attach more importance to the local lesion or condition than true Hahnemannian Homœopathy would allow. In other words, it tends to narrow his mind and make an Eclectic of him.

The law of cure, its applications under Homœopathy and its mode of studying disease are so different from the vague theories and the experimental practice of medicine under allopathic methods that it must not surprise us in the least to find that a course of study or training that is indispensable in Allopathy should be utterly superfluous in the study and practice of the true healing art: Homœopathy as taught by Hahnemann.

Allopathy sees in the majority of diseases nothing to treat but the local lesion or the pathological condition, and the few diseases without any apparent lesion are attributed to a bacillus in the blood.

Therefore, the Allopathists must treat disease according to the local condition of affairs by some of the so-called rational methods, on what may be termed a common sense plan. According to circumstances and the part affected, ointments, applications of all kinds, as washes, caustics, etc., are applied until the morbid condition has been forced

* Read before the Organon and Materia Medica Society of Philadelphia.

to disappear. Patients so treated are considered well until a relapse or another disease occurs, which is given a new name, and the patients pass through another similar course, whereby the disease is again repelled and the weakened vital force is obliged to find another channel through which to make its sufferings known to the patient. This sort of treatment is prescribed almost universally, and the doctor sighs with disappointment when a vital organ is attacked or some internal part is the seat of the disturbance, because it, too, cannot be reached by the caustic or the ointment. I once heard one of the best known allopathic physicians in this country declare before a class of students at a clinical lecture that it would even be an easy matter to cure consumption if we could reach the diseased part in the lung and make applications to the diseased surface directly. This only shows how false are their ideas of disease and of disease causes. To them, with the exception of a few acute diseases, which can hardly be called an exception to the rule, diseases are purely local. With such false ideas and preconceived opinions, studying results of disease as the disease itself, with no guide for the selection of remedies or to outline his treatment, but chance and the hardest of all teachers, experience, the management of diseases by specialists becomes a necessity and facilitates the study of the pathology of the different organs. It multiplies and makes more certain and speedy the resources at command with which to suppress the local lesions or cause them to disappear; for through ignorance, Allopaths seem honestly to think that the duty of a physician to his patient has ceased when the local disease has disappeared, no matter in how dangerous a condition it may leave the patient. From this, then, we must conclude that the sole duty of an allopathic physician is to cause pathological changes or morbid conditions to disappear, even though he has to excise the part to attain his end.

But how different it is with Homœopathy! Freed from the bonds of theories, Homœopathy stands forth a positive science, whose foundation, *Similia Similibus Curantur*, is a rock of truth, as never-changing as the universe itself.

We have before us a sore eye to treat, for instance, a case of iritis, or even a case of simple conjunctivitis. How do we view such a state of affairs? In the first place we must bear in mind that there is no such thing as a purely local disease. The morbid action or the derangement of the vital force precedes the local lesion, and the local lesion or morbid process in the tissues is but the culmination of perverted vital action. It is then against a perverted vital force that we must direct our remedies if we hope to cure the disease, and can we reach this vital force by washes, by blisters, by purges, by Iodide of Potassium, Quinia, or by any other drug in massive or heroic doses, or by any similar means? Certainly not. It is only by the potentized drug, acting gently and imperceptibly upon the vital force itself. As soon as the vital force has been roused to healthy action by the stimulating power of the homœopathic remedy, the local disturbance must of necessity subside, because there is no force remaining in the organism that can continue the morbid action in the parts. Such being the case, where, then, and how, are we to expect to find the symptoms that will guide us to the selection of the simillimum? In the cases above cited would we suppose that a study of the local lesion, or the local disease alone, that is, of the eye itself, would bring us to a correct selection of the remedy? No, is the unanimous verdict of all true Hahnemannians. It is those unusual, trivial symptoms, etc., those finer expressions of the suffering vital force, that alone can lead us in the right direction and guide us with certainty in our choice of a remedy. And where are these to be found? I am sure that all will agree that they are not to be found in the local disturbance alone. There is very little difference between the cases of iritis, but there is marked difference between the individuals who are sick, which we will find out when we examine them thoroughly from head to foot, as we are told to do in the *Organon*. We must then look for symptoms in all parts of the body, and we must neglect no portion, however remote, and we must be sure of our remedy before we give it. In no case with which we have to deal is there greater necessity for imme-

dilate and prompt assistance than in iritis. If we do not relieve at once, a few hours later we may find adhesions that it will be impossible to break up by any means. But if we select the true homœopathic remedy, there can be no fear of its action or of any adhesion following, because the iritis, being the last group of symptoms experienced by the patient, will be the first to disappear, under the law that symptoms disappear in the reverse order of their coming. Therefore it is useless to say that this or that must be used as a mydriatic in cases of iritis for fear of adhesions. The only safeguard against adhesion is the real homœopathic remedy. A mydriatic can only dilate the pupil, it cannot cure the disease, and it may and probably would suspend the action of the homœopathic remedy and so retard a cure.

Of what value can a specialist be in Homœopathy? Only be to make a diagnosis of diseases as Allopathy has classified them. Such being the case, what benefit can Homœopathy derive from an allopathic diagnosis? We have seen that in selecting a remedy the diagnosis of the disease is of very slight advantage. What has cured one case can never be administered in a subsequent case with any hope of success upon the strength of the former cure alone; every case has its peculiarity, its own individuality, that characterizes and distinguishes it from all others of the same disease; and the remedy, to cure, must be selected to correspond to the individual peculiarities of the disease, in order to impress the vital force so similarly that the reaction of it will extinguish the disease absolutely. Thus the assistance that we can derive from diagnosis can only be meagre or secondary in importance in aiding us to select a remedy. It can at best but help us to know the scope of the disease and to recognize from it the remedies having a similar sphere of action; but aside from that, the knowledge of it to the Homœopath is of doubtful value.

The best specialty for the Homœopathist is to study each case specially, that is to say, individualize and find out what is peculiar, special or characteristic, in each case. When the patient is sick enough to need medicine, the

vital force is sure to cry out for help in such a way that no intelligent Homœopath can fail to understand its meaning. The best of all specialists, then, is the physician who understands the Organon and has the ability to apply the rules laid down therein for the healing of the sick.

Materia Medica.

ARNICA.

POST GRADUATE COURSE.

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

Owing to a prescription which resulted in the cure of a very troublesome cough, figured out in a very peculiar way, reminded me that it would be a very good plan to take up the remedy for study at this lecture. The remedy is Arnica. I will tell you about the cough first. A lady presented herself at my office with an almost incessant cough, coughing in the day time and coughing at night. There was considerable expectoration of white mucus, flecked with blood; great soreness of the chest; it seemed as if the chest would fly to pieces; dryness and soreness from the tearing cough. Of course she received Arnica and that brought back an old neuralgia of the scalp of long standing; and at the same time an old neuralgia of the foot that had resulted from an injury some years ago, and which affected the injured nerve. Was not that singular? I let it alone and the neuralgia of the scalp went away, and the neuralgia of the foot went away without any further treatment. Strange to say the neuralgia of the scalp when I came to study it was cutting in character and located in the temples, and it even had a feeling as if nails were being driven into the temples. The neuralgia of the injured nerve had been followed by this neuralgia of the scalp, and this in its turn had been cured (?), of course you know how. Then the cough came on.

• Arnica is mostly known as a remedy for injuries, but in this case I did not know of any injury having taken place

at the time of making the prescription, so I did not prescribe Arnica for an injury; but it worked just the same because the symptoms belong to that drug.

It is common to prescribe Arnica, for bruises, and why is this? You ought to prove Arnica and you will see why Arnica is given for bruises. Whether a patient needs Arnica or whether he takes Arnica until it makes him sick, we get the same picture. He feels sore and bruised all over the body. One of the first things that you will observe about the Arnica subject is that he is always moving, and you will be apt to say: "There is a Rhus tox. patient." These two images come before you because he is always moving. If you see a patient who lies still in bed for a moment, and then turns over; does not keep still for more than a minute at a time; he moves and keeps moving; it is perfectly legitimate for you to ask him why it is that he keeps moving, because that is a question that cannot be answered by either "yes" or "no." If he is a Rhus patient he will tell you that he is so uneasy that he cannot keep still; it is an innate bodily restlessness accompanied by more or less aching. The longer he keeps still the more aching and the more uneasiness he has until he is compelled to move. Not so with Arnica. The Arnica patient moves about the bed in order to find a soft place to rest his sore body. He feels as if he had been pounded. He may describe this symptom as "the bed feels so hard." The reason the bed feels so hard is because the body is so sore. The longer he lies in one place the sorer does he become.

It might be reasonable for me to explain why this soreness occurs. It seems that Arnica affects the capillary blood vessels. It apparently makes them friable. It makes them bleed easily. The individual is subject to petechia, or hæmorrhage from ruptured capillaries. We find these little extravasations of blood all over the body. We find them in the shape of blood-shot eyes, we find them on all mucous membranes, and that is why the mucus is always streaked or mixed with blood. We speak of an Arnica discharge that is white mucus stained with little streaks of blood or flecked with blood, whether it be expectoration

dysenteric mucus, coryza, or what. The peculiar action of Arnica on the capillaries causes hæmorrhage to take place in specks; thus the mucus becomes mixed with blood. This same condition in the mucous membranes occurs in the muscles and skin, where blue spots are found.

Arnica produces a relaxation or weakness of the vascular walls. This is naturally attended with more or less irritation or soreness making the affected parts feel as if they had been injured. Arnica having produced these things, it naturally follows that as the same condition may be brought about after a fright or fall, we are able to apply it according to the law of similars in these cases. We have become so accustomed to applying Arnica for bruises that we say "Arnica for injuries," while we mean for the symptoms that so commonly belong to injuries.

I remember one patient who was troubled with constipation. While straining at stool, blood-shot eyes came on. This was all he knew about the trouble. Arnica was the constitutional remedy. It corresponded to the constitutional condition that could permit this rupture of the capillaries of the eye. Arnica cures blood-shot eyes.

The next prominent action of Arnica is on the mind. Here it stands out in bold relief. The Chamomilla irritability is no greater than that of Arnica. Spitefulness and bad temper we find prominent in Chamomilla; but the Arnica patient will fight if you do not let him alone. He will not speak to you when you enter his room. He cannot appreciate his own condition. He distinctly tells you that he does not want you and that he did not send for you. He will actually drive you off if he can. Arnica has that symptom in a characteristic way.

A very prominent feature of Arnica is a general zymotic condition of the blood. It is called for in these cases with petechia in the zymotic state such as cases of scarlet fever, in which the rash does not come out promptly, and there is this sore, bruised feeling all over. In the early stages of zymotic conditions wherever with this zymotic condition there is this mental condition just described, and a sore, bruised feeling all over, Arnica is indicated.

Among puerperal affections *Arnica* is an invaluable remedy to ward off septic conditions. It produces a marked specific action on the uterus, independent of all that we have said; cramps of the uterus. It is one of the leading remedies for after pains that are spasmodic in character, and has been associated with traumatic conditions in obstetrics. Obstetrics ought not to be a traumatic condition, because it is a condition of life. A characteristic is a marked sympathetic relation between the nipple and the uterus, so that as soon as the child touches the nipple an after-pain comes on. Is not that symptom worth knowing when we are at the bedside? There are only two other medicines that have this condition, *Pulsatilla* and *Chamomilla*.

Pulsatilla cures cramps in the uterus, abdomen and back in connection with the child's nursing. So does *Chamomilla*. You can easily distinguish between these remedies. The sphere of each is decidedly distinct from that of any of the others. You can always distinguish *Chamomilla* by the irritable temper peculiar to that remedy, and *Pulsatilla* by the mildness of the disposition. If that characteristic disposition is not present you must not think of *Pulsatilla*. *Arnica* is to be distinguished by the general sore feeling and by the irritable temper. You may say this irritable condition of the uterus is so neurotic that it is almost mental.

On account of the mental symptoms, the general soreness, and the zymosis with tendency to bleeding, belonging to *Arnica*, you can hardly help comparing another remedy with it that is very much like it; and that remedy is *Baptisia*. If anything, the *Baptisia* is more zymotic in character than *Arnica*. Both remedies have stupor and both have the essential features of typhoid fever. Both have the general symptoms in a high degree. Both have the mental symptoms commonly found in low types of fever. Both go to sleep while answering questions. *Arnica* has symptoms that especially distinguish it; while there are many other symptoms that the two remedies have in common, one symptom that will distinguish *Arnica* is that the patient will rouse up and attempt to answer ques-

tions, but he cannot think of the word; then he gets angry and turns over, and just as like as not tells you to go home, that he does not want you. Both Arnica and Baptisia go to sleep in the midst of answering questions, and do not awaken until again aroused. Baptisia has the soreness of Arnica; the patient feels sore and bruised. Both have a general rheumatic state.

Baptisia has one symptom decidedly more marked than Arnica; the fetor of its discharges. Marked fetor runs through all the discharges of Baptisia. The stool is very offensive. If you ever run across a diarrhoea with a stool that looks like ground up, pulverized slate mixed with enough water to make it pasty, with a pungent odor that is absolutely sickening and cadaveric, you need hardly hesitate about a remedy. It would require some very peculiar and striking symptoms to lead me away from Baptisia for that kind of diarrhoea.

Among the old symptoms and due to the general soreness of the body, the key note, "fear of being touched" has been constructed. You have to rationalize symptoms when you see a patient doing something. You see a certain aggravation and you have to interpret it. It might be from a mental state that the patient refuses to be touched; again the same symptom may occur from soreness of the body, each of which is a symptom by itself.

The general stupid states of Baptisia and Arnica are similar. Stupor in each is marked; consciousness in both alike is quite dull. In both, the patient's face presents the appearance of a drunken man, but Baptisia is unusually so. He looks as if he had been on a long period of intoxication. His face is mottled and flushed; besotted. This symptom runs through many of the conditions calling for Baptisia. We find it in the inflammatory symptoms calling for that remedy. The marked feature in Arnica when there is real inflammation, is that there is a great deal of pain. In Baptisia there is absence of pain.

There is a peculiar sore throat belonging to Baptisia. It looks as though if pricked it would ooze a watery fluid; but if you do prick it, only dark blood oozes out, and it is

almost painless. If there are ulcers in the throat, you can dig around them and the patient hardly feels the interference. These remedies thus produce a condition that look alike. Both produce petechia all over the body; both produce zymotic conditions.

Hamamelis should be sometimes thought of along with Arnica, because of its tendency to produce oozing; here Hamamelis runs close to Arnica. The provers of Arnica felt shooting pains, cutting pains in the temples, as if a nail had been driven into the temples. The provers of Hamamelis felt a sensation as if a bolt had been driven from temple to temple. This is another way of describing the same symptom, but not quite so sharp. General hæmorrhagic condition belongs to Hamamelis; oozing from capillaries, from the nose, the eyes, the bowels, the uterus, in fact from all the orifices of the body. It cures this. It has not produced bleeding from all the orifices of the body, but it cures bleeding from nearly everywhere. Crotalus has produced bleeding from every orifice of the body.

Now the general condition of the body in Arnica as to heat and cold, gives us marked features; hot head and cold feet. We read under Belladonna hot head and cold extremities. Under Glonoine, we find hot head and cold extremities. Many remedies have this determination of blood to the head.

We often find in summer complaint of infants a marked Arnica condition, in which the child's head is hot and the body and limbs are cold. Given that with mucous discharges from the bowels specked with blood, and you have a marked Arnica case. Belladonna is too often given for that condition.

Arnica produces a marked set of nervous symptoms, by its action on the brain and spinal cord. The spinal cord is greatly disturbed in its functions. The symptoms are such as to enable you to cure with it cases of spinal anæmia or spinal irritation as some would call it. By pressing the thumb along the spinous processes of the vertebræ in the dorsal and cervical regions, the patient will almost cry out so great is the tenderness of the spinal column clear down

to the lumbar region. Arnica is here a wonderful remedy when you find corroborating symptoms. I remember a marked case that I did not comprehend at first. It puzzled me. I will tell you how it came to me. A very delicate lady came to me with a great deal of pain in the back of the neck. Naturally I thought of a great many remedies, but not of Arnica. Being puzzled I waited. The next day the pain extended down the back and there was great soreness of the dorsal vertebræ on pressure. The next day again she complained of a great deal of pain in the coccyx so that the whole spinal column was disturbed. Then came on mucous discharges from the bowels with great pain. Every stool was associated with violent pain in the coccyx. This soreness by pressure on the spinous processes became more marked and the dysenteric discharges were flecked with blood. Arnica cured that trouble very nicely. I remember that she told me that she could feel the first dose of Arnica go all over her. I had prescribed two other remedies in that case before I discovered the appropriate one. That was several years ago.

Spinal irritation I have cured many times with Arnica when there was soreness all over the body. Many other remedies, as Apis, Belladonna and Sulphur, are marked remedies for this condition, but Arnica is hardly ever thought of.

Arnica has another feature that makes it valuable in stomach disorders. Arnica vomits all solids, and retains some liquids. Here is a feature like Baptisia. Baptisia has a peculiar feature similar to this, and yet not the same thing. Solids will not go down the œsophagus, because they cause such gagging as soon as they enter the pharynx. The patient is compelled to take liquids for days and days. Such a state is a strong feature for Baptisia. That is a guiding symptom. Arnica has a feature of its own. It vomits solids, but the horribly disgusting eructations mark Arnica. These eructations have a taste as of rotten eggs. That symptom is quite commonly present in Western intermittent fever. The patient in describing his symptoms volunteers the information that he is belching

rotten eggs. If in addition to this symptom he complains of feeling sore and bruised all over, and has chills, he will need hardly any other remedy than Arnica. I have known for a whole year many of the cases of intermittent fever to run on Arnica.

The Arnica patient longs for sour things. Urinary symptoms are prominent in Arnica; hæmorrhage in the urine; slow passing of the urine; violent tenesmus in passing urine; inability to pass urine; suppression of urine. These conditions may all be present in zymotic conditions, in injuries, after abortion, and in concussions; and Arnica might come in to save the life of your patient. In a case with suppression of urine from injury, Arnica might start the flow until the surgeon, who is the only one who can give permanent relief, is called. Involuntary urination and paralysis of the bladder are also found.

In typhoid conditions you will find the mental symptoms of Arnica and the soreness when he is first taken down. He goes down with Arnica symptoms. It is very seldom that you will see any Arnica symptoms after he has passed the first seven days. When he has come down with these symptoms and a true Arnica case, it is a symptomatic rather than a true typhoid, because the true typhoid fever comes on more slowly. In the true typhoid state the history of the case will be that the patient has been feeling badly for several weeks. The symptoms may come on suddenly and assume the great prostration that belongs to the typhoid condition. Such is the Arnica case because the Arnica case comes on more rapidly. It is quite similar to the stupor and the besotted condition of Baptisia. You wonder how he got there so fast.

These remedies differ from the stupor that belongs to Phosphoric and Muriatic acid, because the stupor that comes on with the other remedies is more gradual in its appearance. Arnica brings on stupor within a few days that can only be brought about by Muriatic or Phosphoric acid in two weeks. These two remedies ought to be compared with Arnica, but the stages, conditions, and rapidity with which these remedies bring on stupor is sufficient to

distinguish between their sphere and time of usefulness. As to rapidity we think of Aconite and Belladonna, as bringing on complaints with great rapidity. Belladonna is never suited to advanced cases. In these you must look to other remedies that have Belladonna symptoms.

The prostration of the two acids that I have mentioned are similar to the prostration of Arnica and Baptisia. Muriatic acid is peculiar, but it begins in the muscles and not in the brain. It is a sort of paralytic weakness which comes on slowly. The muscles seem paralyzed. They are weak. This is not so with Phosphoric acid. This is a grand distinguishing feature between the two acids. With Phosphoric acid comes on cerebral paresis. The weakness seems to be due to the condition of the brain; inability to exercise his brain functions, and then he becomes stupid. We know how common it is for slight irritation of the brain to produce a watery diarrhœa that does not weaken. It is a brain diarrhœa. So it is with the muscles of the body; they become weak after the exhaustion of the brain. That is Phosphoric acid. Muriatic acid has the reverse. We get the same prostration and weakness as in Arnica and Baptisia, but in a different way. In the latter the prostration comes from breaking down of the blood, and is a true Zymosis.

MEDICINE VS. REMEDY.

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

One of the principal needs of the healing art is some device to counteract the popular and pernicious teachings both among the profession and the laity, that the schools of medicine are tending to a common system; that there is very little if any difference in the practice of homœopathic and allopathic physicians. The apothecaries and their drummers say that the Homœopaths give larger doses than Allopaths; from the people, who are instructed by the old school doctors we expect nothing better. But we quake and fear for the destiny of Homœopathy in the hands of men fresh from college, even homœopathic colleges flaunt-

ing high the banners of Homœopathy, and scarcely knowing that there is such a book as the Organon, denouncing physicians who use high potencies as wild enthusiasts, who have never investigated the truth, but boastingly ask as though they had gained a point, such questions as:

“How can a drug cause and cure the same disease?

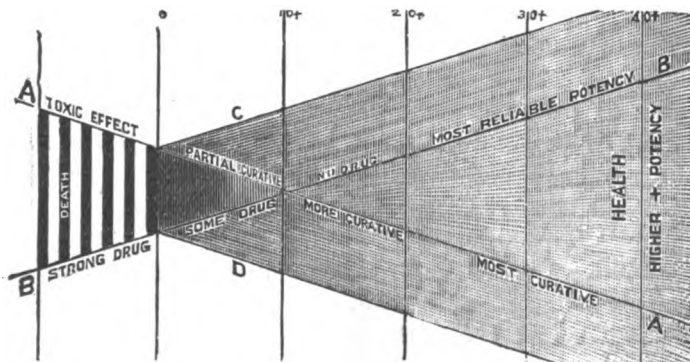
How can such small doses of medicine cure such severe diseases where large doses fail?

How can it be that these high potencies can make a quicker and better cure than the lower potencies?”

And then they declare that such ideas and practice are neither reasonable nor scientific.

I answer that it is all reasonable and scientific and will always work where the natural laws are strictly complied with. The Organon of the healing art is the best guide for applying these laws.

It is perfectly plain that every drug has its own special properties and characteristics. Nearly all drugs are more or less poisonous, each one peculiar to itself, and a certain quantity is said to be a safe dose, and by increasing the size of the dose, it becomes a fatal dose, and stops further progress in that direction; this is the toxic or primary effect of the drug. Now change the scale and reduce the quantity till the minimum officinal dose is found; it is then called a



therapeutic dose and said to be curative. At this point commences the potencies, and the vital force of the drug is by degrees set free. As electricity is set free by friction

and taken up by the electrode, so is this vitality taken up, and held in the menstruum through all succeeding potencies, increasing in power as it goes higher, as shown in the annexed diagram which I have found very valuable in illustrating my explanations to the above questions.

The dark vertical bar marked "o" represents the quantity or minimum dose of a drug, each succeeding bar to the left, represents a larger dose to the tenth, or to the fatal quantity where death ends the scene, and this series in that direction is the primary or toxic force. From the vertical line "o" the converging lines *A* and *B* to the vertical line 10 represents the first ten or the *drug attenuations* (low potencies), through which the crude drug at "o" diminishes to the vertical line where the material of the drug ceases to be visible by the microscope or by chemical test. The diverging lines *C* and *D* represent the vitality of the drug set free by potenziating, and held in the menstruum in a state ready to be taken up by the natural vitality of the patient; as the healing agent it permeates the organism like magnetism or electricity, and commences its work of removing the morbid vital obstruction from the natural life, while the drug or material portion enters the system through the digestive process and the blood, and by its primary action irritates the very delicate tissues, and sets up a morbid vitality similar to the one so recently removed by the dynamis of the same dose acting through the vital functions of the system, and is liable to reproduce the same, or a similar disease in the near future, but more complicated, and worse than the first; hence, the undesirable results often seen to follow the use of low potencies, even when selected according to the law similia.

From 10 to 20 are the low vital potencies, and as they are so near the low or mixed attenuations, that they partake of their action, hence it is proper to class them as an intermediate degree, and in these potencies is more likely to be found the dead point, or the point of inactivity or uncertainty of action of the agent, than in any other part of the entire series; they are neither high nor low, hot nor cold, drug nor vital, but may work well in some cases. They are

not so reliable as the higher and purely vital potencies from the 30th to the highest, in which material drug is entirely absent; hence the name medicine which signifies material, or ponderable, and conveys the idea of offensive dosage, is improper. The word remedy, which means to cure or remove the evil without an ideal quantity of matter is better; when we say homœopathic remedy we speak it correctly. This diagram may be extended to the highest potencies if space would admit, and would be valuable to illustrate a lecture; but at the same time it is necessary to bear in mind the individuality of drugs, and the individual susceptibility of the subject, and each drug will be found more potent in one attenuation than in another. Each individual will be found more susceptible to a high or low potency according to his individuality, and at some point in the scale of potencies will be a point between the two extremes of primary and vital forces which is proper to call the dead point, or point of inactivity, where the drug force is lost, and the vital force has not reached the point of susceptibility of the patient to the special remedy. To fully appreciate this it is necessary to make careful observations in extensive use of the high potencies, and as the veracity of the high potentists in relating clinical cases is questioned by the opposition, I claim that their evidence is worth more than the opinions of such as give judgment on a subject they have never tested according to the Organon.

LACHESIS: A CASE CURED.*

J. C. FAHNESTOCK, M. D., PIQUA, OHIO.

In this case there is nothing startling or new, or original, simply a verification of symptoms found under the provings of *Lachesis*.

March 4th, 1884, was summoned to see a girl æt. 8 years. On entering the room the child was lying on the bed panting for breath, with a blue appearance of the face and purple lips. She wanted to be bolstered in bed most of the time and begged to be fanned. Was unable to lie on the

* Ohio State Society.

left side and repeatedly put her hands to her neck which was bared. I asked her if she had any pain about the neck, and she answered, "No! but I cannot have my collar on or bear my dress to touch me." In reply to my question, why? she said "It will choke me and I cannot breathe."

There was no appetite, no thirst, but owing to this labored breathing, she was unable to sleep. The heart was throbbing violently, and at each heart-beat a purring sound was heard. Her mother informed me that several physicians had pronounced it heart-disease, that only temporary relief had been given, and that she was liable to die at any moment. These symptoms, better and worse at intervals, had been present from birth. She had never been able to play and had never been at school. Lachesis 30 was given and in twelve hours marked improvement was seen, and in one year she was entirely free from the trouble and has remained free to date.

Surgery.

THE RECTUM AS A DISEASED CENTER.*

C. A. PAULY, M. D., CINCINNATI.

The rectum is composed of muscular tissue in the form of longitudinal and circular layers, covered with a smooth mucous membrane thickly studded with follicles. Beneath this mucous covering blood tissues are found in abundance; but nerves of sensation are limited. At its lower opening the rectum is guarded by two muscles, the external and internal sphincters. The space between them is called the "pile bearing inch." These muscles are supplied by two systems of nerves. The external sphincters by the central or cerebro-spinal; the internal sphincter and walls above it by the sympathetic or organic nerves.

The sympathetic system supplies every organ and tissue of the body. "It is directly related to the structures and

* Ohio State Society.

functions of organic life." It is independent of the will, at work day and night, and its nerve cells are constantly kept charged with vital power by the influence of the cerebro-spinal system with which it is so closely related through the ganglia located in front of the spinal column.

The nervous system is made up mostly of nerve cells and nerve centers. These components control, regulate and supply power to the organs and tissues of the body, they furnish these structures with nerve force and give tone to their muscular fibres. The nutrition and growth of the various organs are under direct control of certain nerve centers; should one of these centers become impaired or diseased the nutrition and growth of the parts it supplies will suffer and finally become wasted.

The rectum by its sympathetic nerve supply is closely related to the various structures of the body—any source of irritation at this point will cause trouble through the sympathetic cord in some other part. This organ is subject to many diseases, some of which prove to be quite serious and very destructive to it, without the slightest suspicion or knowledge on the part of the victims. The rectum is lacking in sensibility and when sick or diseased it makes its sufferings known by speaking through organs abundantly supplied with sensory nerves. The liver, kidneys or uterus may show symptoms of disease and encourage a long course of treatment, when the seat of the malady can be found in the rectum and is calling for relief through these sympathetic organs. An ulcer seated high up in the rectum may not induce local pain or attract attention, yet by sympathetic reflex action it causes functional disorder of the kidneys. Kidney trouble frequently results from ulceration of the rectum. This condition is due to over-taxation of the kidneys in trying to excrete poisonous matter that has been absorbed by the blood from the ulcerative surface. Other organs and tissues may be affected by the same blood poisoning. When these organs are thus affected the nerve centers by which they are controlled become impaired, hence the nutrition and growth of the organs and tissues which they supply are lessened and atrophy

may be the final result. When the ulcerated surface has been cured and all source of irritation removed, the reflex symptoms will disappear and the sympathetic organs will resume their normal functions.

The prostatic inch is the center of the reproductive system in the male. The internal os is the center of the reproductive system in the female. The "pile-bearing inch" is a center for disease in both male and female. Any functional derangement or abnormality of the reproductive center cannot be permanently cured if there is irritation or disease at the pile-bearing inch. Remove the irritation at this point and all reflex troubles will disappear sooner or later.

The upper margin of the internal sphincter muscle is the seat of two important forms of irritation, pockets and papillæ. The former was first discovered by Dr. Physick, and named "preternatural pouches or cavities." He plainly showed the origin of these pouches to be, first the formation of hæmatomata, the result of a small quantity of extravasated blood into the loose submucous tissue of the part, from the rupture of a venous capillary, caused sometimes upon violent straining efforts to expel indurated feces. The contents of these small tumors may, under favorable circumstances entirely disappear, but if the causes which first produce the tumors, continue for a length of time, with the addition of prolonged irritation or inflammation of the parts, the covering of the tumor sooner or later becomes absorbed, is invaded by ulceration, their contents escaping into the anal canal, the openings thus made showing no disposition to heal or close, but remaining permanently open, are then in reality what Dr. Physick calls them "preternatural pouches or cavities," and what Dr. Pratt terms their pockets.

The papillæ described by Dr. Pratt are conical processes, varying in size and position. Each papillæ is supplied with an artery that bleeds easily when snipped. Papillæ may or may not be found with pockets. These forms of irritation when present always cause contraction of the internal sphincter, thus making great demands upon the

sympathetic nerve supply and affecting the circulation.

The body in health depends upon a free circulation. The circulation for its activity depends upon nerve force. The source of nerve force depends upon food and oxygen. The food in a liquid state and the oxygen in the form of sacs are carried by the blood to every tissue of the body, bringing new materials to the nerve cells with which it may replace its waste. The worn out materials are destroyed by combustion and the heat given off is converted into force with which the nerve cells are charged.

The circulation is controlled by the vaso-motor system. These thread-like nerves supply every blood tissue of the body. When the nerve centers of the central or sympathetic system become impaired, a grave impression is made upon the vaso-motor nerves. The circulation is changed, nerve force is weakened, the blood-vessels become sluggish, losing their contractility and tonicity, and congestion takes place. The blood is not equally distributed. There is constant coldness of the hands and feet, congestion of the head and face, showing unsteadiness of the circulation and irritation of the nerve centers.

Pockets, papillæ, ulcers, hæmorrhoids, diseased sacculi and excrescences form a diseased centre, which is the cause of all reflex troubles. By its removal the spasm of the internal sphincter muscle is relieved, and the demands upon the sympathetic nerves are lessened—with the aid of thorough dilatation of both sphincter muscles, dry heat and massage, the circulation becomes normal, the blood is equally distributed, the irritated nerve centers are no more, the nervous system is free and all is well.

APIS.—New-born child screams continually and passes little or no water. I find that Hering in G. S. speaks of difficult urination in young children, but Guernsey only suggests it. One dose cc. has relieved.

C. B. GILBERT, M. D.

Clinical Medicine.

VERIFICATIONS.

W. E. RELLER, M. D., SOUTH OMAHA, NEB.

CASE I.—Albert D., aged 15; light hair, blue eyes, rather slim. Parents healthy; one brother died of consumption at about 18. Always was a puny child.

Had a dry cough about two years, which was very much worse that winter.

In coughing he raised a small quantity of white frothy mucus.

Cough caused by tickling in the trachea, worse when changing from a warm room to the cold air.

Had stitching, lancinating pains in the upper part of left chest, at times worse on the left side, aggravated when coughing.

Physical examination revealed an infra-clavicular depression, about the size of half a hand, in the upper part of the left chest, which was very marked and through which was most pain.

Appetite ravenous at times; at times none at all; bowels constipated.

Had exhausting night sweats, and was out of breath from the least exertion.

Had to quit school because studying caused headaches. Was under old school treatment for about a year, but without relief, and was then taking cod-liver oil.

Now here, beyond a doubt, was a Phosphorus case, and I was very anxious to cure it as I had just located, but what potency should I give? I usually use the 3rd; but I remembered the teachings of Professors Hoyne, Hawkes and Gee, and they all gave Phosphorus high. Professor Hoyne once said to the class, "Some of you will be disappointed when you begin the practice of medicine, because you will not give your remedies high enough; for some of our remedies are entirely inert in their crude state." I also

remembered the good results I had seen obtained from the high potencies at the clinics at the old Hahnemann.

On March 15 I prescribed Phosphorus 30th, the highest I had, told him to put his books away and to be out of doors as much as possible in fair weather.

April 1st. Is feeling much better; less cough, less pain, appetite normal. Gave same remedy.

April 27th. Better in every way. The depression is filling up. Has no more night sweats. Same remedy.

May 14th. Still improving. Continued the remedy.

June 5th. Says he is feeling well in every way. Depression about filled up.

August 14th. Depression entirely filled up. Feels entirely well. Discharged him as cured. He went to school in the fall—has had no return of the symptoms since, now about three years.

CASE II.—John L., had acute rheumatism, called in an old school doctor who gave him scientific (?) treatment for about five months, without much relief. It had now become chronic, and the doctor told him he could do nothing more for him; “he must wear it out, which he could do in time.” He tried the “wearing out” treatment for two months, then becoming discouraged, he applied to me, asking if Homœopathy could do anything for him. I replied that Homœopathy could cure him if applied rightly. In looking over the case carefully I found his feet and ankles most affected, being very much swollen. Some days his hands would swell and pain him. About all the symptoms I could elicit were those ordinarily found in such cases. But this characteristic ran through all his symptoms: Can’t remain long in one position, must move, is painful when first moving, but better after moving about some time. Prescribed Rhus 6th. He began to improve at once, and continued to do so until cured.

These cases made a great impression on my mind.

First, because it was in the beginning of my medical career.

Second, because I believed the medicine cured the patients; cases like these do not get well of themselves. Now

one may ask—would the higher potencies have done better? My experience in the practice of medicine compels me to answer yes. Had I prescribed a higher potency in both cases, and not repeated the remedy so often, I would have cured my patients, perhaps no better, but in less time, and that is quite an item to humanity in general in this busy world of ours. I find in looking over my notes that I am prescribing the higher potencies more every year. I think the question of repetition of the remedy is a very important one. Professor Hawkes used to say that placebo was an important remedy. Dr. W. S. Gee warned the class in his characteristic manner, not to repeat the remedy too often. I have learned by experience that what these men said is true, and would say to them that when they speak on this subject at the old Hahnemann to make it more emphatic if possible.

BERBERIS VULGARIS.

S. J. HENDERSON, M. D., BAD AXE, MICH.

CASE I.—Mrs. B—, had been under allopathic treatment for five weeks without the shadow of relief. The doctor, as a rare thing, was right in his disease diagnosis, cystitis, and employed all the skill with which he was possessed—morphine and the accustomed purgation to the cure of his patient, but without avail. Her sufferings were intolerable at times, her strength failed, her courage weakened and patience at last ceased to be a virtue. She then sent for the much abused Homœopath. I went, saw, and conquered. Symptoms were: Pains in urethra and bladder only after urinating, and running up into the bladder, of a *sticking* nature. Frequent urging to urinate, especially aggravated from least movement. Some pains run down over hips.

March 23, '89: Gave Berberis m. in water, every half hour a teaspoonful till four doses were taken, then every hour till midnight, five hours from beginning treatment, and then cease till morning. Called next morning and patient was easy and reported that her pains were entirely gone by midnight, the only relief she had during her whole illness except slight relief from morphine at times.

March 25th: Reports herself well so far as urinary trouble is concerned, but is suffering some from diarrhœa due probably to too much *Berberis* and the secondary effects of the morphine found in some cases.

CASE II.—Sept. 14, '88, T. H—, mason, age 44, had been under allopathic treatment for three years. Gave the following symptoms:

For years pain across the region of kidneys sometimes running up to shoulder and again "into the hips," most often in right hip.

Pain and weakness so great at times that in order to get up from a chair he would have to raise his weight by his hands, the back and lower extremities seemed so powerless. "Seemed as though I had no backbone."

When he straightened up and moved around was better.

Always seemed when stooping as though there was a heavy load on his back weighing him down.

Felt depressed and languid especially when off work and on Sundays.

Dull, heavy headache in forehead above the eyes nearly every day.

Appetite poor; stomach deranged; bad taste in mouth mornings.

"Could always tell when I was going to be bad as I would notice the urine clear as water, too much of it and too often."

Gave one powder of *Rhus dmm.* (Swan) and placebo to follow.

Sept. 19th: Went to work and when he stooped to lift as usual, he was surprised at his condition. He said: "I felt as though that awful load was at last off my back and I could raise up without any trouble."

Sept. 21st: Gave patient *Phytolacca dmm.* two powders more for the kidney or urine trouble.

Sept. 23d: I saw *Phytolacca* was not the remedy, so gave *Berberis vulg. m.* three powders and placebo.

Oct. 6th: Patient called and reported improvement; gave three more powders of *Berb. m.* When those and the *Sac. lac.* were taken patient reported himself cured.

March 14, '89: Patient called again to get "some more of the same medicine" as he felt "pretty much as he did before." That dull heavy headache especially, was bothering him for the past week or ten days. Gave Berb. m. six powders to be interspersed with Sac. lac. powders at intervals. After taking one powder the headache disappeared as if by magic, the remainder of the prescription was taken, and patient is a well man to-day.

PHLEGMONOUS ERYSIPELAS: CURED WITH PYROGEN.

G. W. SHERBINO, M. D. ABILENE, TEXAS.

Mrs. I—, age 35, mother of two children. Has been sick two months and a half under allopathic treatment. Two Allopaths were called and they positively said they could do nothing. The physician in charge left her, and went on a visit to friends 100 miles away. Some of the friends had employed me before, so he told them as they liked the homœopathic practice they could call me. There is no doubt they wanted to make a test of the "moon-shine" medicine. We were all greatly surprised at the results. When I first saw her I thought I had a severe case. Her face was sallow and she was very much emaciated from poor digestion, pain and loss of sleep.

She was first attacked with a swelling of the calf of the left leg and foot. A large blister formed on the top of the foot, which opened and a large ulcer commenced to eat to the depth of a fourth of an inch, until it covered the whole foot. Her calf and leg from the knee to the ankle had seven large gashes cut, and one above the knee along the outer border of the thigh, about three or four inches long. The swelling passed up the left leg to the body, and she says her whole body was swollen.

Her right hip was swollen and painful, and for two months she had all the sedatives known to the old school. There was a plaster of "Gray's ointment" about a foot square on the leg. I had this removed. I found a small

place about as large as the point of my finger that was soft, while all the tissue of the surrounding parts was hard and very painful to touch. She was taking opium to make her sleep. I ordered that discontinued. I found her lying on her back, the only position in which she could lie; leg flexed and contracted. I had the hip washed to remove the stinking grease so I could give it a more careful examination in the morning. All the symptoms I could get were: She got so very tired lying in one position, they had to move her which caused great pain, but moving gave relief; then she had to be moved again, and this was kept up all night. I gave her a dose of *Rhus cm.* (*Skinner*). When I called in the morning I made an opening in the soft spot three or four inches below the trochanter, and there was more pus discharged than I ever saw before from an abscess. The Allopath cut but did not find pus. Her temperature was 104° the day before; pulse 130.

Feb. 18. Found her comfortable. Was sleeping some this morning. Temperature 101°; pulse 130. Thigh still discharging about a quart per day. Pain and soreness gone.

Feb. 21. She is troubled to-day with fullness in stomach. Comes on while eating. One foot hot, the other cold. *Lyc.* 30 m; one dose.

Feb. 25. Has had cramping in the stomach, with pressure upwards. Worse from eating. *Nux 2 m (J)* soon relieved all the pain.

March 8th. She is badly swollen in the abdomen; feet and ankles are swollen; urine scanty, with red sand sediment; has not eaten anything to-day; feels too full all the time, has no room for any food or water, but she is very thirsty, yet she feels filled up after a few mouthfuls; feels very peevish and whines like a child. *Lycodium cmm.* (*Swan*).

March 9th. All the symptoms worse to-day; temperature 103°. *Sac. lac.*

March 10th. She feels very much better to-day, can eat some, not so much bloating; no sand in the urine which is more free; swelling in the bowels better. No medicine.

March 11th. Has had pain all day in small of the back and on top of right hip; there is a hard and red streak over the point of the hip, passing downward into the groin; there is a streak on the left side, but not swollen as badly as the right. I diagnosed another abscess. I thought this would be the last one she would ever have, as she was so weak and emaciated she would succumb.

March 12th. Swelling still increasing; more pain; more redness than yesterday; face and neck sallow and wrinkled. Temperature 103. As it was evident that Lycopodium would not control the abscess, I gave a dose of Pyrogen cmm. (Swan). Sac. lac. every hour.

March 13th. Called this morning and to my astonishment found the patient better. Fever all gone; pulse normal; swelling subsiding; pain gone. I was truly happy.

March 14th. Says she has a swelling on her left thigh, red, burning, stinging; line of demarkation formed. No medicine.

March 15th. Swelling going on down the limb, covering the knee; my cold hand felt grateful. She put a cold cloth on it and it felt relieved. (How much like Apis). No medicine.

March 16th. Swelling gone down into the foot from whence it came. (She was painted most thoroughly by the Allopath with Iodine). Feels better than she has since she has been sick. Face not so sallow. Has a copious and painless diarrhoea, yellowish, watery, every two hours. Gave another dose of Pyrogen cmm.

March 16th. Diarrhoea better; the swelling in the foot better; the ulcer is healing very fast; swelling going into the toes. She is now so she goes out to her meals, and is sitting up an hour or two at a time.

Now let us have a proving of Pyrogen and develop all the symptoms that belong to it.

CENCHRIS CONTORTRIX.—*Suspicious, thinks her husband is going to put her in the insane asylum. This symptom occurred regularly every afternoon from 3 to 8 P. M. for eight or ten days, yet she knew it was a delusion.—Kent*

A CASE OF SOMNAMBULISM : PHOSPHORUS.

S. LILIENTHAL, M. D., SAN FRANCISCO, CAL.

In the "Fragments from papers left by Hahnemann, edited by Dr. Buckner," Dr. Hartung, surgeon-colonel in the Austrian Army, states: When inspecting, 1837, the hospital at Treviso, the post-surgeon, Dr. Baertel, brought Cadet Salvini before me with the remark that the patient is a somnambulist, having once a week an attack lasting several hours. He looked pale and emaciated, and at my request he was transferred to my hospital in Milan, where he was put in a well guarded room, and I had soon opportunity to witness an attack, beginning with pressure in the eyes, with irresistible desire to sleep. He went to bed, fell into a deep sleep of shorter or longer duration, then rose sleeping; saw with closed eyes the enemy before him, fought and struck against the wall, and commanded the defense against the enemy; as commanding general he stormed castles, and punished without much trial his prisoners. Causticum 30, grtt $\frac{1}{2}$, which acted so severely that it provoked nausea and increased the severity of the attack. Repeated trials with the same remedy always caused the same effect.

Inasmuch as in several of his fits the idea of marriage with a princess predominated, he was put under closer observation, when he showed a fondness for females; for which Hyoscyamus 12, followed by Patina 6, a dose every morning, was prescribed, and the fits certainly were milder. Music during the attack quieted him, so that we dared to enter his room, and as the music played he wanted to dance with every one. At once he stopped dancing, ordered us out of the room, as from the corner there the fury appears. Now he began to strike and fight this fury, and after he calmed down somewhat we could enter again under martial music. At another time he was attacked by twenty-three robbers in the woods, but he demolished every one of them, and when we and the attendants counted noses, sure enough, we were just twenty-three. At another time he showed us through the window a pretty girl

playing with a polly; we could not see them at such a distance, but we found out the truth of his observation. Still another time saw a laborer working on the top of a high steeple, too far to be observed by us; and still time and place corresponded exactly. I now gave Phosphorus 30, one dose daily, and the attacks became shorter and more mild; he felt more as if in a dream-land. The remedy was continued for two weeks and the fits ceased. The cadet was kept under observation for a few months longer, and no relapse took place; he was discharged and ordered to join his regiment. A year later I saw him again, well and hearty and able to attend to all his duties, and here I learned more of his antecedents. He was the son of a naval officer, and in his twelfth year he entered the military academy where he remained five years, suffering off and on from convulsions, ophthalmia, otorrhœa, always delicate and irritable, but otherwise healthy. In his seventeenth year he joined his regiment; a bashful and quiet youth, the butt of other cadets. To frighten him they went, dressed as devils, into his bedroom and awakened him out of a sound sleep. Convulsions immediately set in, and the fully frightened devils put ice on his hands and feet. In the morning he was transferred to the military hospital, where, at first, the fits appeared once or twice a day, after two months only once a week, and thus he was treated for fifteen months, sometimes with cold baths. During that time he had an attack of intermittent fever, relieved by China, but it had no influence whatever on the fits.

HEADACHE: KALI BICH.

C. M. BOGER, M. D., PARKERSBURG, W. VA.

Albert Meyer æt. 20. January 9th, gave the following history: Attacked suddenly on several previous mornings by total blindness a few minutes after rising, this passed off and was quickly followed by a violent headache with tearing, drawing pains in the vertex, gradually decreasing until they disappeared at sundown; bones of head feel sore.

Taking up Lippe's Repertory I turned to the section on eyes and found this symptom recorded: "Blindness, followed by headache, sight returns with increasing headache. Kali bich." My prescription therefore, was four tablets, Kali bich. 2x; one dry on the tongue morning and evening.

January 12th, patient reported that the relief was almost instantaneous after taking the first tablet, and has had no return, but says he cannot see how that little tablet accomplished so much.

SICK HEADACHE: IRIS VER.

L. L. HELT, M. D., COLUMBUS, OHIO.

On the 22d of September, 1888, I was invited to dine with a family residing in a villa in the southern portion of this state, and while there, one of the ladies propounded this very interesting and entertaining (?) question: "Can you, or any doctor with whom you are acquainted, cure this abominable, distressing trouble known as sick headache?" It being in a wealthy allopathic family, I was very considerate in making my reply, but soon had her symptoms as clearly and definitely as possible, and will here use some of her own words. "The way I know an attack is coming on is, I feel so tired and drowsy that I can go to sleep at any time or place, and *my sight becomes dim*, but not one bit of pain yet."

These premonitory symptoms last for 12 or 24 hours, and then vomiting begins, always from 3 to 4 A. M. The stage of vomiting lasts about 12 hours, followed with a most excruciating headache, or by severe pain and great distress in stomach and abdomen. If one is present the other is absent. At about the end of the third day she is able to sit up some.

The attacks come on at irregular periods; sometimes once, then twice per week, then omit for three weeks. After studying my *Materia Medica* as best I could, and finding no remedy that covered the case better, and thinking her trouble resulted from gastro-hepatic derangement,

I gave Iris ver. 3x, 20 drops in a half glass of water, a tea-spoonful to be taken every hour as soon as she noticed the approach of an attack, and to cease taking medicine as soon as she noticed any relief.

She resorted to the medicine three different times, as directed, and it saved her that many attacks, and since the 12th of October, 1888, she has had no occasion to take her "sick headache medicine."

CASE OF CHRONIC GLEET CURED BY THE SINGLE DOSE.

J. FOSTER, M. D., LONDON, ENGLAND.

N. P., aged 30, short and of dark complexion, consulted me on April 30, 1888. He had recently crossed from the United States, and during a very rough passage, had, for the first time in his life, suffered from sea-sickness. The nausea still continued, the tongue was furred, there was extreme disrelish for food and generally deranged digestion. He felt the throat parched and the mucous membrane of the fauces was congested. Together with this he had constipation and frequent urging to stool. The head was generally hot and particularly the forehead. The body was unusually cold and there was extreme sensitiveness to cold. Lethargy was considerable. Sleep irregular.

He was said to have had a severe attack of acute cystitis several years ago.

Has had gonorrhœa at various times, and the gleet resulting from the last attack had continued for four years and a half, and for this he had a great variety of allopathic treatment, without success. At the present time he has a thick, yellowish-green discharge from the urethra, unattended with pain. The urine is voided every half hour and the act is accompanied by great irritation.

The recent conditions arising from the sea-sickness all pointed to *Nux vomica*, and although precise symptoms and its adaptability to the chronic disturbance were wanting, it appeared best after watching its action in the recent

disturbance, to follow on the same lines with the old affair. I therefore prescribed one dose of the sixth potency, to be succeeded by Sac. lac.

May 5th the discharge was thinner and less in quantity. Constipation abating. Urine less frequent, passed every two to three hours and irritation but slight. Headache gone. Eats better. Sac. lac.

May 12th. Feels generally better, but discharge is the same. Urine retained every four hours during the day and from five to six hours at night. Continued Sac lac.

May 26. Discharge less and is now as thin as before the recent attack. In other respects, quite well. Repeat Sac. lac.

June 16. Discharge scarcely observable. Continues otherwise in good health. Sac. lac.

Subsequently I was informed that the discharge had entirely ceased, and up to the present time, nine months' interval, he remains well in every respect.

A FEW VERIFICATIONS.

E. W. SAWYER, M. D., KOKOMO, IND.

Case I: *Lycopodium*.—Oct. 15, 1888. Mr. T. F—, age 29, an English glass worker, was taken with a violent chill, followed by high fever and extreme prostration; temperature 105; pulse 130; ached severely all over; breath foul, scenting the whole room; sore throat, which began on the right side, tonsils swollen, dark colored and covered with an exudation, which extended all over the mouth, tongue, lips, and into the larynx and trachea, interfering with breathing; cold drinks aggravated and warm drinks ameliorated the throat symptoms, could swallow with extreme difficulty; urine dark colored and heavily loaded with sediment. Gave him one dose of *Lycopodium* cm. (Fincke) and placebo.

Oct. 16.—Patient not so weak; breath not so foul; exudation in throat hanging in rags in some places, and coughing large quantities of it, nearly strangling him at

times; temperature and pulse nearly normal. Gave one dose of *Lycopodium m.* and placebo.

Oct 17. — Temperature and pulse normal; exudation gone; ate a little potato-soup; rapidly gaining strength; at work again in a few days.

Case II: *Lachesis*.—Oct. 18, 1888.—Arthur B—, age 27. English glass worker. Was taken down with a hard chill, followed by a high fever and sore throat, which began on the left side; swallowing painful, pain extending to the left ear on swallowing; breath bad; no appetite, nausea, and severe pain all over, pains changing location suddenly. Gave one dose of *Lachesis cm.* (Fincke) and placebo. Well in two days.

Case III: *Lachesis*.—Nov. 22, 1888.—W. W. L—, age 47. Tall and slender. Called at my office in the morning; had a violent chill the night preceding, followed by some fever, nausea, and violent pains all over him with prostration, could hardly get to the office; eyes looked heavy, breath was foul, and tonsils and palate were covered with a dirty looking exudation; sore throat began on left side and pain extended to left ear on swallowing. Gave one dose of *Lachesis II m.* (Fincke).

Reported next day nearly well. He said it was not ten minutes after taking the dose until he could feel that the disease was leaving him, and in forty-eight hours he was all right except feeling weak.

Case IV: *Squilla mar.*—April 18, 1888.—Was called to see Miss H—, age 15, who had chicken-pox. She was fleshy, light complexioned, blue-eyed, and large for her age. Her left eye was very much smaller and lids not so wide open as those of the right eye. After disposing of the chicken-pox I put her on *Squilla mar. m.* potency (Jenichen) and repeated it June 17, July 18, and Dec. 28 gave her one dose of the same medicine 45 m. (Fincke). The improvement began during the first month of treatment and continued until a short time after the last dose, when her left eye was as large as the right one; a perfect mate.

Societies.

CENTRAL NEW YORK HOMŒOPATHIC SOCIETY.

SYRACUSE, NEW YORK, March 21, 1889.

There were present: Drs. E. P. Hussey, Leslie Martin, R. S. True, L. B. Wells, J. A. Biegler, A. B. Carr, T. D. Stow, C. W. Boyce, E. B. Nash, Martin Besemer, J. R. Young, Frederick Hooker, W. A. Hawley, Stephen Seward, Harriett Emmens, S. L. G. Leggett, A. J. Brewster, H. P. Johnstone, E. M. Santee, H. B. Bessemer, C. Schumacher.

MORNING SESSION.

Reading of the Organon § 25 to 30 inclusive, with foot notes.

DR. BOYCE: A superficial reading of the Organon or any of the writings of Hahnemann is of no avail. They must be thoroughly studied and the subject matter, foot-notes and parenthetical references carefully considered. In studying the action of remedies what is it that produces the cure in the case of a drug disease? In the process of cure is the contest between the carefully selected homœopathic remedy and those ill selected harmful agents, already in possession of the field, or does the remedy so advance the powers of nature as to assist it in its effort to throw off the disease?

DR. HUSSEY: Does not the administration of the indicated remedy assist nature in throwing off the disease rather than battle the effects of ill-selected remedies?

§ 29, Stratten's edition, was re-read:

Every disease (which does not belong exclusively to surgery) being a purely dynamic and peculiar change of the vital powers in regard to the manner in which they accomplish sensation and action, a change that expresses itself by symptoms which are perceptible to the senses, it therefore follows that the homœopathic medicinal agent, selected by a skillful physician will convert it into another medicinal disease, which is analogous, but rather more intense. By this means the natural morbid power which had previously existed, and which was nothing more than a dynamic power without substance, terminates, while the medi-

nal disease which usurps its place, being of such a nature as to be easily subdued by the vital powers, is likewise extinguished in its turn, leaving in its primitive state of integrity and health the essence or substance which animates and preserves the body. This hypothesis which is highly probable, rests upon the following facts:

§ 30. Medicines (particularly as it depends on us to vary the doses according to our own will) appear to have greater power in affecting the state of health than the natural morbid irritation; for natural diseases are cured and subdued by appropriate medicines.

DR. HAWLEY: I doubt if in the present state of advancement of our knowledge we are able to account for the exact *modus operandi* of our remedies. The sections just read give us the best theory Hahnemann could advance at that time, but the more modern developments of science have given us a much better theory of the action of drugs than his. A modern theory of the wave motion of light and sound has been advanced, for example. Now rays of light may so perfectly harmonize in their wave motion as to produce darkness. One ray ascending the other descending when the two meet darkness follows.

The same with sound. Two bells of the same tone may be ringing and at the point where those vibrations meet there is perfect silence. These illustrate the action of remedies. What is the cause of sickness? No man knows. The physician decides upon his remedy, and if properly selected it will meet its like and recovery is the result.

DR. BOYCE: Only by the derangement of the forces is disease produced. The vital principle disturbed, disease must follow. Dr. Hawley's theory is exceedingly interesting, but I cannot apply it in this relation.

DR. HAWLEY: I think all must admit that this is all theory at the best; so is the one I have advanced.

DR. HUSSEY: Hahnemann no doubt evolved his theory out his own experience.

DR. WELLS: The theory as to how a remedy acts is of little consequence. The fact stands that the indicated remedy will cure, and the law of Hahnemann is confirmed in our every day practice.

DR. HAWLEY: I think Dr. Wells has struck the nail on the head. Hahnemann says facts tell. We may understand his theories, but they are of no account unless supported by experience. We may get mixed by theories, as I believe many have been. Instead of observing facts, they get lost in theories, and this it seems to me to be the reason why so many go astray.

DR. CARR: Here is where our young physicians fall into error. They theorize and ape after the position taken by some reputed highly scientific man, whose theory and plan of practice they have been led to admire, instead of considering facts as they exist, and developing a plan of their own, based upon facts.

DR. NASH: I have long since arrived at the conclusion that it is useless to try to explain the *modus operandi* of drugs. We have been at it a long time and may never know, but the fact that the indicated remedy cures must be acknowledged, and it is of little consequence how it acts.

DR. HAWLEY: We get the facts from the *Organon*, and without them no man can become a Homœopathist. It is a fact that in some of our so-called homœopathic colleges a student may complete an entire course and never hear a quotation from the *Organon* or any reference made to it. Dr. Miller, of Pittsburg, as President of the Allegheny County Society, finding that the study of the *Organon* had been almost entirely neglected by the members of the society, established a course of study and is accomplishing great good to the entire membership.

DR. NASH: Those of us who have students, or are called upon to suggest colleges for students, should warn them of the dangers of false teaching and where it is done.

DR. SEWARD: As was read in the minutes of last meeting relative to the dangers of using Sulphur in phthisis, I have been thinking that possibly the selection of the potency may be wrong, when it does not result favorably. Would it not be well to try the lower potencies?

DR. CARR: I have been in the habit of using Sulphur from the 200th potency upward. In the early stages of

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pneumonia I have given a few doses of Sulphur 200, and in the stage of resolution give a single dose of the *cm.* potency, and always with good result. If other remedies in the higher potencies act kindly why should not Sulphur, Lycopodium, Lac can. for example? I am very much afraid of Phosphorus, and use it in the higher potencies only in a single dose.

DR. MARTIN: What is Dr. Carr's experience with regard to the thirty-six hour aggravation of Phosphorus?

DR. CARR: I always look out for it and warn my patients of the probability of its occurrence. [Not one physician in ten has ever heard of the aggravation of Phosphorus occurring 36 hours after being given, and often lose their patients in consequence.—ED.]

The report of the censors was favorable to the election of Dr. Frederick Hooker, of Fayetteville, and the applicant was unanimously elected.

On motion the society took a recess until 2 P. M.

AFTERNOON SESSION.

The essayist, Dr. T. D. Stow, presented a paper—subject "How to Educate the Public in Pure Homœopathy, or How to Popularize Pure Homœopathy."

DR. HAWLEY: The war has begun and the first victory won by the valiant few of Rochester. Homœopathy long ago won the battle with the old school, but our opposition *now* is with our so-called friends. Now the work to be accomplished is to lead the people to discriminate between the false and the true. We must recognize the invisible, the real things, which are out of sight. We must instruct those whom we visit that it is not the visible things that make them sick.

DR. BIEGLER: One thing in Dr. Stow's paper referring to the seeming tendency on the part of the physician of to-day to trim for patronage. The child properly trained will not depart from his early teaching, and he will never trim for patronage. Now it is the young we must educate in our methods. Our present teachers who profess to be teaching Homœopathy and do not, are living a lie. My

own patients are educated in Homœopathy and it would be difficult to disturb their confidence. Still, there are those who say that if they could not get Dr. Biegler they would take some old school physician, but this embraces the class that are hardly able to grasp the truths of Homœopathy or have not had sufficient instruction in our methods. We can teach the young men in the profession as we have the opportunity, and in time our influence will be felt. Years ago I felt over run with opposition, but in the course of fifteen years we have succeeded in bringing together ten physicians in the City of Rochester who are upholding pure Homœopathy, and we are able to help one another and our present victory is our reward.

DR. CARR: A great deal may be done by the members of this society. Seventeen years ago I was educated to look upon Dr. Biegler as a crank. But one day I met him in one of his families and was surprised to find him a gentleman, and I somehow felt that he was in possession of weapons I knew not of, and it was not long before I felt very kindly toward him and his methods of practice. The study of pure Homœopathy soon became a pleasure to me. Others can relate a similar experience, and now we have ten men good and true who grace the present movement in Rochester.

DR. TRUE: The most potent reason why so many so-called homœopathic physicians pass for naught in the community in which they practice and are said not to stand very high in the profession, finds explanation in the fact that the people can see no difference between their methods and those of the old school, and despise them for their pretentious claims to Homœopathy.

DR. NASH: We must adapt ourselves to the ability of those we treat. I have often assented to the theories advanced by my patients, and for the time seemed to coincide with their views and often gain their confidence by so doing. One old lady insisted that she had "the digestes and the rising of the lungs," and I told her that I really thought she had. We must not study books alone, we must study men. So long as we have colleges teaching as they do, we

shall have all the business we want to undo the injury they are doing our cause. Let us gather up all the fallacious teachings we can and publish them, so that our students may know just where they can get the proper education. I believe in a "still hunt," and think we can educate men, one by one, and this method will increase the list faster than we think.

DR. BIEGLER: Tact, or an ability to teach the people, will result in much good, and it is our best and strongest hold.

On the 10th of April, the anniversary of the birthday of Hahnemann, the opening of the Hahnemann Hospital in Rochester will occur, and this society is invited to be present.

On motion, a committee of three physicians from Syracuse were appointed by the chair to draft resolutions of congratulation to be presented to the members of the Rochester Hahnemannian Association at the opening of the hospital on April 10, next. The committee consisted of Drs. Hawley, Seward and True.

On motion of Dr. L. B. Wells, the Society tendered Dr. T. D. Stow a vote of thanks for his exceedingly interesting paper.

On motion, the next meeting of the Society will be held in Syracuse on the second Thursday in June.

RICHARD S. TRUE, Secretary.

EASTERN OHIO,

Held its annual meeting at Akron, April 17. Drs. Adair, Harding, Hinsdale, Mumaw and Orpha D. Baldwin, of Cleveland, were elected members, and J. A. Gann was made President for the coming year.

Dr. Hayden read a paper on the "Treatment of Constipation."

Dr. Kirkland reports a case: Woman obstinately constipated for years. Had tried various physicians, remedies, and mineral springs without benefit. Gave Nux 200, Opium 200, Alumina 200 at various times, according to indications, with little or no relief. On reviewing the case

gave Nux 45 m. with great relief, more than from anything ever taken.

Dr. Warren reported a case in which he gave Opium 30 without benefit for two weeks; after that improvement set in.

Dr. Viets: Has Dr. Kirkland ever given Nux without benefit?

Dr. Kirkland: No, when it was indicated.

Dr. Deetrick read a paper on "Antiseptic Methods in Midwifery," but always gave the indicated remedy internally.

Dr. Warren: Never uses antiseptics. Depends on the indicated remedy and hot water for cleanliness.

Dr. Brooks is surprised to hear Dr. Warren denounce antiseptic injections before the Society. When called in consultation he recommended enemas of Listerine, at once.

Dr. Warren: Please state the result.

Dr. Brooks: The patient died.

Dr. Childs presented a clinic, case of a boy with bullet wound in brain resulting in brain fever, with recovery, and after four years of health, terminating in epilepsy.

Dr. Gann read a paper on the "Differential Diagnosis between Eruptive Diphtheria and Scarlatina Maligna."

The semi-annual meeting will be held at Canton, Oct. 16. Thirty-five physicians were in attendance.

F. M. CLARK, Sec'y.

MISSOURI,

Which held its sessions at Springfield, April 22, 23 and 24, was, in point of numbers in attendance and value and variety of papers presented, a great success. Forty papers were read and eighteen new members were admitted. The discussions were very instructive and the members were unanimous in pronouncing it one of the most successful meetings in the history of the Society. Moses T. Runnels, M. D., was elected President, which means a good meeting in 1890.

ILLINOIS,

Held its annual meeting at Sterling, May 14 and 15. Chas. Gatchell, M. D., editor of *Medical Era*, President.

One of the events of the occasion was the reading of a paper by Dr. E. M. Hale on "Double Remedies." The author was not present, but had a friend to read the paper for him. The author has exhausted all the virtues of Homœopathy, Eclecticism, and crude drugs, and now has reached that exalted position in which he has "discovered" that better results can be obtained from combined remedies—that is, Calcarea and Lachesis, for instance, mixed together will do a great deal better work than either or both used separately or in alternation. It is simply returning to the position of Humphrey of New York City, and the Doctor omitted to mention that great source of inspiration.

You may be sure there was some good plain honest English used in the discussion, and I do not think the author would have felt very proud of his "discovery" if he had been present and heard the opinions expressed.

H. P. HOLMES, M. D.

In an article on Glonoine in the *Hahnemannian Monthly* Dr. Hale recommends Glon. and Dig. or Glon. and Stroph. combined. So this eclectic teaching is not new. His pathological teaching and practice have long been anything but an honor to our school, and the sooner our Illinois brethren dispense with his papers the better for the society and the cause.

OHIO,

Convened in the hall of the Lincoln Club, Cincinnati, May 14 and 15, about 75 physicians being in attendance. The first paper of note was Dr. Beebe's, on "Salaries of Medical Officers of Ohio Charitable Institutions," in which it was contended that the pay was inadequate for the services rendered and the responsibilities assumed, and so long as this policy obtained the medical direction of public institutions would be at the mercy of the politicians.

Dr. Beckwith believed the public institutions were excellent schools for young men and for those who wished to

become familiar with specialties. The honor also was an additional compensation.

Drs. Claypool and Palmer deprecated the present practice of foisting the inexperienced physician upon the unfortunate on the score of economy.

Dr. Clemmer's paper on the "Smead System of Heating and Ventilation for School Buildings" elicited much discussion by Drs. Owens, Claypool, Sanders, Gann, Edgar, House, Pratt, Monroe and Beckwith, the majority favoring the system, and attributing the failure to imperfect or faulty application.

Dr. Fahnestock's paper on "Natural Gas" for purposes of heating and cooking in our residences, claimed it was fraught with many dangers and was the source of much sickness.

Dr. Claypool, on the other hand, contended that the deleterious effects referred to were largely if not entirely due to its improper use.

THE AFTERNOON SESSION

opened by an address of welcome by the mayor of Cincinnati, the reply of Dr. Lounsbury, and President Walton's address. His recommendation that a regular chair be established in every college for the study of the Organon before graduation; that it be not made simply an adjunct, thus compelling the student to take post-graduate lectures elsewhere, or enter the practical field of his profession without a knowledge of the teachings of the Bible of Homœopathy, was applauded to the echo. We hope to see both our Ohio colleges follow this sound advice in their next annual announcements.

The Bureau of Materia Medica presented a continuation of the work of last year, "A Proving of Mag. phos.," which will be published in full in a future issue of this journal.

Dr. Crank gave the "Etiology and Pathology of Post-scarlatinal Nephritis" which was followed with its "Therapeutics" by Dr. Owens. These papers elicited discussion by Drs. Owens, Allen, Beebe, Webster, Gann, Brenizer, Fahnestock, Morden and Parmelee.

Dr. Owens called attention to Carbolic acid as one of the most frequently indicated remedies in this affection, and said that its chief characteristic, smoky urine, was found under no other remedy.

Dr. Allen: Terebinth had cured smoky urine in such cases (see *Nat. hyp.*).

Dr. Parmelee: The late Dr. Beebe of Chicago used a similar preparation years ago.

Dr. Rosenberger had excellent success in post-scarlatinal nephritis in a severe epidemic last year with *Jaborandi*, drop doses of the tincture.

Dr. Alice M. Tracy presented a paper on "Food for Infants."

Dr. Lovett condemned the use of cane sugar in the preparation of artificial food, recommending milk sugar instead.

Dr. Munn's paper on his clinical experience with "*Salol* and *Passiflora incarnata*" recommended same heroic dosing for a "trial trip" of a new remedy.

Dr. Fahnestock's "Case Cured by *Lachesis*" was a plain case and a beautiful cure, but the diagnosis was questioned. Some one expressed a doubt as to the 30th of *Lachesis* being genuine, when Dr. Walton said that 15 years ago he procured a vial of the 30th and since had simply replenished the vial with alcohol as it became depleted; but the remedy was as effective to-day as ever. [And will remain so as long as he wants to practice medicine.—ED.]

Montgomery County Society presented a paper on "Puerperal Fever."

Dr. Kraft read "Vaccination Vagaries" in which he showed that the ivory "pure vaccine" point was as dangerous to the individual as the old scale method. He had used *Melandrinum* in his own and in the families of several of his patients with success and had confidence in its prophylactic value.

In the evening the physicians of Cincinnati tendered the members of the State Society a banquet at the Gibson House, which for fine taste displayed, beautiful floral decorations, choice menu and excellent service was unexcelled in the history of the Society. It is unnecessary to say that

with Dr. Crank as Toast-Master, everything passed off successfully; and by every one present it will long be remembered as the Cincinnati banquet.

Surgery was well represented. Dr. Martin, of the Ohio Penitentiary, had a paper on "The Sexual Organs of 1,000 Convicts." Dr. Pauly on "The Rectum as a Disease Centre." Dr. Pratt, of Chicago, by invitation gave an address on "Orificial Surgery." Dr. Palmer on "Railroad Surgery," in which he deprecated the use of alcohol in shock and warned his hearers against a favorable prognosis in cases of beer drinkers. In this view he was supported by Dr. Monroe, but Drs. Beckwith and Parmelee disagreed with him. Dr. Owens suggested Jaborandi in shock and collapse in surgical accidents. Dr. Deetrick had a paper on "A New Method of Amputation at the Ankle Joint," which was commended by Drs. Gann and Palmer as original.

In Obstetrics Dr. Sanders' paper on "Posture in Labor" was discussed by Drs. Palmer, Monroe and Lovett. Dr. Orpha D. Baldwin's on "Diagnosis in Pregnancy" was based on a number of experiments in which the pulse of the pregnant woman was the same in the standing, sitting and lying position.

Dr. Crawford took exception to the extent and character of the observations and asserted that on the broad ground of anatomy and physiology it was contrary to nature.

Drs. Claypool and Parmelee had papers on "Salpingitis," but owing to the absence of the papers of other members the report of Gynæcology was a little disorganized.

Dr. A. L. Monroe was elected an honorary member.

Dr. J. A. Gann was elected President, and the Society, on invitation of Drs. Beckwith and Sanders, meets in Cleveland in 1890.

MICHIGAN,

Held its twentieth annual meeting in Barnes' Hall, Detroit, May 21 and 22.

Dr. Bailey's report on Statistics showed over 500 physicians in the State of whom but 25 or 30 outside Detroit entered an appearance.

Dr. Sawyer, chairman of the Legislative Committee, was not present, and his interesting report was read by proxy.

The necrologist, Dr. Ayers, reported the death of Dr. Ezra Smith, one of the pioneer Homœopaths of the State, and Dr. D. J. McGuire, of Detroit, who died at Passadena, California.

On Pedology, Dr. Mary A. Willard reported two "Incipient Cases of Diphtheria" which before studying medicine she had treated by placing the patient in a hot bath while ice was applied around the neck, and asked if such treatment, which in these cases was very successful, was opposed to the principles of Similia.

After some discussion Dr. Morley asked if homœopathic medicine can cure diphtheria.

Dr. Wilson replied that no medicine can cure any disease. It is the patient that is to be treated and cured, not the disease.

Dr. L. S. Porter said that before he became a Homœopath he used hot salt and vinegar to the throat externally with pretty good success, but could do much better now.

The paper was further discussed by Drs. J. C. Nottingham, Davison, Randall and others.

As the Bureaus of Anatomy, Microscopy and *Materia Medica* had no papers to present, the paper of Dr. Hillyer on "Cholera Infantum" was read, by request. It was intended to be descriptive in character and an introduction to the other papers of the Bureau. But as the other papers were wanting it had to stand on its merits.

Dr. Randall considered it unpractical. Said he, I don't think I know anything more about the disease than I did before I came here.

EVENING SESSION.

After the disposal of some routine business, the President delivered his annual address, but aside from the hackneyed fling at our "unreliable *Materia Medica*" it was barren of either ideas or suggestions.

The report of the Surgical Bureau was the redeeming feature of the session. Dr. Knight's paper on "Mammary Cancer" and Dr. Le Seure's on "Surgical Tuberculosis" were carefully prepared.

Dr. Morley's "Ligation of the Common Iliac" for an injury of the femoral artery by a pistol ball, was a success, and one of the few successful operations recorded in the history of surgery.

Dr. T. P. Wilson: About 40 years ago, Dr. John Ellis, while in practice in Grand Rapids, successfully ligated the common carotids within the shortest time on record.

Dr. Walsh: When we consider that there have only been, in the history of surgery, 64 such operations attempted, and of these only 12 were successful, the importance of this operation is realized.

The following new members were elected: Drs. Stafford, Tracy, Pratt, Hicks, Hatch, Knight, and Kimberling.

Dr. Gaylord's paper on "Tetanic Spasms of the Uterus" was the only paper in the Bureau of Obstetrics and Gynecology, but it was well discussed.

In Ophthalmology, Dr. Wilson on "Barbers, Surgeons, Oculists," Dr. Harold Wilson on "Reflex Inflammation of the Lids" and Dr. Sterling on the "Use of Mydriatics," completed the Bureau.

Dr. D. M. Nottingham of Lansing, was elected president and Dr. Harold Wilson, secretary, and the Society adjourned to meet in Lansing on the third Tuesday and Wednesday in May, 1890.

After adjournment, on invitation, Grace Hospital was visited and much admired for its complete and thorough preparation for caring for the sick. Refreshments were served in the parlors and an informal reception was held by Senator McMillan.

In the number of physicians in attendance, the character of the papers read, and the information to be obtained from the discussions, this meeting was not a credit to the five hundred Homœopaths of the State. Let us do better next year.

IOWA.

President Banton's annual address contained some notes of warning worthy of reflection:

Close application to Homœopathy. We must not hanker after the flesh pots of Egypt, for while we have an eye upon them, our devotion to Homœopathy dies. We can not serve two masters. We are Homœopaths or we are empirics, and no amount of formulated air can change this conclusion. We can only maintain our identity as Homœopaths by holding fast to our motto, *Similia Similibus Curantur*.

Our pharmacies, I am sorry to say, with few exceptions, are holding out inducements, by way of ointments, lotions, elixirs, tonics, aperients, and compounds, to the busy as well as to the leisure loving practitioner — weaning them from a close and careful study of their *Materia Medica*, and slowly, but surely, laying the foundation for their reception, thereby casting serious reflections upon a science that is naturally immortal. Homœopathy, pure and simple, should be our heart's desire. It ever has since Hahnemann's day, and ever will make the most brilliant cures that ever were made by medicine. Hold to thy faith. Let no man take thy crown.

Our pharmacies would not deal in "lotions, ointments" etc., if there was no demand for such by the profession.

Our Literature. At the present time there seems to be a furor among our medical men to write a book, edit a journal, or compile a cyclopedia. This, of itself, may be legitimate; but when a large share of it smacks so much of Allopathy and empiricism that it is necessary to have the light of two argand burners to tell the difference, it is time to call a halt. When we find homœopathic journals recommending Antipirine in ten grain doses, Calomel in twenty grain doses, Chloral in thirty grain doses, etc., it is time to cry rats, and ask whose cheese they are eating. Such journals are pernicious and corrupt the undefiled. Shun them as you would a serpent. Let them crawl back into the wilderness and be heard no more.

This may be unwholesome truth, but we regret to say it is not the less true, and we thank Dr. Banton for his brave words. Give the journals a few more broadsides until they cease teaching empiricism. If a homœopathic journal cannot teach Homœopathy, let it haul down the flag.



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.

HAHNEMANN'S MATERIA MEDICA.—In the compilation of the *Cyclopedia of Drug Pathogenesis*, by Drs. Hughes and Dake, the antipsorics of Hahnemann were omitted, because "the provings are found elsewhere." And in the *Perfect Materia Medica*, contemplated by the *Materia Medica* Committees of Boston, Brooklyn, and New York, the provings of the *Materia Medica Pura* are not to be included for the following reasons:

1st. No drug is to be accepted for the new *Materia Medica*, unless at least seven experiments, either voluntary in the way of provings or involuntary in the way of poisonings, have been made with it.

2nd. No proving is to be accepted, even for criticism, unless a full statement has been made concerning the method adopted in making the proving, and unless detailed results of the experiments (day-books) are given.

From these requirements it necessarily follows that the symptoms recorded by Hahnemann and his co-laborers in the making of the *Materia Medica Pura* cannot be admitted, because they do not come up to the requirements of modern science (?), or the demands of a "perfect" *Materia Medica*. When the brave Dr. Watzke and his band of Austrian provers doubted the accuracy of Hahnemann's

provings of *Natrum muriaticum*, they adopted the eminently wise, practical, just and scientific method of verifying the symptoms by a re-proving. The result of their labors—one of the most impartial investigations ever made—was a complete verification of the work of Hahnemann. But now, instead of undertaking a verification of every doubtful proving made by Hahnemann and the early provers (in which they would have the aid of the Homoeopathic profession), “although made with great care and scrutiny,” they are all to be thrown out and the work begun *de nova*. The first reliable effects of drug provings on the healthy ever given to the medical world by the most careful and accurate medical observer the world has ever produced; that symptomatology which has been verified in every land on many a hard fought field and by and through which our great triumphs in the most rapidly fatal as well as the most difficult and obstinate chronic diseases have been won, must be excluded on a technicality. But, after all, it is not the *Materia Medica* that is at fault. Those who cannot use Hahnemann’s *Materia Medica Pura* or *Allen’s Encyclopedia*, cannot use the *Cyclopedia of Drug Pathogenesis* or the proposed *Perfect Materia Medica* of the far distant future. We say *distant future*, because it requires *work* to make a *Materia Medica*, and thus far of all the men engaged in the new scheme but *one* has ever given us any work in this department; the rest have only found fault, and fault finding does not make *Materia Medica*.

* * *

OUR STATE SOCIETIES.—That we never have an effect without a cause, is axiomatic. What, then, is the cause of the luke-warm interest in our State Societies? Why is it that such a small percentage of the profession (less than one tenth) become active members, and why must some *inducement* be held out even to members to attend these annual gatherings in which all are, or ought to be, equally interested? Why was it that last year in Ohio and this year in Michigan, not fifty outside the resident membership were present—not enough to secure the reduction on

the return railroad certificates? There must be a *cause*, for this lack of interest is not confined to Ohio and Michigan. It is wide-spread. It is the universal complaint from every State Society. And we might as well be honest with ourselves, look this question squarely in the face and meet it as it should be met, for it is contagious; it has already affected our National Societies, both in America and Great Britain.

* * *

For years we have heard members remark, *soto voce*: "I have not received a single hint at this meeting that I can apply in the cure of a patient."

"Why must we be compelled, year after year, to listen to these text-book essays?"

"Why can we not have more practical papers and less theory? I am about discouraged attending State Societies."

"These text-book essays are fairly well written, but how barren of suggestions that will aid any member in his daily work."

Well, who is responsible for this text-book work? Who, but the officers and members of the Society and the chairmen and members of the various bureaux? Instead of permitting the author of a paper to tell us how he cured a patient, or to detail the characteristic indications which led to the selection of the simillimum, a *disease* is selected, *à la* Allopathy, and a topic assigned each member with a request to furnish an "original" article. In other words, we demand of a member of a bureau a task we are unable to accomplish ourselves, *i. e.* write a new and "original" paper on the subject from some standard work to which we all have access. If attempted, the result is a text-book essay unsatisfactory alike to the author and the Society; or, dissatisfied with his honest effort, the paper is never completed and the author "detained" from attending the next meeting by an obstetrical case. Who is to blame, the member or the system? That this is a fair statement of the case we append the method pursued by each of our National Societies:

A. I. H.

Bureau of Gynecology.

Urethritis: Acute and Chronic, by M. T. Runnels, M. D. Discussion opened by S. P. Hedges, M. D.

Acute Cystitis: *Ætiology, Diagnosis and Treatment*, by J. C. Wood, M. D. Discussion opened by O. S. Runnels, M. D.

Chronic Cystitis, by J. W. Streeter, M. D. Discussion opened by Phil Porter, M. D.

"Some Anomalous Affections of the Urinary Organs in Women," by R. Ludlam, M. D. Discussion opened by T. G. Comstock, M. D.

A general invitation is extended to members of the Institute to present any valuable experience or observations bearing upon these or kindred subjects during the general discussion.

ALBERT CLAYPOOL, M. D.

Chairman.

* * *

I. H. A.

Bureau of Obstetrics.

Dear Dr: Will you kindly favor the society at its coming meeting by reading a paper on or going prepared to discuss one of the following subjects under the Bureau of Obstetrics?

1. Effects of our medicines in aiding labor.

2. Removing a retained placenta by internal medication.

3. Do you lance an abscessed breast?

4. Success in treatment of morning sickness.

5. Personal observations in prognosticating *hour* of delivery.

W. JEFFERSON GUERNSEY, M. D.

This method of conducting the work of our Societies, State and National, is unhomœopathic, unsatisfactory, uninstructional and unnecessary. It is a practical abandonment of the methods of Hahnemann, a returning to the flesh-pots of empiricism in a vain endeavor, as Dunham says, to utilize the wonderful achievements of Allopathy in pathology. Homœopathy is not "built that way" and our societies cannot be successfully managed on the allopathic basis. Is it to be wondered at that members of the profession do not join the societies, or that members of the societies do not attend the meetings? Very few can afford the time and expense without some corresponding gain. As soon as the societies return to the methods of Homœopathy, and not till then, they will have no fault to find with the meagre attendance of members.

AMENDMENT OF BY-LAWS.—At the last meeting of the American Institute, notice was given to change the By-Laws so that applicants for membership should be required to declare that they are “believers in and practitioners of Homœopathy.” The Institute has already paid dearly for its abandonment of its principles. Let it now return to its original declaration of belief in the Law of Similia and nail its colors to the mast. The foolish and worse than foolish policy of allowing every one who can sport a medical degree, without reference to principle or practice, to become a member, has yielded its bitter fruit. The *Homœopathist* for June says: “The only interest we have is to see the American Institute of Homœopathy come up to the rack like a man, with backbone enough to say: This INSTITUTE is a HOMŒOPATHIC Institute, pledged to the support of homœopathic tenets.”

How wise we are when the chance has fled
 And a glance we backward cast!
 We know just the thing we should have said
 When the time for saying it's past.

Comment and Criticism.

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.—WENDELL PHILLIPS.

ON DR. VAN DENBURG'S CRITICISM OF HAHNE- MANN'S DYNAMICS.

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

EDITOR ADVANCE:—Very generally the Dynamis has been considered to be an exclusive attribute of the inorganic world, and no life has been thought to exist, but in organic bodies. This chasm, modern physicists have tried to bridge over by assuming that the molecules of matter possess the identical forces in the inanimate as well as in the animate bodies. Dubois Reymond said: “there are no such forces which deserve the name of life-forces.. The

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division of a so-called organic and inorganic world is perfectly voluntary." Such a conformity with Hahnemann's Dynamis is very acceptable, and breaks the ground for the very life-force of Hahnemann, because, upon such a hypothesis it can be explained why the molecular forces of matter in a living organism do not satisfy their chemical affinities. After further researches the Homœopathician attains to the conception of a *Series of Life*, running from the lowest substance to the highest organism in man. He finds, that what constitutes the matter and the organism is possessed of the universally diffused life-force, *though of different degrees and distribution*.

Dynamis and life-force, therefore, are synonymous and convertible terms, as the critic justly remarks. But his following fault-finding is not in accordance with this *dictum*.

In admitting the first of his characteristics of the Dynamis, taken up for criticism, that "it gives to each thing its own identity" the critic has already admitted too much. For, if the Dynamis makes the thing what it is in determining its identity, the thing, of its own, cannot produce or re-produce at all. It is only given power, and power is taken from it; it itself is nothing without the Dynamis, which gives it identity, *i. e.*, existence.

The second characteristic, that "the Dynamis has the power of reproducing its kind," is objected to. By Dynamis, here, however, is meant the Dynamis of an organism, but not that of an aggregate sum or mass or assemblage of particulars. The question, therefore, "has Silica reproduced Silica?" is of the critic's own making, and requires no answer. If Silica has been increased upon the earth, we do not know it, and it has no bearing upon the case.

The third point, naturally, escapes objection. The lecture purposely investigates the life-force as a legitimate biological subject, but the introduction of the chemists here is gratuitous. The medical qualities of medicinal substances are clearly beyond the scope of the chemist. The wild attempts that have been made to eliminate and construct the life from matter by chemical operations, savor of the endeavors of the Famulus Wagner, the poor

old bachelor, who wanted to create a man in the retort. (Goethe's Faust.)

As to the fourth point, to confound the Dynamis of Arsenic with the Dynamis of the chick, militates against logic. Whoever expects the aggregate of Arsenic to bear its own kind? The Dynamis of Arsenic has combined with the Dynamis of Oxygen in a certain proportion, and Arsenious acid is the result, hence the Dynamis of Arsenic and that of Oxygen has been transferred to what is now the Dynamis of Arsenious acid. This has been accomplished by a process of potentiation, such as we use in preparing our homœopathic potencies, when we transfer the medicinal force of the crude medicinal substance upon an inert vehicle. The inert vehicle in the instance of Arsenic, Oxygen and Arsenious acid, is the matter which carries their Dynamis, not as if it were an offspring of that matter, but because it has been transferred to it as its vehicle. So the argument drawn from Arsenic falls to the ground as well as that of Silica.

The fifth point shows the weakness of the position of the critic inasmuch as he rails at the idea that it should be a great sin if the (medical) qualities of drugs should be revealed by chemics, though he denies, that modern chemists have ever been successful in their search for it. The critic forgets that he writes as an advocate of Homœopathy, and that it alone teaches how these (medical) qualities should be elicited by provings upon the healthy in order to be useful in healing. The physical and chemical qualities of the drugs are a legitimate subject of physics and chemistry, and clearly do not concern us here when speaking of the Dynamis of medicines, healing mediums or remedies.

It must also be denied that chemistry, *i. e.*, the chemist, can produce any kind of Dynamis. If he produces dynamite he does not produce its dynamis. The "flood-gates of error" are opened indeed by such a *confusio idearum*. For the physio-chemists have in all earnest made an effort to find a soul in protoplasm (see: *The Psychic Life of Micro-Organisms*, by Alfred Binet), and if the critic gives to understand, that "drugs are sentient and possessed of a

will," it is in the same vein as attributing to inert matter that which is owing to the Dynamis given to it. If the critic does not see that the Hahnemannian life-force as dynamis of the organism enlarges the bounds of human knowledge, he must, indeed, be blind to the enormous efforts of the materialistic school to abolish it altogether, and to put in its place a nondescript abstraction which recedes into the unfathomable obscurity of Agnosticism. *A propos* of Agnosticism! Many who adopt it are merely skeptics. They are still in the transformation which every thinking mind must undergo before it rises beyond it to firm, positive principles, based upon the practical experience.

There is, indeed, sense in comparing the Arcanum of Paracelsus with the Dynamis of Hahnemann. "That what we see is not the medicine but the body in which it lies. For the Arcana of the elements are invisible and those of man also; that which is visible is the exterior which does not belong to it." Here you have the invisible Dynamis carried by the visible vehicle. "Arcana are, where is virtue and power." These are Paracelsus' own words.

The new characteristics and relationships of this Dynamis of the organism, called the Life-force, are indeed, at our present time brought forth with renewed vigor, and in this consists the progress of Homœopathy mainly which Dr. Kent means, and which Dr. Beckwith (p. 140, curr. vol.) can find only in the increase of the number of practitioners. But how can Homœopathy have progressed if these numbers practice a so-called "scientific (?) eclecticism"—in reality a contemptible empiricism—which has nothing whatever in common with Homœopathy, not even the name?

This very subject, the existence of the Dynamis of the organism called Life-force, has been kept back for many years by the very majority of those empirical practitioners who assumed the designation "homœopathic" without right or reason.

If the critic will watch the signs of the times he will perceive how this life-force will be shown to be in connection with the dynamis of the outer world, organic and inorganic,

and how, at the hand of the homœopathic potentiation it will lead into a better understanding of the beautiful harmony and unity in the universe, binding the large and the small with the ever-present, ever-acting Dynamis by transferring it from matter to matter according to immutable laws of dynamics.

Dear Critic: The discussions of these topics are not as unimportant as you make believe. If they had been allowed free scope years ago, we would not to-day have had the sad spectacle of thousands of practitioners (calling themselves "homœopathic") falling back into the slums of empiricism, and would understand § 1 of the Organon in another sense than the empirics do, who do not know or want to know and acknowledge that greatest discovery of our century, by Hahnemann: POTENTIATION. For, this important element in the science of medicine teaches us that "the highest and only calling of the physician" consists in using such remedies as are the most appropriate to administer for the purpose of healing, or "making sick people well," *i. e.* the *proportionate, potentiated medicine* (see § 16.)

Thus, the whole criticism of Hahnemann's Dynamis, so ably expressed in Dr. Kent's lecture, reduces itself to the bad grace with which a scientific treatment of Homœopathy appears to his range of vision. Whilst leaning toward the results and endeavors of the physical sciences leading up to agnosticism which is rather the grave of science, than its apotheosis, he reminds the Homœopathician, the scientific disciple of Hahnemann, the cultivator of the science of Homœopathics, that his only business is to cure. This is carrying owls to Athens.

It is to be hoped that the critic will be a little more inclined in the future to favor the doctrine of Homœopathy as Hahnemann taught it in the sections following that first famous paragraph. This taken alone would open the arms of Homœopathy to all and every empiricism that medical men have ever been guilty of, had not the rest of the Organon set a limit to such "freedom of medical opinion and action," which is a euphemism for practices which Hahnemann opposed with might and main, and for sufficient reason.

T. P. W., P. P. W., AND THE ROCHESTER INQUIRY.

EDITOR ADVANCE.—The great difficulty in arriving at a satisfactory solution of the question raised by the Rochester Hahnemannian Society, viz.: “Is the Homœopathic remedy always sufficient to relieve suffering in incurable cases?” arises from the complexity of the problem. If disease was a definite something, capable of being so accurately described that a perfect and complete delineation of one case of any specified malady, would be an equally complete and accurate delineation of all cases, one principal factor of the problem would be materially simplified; and if all physicians were equally learned in the science of therapeutics, and equally skillful in the practice of their art, the other principal factor would be equally simplified. Then such a series of comparative experiments might easily be instituted as should meet the demands of scientific exactitude, and positively answer not only the query already referred to, but many other moot questions which divide the practitioners of Homœopathy, *e. g.*, the potency question, the sphere of the homœopathic law in therapeutics, etc., etc., and Hughes and Skinner, and Swan and Dake, and Wesselhœft and Wesselhœft, would occupy the same position in relation to homœopathics, and the Lion and the Lamb (A. I. H. and I. H. A.) would lie down together and the medical milleminum would have arrived.

But unfortunately for purposes of comparative demonstration *diseases* speaking precisely, are unknown in *nature*. *Sicknesses* there are, and have been, and will be, while the world lasts (*morborum infinita multitudo*), the products of disobedience of natural law and in turn governed in all their multitudinous manifestations by natural law, revealing their presence by innumerable symptoms, objective and subjective, and modified in their essential nature and proportionably in their recognizable signs, not only by their ultimate (unknown) and accidental (often unknown) causes, but by the environment of the sick one, and above all stamped by his idiosyncrasies, each with an individuality of its own.

The manifestations of sicknesses, their symptoms, for

approximate uniformity of recognition and of reference, and for purposes of ætiological and pathological investigation have been arbitrarily grouped together and more or less appropriately named by skilled observers; and these are diseases. But it should never be forgotten that they are the product of man's ingenuity in his interpretation of nature,—not natures handiwork, pure and simple.

A sickness is a fact; a disease is a fiction.

The fact is for the legitimate use of the inductive scientist; the fiction is a convenience, even a necessity in certain ways for the scientist in the prosecution of his labors. The one is the material for the uses of the skilled workman; the other a tool of workmanship.

When the physician has recognized a disease, he has attained the goal of his ambition in his office as a diagnostician, and has received valuable aid in the duties of his offices as prognostician, sanitarian and ætiologist, for he has made it possible to utilize the experience of many others in each of these branches of his professional work; as a therapist he has gained something perhaps, in convenience of study, but nothing in actual knowledge. His prescription, if made homœopathically, will be made, without reference to the disease, for this sickness as manifest in the particular man before him, and its Homœopathicity will be in proportion to his previous attainments and his present diligence. "It goes without saying that physicians differ widely in respect of these requisites of homœopathic prescribing.

It would seem therefore, that while diseases, ætiologically identical perhaps, differ so widely in their semiology, and while physicians equally earnest and honest perhaps, differ so markedly in their capabilities, that the question propounded by the Rochester Society cannot be answered either affirmatively or negatively, by any series of experiments which could convey a general conviction of certainty. Indeed, were hospital facilities available for the comparative experiments which would most nearly furnish absolute proof, it is not probable that such experiments would carry conviction to a very large number of physicians in view of

the almost if not wholly insurmountable obstacles to exact comparison which have been mentioned. If absolute proof is, and it probably is unobtainable from the recorded experiences of others, the testimony of those who, having tried both methods of relieving suffering, and each decided for himself which is *his* better way becomes paramount in value; and the Rochester Hahnemannian Society in soliciting the opinions of such men, has pursued that course which is the best one possible at the present time.

C. W. B.

MONTCLAIR, N. J., May 12th, 1889.

WESTWARD THE STAR SIMILIA TAKES ITS WAY.*

T. P. WILSON, M. D., ANN ARBOR, MICH.

O'er lofty Alleghenies, forest crowned,
 Though untold ages swept the mighty sun
 And eagles from their towering æries found
 No path of human progress yet begun.

Now, at their teeming bases cities rise,
 And fruitful fields o'erspread their glowing sides;
 And millions look with proud and happy eyes
 Where peace and plenty regal power divides.

Lo! from the East the glowing light we see,
 Where brightly gleams Similia's rising star,
 Before its coming Death and Darkness flee,
 And Hope's bright gates of gold are left ajar.

Though but a half a century ago,
 It leaped the mountain's bold and rugged crest,
 It lighteth every path that man may go,
 And flecks with glory all the broadening West.

To Hahnemann and Reichhelm well we give
 All honor, which to them is just and due;
 Immortal in our praise they ever live,
 Because, to thee, O! loved Similia, true.

* From the Semi-Centennial celebration of the Introduction of Homœopathy West of the Alleghenies.

New Publications.

A CYCLOPEDIA OF DRUG PATHOGENESY. Part IX. Iodoformum-Magnesia.

Rule IX of the instructions under which the *Cyclopædia* is compiled, says: "Include symptoms reported as coming from attenuations above the 12th decimal only when in accord with symptoms from attenuations below."

Under *Lachesis* the compilers appear to have deviated from this rule as a few symptoms are given from Hering's proving with "1st and 2nd triturations and symptoms felt during trituration," while the provings with the 30th by Hering, Stapf, Bute, Bauer, Behlert, Detwiller, Gross, Kummer, Reichhelm, Roemig, Wesselhæft, Kehr, Koth, Matlach, Young, Helffrich, Schmöle, Fellows and Metcalf, are incorporated. Every Homœopath who is conversant with the history of the introduction of this heroic agent into the *Materia Medica*, knows, that for many years after Hering's provings were published not a few members of our school declined to use *Lachesis*, because the provings were made with the 30th potency (see Dunham's Lectures on *Lachesis*). But we have very few symptoms of *Lachesis* from the potencies below the 12th decimal, and as it would not do to throw *Lachesis* out of the *Cyclopædia* on a mere technicality, and as nearly all the valuable symptoms of this invaluable remedy were obtained from the 30th and higher potencies they had to be included. We notice also that the compilers have included a page giving the effects of a bite of the *Cenchrus Contortrix* (Copperhead) under *Lachesis*, without explanation or comment. We also notice that all the *Lobelias* are grouped under one heading. We certainly think it would have been better had each remedy been kept separately.

A CYCLOPÆDIA OF THE DISEASES OF CHILDREN, MEDICAL AND SURGICAL, by American, British, and Canadian authors, is announced by J. B. Lippincott Company. Edited by John M. Keating, M. D. Illustrated. Complete in four handsome imperial octavo volumes of about 800 pages each. Cloth, \$5 00 per volume.

Authors on both sides of the Atlantic have furnished articles on the subjects with which they are most familiar, and their views will be accepted as the latest expression of scientific and practical knowledge. The endeavor has been to present throughout valuable material *not* in the dry, succinct form of dictionary articles, but in the well-digested, practical manner of monographs, so written as to entertain as well as instruct the reader. A brief consid-

eration of the subject-matter will demonstrate that the editor has so framed the general plan of the work as to render it complete as a text-book for medical classes, as well as a work of reference for the busy practitioner, to which they may at all times turn with certainty of finding what they need in its most recent aspect, whether they seek information on the general principles or minute guidance in the practical treatment of special subjects.

No expense has been spared by the publishers in presenting the cyclopædia in a manner becoming a work of such importance. The contributors have been allowed to introduce as many illustrations as they have thought necessary to add value to the work. These have been produced, in great part, from original drawings and photographs,—a special feature of this enterprise,—and have been printed from plates upon specially prepared paper and inserted as separate sheets. A large number of illustrations will also appear in the text, made from diagrams and original drawings. Volume I has just been placed on our table, and every promise of author and publisher appears to be fulfilled.

LECTURES ON NERVOUS DISEASES, from the standpoint of cerebral and spinal localization, and the later methods employed in the diagnosis and treatment of these affections. By Ambrose L. Ranney, M. D. Profusely illustrated with original diagrams sketches in color by the author; carefully selected wood-cuts and and photographs of typical cases. Pp. 778; cloth. Price, \$5.50. Philadelphia: F. A. Davis, 1888.

In arrangement and method of presentation this work is radically different from any other on the same subject with which we are acquainted, and for original, clear and lucid description, it is without a rival.

Section I treats of the anatomical, pathological and physiological facts upon which cerebral and spinal localization is based.

Section II, of 110 pages, is devoted to the examination of the patient.

Sections III and IV treat fully of the individual diseases—the localization of the lesions—of the brain and spinal cord.

Section V discusses functional nervous diseases. This section is especially valuable as it gives a full *résumé* of the theory of Dr. G. T. Stevens, on the effects of "eye defect" and "eye-strain" as a disease-producing factor in the cause and cure of headache, neuralgia, hysteria, chorea, epilepsy, insanity and many functional visceral derangements.

Section VI is devoted to toxic and unclassified nervous diseases.

Section VII, of 140 pages, treats very fully of the application of electricity as a neuro-therapeutic agent in the treatment of all the affections of the nervous system. A very excellent glossary of neurological terms is added to this section.

So far as the etiology, pathology and differential diagnosis is

concerned, this is probably the latest, as it is the most thorough and complete work we have on the subject. Now, who will add a section or two on homœopathic therapeutics? The chief reliance of the author appears to be electricity, which no matter how well and carefully applied, it is impossible to adapt to every case; hence there must necessarily be many failures when compelled to depend on one remedy alone. The publishers have given us a splendid volume.

AMERICAN RESORTS; WITH NOTES UPON THEIR CLIMATE. By Busrod W. James, A. M., M. D., Member of the American Association for the Advancement of Science; The American Public Health Association; The Pennsylvania Historical Society; The Franklin Institute, and the Academy of Natural Sciences, Philadelphia; The Society of Alaskan Natural History and Ethnology, Sitka, Alaska; etc., etc. With a Translation from the German by Mr. S. Kauffmann of those Chapters of "Die Klimate der Erde," written by Dr. A. Woeikof, of St. Petersburg, Russia, that relate to North and South America and the Islands and Oceans contiguous thereto. Intended for invalids and those who desire to preserve good health in a suitable climate. Octavo, 300 pp. Cloth, \$2 00. Philadelphia and London: F. A. Davis, 1889.

The reader will be surprised when he has finished this book, at the number, extent and variety of Resorts on the American Continent. The entire Atlantic coast appears to be pretty well occupied, to say nothing of the borders and islands of the fresh water lakes. The descriptions of the various resorts are brief, but as a rule sufficiently clear to enable the tourist to map out his pleasure route, or to guide the physician in the selection of a climate best adapted to the needs of his patients. This is a work that has long been needed, as there is scarcely a physician who has not had occasion to look up the authorities on climate, elevation, dryness, humidity, etc., etc., of the various health resorts, and has had great difficulty in finding reliable information. It certainly ought, as it deserves, to receive a hearty welcome from the profession. It contains, as a frontispiece, one of Rand, McNally's excellent maps of the United States. The names of the resorts are printed in italics; and in proof reading sufficient care has not been taken, as such cities as Buffalo, Erie, Cleveland, Sandusky, Detroit, etc., may be mistaken for resorts, being printed in italics. This should be corrected in a future edition.

A BRIEF HISTORY OF GREEK PHILOSOPHY. By B. C. Burt, M. A. Boston: Ginn & Company, 1889.

There has long been a gap in the literature of the history of philosophy, which this work well fills. There is, of course, no lack of extended histories of the period; some of them (notably Teller's) of the first rank judged from whatever standpoint. But a

brief history which should report, without prejudice and yet with intelligent selection and comment, the essential facts and connections of Greek Philosophy was especially to be desired. The book is particularly to be recommended to students; its orderly statements, careful classifications and accurate summaries present advantages of which the student should not be slow to avail himself. While the book does not claim in any way to be a rival of works like Teller's, it is still based on original research and first-hand knowledge. While Mr. Burt has not attempted, on any large scale, to "place" the philosophers examined, he has given in almost every case some critical judgment, which may need expanding, but which would not in most cases need correcting. In his comments, the author has put himself at the standpoint of the ancient writers, and has endeavored to make them live again and speak for themselves. This method is in striking and pleasing contrast to that of some authors who do not attempt to get us into contact with the ancient Greek philosophers, but simply use them as texts for their own "preachments." It is to be hoped that this book will be sufficiently successful so that Mr. Burt will be encouraged to do something of this same kind for the modern history of philosophy. J. D.

AN ELEMENTARY TREATISE ON HUMAN ANATOMY.
By Joseph Leidy, M. D. LL. D. Second edition, re-written, with 495 illustrations. Pp. 950. Philadelphia: J. B. Lippincott Company, 1889. Cloth, \$6.00.

This edition, the author says, has been prepared "at the repeated solicitations of medical students who have been pupils of the author," and for these "repeated solicitations" the profession will be duly grateful, for Dr. Leidy has given us a most practical and excellent text-book. While it is difficult to conceive of a better work for the student than the beautifully illustrated edition of Gray, yet we must frankly admit that in many particulars the present volume excels any work on anatomy we have seen. One feature, in particular, will greatly facilitate the memorizing process in which the study of anatomy largely consists, and that is, "in the employment of the multitude of necessary technical terms, as a rule, one name for an organ or part is used, and that one selected which is simplest and most expressive of its character. The name also, as far as may be permitted, is rendered into English. * * * Where names of persons are applied to parts they are generally avoided, and others in all respects better adapted to the purpose are used." This improvement has been a needed one for several years, and we are very glad the author had the independence to cut loose from the ancient technicalities. This life, and especially student life, is too short to commit to memory six terms where one will suffice. The volume is beautifully printed in differential

type which will greatly facilitate the labors of the student; and while the illustrations are not so large as in Gray, they are clear and sufficiently descriptive for all practical purposes. We think the student can master and retain a practical knowledge of anatomy in a shorter time and with less hard work from this text-book than from any work extant, and it has been our privilege to teach anatomy for several years.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS.
Monthly. \$10 a year. Single copies, \$1.00.

March: Neurasthenia and its treatment. By Dr. H. von Ziemssen. Antipyresis and Antipyretic methods of treatment. By Dr. H. von Ziemssen. The Tongue as an indication of Disease. By Dr. W. H. Dickinson. The Treatment of Cystic Goitre. By T. M. Hodell, F. R. C. S. New Remedies, from 1878 to 1888. By Dr. C. Cauquil.

April: On Diabetes and its connection with Heart Disease. By Jacques Mayer, M. D. Blenorrhœa of the Sexual Organs and its Complications. By Dr. Ernest Finger. Illustrated. Pp. 270.

May: On the Preventive treatment of Calculus Disease and the use of Solvent Remedies. By Sir Henry Thompson, F. R. C. S. Sprains: Their Consequences and Treatment. By C. W. Mansell Moullier, M. D.

This is a splendid monthly "bill of fare," which for variety, quantity and diagnostic value is unequalled in current literature. "Blenorrhœa," in the April number and "The Preventive Treatment of Calculus" in the May issue, are especially valuable, and these monographs are furnished at a price within the reach of nearly every professional man or woman.

NEW HAMPSHIRE STATE BOARD OF HEALTH: Seventh annual report, 1888.

Through the courtesy of the secretary, Irving A. Watson, M. D., we are favored with a report of a live, active Board of Health. The Board has recently taken up "The Sanitary Condition of School Life;" the proper lighting, heating, ventilation, seating capacity, playgrounds, etc., etc., and appears to have aroused public interest in these vital questions. There is not a State in the Union but can find in this subject alone, profitable employment for an active Board of Health; and the medical profession cannot confer a greater benefit on the public than by demanding radical reforms in school life.

ALDEN'S MANIFOLD CYCLOPEDIA OF KNOWLEDGE AND LANGUAGE. Illustrated. Vol. XII. Pp. 612. Cloth, 50c. per vol. New York: John B. Alden, 1889.

Thanks to the enterprise of the publisher this valuable work is progressing rapidly. The present volume takes the work from Dominis to Electric Clock. Among the articles treated at more

or less length we notice the following: Dormant Vitality, 3 pages; Drainage (in Agriculture), about 3 pages; Drama, over 10 pages; Dyeing, 5 pages; Dye-Stuffs, about 5 pages; Ear, 9 pages; Earthquake, 4 pages; Easter, 3 pages; Eclipse, 9 pages; Educational (including Military, State and National, with valuable statistics), 47 pages; and Egypt, nearly 24 pages. Electrical Units, over a page, embraces the nomenclature made by leading scientists, and is here first published in a cyclopedia. This work is a Dictionary as well as a Cyclopedia—a fact which adds greatly to its other merits. It seems almost incredible that such a work can be sold for 50c. a volume in good cloth binding, or 65 cents in half Morocco, with 10 cents additional for postage, but that is all that is asked. It bids fair to be one of the most convenient works of reference. A specimen volume may be ordered and returned if not satisfactory.

THE PSYCHIC LIFE OF MICRO-ORGANISMS. A Study in Experimental Psychology. By Alfred Binet. Translated from the French by Thomas McCormack, with a preface by the author written especially for the American edition. Chicago: 1889. The Open Court Publishing Company. Cloth, 75 cents. Paper, 50 cents.

M. Binet, who is known as one of the representatives of the French School of Psychology, presents in this little work the results of recent investigations in Micro-Organisms. It is a branch of comparative psychology to which little attention has hitherto been paid and of which little is known. The data from which the author has drawn in his researches lie scattered in isolated publications throughout the field of science, and this is the first attempt made to collect and present them in a systematic form.

ELECTRO-THERAPEUTICS OR ELECTRICITY IN ITS RELATION TO MEDICINE AND SURGERY. By W. H. King, M. D. New York: A. L. Chatterton & Co., 1889.

This is a convenient, compact volume by Dr. King, Electro-Therapeutist to the Hahnemann Hospital, New York. It is a volume of 150 pages, well illustrated and printed in the usual attractive style of this publishing house.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX. By Twenty-six authors. Seventh year. New York: E. B. Treat, 1889.

This practically is an epitome of the progress made in allopathic therapeutics during 1888. We note the name of Percy Wilde, M. D., a homœopathic physician of Great Britain, as editor-in-chief, but fail to find the name of any American Homœopath. It is a companion volume of Treat's Medical Classics.

Editor's Table.

EDMUND CARLETON, M. D., has removed to 53 West 45th street, New York.

MARY H. BALDWIN, M. D., has removed from New York City to 505 3d avenue, Asbury Park, N. J.

K. J. SEVERANCE, M. D., has located in Vergennes, Vt., as successor to Dr. Arthur, who removes to Marshfield, Mass.

GEO. F. FOOTE, M. D., formerly of Stamford, Conn., died in Chicago, May 8, 1889, of valvular disease of the heart.

FLORIDA.—A bill appointing a separate Board of Homœopathic Medical Examiners at Large passed the State Senate, May 21.

DR. GEO. G. SHELTON, of New York, recently received from the grateful father of one of his patients, a gift (not fee) of \$50,000 of Standard Oil Stock, worth, with premium added, \$87,000. We extend our congratulations.

THE MINNEAPOLIS HOSPITAL elected a new board of directors May 21. The by-laws were changed so as to increase the membership of the board from nine to fifteen and to make it necessary that all should be ladies. Hurrah!

THE next meeting of the I. H. A. will be held in Toronto, June 18-21. Headquarters at "The Queen's," where arrangements have been made for the accommodation of members at from \$2.50 to \$4.00 per day. There will be no wrangling over the potency question, and little talk of treating *diseases*. Come and hear something new. Return trip for a fare and a third on the certificate plan.

JOURNALISTIC FRANKNESS.—Editor Pinney, of the *Winstead* (Conn.) *Press* retires from journalism without any nonsense. In his "valedictory" he says: "From the customary leave takings of the public, with hypocritical laudation and cheap thanks for 'generous patronage,' I must be excused. I thank the public for nothing. It has had ample return for all that it has done for me, and I give it a quit claim for all that I have done for it."—*Exchange*.

MINNETONKA BEACH.—Hotel Lafayette, in which will be held the next session of the American Institute of Homœopathy, has accommodations for 900 guests. Every room has an outside exposure and is furnished as a first-class hotel. Upon the authority of Dr. S. B. Parsons, St. Louis, Mo., the cuisine and service of the dining room are first-class in every particular, and no effort will be spared on the part of the management to make the meeting a

success. The hotel is 20 miles from Minneapolis, with frequent railroad train service, while a line of pleasure steamers are established on the lake.

THE AMERICAN INSTITUTE OF HOMOEOPATHY.—Since the Annual Circular of Secretary Dudley was put in type The Western States Passenger Association has decided to honor the certificates of the Eastern roads, and tickets may be purchased from all points East and South of Chicago to Minneapolis direct. A large attendance and good papers are only necessary for a successful meeting. It is expected that extension of time limit on certificates for Yellowstone Park Excursion will be satisfactorily arranged.

YELLOWSTONE PARK.—“We have arranged for a grand excursion to the New Wonderland, by members of the A. I. H. and their friends. It will start from Minneapolis, Saturday morning, June 29, and return July 8. The *entire expense* will be \$110, while the accommodations will be simply royal. We are desirous that every member of the Institute should know of this excursion early and if possible arrange to enjoy it.

W. D. LAWRENCE, M. D.,

“Chairman Com. on Excursion.”

We sincerely trust a goodly number may be able to avail themselves of this excursion to “Wonderland,” and feel certain that our brethren in Minnesota will leave nothing undone to make it entirely successful. It will not be like the “moonlight excursion and cold collation” at Niagara; but take your overcoat along.

TEN GOOD THINGS TO KNOW.—1. That salt will curdle new milk; hence in preparing milk porridge, gravies, etc., the salt should not be added until the dish is prepared. 2. That clear boiling water will remove tea stains and many fruit stains. Pour the water through the stain and thus prevent it spreading over the fabric. 3. That ripe tomatoes will remove ink and other stains from white cloth; also from the hands. 4. That a tablespoonful of turpentine boiled with white clothes will aid in the whitening process. 5. That boiled starch is much improved by the addition of a little sperm salt or gum arabic dissolved. 6. That bees-wax and salt will make rusty flat-irons as clean and smooth as glass. Tie a lump of wax in a rag and keep it for that purpose. When the irons are hot, rub them first with the wax rag, then scour with a paper or cloth sprinkled with salt. 7. That blue ointment and kerosene mixed in equal proportions and applied to the bedsteads is an unfailing bedbug remedy, as a coat of whitewash is for the walls of a log-house. 8. That kerosene will soften boots or shoes that have been hardened by water, and render them as pliable as new. 9. That kerosene will make tin tea-kettles as bright as new. Saturate a woolen rag and rub with it. It will also remove stains from varnished furniture. 10. That cool rain-water and soda will remove machine grease from washable fabrics.—*Sanitarian*.

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Vol. XXII.

JUNE, 1889.

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."

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All physicians who have ever used Murdock's Liquid Food and Suppositories recognize their value over all other foods, in breaking up disease and building up the patients after disease, preventing a relapse, **as the same results are obtained as in surgery.** Its value in surgical cases we illustrate by the records of the different cities and of Murdock's Free Surgical Hospital for Women, which is the largest in the United States. It contains 114 beds, every bed free, including operation, the operations ranging from 1000 to 1200 yearly, representing 90 of the worst classes known in surgery. Among these cases we have had *Cancer uterus (Kolpo-hysterectomy)*, 13; *Salpingitis (Tail's operation)*, 31; *Fibroid of uterus (abdominal hysterectomy)*, 19; *Ventral operation, hernia, (abdominal section)*, 12; *Cancer of bowel, (incision)*, 2; *Parovian Cyst*, 6; *Papillomatous cyst (extirpation)*, 4; *Tubercular peritonitis (incision)*, 1; *Ovarian Cystoma*, 27; *Nymphomania (Batley)*, 1; *Exploratory abdominal incisions*, 12; *Fibroid with abdominal abscess (Hegar)*, 2; *Hysterorrhaphy*, 2; *Dermoid cyst*, 3; *Cirrhotic ovaries (Batley)*, 4; *Fibroid uterus, (Hegar)*, 6; *Hystero-Epilepsy, (Batley)*, 1; *Hæmato Salpinx (Tail)*, 5; *Rupture of Intestine into vagina*, 1; *Dislocated kidney*, 2; *Fibroid tumor abdominal wall*, 1; *Resection of intestine (Senn)*, 1; *Ruptured perineum*, 294. Patients are in the Hospital 8 days before and 26 days after operations, on an average.

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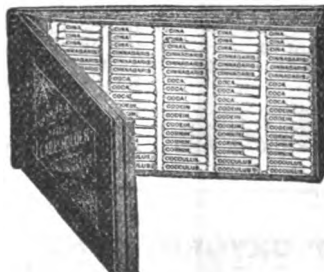
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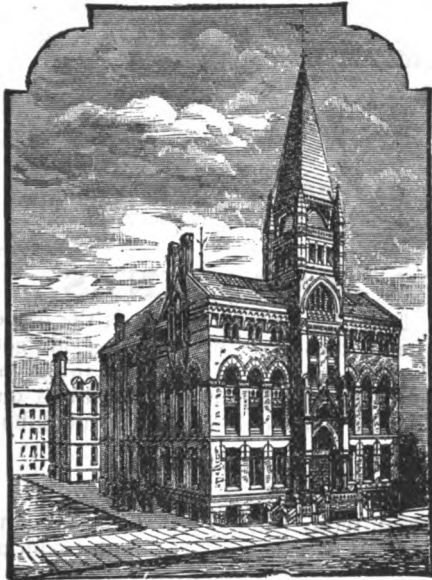
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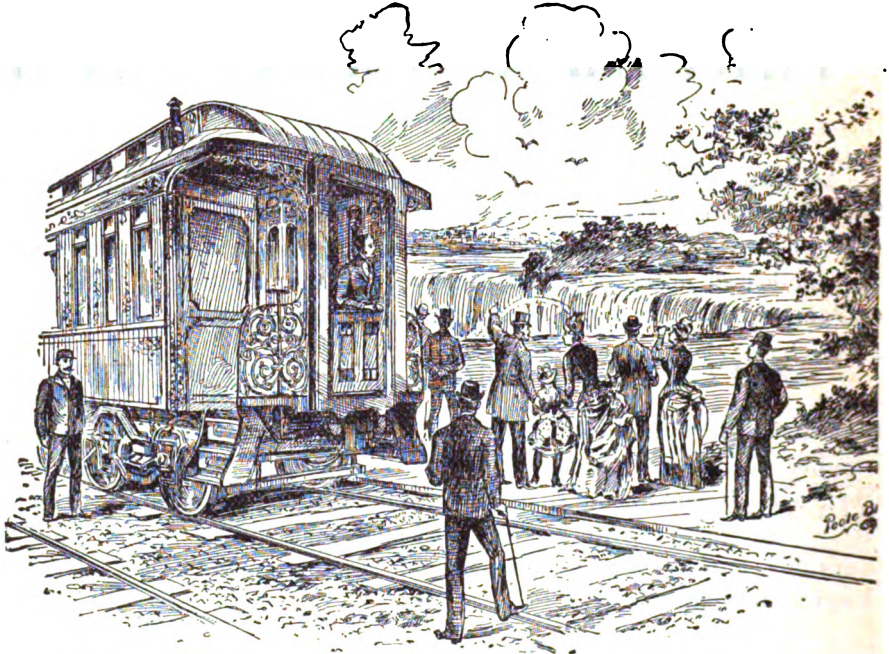
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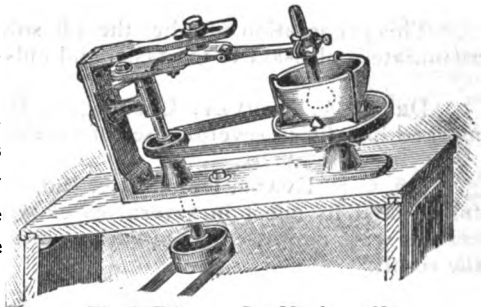
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[CONTINUED ON PAGE 31.]

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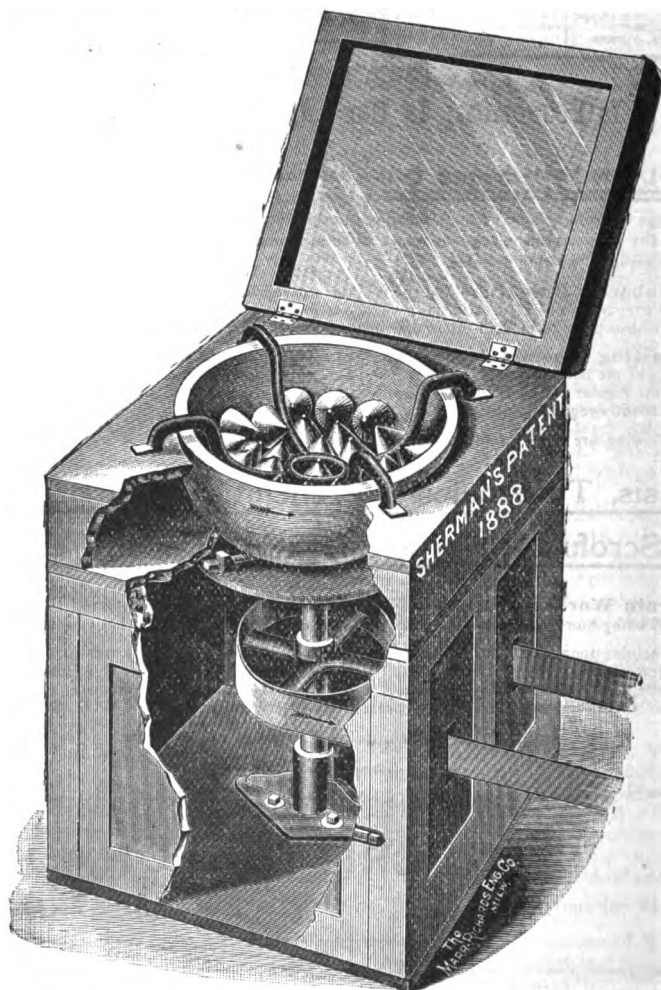
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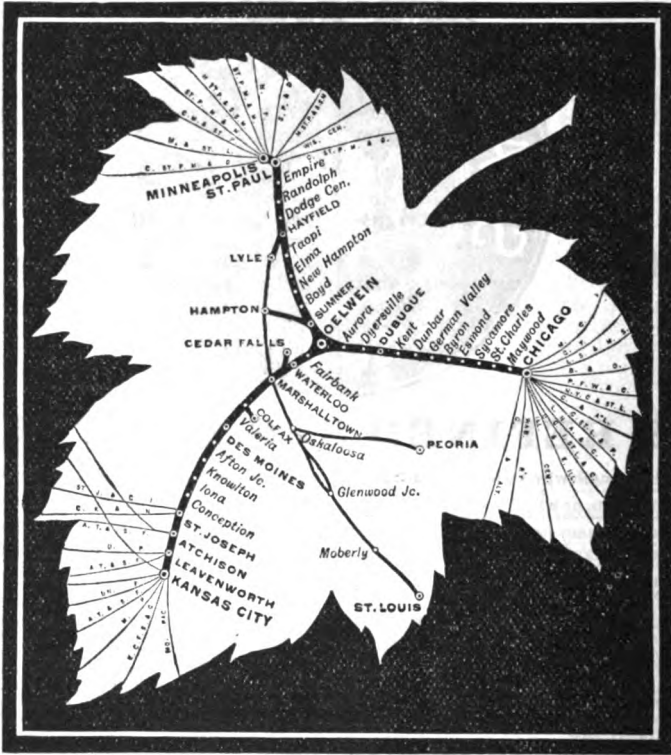
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The June number of LIPPINCOTT'S MAGAZINE presents a very clever and timely skit by Gen. Lloyd Bryce, entitled "A Dream of Conquest." In idea it is something similar, and in cleverness it is fully equal, to the famous "Battle of Dorking," which so stirred up England about seventeen years ago. Gen. Bryce represents China, who of late has been making rapid strides as a military power, resenting our treatment of her, and bearing down upon us with her now very powerful navy. The weaknesses of our navy and coast defences are vividly shown up, and the ease with which a strong foreign power could capture New York is demonstrated. The warning which "A Dream of Conquest" gives, under the guise of fiction, should not go unheeded. The skit cannot fail to attract wide attention and interest, both on account of its brightness of style and its timeliness.

Young man (to office boy)—Give that humorous article to the editor, please, and ask him if can read it right away.

Office Boy (returning with humorous article)—De boss returns the article with thanks. He says he's all upset with the mumps, and prob'ly won't be able to read anything funny for a week.

It is not to be denied that a good Sewing Machine is one of the most important appurtenances of the modern household.—Buy the NEW HOME.

THE ATLANTIC MONTHLY for June opens with an article on the Eiffel Tower, by Wm. A. Eddy, Mr. Geo. M. Wahl gives an interesting account of "The German Gymnasium." Mr. Bynner's serial, "The Begum's Daughter," full of local color of early Knickerbocker life, and Mr. James's "Tragic Muse" are both represented by ample installments. The poetry is by Edith Thomas, and a stirring Scotch ballad, called "The War-Cry of Clan Grant," while the number closes with reviews of the lives of Hector Berlioz and Bishop Ken.

Sick Lady (to Bridget with cards)—Didn't I instruct you to say to any one that called that I was too ill to be seen? Bridget—Yis, but shure, mum, I forgot hit entirely; an' oh, mum, they do have such beautiful fall suits on. Sick lady (rousing herself)—You may say to the ladies, Bridget, that I will be down at once.—*New York Sun.*

The two vigorous articles on "AGNOSTICISM," in "The Popular Science Monthly" for April and May, are followed by two more equally spirited in the June number. One of these is by Prof. HUXLEY, in rejoinder to Dr. Wace and the Bishop of Peterborough; the other, by Mr. W. H. MALLOCK, is entitled, "COWARDLY AGNOSTICISM," and pungently criticises Prof. Huxley's objections to the above phrase, expressed in his first article.

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BY

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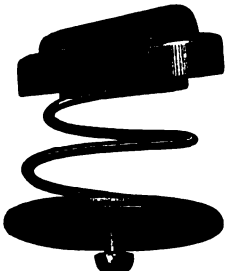
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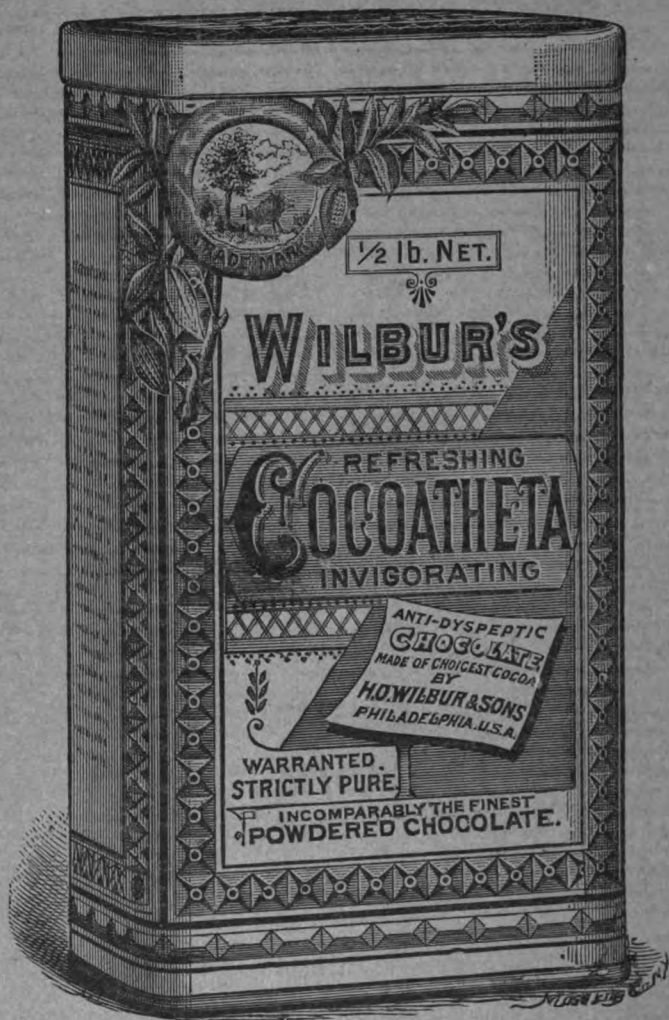
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