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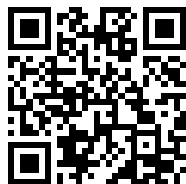
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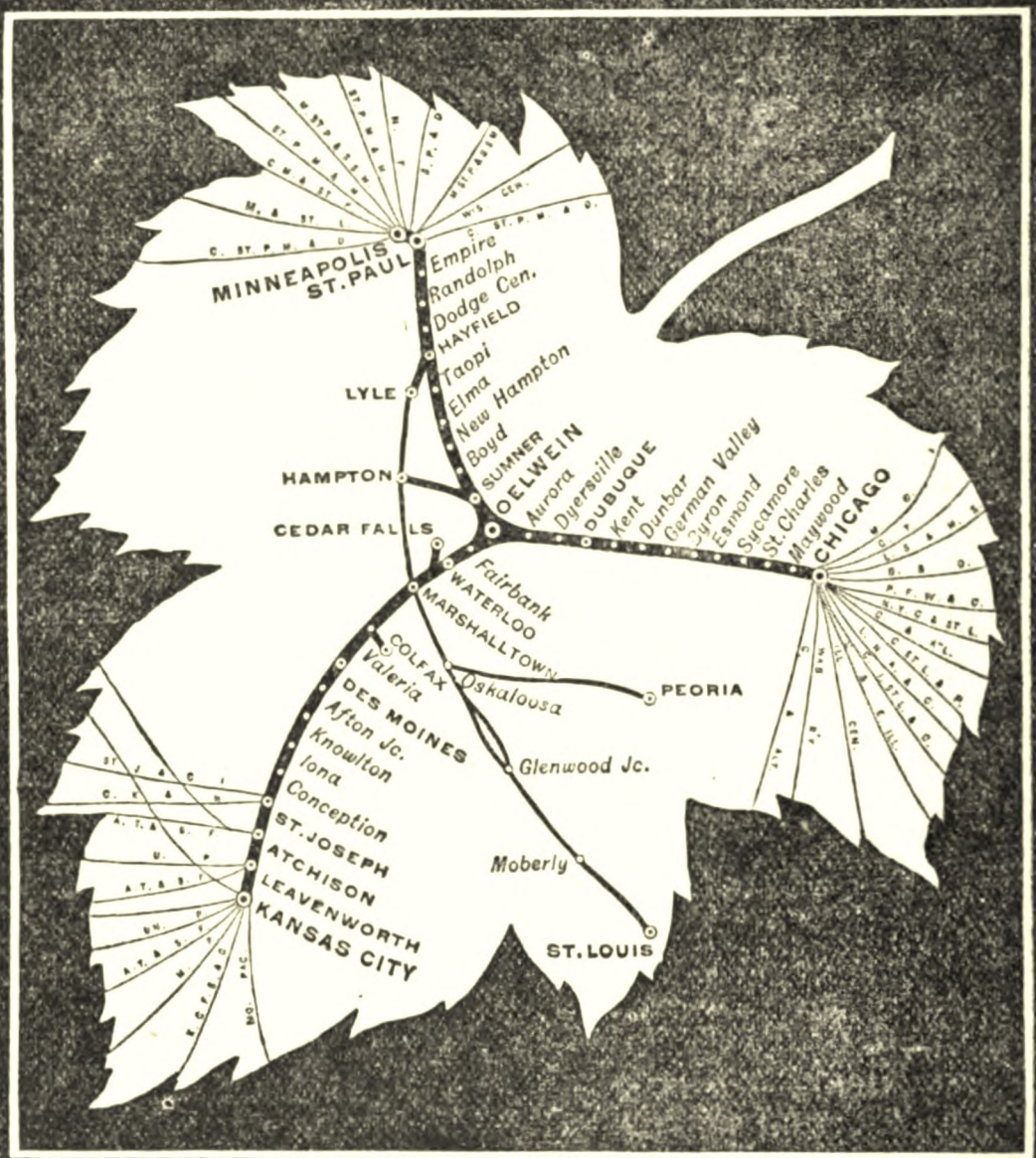
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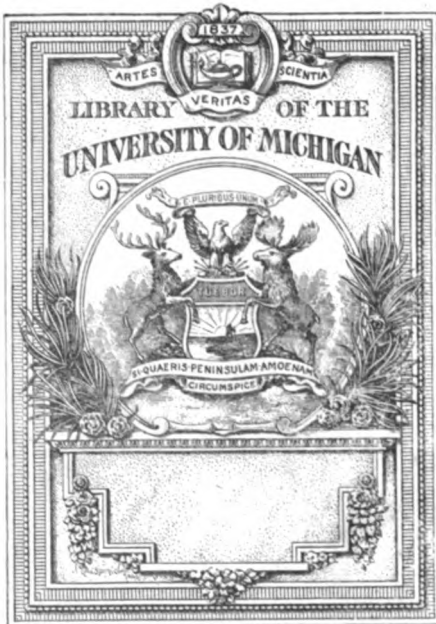
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MEDICAL ADVANCE

A MONTHLY MAGAZINE OF

HOMŒOPATHIC MEDICINE.

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

VOLUME XXIII.

JULY TO DECEMBER, 1889.

THE MEDICAL ADVANCE CO.,
ANN ARBOR, MICHIGAN.

THE REGISTER PUBLISHING COMPANY,

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THE
MEDICAL ADVANCE.

VOL. XXIII.

ANN ARBOR, JULY, 1889.

No. 1

Original Contributions.

MEDICAL LEGISLATION.

ACTION TAKEN AT A MEETING OF THE NEW JERSEY HOMŒOPATHIC MEDICAL SOCIETY, HELD MAY 7TH, 1889.

The recent attempts on the part of the allopathic school to establish State supervision and regulation of the *license* to practice medicine; the evidence showing coincident action by the old school in every State and Territory, instituted for the purpose of controlling medical licensure in this country; and the almost entire unanimity with which these efforts are approved by the allopathic school, are awakening intense interest on the part of the homœopathic medical profession throughout the entire country.

A meeting of the New Jersey Homœopathic Medical Society was held at Trenton, May 7th, 1889, at which a discussion with reference to the present *status* of this important question, elicited the suggestions and statements briefly set forth in the following report.

The President, Dr. J. G. Streets, in his annual address expressed his views substantially as follows:

“The bills now before the legislative bodies of the several States, for creating State examining and licensing boards, are the result of concerted action, agreed upon by

the American Medical Association, by which the allopathic school hopes to be able to obtain full and permanent control of all legislation regulating the practice of medicine in this country. The allopathic school by securing a majority membership in these State examining boards, is endeavoring to establish an extensive and powerful monopoly of the right of licensure. To this monopoly the homœopathic school is implacably opposed.

“It is desirable that the issues between ourselves and the allopathic school should be clearly defined. With their ostensible objects, viz., the protection of the public by elevating the standard of medical acquirements, thereby diminishing the number of unqualified practitioners, we take no issue. It is the proposed *method* by which these laudable objects are sought to be attained, to which we, as a school, are antagonistic.

“The welfare of the public must not be made a pretext for aiding a majority sect in medicine to coerce a minority; hence we recognize dangerous possibilities in faulty construction of these bills for creating *single* State examining boards.

“Old school partizanship has frequently been driven to great straits in its efforts at inventing pretexts for opposing the progress of Homœopathy; this movement, however, involves more of harm to our school than any hitherto attempted, being made more formidable than former open warfare by its pretended liberality, in providing homœopathic minority representation on the unwarranted assumption that such provision is fair and reasonable, when it is intended to compass our dissolution.

“The tendency of all these *single* State examining bills is to place the licensing of Homœopathists in the charge of boards composed largely of old school members and wholly under their control; but how can we expect fair and impartial treatment from licensing boards, the majority of whose members are bound by the code of ethics of the American Medical Association?”

At the conclusion of President Street's address, Dr. M. O. Terry, of Utica, and Dr. H. M. Paine, of Albany, N. Y.,

were invited to address the society on the subject of medical legislation.

Dr. Terry, a delegate from the New York State Society, spoke substantially as follows:

“GENTLEMEN.—Dr. H. M. Paine and myself, members of the committee on medical legislation of the Homœopathic Medical Society of the State of New York are present at your meeting for the purpose of directing your attention to the most important subject that has come before our school since its organization, viz., the formation of State boards of medical examiners in every State in the Union.

“While we cordially approve the establishment of *separate* State examining and licensing boards for each school in every State, where the creation of such boards is forced upon us by the old school, *we are most decidedly opposed to a compulsory union* of the legally recognized and incorporated schools of medicine in a *single* State examining and licensing board.

“That the danger involved in such a union in a *single* state examining board is very imminent cannot be denied, as is shown by the fact that the first report of the State Examining Board of Minnesota, that for 1888, shows that while five-sevenths of the allopathic, only one-fifth of the homœopathic applicants were licensed. It is not possible to reconcile this showing with the absence of favoritism and partisan zeal. This evidence of unfairness is sufficient to convince us that *single* State examining boards are prejudicial to homœopathic interests, and should be strenuously opposed.

“During the past winter bills for creating *single* State examining boards have been introduced into the legislatures of Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Florida, Tennessee, Iowa, Wisconsin, Michigan, Nebraska, Montana and California, and probably in several other states. These bills have become laws in Montana and Tennessee; in Delaware, however, the bill to create a *single* board was promptly defeated, and a bill providing a *separate* State

examining board for the homœopathic school was adopted, the old school having had a board of their own many years.

“Single State examining boards have been already organized in Alabama, South Carolina, Georgia, Kentucky, Minnesota, Montana, Tennessee and Virginia.

“Let me ask why we have not to-day any representation in the medical department of the army and navy, if it is not for the simple reason that the examinations for admission thereto are controlled by the allopathic school? A similar result may be expected regarding the licensing of homœopathic physicians to practice in every State where *single* examining boards are established.

“I do not by any means claim that all homœopathic students will be rejected in States where *single* examining boards are established; but I do most positively assert that the fear thereof will force large numbers of our students into old school medical colleges and associations; a result confidently expected and desired by the originators and upholders of the *single* board system.

“If, for the sake of argument, we assume that examining boards are not needed; that if defects exist, these should be remedied by laws regulating medical colleges, rather than by the appointment of licensing boards, and spend our energies in opposition to the establishment of such boards, we shall run great risk of failure, for the reason that this so-called reform is surely and steadily gaining a foothold in this country. The people are taking this matter in hand; and, aided by the almost entire allopathic medical profession, are already demanding the elevation of the standard of medical acquirements, in the absence of any other or better method, through the instrumentality of State examining and licensing boards.

“This is proven by the fact that the representatives of the people have already established *single* examining and licensing boards in several States, and by the further fact that an attempt has been made simultaneously in nearly all the remaining States to secure the passage of a similar law.

“It is evident, therefore, that it is futile for our school, being numerically in the minority, to attempt to prevent

the creation of State examining boards for the elevation of the standard of medical acquirements. Furthermore, is it not more than probable that any action in this direction on our part will be attended with loss of prestige, and will tend to degrade our school to the level of charlatans and quacks?"

Dr. H. M. Paine, of Albany, presented a paper embodying mainly the following statements:

"MR. PRESIDENT AND GENTLEMEN OF THE SOCIETY.— This subject is a very important one, and to my way of thinking involves a great deal more of the weal or woe of Homœopathy than any that has been presented for consideration and action during the whole period of the existence of our school.

"It involves nothing less than the disintegration of our school; the loss of our individuality as a distinct portion of the medical profession; in effect, that our school shall not longer be recognized by a distinguishing name.

"There is no doubt but that our school, its doctrines and practice, will be ultimately merged into that of the profession as a whole; that the leaven of homœopathic truth will one day permeate the whole body; that time, however, is not now. It is, as far as we can perceive, a long way distant. Hence it is imperative upon us to resist this insidious attack upon our school and system of practice.

"The old school is intently engaged in the active prosecution of a reformatory work, that of separating the degree of Doctor of Medicine from the license to practice, and of making the latter the test of qualifications instead of the diploma. In other words, the establishment of State supervision of the *license*, by means of such legislation in each State, as will secure therein the appointment of a *single* examining and licensing board.

"Dr. D. B. St. John Roosa, in an address before the New York Academy of Medicine on 'The Unity of the Profession and the Means of Procuring It' states that:

'The remedy for the present disunited condition of the profession is not to be found in making a common standard for the degree of Doctor of Medicine, but in making

a common standard for the license to practice medicine. The degree should be conferred, as now, by each college, according to its own ideas as to what constitutes a sufficient education for that honor; but the *liberty to practice medicine* should not be left in the hands of bodies, however respectable and however distinguished, *who are only responsible to themselves*. . . . I have taken the opportunity afforded me . . . to attempt to influence the public at large to unite with us in securing a law constituting a board of examiners for the license to practice medicine. . . . Such a system once established, *sects in medicine would soon be practically destroyed*. . . . Such a law *will break up the odious scandal that has so long been so abhorrent to many outside of our profession, of so-called different schools in the treatment and care of the sick*.'

"Professor William Osler, of Johns Hopkins University, in an address on 'State Examining Boards,' delivered at Baltimore, April 23, 1889, expressed his views as follows:

'Special education does not require support from the public revenues. Schools of law, medicine, engineering, theology, all the special branches of study, *are private enterprises*, chartered by the State, and maintained by fees from pupils or by the munificence of private friends.

'Certain privileges are granted to these institutions by the State, the most important of which, in the medical school, is the recognition of the diploma as a qualification for practice. *So unsatisfactory, however, has this system proved, that there is, on the part of the public and the profession, a growing sense of the necessity for a radical change*, as shown by the number of states in which bills have either been already passed or have been before the legislatures dealing with the problem.'

"After describing the different schools into which the medical profession is divided, and after declaring that nevertheless all are equal in the eyes of the law, and hence, if legislation is proposed, the three schools have to get it together, not singly, he states that in connection with the license to practice there are three courses open:

'1st. A continuance of the present plan, supervision and registration of the *diploma*.

'2d. Appointment of State boards of examiners to grant a *license to practice* (the proposed new plan).

'3d. The organization of the entire profession in each State into an *electorate*, which shall send representatives

to a central parliament, having full control of all questions relating to medical education, examination and registration.

'These various plans are at present in operation in different parts of the continent.

'The colleges have practically had a monopoly for years, as the diploma has carried with it the privileges of registration. To all intents and purposes the medical schools of the country are *private organizations, and have direct pecuniary interests in the size of the classes.* These chartered corporations are wholly irresponsible, without supervision by the State, the profession or the public.

'It would not be difficult, without fear of just rebuke, to bring a railing accusation against them for persistently acting in their own interests, and not in the interests of the public; but the time has passed for this. Yet it is surprising to think that so many men, distinguished in every other way in their profession, cultured and liberal, still cling to and even advocate the advantages of an irresponsibility which has made the American system of medical education a by-word among the nations.'

"These quotations show, in the *first* place, a 'growing sense of the necessity for a radical change' of the present system, that is, loss of confidence in the diploma; *second*, the purpose of substituting the *license* as the standard test of medical qualifications for that of the diploma; and *third*, the obliteration of 'sects in medicine.'

"Whether it is wise or unwise for the allopathic school to enter upon these so-called reforms, we need not now determine. Whether it is wise or unwise to substitute the *license* for the diploma, and make the former the standard of acquirements, and then place its procurement under State supervision, we need not now consider. It is enough for our present purpose to know, that the more influential members of the old school have actually entered upon the work of bringing these changes about, and that if accomplished, homœopathic interests will be imperiled thereby.

"This much, however, may be stated, that by opposing the formation of all examining boards on the theory that they are unsound in principle and defective in application, we may subject ourselves to an ignominious failure. This plan has been tested, notably in Tennessee, the result being that one of the worst forms of a law yet drafted by the

old school has been adopted; one that invidiously discriminates against the graduates of all medical colleges except those indorsed by the American Medical Association.

“By far the wiser and better course, therefore, for us to adopt at this juncture, is the assumption that the appointment of State examining boards is a foregone conclusion, and then enter in earnest upon the work of protecting ourselves and our school from allopathic aggression and dictation, by securing the formation of *separate* State homœopathic examining and licensing boards.

“In its efforts to secure the accomplishment of this great undertaking the old school succeeded first in overcoming the antagonism of its own medical colleges; afterward, the antagonism of the allopathic profession at large. And still later, it finds its greatest obstacle in the opposition of the eclectic and homœopathic schools. In order to placate these latter the plan of providing *minority* representation for each in a *single* board is proposed.

“That the old school has designedly constructed this proposed reform so as completely to control and regulate medical education in this country in accordance with its own wishes and judgment, is evidenced by the fact that it has uniformly prepared its medical bills in secret. In no instance have Homœopathists been notified or consulted as to the provisions thereof.

“The allopathic school arrogates to itself the right to control medical affairs, because it has a larger representative membership than the homœopathic or eclectic schools, in entire disregard of the fact that a minority may not be lawfully deprived the exercise of civil rights.

“The plan proposed by the old school of permitting the homœopathic members of a *single* board to decide as to homœo-therapeutics only, creates a position that Homœopathists have not applied for and do not desire. Homœopathists are fully as competent as old school physicians to determine the standard of medical attainments, not only in homœopathic therapeutics, but in all other departments; and being competent, they propose to exercise their own

judgment, untrammled by old school interference, as to requisite thoroughness of medical attainment. It is the exercise of a *civil right* which we, as a distinct portion of the medical profession, propose to exercise and control for and in behalf of public interests; the old school by its unwise antagonism to Homœopathy, having repeatedly demonstrated its incompetency therefor.

“The antagonism of the old school is still more clearly indicated by the adoption of the *single* board and by its obstinate adherence thereto. If Allopathists were sincere in their expressed purpose of promoting public interests only, they would seek and obtain examining boards for their own school alone, and allow us a similar privilege. The fact that they are attempting to enforce homœopathic and eclectic *minority* representation in a *single* board, against the emphatic protests of both these schools, plainly indicates the sinister purposes of the dominant school.

“The further fact, that even *minority* representation of the homœopathic and eclectic schools, is not provided, except in States where these schools are influential and well organized, clearly points out the partisan character of this movement, and should brand it with the unqualified disapproval of every right-minded and honorable citizen.

“As previously stated, the old school is attempting to establish State Boards of Medical Examiners in every State where such boards do not now exist. The two points, therefore, involving danger to Homœopathy, are *first*, the *single* board system; and *second*, its corollary, *minority* representation therein.

“Regarding the *single* examining board, it may be stated that, like many other projects, it has great possibilities for harmful results to individuals and schools as well as those that are of public benefit. If all men were honest; were never willful; were never influenced by prejudice; were never illiberal in spirit or practice, minority representation in a *single* examining board would be unobjectionable; but unfortunately they are not. Between the representatives of the two schools, rivalries, jealousies, illiberality, a desire to promote one's own selfish purposes instead of

those of his associates, prevail, and are likely to for a long time to come.

“Hence, it is found that Homœopathy has not flourished in all those countries in which licensing boards are dominated by old school majority membership. This is true to a marked degree in Canada, England, France and Germany, in all of which countries, not only is the ratio of homœopathic physicians, as compared with that of this country exceedingly small; but also, there is not to be found a single fully equipped homœopathic medical college.

“The fair inference from these facts is, to the effect, that homœopathic medical colleges and State examining and licensing boards under allopathic control, cannot exist together; and further, that with the loss of the homœopathic medical colleges in those countries, goes also to a large extent the loss of prestige, influence and growth of the school at large.

“It has been proposed that it would be advisable to accept a position in a *single* board whenever the bills can be amended so that majority membership of any one school can be prevented.

“This plan, however is not by any means free from great risk of being soon changed so as, in the end, to *provide old school supremacy*. Old school control, if at first prevented, will ultimately inevitably ensue in the *single* board system, for the very forcible reason that that school, being largely in the majority, will not long submit to *minority control*, and they need not be asked to do so. Hence if we yield to the old school the right to organize the *single* examining board we must expect to yield also the right of majority representation therein; one proposition going with the other as a fair and logical sequence. The whole question hinges, therefore, upon the acceptance or rejection of the *single* board system.

“Moreover, if we accept the *single* board plan we at once and inevitably convey the impression that we are in some way responsible to the old school for the quality of our educational work; whereas, instead of this, we are responsible to the people, and to the people only.

“It is to be considered also that the people do not demand the *single* board system. The *single* board is a cunning device of the old school by which to break up the individuality, and arrest, as effectively as they can, the farther growth of the homœopathic school. The people will give us *separate* examining and licensing boards for our own school if we ask for them.

“It is as unreasonable to expect non-partisan action on the part of a *single* board, having old school majority representation, as it would be to require a body of Catholics to license and ordain Protestant clergymen.

“*Single* boards having majority representation are essentially sectarian. Their establishment is none other than the placing of a premium upon favoritism. The old school are thereby made the legal censors of medical education. Can any one reasonably claim that the consciousness of the possession of irresponsible power, such as these bills uniformly provide, will in the least curb a tendency to the exercise thereof?

“Moreover, the fact of minority representation constitutes a perpetual brand of inferiority of place and of subserviency of action. On account of the rivalry and the conscious possession of arbitrary and irresponsible power vested in the members representing the majority, the minority would find themselves continually placed in an embarrassing and disadvantageous position, the tendencies toward ever increasing disintegration being constantly applied.

“In all candor, therefore, we ask: Is there the least necessity for establishing the legal supremacy of one school of medicine for all time? The reduction of the homœopathic school to this inferior position and *status* is precisely what Allopathists are attempting to bring about; but are we required to accommodate them in this matter?

“The question is raised on the technical distinction between a *single* board representing three schools in one bill, and a bill making provision for three separate boards, one for each school, that the latter constitutes *class* legislation while the former does not.

“In the absence of specific rules for determining what may or may not be properly considered *class* legislation, it is difficult for others than a skilled lawyer to assure themselves that a bill which provides majority representation of one school over others is *not* class legislation of a most flagrant form.

“Furthermore, it is to be accepted that *class* legislation strictly defined, with bigotry and intolerance behind it, will in some measure most assuredly interfere with the free exercise of civil privileges. This is precisely what the *single* board, with old school majority representation therein, will surely do; in fact, this is what its projectors design that it shall accomplish.

“Indeed, it is the *fear* of acts of intolerance, growing out of sectional antagonism that prompts us to oppose the *single* board scheme with all the energy and influence at command. From our point of view, therefore, all the *single* board laws, providing old school majority representation, are loaded to the muzzle with so-called *class* legislation.

“On the other hand, a bill providing *separate* boards for separate and distinct schools of medicine, is none other than legislation for the people at large; hence cannot be properly denominated *class* legislation, for the reason that these boards provide for the medical profession as a whole.

“Then, too, the provision for separate boards prevents any opportunity for acts of intolerance or interference with the exercise of civil rights on the part of the members of either school.

“Furthermore, the extension of the right of licensure to each school separately is a logical sequence of the legal recognition of these several schools by bills providing for the separate incorporation of State and local medical societies by a recognized name.

“Is it true that Baptists have no legal right to license students graduated from their own theological seminaries? Is it also true that a law authorizing Presbyterians to license or ordain their own students and ministers would fall under the ban of *class* legislation?

“If these and other denominations are rightfully per-

mitted to exercise these proper functions of citizenship; surely, by parity of reasoning, Homœopathists can secure laws for licensing students graduated from their own medical colleges, without laying themselves open to the charge of resorting to *class* legislation.

“It is fairly inferential that the charge of *class* legislation is a baseless assumption, put forward by the allopathic school, in order to prevent, if possible, Homœopathists from acquiring the same legal privileges which they hope to obtain for themselves.

“If, however, the objections to separate boards for each school shall be deemed conclusive, and the legal obstacles thereto insuperable, then our school can at least insist that there shall be three complete sections in one board, each school having a full corps of seven or more members with full jurisdiction over its own applicants for a license.

“The only practical objection on the part of any one to such an arrangement, would be the increased expense; an objection, however, which, when properly explained, could be easily overcome.

“The foregoing argument being accepted, the unwisdom of any coalition with the old school on any basis of equal or unequal representation in a *single* examining board is apparent.

“It is also equally obvious, that, in order to maintain our present *status* unimpaired and to insure the perpetuity and permanence of our school and its institutions, we must insist upon *separate* examining and licensing boards in every State in this country.

“This truly conservative and safe policy once established, as well in States where Homœopathy is feeble as in those where it is strong and influential, our school can go forward with more rapid strides than any in its past history, and will be in a position to prevent any union of members until there is union of sentiment among medical men.”

Dying for a truth is not so difficult; men of ages and all races have done that. But the patient living up to it—aye, there's the rub.—*Thackery*.

PRESIDENTIAL ADDRESS: OHIO STATE SOCIETY.

C. E. WALTON, M. D., CINCINNATI, OHIO.

The following extracts on Medical Education and Medical Legislation are practical and deserve a careful perusal. We regret that we are unable to publish the entire address:

MEDICAL LEGISLATION.

This society should adopt some definite policy in regard to State legislation. The avowed purpose of improving the *status* of the medical practitioner will meet with the approval of all schools. Medicine has suffered too much at the hands of incompetent practitioners to require any argument for the need of reform and protection. The fairminded public will not quietly look on the overthrow or embarrassment of any system of medicine if it is appealed to in the proper way and through the proper channels. Class legislation has justly been unpopular in the United States, where the rights of every one are presumably conserved.

The Pennsylvania Legislature has recently been the theater of a conflict between the "old" and the "new" schools, in which an attempt, on the part of the allopathic physicians, to found a License Trust was defeated by the expressive vote of 132 to 39.

In New York State, where for years separate examining boards for each school of medicine have existed, there is an attempt being made to create a single board for the entire medical profession—consisting of five allopathic physicians, three homœopathic physicians, and one eclectic physician. Now the composition of a conglomerate board, proportioned with some regard to the relative numbers of the three schools, and a provision for the maintenance of the incognito of each applicant, seems to be a fair proposition, but it is at best a whited sepulcher, with a predilection for concealing homœopathic bones. This provision strikes at the principle of self-government. The State, having incorporated the various colleges as separate bodies, might well presume that they are capable of managing

their own affairs, and that the natural competition among the various institutions will insure the most careful preparation of their students. That this is a natural presumption the various steps toward the advancement of medical education taken by the American institute of Homœopathy will attest.

While it is by no means certain that any examining board will best protect the public from incompetent practitioners, I think it is quite certain that separate boards will best protect the physicians themselves. It seems to me that the scrutiny of the State can be secured by other methods than by the institution of a board of examiners, but if this method is insisted upon this organization should instruct its legislative committee in behalf of separate boards.

The only single board which could be beyond the suspicion of a bias should be composed of equal numbers of allopathic, homœopathic, and eclectic physicians, and they should confine the examination to anatomy, physiology, pathology, histology, chemistry, surgery, midwifery, and posology—not one word of materia medica or therapeutics. Men who could stand a proper examination in those branches would not be likely to damage an overconfiding public, and that public could be safely left to choose whether it would have its agues cured by quinine or a potency of common salt.

MEDICAL EDUCATION.

The subject of medical education is one that deeply affects every physician. Scarcely a society meeting is held without something being said, or resolved, upon this topic. While all agree that the very best equipped graduate furnished by our colleges is only fairly prepared for the duties of his calling, and that the poorest graduates are scarcely prepared at all, it is only of late years that efficient steps have been taken to improve the quality of college work. The graded course has been assiduously advertised and as assiduously nullified by the college. Three times one course of lectures is *not* the same as one time

three courses of lectures, and the student who is compelled to listen three times to the same set of lectures is not honestly dealt with. The freshman, middle and senior classes should be separately and progressively instructed. The American Institute has done well to require four years of study and three courses of lectures of not less than six months each before it will recognize the diploma of any college, but it will do better when it has secured for the student an actual graded course after the example of the literary institutions of learning. What would we think of the four classes of these institutions going over the same branch of mathematics year after year? They might indeed be proficient in that one branch, but how ignorant of the others! One term is given to Algebra, another to Geometry, another to Calculus; Mechanics and Astronomy, as applied mathematics, follow, and in the end the whole subject has been surveyed and grasped according to the capacity of each individual mind. Is our medicine taught so? And shall we ever have the most efficient teaching until it is so taught?

The lecture system of teaching, even though combined with a daily quiz, will not compare with the recitation system in grounding the student in the fundamental principles of medical science. It is true that great men are not made by rule, and would be great in spite of deficient instruction, but the average medical student must have his greatness not only thrust upon him but altogether pounded into him systematically or he will fall short of it altogether.

The American Institute should go one step further and require the colleges to teach the Organon as they teach the Anatomy. Without the truths of the Organon there can be no comprehension, no correct practice of Homœopathy. One might as well try to learn Mohammedism without the Koran, or Christianity without the New Testament, as Homœopathy without the Organon. It scarcely meets the requirements to relegate this instruction to the Professor of Theory and Practice, or trust to the enthusiasm of the Professor of *Materia Medica* to elaborate and emphasize the teaching of this book. It is worthy the

dignity of a special chair, a chair which shall be filled during the *regular* term and not deferred to the Post-graduate. Is it not, most decidedly, a case of placing the vehicle before the motor—where men are graduated in Homœopathy and then invited to attend a Post-graduate term to be instructed in the Organon—the book which teaches us the fundamental truths of the system?

It is quite possible that the defection in the Monroe County Homœopathic Medical Society, in New York, is largely due to inefficient instruction in the groundwork of Homœopathy. When a portion of a society organized upon the basis of a common belief is led to withdraw from the society, owing to a preponderance of action which controverts that belief, it looks as though some were believing too much or others too little. [We thank Dr. Walton for his brave words, and we hope his college will be the first in the world to follow his advice.—Ed.]

A NEW METHOD OF ILLUMINATING INTERNAL ORGANS.—The well-known experiment for showing total reflection of light in a jet of water, or in a glass rod, has been made use of here by Dr. Roth and Professor Reuss in devising a new method of illuminating from the outside some cavities of the body, such as the larynx and nose. The instrument used for this purpose is a well polished (not blackened) glass rod, to one end of which a small electric incandescent glow lamp, like those used for electric breast pins, is attached. The light of the lamp is reflected equally through the whole glass rod to its other end, which is placed on the skin of the throat in the case of a laryngoscopical examination being required. Then the interior of the larynx becomes illuminated sufficiently for laryngoscopy. If this luminous glass rod is applied to the sclerotic the interior of the eyeball can be examined in the same way as by using an ophthalmoscope, the structure of the posterior parts of the vitreous body being very well seen and studied. As the glass rod remains cold, it can be employed in operative surgery to light the natural and artificial cavities.—*London Lancet, January, 1889.*

Materia Medica.

PHOSPHORUS.

POST GRADUATE COURSE.

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

Phosphorus sustains an inimical relation to a medicine that operates in nearly the same direction and that is to be compared with it extensively all through its symptomatology; that remedy is Causticum. These two remedies are very jealous; they quarrel with each other. As I have said, they occupy the same sphere and have many symptoms alike; they affect the tissues alike in many respects; have a similar action on the general nervous system, and it is through the general nervous system that they quarrel. They will not follow each other without creating a great disturbance. If in chest troubles you have given Phosphorus for a considerable time with benefit, and a careful comparison with the symptoms laid down in the *Materia Medica* seems to tell you to follow with Causticum, don't you do it. If you do, it will surely disappoint you, and will in all likelihood spoil the work done by the Phosphorus. It will put the patient back.

Phosphorus, after it has been taken some time, produces a profound impression on all the tissues of the body. We find that it produces a marked predisposition to hæmorrhages; that small wounds bleed freely. Here it is like Lachesis and Ferrum. Running all through the symptom record of Phosphorus there is great burning: in the brain, with its headaches; in the eyes; in the mucous membranes; in the nose, with acute coryza and chronic nasal troubles; in the stomach; in the abdomen, with the tympanitic condition in typhoid fever; in the skin. So you see Phosphorus has symptoms that will lead you to compare it with Arsenicum.

The Phosphorus subject takes cold easily, even from the

slightest draught. Phosphorus strongly affects individuals with narrow chests, who are tall and slender. It has been said sometimes that the Phosphorus patient is a tall, slender woman; but the best clinical description of the Phosphorus patient will be "tall, narrow chested people." (Tall, slim women, with narrow pelvis, Sepia.)

The stomach and head symptoms and the chest symptoms and the pains, should be compared together. The pains are tearing, rending and drawing; are made worse by cold, and by getting chilled. The chest symptoms are made worse by inhaling cold air. A sensation of rawness in the chest is produced and made worse by cold air. The head and the stomach symptoms are made better by cold.

The patient has burning in the brain; violent, tearing pains in the head, but he is relieved by being in the open air. He wants the head uncovered; cold applications to the head; to wash the head and face in cold water. The stomach is so intimately associated with these symptoms that it feels better when filled with cold water; but when the water gets warm it is vomited. A patient suffering from the Phosphorus nausea will have vomiting come on from placing the hands in warm water. The patient complains that placing the hands in warm water, as when washing dishes, causes vomiting. That peculiar vomiting of pregnancy when always aggravated by placing the hands in warm water will find its remedy in Phosphorus.

A few of the skin symptoms prefer a cool surface, but not a cold one. Woolen aggravates and causes itching. The itching is made worse by scratching. Violent burning comes on after scratching and lasts some time.

Phosphorus has marked weakness of both mind and body. Its mental weakness is very well marked. It amounts to a prostration, and even goes on to imbecility. A singular thing with this mental weakness is that the weaker the mind becomes, the greater is the excitement of the sexual organs. They seem to go together. The prostration of mind is associated with sexual erythism. Phosphorus has a great many mental symptoms. A desire to expose the

body, like Hyoscyamus in a state of delirium, which is not hysterical as it is in Hyoscyamus, it is a delirium. Phosphorus has a delirium accompanying its fever; the delirium and fever are worse before midnight. It produces a marked typhoid condition in its prostration as well as in its zymoses, which comes on slowly. So much so is this the case that routinists often speak of Phosphorus as a remedy belonging to the second or third week of typhoid fever, because of the slowness with which its symptoms come on. We find this quite justifiable by the slowness with which the symptoms appear in the provings.

In the typhoid state we find some peculiar symptoms calling for Phosphorus. It has all the general symptoms belonging to the typhoid picture; all the symptoms necessary to make up the typhoid condition are present. Diarrhoea with mushy stools; with bloody, watery stools; all the prostration and the septic condition; the dry, brown tongue, even a black tongue; clean, red, shining tongue; sordes on the teeth, and bleeding from the nose. This septic bleeding is quite a marked feature of Phosphorus. We have it in a diphtheritic state, when the membrane peels off. It has the tympanitic abdomen; the great burning, with sometimes coldness; and a peculiar coldness that is prominent with Phosphorus is coldness in cavities, sensation of coldness in the stomach, in the abdomen; sensation of emptiness of the abdomen with coldness of the back, is a prominent feature in the complaints of Phosphorus. A tympanitic abdomen is very prominent in Phosphorus associated with this typhoid condition.

A marked symptom of Phosphorus in typhoid conditions is paralysis of the sphincters; involuntary diarrhoea; copious, watery stool pouring away like water from a hydrant; involuntary stool, containing undigested food; lienteric diarrhoea; involuntary urination; the slightest jar or the slightest shock, as coughing, laughing or sneezing, causes the escape of feces. This parietic condition of the sphincters seems to belong to Phosphorus. Causticum has as strongly marked as Phosphorus, involuntary urination when coughing, and paralytic conditions. In connection with

typhoid conditions the tendency to hæmorrhage is marked; there are hæmorrhages from the bladder, from the bowels, from the kidneys; and great prostration. We know that Arsenicum holds a very close relation to Phosphorus in typhoids. Even fluids in Arsenicum, gurgle down the throat, the prostration is so great. This has not been observed under Phosphorus. But just as soon as a teaspoonful of water enters the stomach, it will gurgle until it passes away; this is Phosphorus. But the gurgling commences with the stomach. Such symptoms as this are clinical. You only get them by putting your ear to the abdomen and listening carefully. Every physician should watch the symptoms of the abdominal cavity carefully in treating typhoids. We do not meet with this symptom in the provings of Phosphorus.

We may know that certain remedies conform to the first stage and others to the second stage of diseases. We know better than to give Aconite in the exudative stage, no matter what may be the symptoms, because Aconite can not conform to the period of exudation. Phosphorus is a remedy, like Sulphur and Arsenic, that takes up the work well after exudation begins. In this it happily conforms to Bryonia, for it takes up the case where Bryonia leaves off.

In complaints of the chest, as in pneumonia, Phosphorus is a wonderful remedy. The clear, bloody, or nasty, thick, yellow expectoration, frothy, and tasting salty, all belong to Phosphorus. Most of the time in the Phosphorus cough, the chest feels as if dry inside, and the cough sounds as if the chest were dry. Finally, after considerable coughing, expectoration is brought about. In the chest troubles, Phosphorus has one grand modality, aggravation from lying on the left side. Phosphorus belongs especially to the right lung. It prefers the right lung, but it also acts on the left. In cases commencing in the right lung and spreading to the left, in double pneumonia, we have Phosphorus to think of.

Whether it be the right or left lung that be involved the aggravation is from lying on the left side. This is like

Bryonia. Bryonia often has relief from lying on the painful side, but it often cures when the aggravation from lying on the left side is prominent. Pulsatilla, Natrum carb., Natrum mur., have aggravation from lying on the left side. In these cases the trouble may be some cardiac disorder. In palpitation from lying on the left side, Pulsatilla and Natrum mur. are most prominent.

The mental symptoms of Phosphorus are very extensive, but they are particularly marked by anxiety, loss of memory, and apathy. Here is a strong feature of Phosphorus: "Weight and throbbing in the forehead on waking, better by cold washing, worse on stooping; sometimes lasts all day." "Sick headache, with pulsations and burning mostly in the forehead, nausea and vomiting, from morning until noon."

How often do we think of Phosphorus in aggravation from the open air, but that is in chest complaints. Phosphorus is a routine remedy in chest complaints. If a routine prescriber sees a sickly patient with a cough, he gives Phosphorus; with him it is Phosphorus in the beginning and Phosphorus to the end.

Upon the outer scalp we find Phosphorus producing many symptoms. Loss of hair; the hair comes out in tufts; the hair follicles die and the hair comes out in spots; bald spots here and there. This is like Hepar, which has loosening of the hair in spots.

Phosphorus has sustained a great reputation in curing eye symptoms. It has cured glaucoma and amaurosis and has cured many cases that have been supposed to be incurable. It is suited to catarrhal affections of the eyes and granular lids.

We do not find thick, purulent discharge from the eyes in the provings of Phosphorus; but Phosphorus has produced from the nose, a thick, yellowish-green discharge, and clinically, it has been figured out, that this is a strong characteristic of Phosphorus because it has cured this condition from so many different mucous membranes. In working with Bœnninghausen's book, you would come to this conclusion very readily. Now Phosphorus is not laid

down in the list of prominent remedies for ophthalmia neonatorum, but it has made a great record for curing cases of this trouble. When the mother needs Phosphorus, when Phosphorus has been a constitutional medicine for the mother, when the child goes down with this very troublesome discharge from the eyes or purulent inflammation of the eyes,—sometimes it has the appearance of bloody water,—Phosphorus is a very prominent remedy. I once cured a thick, yellowish-green discharge from the eyes in a baby that was only a few days old. I figured the prescription out through the mother's symptoms and Bœninghausen's concordances.

Phosphorus has cured a fungus condition about the eyes; granular lids and many varieties of inflammatory diseases of the mucous membranes; conjunctivitis, with a green halo around the light.

Phosphorus in the air passages is peculiar to itself. While it has coryza, the complaints of Phosphorus generally commence in the chest. The patient says: "I always take cold in the chest." Secondarily it goes to the nose without relieving the chest. Now the complaints of Arsenic go the other way. They begin in the nose and go down into the chest. Every time he takes cold it is in the nose, and it may go to the chest (Carbo. veg., Cepa, and Euphrasia). Phosphorus has a fluent coryza, a profuse discharge of thick, yellow or green mucus, also with a flow of blood. That is a symptom that is peculiarly well known and a strong feature of Phosphorus. Here, it is something like Pulsatilla; you must distinguish between the two or you may make a mistake. He feels better in the open air, which causes burning, associated with headaches which are better in the open air. All like Pulsatilla. You have to take into consideration the other symptoms of these drugs in order to differentiate.

Another marked feature of Phosphorus, is that it produces a piling up of bony formation in the periosteum with separation of the latter from the bone, and this in connection with the nasal and maxillary bones. It produces necrosis of the infra-maxillary bone.

Hecla lava has produced a similar state.

Phosphorus has cured this condition as well as produced it.

The periosteum is raised and a new stratum of bone forms, is the symptom.

In the mucous membrane of the eyes and nose we have this characteristic, burning relieved from cold, better from washing in cold water.

Like the head symptoms we have toothache from having the hands in cold or warm water. The warm water is the particular thing. That will be an aggravation peculiar to Phosphorus, while the aggravation from cold will be found in many other remedies more important than Phosphorus.

Phosphorus has bleeding of the gums, which become spongy, and the teeth become loose; softening gums.

In the typhoid state the building up of exudation around the teeth we call sordes.

Phosphorus has a sore throat in which the uvula looks like a bag of water and the tonsils become swollen or puffed as if dropsical, looking like water bags, and comparing with *Rhus tox.* and *Apis*.

We find in Phosphorus, in low forms of fever, especially in cerebro-spinal meningitis, the tongue becomes red and shiny and devoid of its papillæ.

Kali bichromicum and *Lachesis* compete with Phosphorus in the smooth and shiny tongue which shows great lack of innervation.

Let the patient take almost anything, when it becomes warm in the stomach, he vomits it. We find sometimes in old whisky drinkers that the tongue is smooth and shining red. Then Phosphorus is needed. We find that old beer drinkers have that symptom; drinking beer for years until they have destroyed the power of innervation. *Kali bichromicum* is the best remedy for beer drinkers in such cases.

Phosphorus will fill himself full when he can digest absolutely nothing, and then he will vomit it. Under *Bismuth* the patient will drink himself full until he is distended, and then he will vomit it.

The Colchicum patient will absolutely eat nothing for days. Emaciated and sinking in the typhoid state. Even the odor of food causes gagging; and the conditions of the two remedies are alike. Colchicum and Phosphorus are similar in their conditions. Both have extreme prostration, both have the same conditions of the mouth and tongue; the tongue is covered with bloody and black crusts.

Dryness of the throat at night; it fairly glistens. That is in keeping with the denuded epithelium.

You may compare it with Kali bichromicum for that glossiness and tumefaction of the mucous membranes of the throat, in common sore throat, or in diphtheritic throat, when about the patches there is this shiny, glossy condition.

In connection with the digestion, the Phosphorus appetite seeks generally for more food than can be digested. Digestion is weak and the appetite is strong. This creates after a while a tendency to regurgitation of food. The Phosphorus subject is always regurgitating food and spitting it up by the mouthful. Many remedies have this regurgitation, but in Phosphorus the food comes up by the mouthful. Always tasting the food belongs to many medicines.

“Sourish, offensive fluid ejected in large quantity, looking like water, ink and coffee-grounds.” This inky vomiting associates Phosphorus with a number of medicines. Arsenic has inky vomiting; vomiting of brown or very dark spots looking like ink.

Cadmium sulph. has this inky vomiting.

Phosphorus has a great reputation for the cure of chronic diarrhœa with undigested, lienteric stool. It produces a paralytic condition of the rectum, with constipation, inability to strain at stool. There seems to be no action.

It also produces a peculiar kind of constipation, in which the stool is long and slender, and is said to be like that of a dog.

Phosphorus is also a marked remedy in cases in which albumen appears in the urine; suppurative nephritis. In

suppuration of the bladder also; catarrh of the bladder; bloody urine containing pus; urine laden with albumen. A child gets up from an attack of scarlet fever, with that glossy tongue, and seems to be able to digest nothing. It vomits milk as soon as it gets warm in the stomach. It commences to bloat. An examination of the urine shows albumen to be present. Phosphorus is here a prominent remedy.

Phosphorus has uterine hæmorrhage; copious flow of blood from the uterus; menorrhagia. Again as a secondary action it has scanty, pale, menstrual flow, the menses coming too soon. Suppression of the menses associated with chest troubles. The menses cease and hæmorrhage from the chest appears.

Phosphorus has been a prominent remedy for abscess of breast. It is especially indicated when fistulous openings remain for a considerable time after the abscess ought to have closed, and discharge a thin, watery fluid.

We all know how prominent a remedy Phosphorus is for hoarseness. Sense of dryness and burning in the larynx, with loss of voice; here it competes with Causticum. Phosphorus when the mucus accumulates on the vocal cords and Causticum when paresis remains after the catarrhal condition has gone. One of the most important prescriptions to make is where Phosphorus and Causticum run together, knowing that if you give one you can not afford to give the other. Here is one thing that may not be known. If you give a remedy that is inimical to another, and it does not act, you need not take into account this inimical relation; *i. e.*, if you have given Phosphorus and it does not act, you need not take this inimical relation into account, because it has not acted on this patient.

When Pulsatilla, which is often a remedy with which to begin the treatment of chronic cases, has acted favorably for a considerable time, we know the most prominent complement is Silicea. But Silicea cannot act as the complement of Pulsatilla until the latter has acted curatively.

Every homœopathic physician should memorize the inimicals. He should make a list of them, so as to call

them off hand. A great many of the inimicals are known to only a few physicians. One great fault of physicians is that they do not note what they discover. Almost every good prescriber is full of surmises; he is full of thoughts on practical subjects. If they would only keep memoranda of their observations and compare notes, our knowledge would be more complete. The old masters of our art were good note takers, and that is how they built up the *Materia Medica*.

We have the most terrible and severe dyspnœa in Phosphorus, worse from lying on the left side. That is one of the characteristics running through the chest troubles of the remedy. Difficult breathing, stuffing up of the chest with mucus, worse in the open air; wants to be kept warm. Takes cold easily, which aggravates the difficulty in breathing. Has fear of suffocation. Worse in the morning and evening.

The cough is most violent, and shakes the whole body, and even causes trembling. Incessant cough; cough when lying down; cough night and day; great dryness of the mucous membranes of the chest; dryness of the air-passages with hoarseness.

There is a condition in pneumonia to which Phosphorus belongs. Phosphorus, Arsenic and Sulphur, come in together in a very peculiar way, and it is a very difficult thing to see how unless you have seen it at the bedside. Phosphorus and Arsenic are complementary to each other. Sulphur enters into a sphere that may save the life of a patient in hepatization, where Phosphorus leaves off.

For instance, you have seen *Bryonia* subdue superficial symptoms. A careful comparison of the symptoms will lead you to Phosphorus, which may in itself prove inefficient, but it does seem as if the patient would sink and die, becomes cold, and covered with cold sweat, with deathly sinking, with fear of death and great anxiety. Phosphorus is no longer indicated, but a dose of Arsenic seems necessary to arouse the vital reaction of that patient. Now Arsenic will carry that patient through the night; and under the usual rule of letting a remedy act, Arsenic would

be left to act, but it does not seem to cover the exudative conditions, and the next night he will die unless Sulphur be given.

Arsenic is not sufficient unless threatening gangrene be present. Then it often is the remedy. If you put your ear to the chest and find that there has been no change in the condition, and you do not give your patient Sulphur, he will die, although you have carried him through the night before most beautifully. Sulphur must come in as a remedy to remove the exudation. This exudation must be resolved. Arsenic rouses the vital reaction and Sulphur removes the obstacle. Thus you see that these remedies complement each other. I have no doubt that there are many doctors who have had just such an experience.

EQUISETUM HYEMALE.

URINARY ORGANS.—Dull pain in region of r. kidney, with urgent desire to urinate.

Pain and tenderness in region of bladder, with soreness of testicles, extending up spermatic cords.

Tenderness in region of bladder on pressure.

Tenderness in region of bladder, and r. side of lower abdomen, extending upward from groin; same in l. but more on r., in forenoon.

Pain in bladder, as from distension.

Severe and dull pain in bladder, not > after urinating.

Sharp cutting pain in urethra.

Excessive burning in urethra while urinating.

Extreme and frequent urging to urinate, with severe pain, especially immediately after urine is voided (Berb., Sars.).

Frequent desire to urinate, during afternoon, with biting sensation in urethra during and after urination.

Constant desire to urinate, and pass large quantities of clear light-colored urine without relief.

Profuse flow of urine night and day, pain after urination, involuntary urination without pain.

Enuresis diurna et nocturna of children.

Enuresis nocturna, when there is no tangible cause, except a habit.

Obligated to get up several times during night to urinate.

Great desire to urinate, but only a small amount passed each time

Amount of urine grows less each time he urinates, but the desire increases.

Gynecology.

MR. LAWSON TAIT AND HIS METHODS.

THOMAS M. DILLINGHAM, M. D., NEW YORK CITY.

Having stated that the lines of Mr. Tait's reasoning and the remarkable results of his work are in full accord with the teaching of Homœopathy, I will endeavor to explain his position as it appears to me, or what I consider the cause of his remarkable work.

The most beautiful objects in the world are the most simple. Where any object or thought becomes complex it becomes confusing and interesting only to persons of a "curious turn of mind." These people answer your questions with interrogations or dogmatic assertions, and are more numerous among the pathologists than in any other department of science.

The great Darwin was an intimate friend of Mr. Tait for many years and had an unmistakable influence over him, so that we may say Mr. Tait belongs to the School of Life and not to the School of Death. Indeed he is often called a poor pathologist, not because he is ignorant of its teaching, but because he questions it, disagrees with it and refuses to accept it as his guiding star.

It is very strange that so large a proportion of the medical world turn their backs on physiology and the study of life and work so faithfully in pathology and the study of death. They seem always seeking a new excuse for the inability to cure disease. It is also quite as strange that physiologists should so complicate the simple truths of that science that they can scarcely understand their own explanation and cannot understand their own theories.

We need more Darwins, more Tait's, men who do not become delirious when contemplating a simple truth. Tait's interest is centered in his patients, not in their disease. A restored invalid interests him far more than the putrid mass he removes. I do not know that Mr. Tait has

so expressed himself, but my belief is that he would never bother in the least with pathology except to meet his colleagues even handed on their own *dung-hill*.

Now can such a man conscientiously use antiseptic methods in surgery? He can no more do it than the man who understands the one *law of cure*. It is not my desire to undervalue any of the collateral branches of medicine; but pathology has gone mad, not the least doubt of it. Mr. Tait's reasons for discarding Opium in all its forms, except for dying patients, are worthy of the man, clear and correct.

Prof. Martin, of Berlin, gives after all operations a dose of Morphine. A discussion arose among his pupils as to his reason for doing so. The majority declared it must be to stop so far as possible peristaltic action of the bowels, the old reason; while a small minority considered such a reason impossible—and were correct. Martin's position was pitiable. He gives Morphine as he has always done, only changes his reason for giving it, which shows that he never had an intelligent one. No, said he "we formerly considered peristaltic action of the bowels a prominent cause of fatal inflammation, and tried to control it, but now we know it is essential to rapid recovery." This he learned from Tait. "Why, then, do you always give Morphine?" "For pain, of course." "But do all patients have pain that require it?" He was much annoyed, replying: "Of course not, but the Morphine can do no harm."

Now what says the man at the head of the procession, Lawson Tait: "No, I never give it now, because in order to save the life of my patients I must know how they feel, what is their real condition; and while they are stupid with Morphine I can learn nothing about them and they may pass beyond my power to help them."

What, then, is Tait's treatment? Has he any? In answer I will say, he *begins by not poisoning* them with any kind or form of antiseptic treatment. If they have severe pain they are told it is necessary. If they are accustomed to use Morphine and demand it, they are plainly told that they are now his patients and cannot have it. Mr. Tait:

said to me that he had nothing to do with their suffering, but with the restoration of their health.

Analyze this seemingly harsh remark all "ye" pseudo-homœopaths and learn what the pure milk of human kindness consists of. No food, not even a drop of water, is given for nearly forty-eight hours after an operation. The peritoneum is kept hungry by this starvation process, and seems to devour both real and imaginary evils and incurs almost certain recovery.

If symptoms of inflammation occur after a few days of apparent improvement, all food and drink is taken away, a deaf ear turned to their foolish cries for Morphine, one or more enemas of turpentine given, and soon all goes well. I do not believe that any of our remedies will take the place of the starvation, but they do and will take the place of the enema.

I shall never forget the case of a fat old woman from whom Mr. Tait removed an enormous cyst. She was left on the operating table for the nurses, as usual, to apply the simple dressing, put her to bed and starve her. For three days she was not seen; when the telephone announced her "very bad and very big." We immediately started for the hospital, Mr. Tait remarking that I would see what over or too early feeding would do towards killing patients. On entering the room a single glance at the woman's tongue proved him to be correct, and turning to the matron he said: "You kind-hearted old fool, don't you see you are killing this woman with food? Don't give her a morsel of food or a drop of liquid until I order it," and left the room. "But, Mr. Tait, the poor woman has such pains," said the matron. "Let her keep her pains. Do as I tell you." And the man equal to all occasions had gone.

It is needless to add that the woman recovered rapidly.

In the treatment of malignant disease, Mr. Tait is again on the right side, and refuses to remove any malignant growth. Patients are told that the disease is fatal, that an operation will not, except in very exceptional cases, result in a cure. They are urged not to submit to an operation from any one, as the disease will spread, locate itself in

some more vital and sensitive portion of the body, and their suffering be vastly increased. If anything can be done it must be found outside the domain of surgery.

After carefully observing the methods of the German School of Gynecology from which our American specialists take their cue, Mr. Tait's wholesome neglect of their pessimistic effort at exactness was highly amusing.

Such men as Martin of Berlin, Doran of London, and Mundè of New York, seem to have the same effect on Tait that a red flag has on a Spanish bull, not only annoying him but producing symptoms of rage.

A certain German specialist, following Mr. Tait in the removal of appendages, sent him the result of a most careful analysis of appendages removed from a large number of women. He had succeeded in finding some twenty-five varieties of diseased "tubes." The answer was characteristic, viz.: "That it didn't matter in the least how many varieties there are, so far as the cure of patients was concerned, and that he could n't be bothered with such stuff." The poor German was wild with indignation, for as a scientific man the cure of the sick was of little importance compared to the proper classification of the addition to his "dead collections." Under the head of two or three operations, Mr. Tait includes dozens of the ordinary operations, as classified by the book-makers.

He is wonderfully quick to see the objective cause of innumerable sufferings, and in place of useless efforts in all the wrong places, he strikes the nail on the head and drives it home at a single blow.

Emmit's operation he never makes, and such distinctions of classification as perimetritis and parametritis he refuses to recognize. He also declares that diagnosis in many instances is impossible. The question he considers is always: "Have we here a something that must be removed in order to restore the patient?" His vast experience, not equalled by any operator of our day, or any other, certainly entitles his opinion to very great weight, for I do not believe a better diagnostician lives. Yet, with all this, his question is not, what is the name of this woman's disease,

but is an operation necessary for her recovery? If necessary to name it, we will do so after we see it.

The result of his work is a monument which no man or school of men can batter down with their opinions; be they honest or dishonest, they must beat his record.

Mr. Tait refuses to load himself down with cumbersome "stuff," because some one chooses to call it science; and as David went to meet his enemy with only a sling and a stone, so this man is conquering a hydra-headed monster with a clean knife, a clean string, and clean water.

It takes a man like Lawson Tait, not only to recognize the truth, but to stick to it. The amount of organized opposition, such as is found in all medical and surgical circles in some degree, and which has absolutely uninfluenced him, kills nine thousand nine hundred and ninety-nine out of every ten thousand of the best.

By having a guiding principle in which simplicity plays a very important part, and being an earnest student of living principles, Mr. Tait finds himself possessed of the essentials of successful surgery. And these essentials are so few in number and so simple in construction that the would-be scientifics, although obliged to accept and acknowledge his work, do it with a bad face.

From this do we not learn that surgery only demands the skillful and intelligent application of the knife, with absolute cleanness, just as medicine *only* demands the skillful and intelligent application of the law of cure.

In my next I will mention Mr. Tait's opinion of the relation of gonorrhœa to the diseases of women.

LACERATION OF THE CERVIX UTERI.

WM. D. FOSTER M. D., KANSAS CITY, MO.

Mrs. Mary G. I was born in Wittenberg, Germany, September 10th, 1857. Had my first menses in June, 1870, without pain, and regular after, without pain.

Was married January 25th, 1877, æt. 19 years, four months and fifteen days. Became pregnant in February—first child, a girl, was born on the 25th day of November,

1877. The labor was natural, and lasted nine hours. Did well after confinement, but got up too soon; had leucorrhœa, the lochia continued for a long time, very free.

My second child, a girl, November 26th, 1878, (being one year and a day since the birth of the first. F.). Had an easy confinement—labor lasting three hours. Got up feeling well.

My third child, a girl, was born January 15th, 1880, (being one year, one month and nineteen days since the second child was born. F.). I was taken sick at 10 A. M., had slow pain till 7 P. M., when the child was born. Natural labor. Got up from the confinement fairly well.

The fourth pregnancy resulted in a miscarriage at two months, and was brought on by heavy lifting. The after-birth was retained ten days—passing away at that period without causing any ill-health.

The fifth child was born the 25th day of December, 1883, (being three years, one month and ten days since the birth of the third child. The exact date of the miscarriage above noted was not stated. F.). Was sick ten hours; easy birth, and got up well, but not so strong as formerly.

I became pregnant (sixth) in February, 1884; flowed for three months. Miscarried last of June, 1884, at about five months (being six months and five days since last labor. F.). Was very miserable at this time, but soon afterwards gained my strength.

I became pregnant (seventh) and was delivered of a boy at full term, August 30th, 1885 (being one year and two months since miscarriage. F.). Short, easy labor, very free flow afterwards. Got up reasonably well.

Became pregnant (eighth) and miscarried at about three months last of August, 1887. The afterbirth was retained two weeks, and removed by instruments, (being about one year since birth of the boy. F.). Have never been well since. Had retroversion at this time.

The foregoing is the lady's history in her own words.

The writer of this paper has some personal knowledge as to the birth of the boy August 30th, 1885, being in attendance at that time, and was present and assisted in

removing the placenta above referred to on Sept. 9th, 1887. As the result of this Mrs. G. was suffering from septic poison. She was much exhausted, and, as stated, had retroversion. In the summer of 1888 she went to Philadelphia where she was treated for several months by an eminent surgeon, for uterine troubles. She was told that she had a lacerated cervix, but an operation was not insisted on. While there she improved very greatly, but soon after her return home, as the result of overwork and the cares of her affairs, she speedily ran down, and went under the treatment of a physician here, without much benefit.

This patient last came under my care on January 31, 1889. I found her hysterical, dyspeptic; much distress in her stomach and bowels; sleepless, very irritable, much emaciated, and well nigh bed-ridden.

Examination disclosed uterine depth of 4 inches; complete retroversion; bilateral laceration of the cervix, with widely everted cervical lips, which are raw, red, bleeding readily, and very sensitive; profuse, ropy leucorrhœa drawn out in long strings, severe occipital pain, and distressing backache. I packed the vagina with antiseptic medicated wool. When the tampon was removed copious hot douches; Sepia, night and morning. These measures rapidly reduced the congestion and removed all pelvic tenderness.

On March 27, I made Emmet's operation, putting in four wire sutures on each side. In this I was ably assisted by Dr. Branstrup, of Topeka, and Drs. Olmsted and Runnels of this city. The sutures were removed on the 8th day, when union was found complete. She got up on the 14th day, without having had any internal symptoms. Before she got on her feet I inserted an Hodge pessary to retain the uterus in position. In a few days after getting up she went to the Springs, and has steadily gained. All the ailments for which the operation was undertaken are relieved fully.

CENCHRIS CONTORTRIX.—Intoxicated sensation coming on every day at 3 and lasting till 8 P. M., from one dose of the 6th cent.—*Kent.*

Clinical Medicine.

VACCINATION VAGARIES.*

FRANK KRAFT, M. D., SYLVANIA, OHIO.

During the closing months of last year, and the early part of the present year, our community was considerably alarmed because of the prevalence of small-pox in two or three neighborhoods less than twenty miles from Sylvania. Vaccination became the order of the day and the physicians of the county were kept busy. Some few only made use of the scale, while the majority used the ivory point.

My own belief touching the value of vaccination had been rather shaken by the reports which reached me from adjacent localities; and in my own family and in two others I made use of Malandrinum as recommended by my friend Dr. Wm. Jefferson Guernsey, of Philadelphia. I sought to discourage vaccination wherever possible, but soon found my patrons had no confidence in the tasteless powders, and threatened to go elsewhere. In self-defense, therefore, I procured good ivory points, only one day old from the vaccine farm, and proceeded with the mutilation. Having been appointed vaccinating physician to our high school I made use of over one hundred points, using them but once.

On February 4th Miss X., æt. about 25, was vaccinated on the left arm with a perfectly new and clean point. During the first week no effect was apparent on the arm, the abrasion having dried up completely and the lady went about her household duties unconscious of any vaccination, except that each morning an overpowering nausea set in which resisted all remedies, but happily disappeared of itself between 9 and 10 o'clock.

On February 18th this lady called to say that the vaccination had proved a failure, and asked concerning a re-vaccination. In the conversation that ensued I learned that a

*Ohio State Society.

little "boil" had been forming on the left breast, which was exquisitely painful and caused much unrest. On examining I found a small purplish spot as large as a pea on the under side of the pendent breast, which was painful to a light touch, but indifferent to rough handling. Thus I was enabled to discover that the "feel" was that of a large buckshot under the skin and was fairly movable. On entering into the family history I learned that one maternal aunt had died of mammary cancer; and I am afraid my treatment for the next four days was for cancer; and not till I saw this blue spot enlarge, become tumid, gather and discharge, did it occur to me that it was an instance of what might be termed vicarious vaccination. The matter discharged was frightfully offensive; before the wound in the breast finally closed the arm opened and the blueness spread rapidly from the abrasion to the wrist joint. It was excruciatingly painful. This case finally yielded to Lachesis, for which I had the usual symptoms. The lady to-day is perfectly well, but the purplish scar remains in the breast and arm. Before this vaccination she had never had trouble of any kind with the breast. Is this a latent cancer, and will it ultimately come to the surface?

On February 18th I had vaccinated a very fleshy woman, *æt.* about 47. The first few days there appeared no signs of the virus. On the 21st I was called in the middle of the night to see Mrs. B., who had been taken with so severe a paroxysm of coughing, as almost to deprive her of life. On arriving there I found her lying prone, knees flexed on thighs and thighs on abdomen. Night-dress torn from the neck, the neck thick, hard and blue; asphyxia seemed imminent. I gave a few whiffs of Amyl nitrite when the suffocation subsided. As soon as she could speak she told me that she had, at 7 o'clock that evening, been taken with so sharp a pain in the left groin that she fell to the floor in a dead faint; when restored to consciousness she began to cough, and when the cough stopped she became suffocated. She was unable to straighten the limbs. I made an examination and found in the left inguinal region the same blue-purple spot I had seen but a day or two pre-

vious in the breast of my other patient. It was identical in feel and everything. My mind was still in the cancer groove and I endeavored to get a cancer history but failed. Here also the wound in the arm had closed. I was deeply nonplussed and vexed at my inability to construct some plausible hypothesis for the blue spot. I found Lachesis here also indicated and gave it, with a local dressing of Calendula and absorbent cotton. As soon, however, as the breast in the former case opened, I knew at once what was the cause of this inguinal ulcer; and so it proved; it spread as large as a saucer, became highly inflamed, pointed, broke and discharged the same foul matter as the breast had done; the arm, too, opened, became blue and inflamed and the abrasion discharged. This lady is well, but with a dimple in her left groin as large as a dove's egg.

On March 23 I was taken twelve miles north-east to see a peculiar case — one which I was told had puzzled all the doctors for miles around. I found a boy of 15, red-headed, freckled, strong and hearty, lying in bed, playing a mouth harmonica, the bed littered with books, pictures, remnants of food, playthings, and in short a small curiosity shop. I asked, what is the matter here? The boy blushed, looked at his mother, who said, "John will be here in a few minutes." When John came the boy removed the bed-clothing and I beheld a male organ that would surely have weighed five pounds. The glans penis could not, I think, have been inserted in a tea cup, and the remainder of the organ correspondingly enlarged in diameter. The foreskin had retracted and was caught back of the corona glandis, which had swollen and become of the size of an inch rope. With all this congestion there was no pain in urination, no function of the body seemed impaired, and he only remained in bed because there was certainly something abnormal about him, and if he wasn't sick he ought to be. What was the matter? I made an exploratory incision back of the corona glandis and was surprised to have the withdrawal of the bistoury followed by a jet of yellowish-green pus. I taxed the youth with indiscretions, which he strenuously denied, and

I was compelled to believe. I diagnosed a specific paraphimosis and gave Mercury sol. Next day I returned and divided the foreskin, which gave some little relief. On this day the parents asked me if I did not believe vaccination might have brought this about. I colored with embarrassment when I recalled the two other mysterious cases, and yet had permitted this paraphimosis to trip me into a syphilitic diagnosis, and acting on this hint I examined the arm and found it, as in the two former cases, seemingly healed. Again I prescribed Lachesis, however, entirely empirically, this not being a blue surface but a crimson red, there being no symptoms for anything except the general indications for Silicea which I held in abeyance, desirous of seeing if Lachesis was not the epidemic remedy. And this was all he received. When last seen, some weeks ago, he was at work in the field, saying he was all right again.

There is probably a moral concealed in these three cases. I have had other bad effects of vaccination but none so peculiar as these named — but I am unable to apply it beyond the danger of ivory point vaccination. Had the old fashioned scale been used in either case some apprehension might have been warranted as to the purity of the vaccine virus. Is it likely that the opprobrium which has been heaped on scale vaccination was really undeserved; that it was not the morbid product contained in the scale, but the constitutional taint in the individual which causes the appearance of dangerous diseases engrafted upon an otherwise healthy body? As we were not visited by the small-pox, I am not in a position to speak of the prophylactic value, either of the vaccination or the Malandrinum.

Are my opponents ignorant of the fact, that all miasmatic diseases, accompanied with cutaneous eruptions, observe the same course from their very origin? and that all miasms first attack the whole organism internally, before the vicarious affection manifests itself upon the skin?—*Hahnemann*.

A CASE OF CHOLERA INFANTUM.*

D. C. PERKINS, M. D., ROCKLAND, MAINE.

August 6th, 1888. Viola C., *æt.* nine months. The father of this child is thirty years of age, fair complexion, a little below the average in height, in sound health and of good habits. The mother is a little younger, of darker complexion—still by no means dark, and of a marked scrofulous diathesis. The child is very fair, with large head and open fontanelles, evidently inheriting her mother's dyscrasia, with her father's complexion. I found her having frequent, yellowish, watery evacuations with some admixture of curdled milk. She was being reared on a bottle, the milk being obtained from a cow kept by a neighbor. There was profuse perspiration on the head, and cold sweat upon the feet. The case presented a sufficiently vivid picture of *Calcarea* to satisfy the most exacting, and I gave it every hour and a half in the 30th potency. I left the little patient at 9 o'clock in the evening believing I had sufficient grounds for expecting good results. My expectations were not realized.

The next morning I found her decidedly worse. She had had a very bad night. The stools had been frequent, profuse, watery, bloody, greenish, involuntary. Vomiting continued, but did not occur immediately after food or drink. It was useless to continue *Calcarea*; that was evident. Should I give *Silicea* or some other remedy? I gave one dose of *Sulphur* 30th, went to my office, studied the case carefully, and gave *Phosphorus*. In a few hours improvement began and continued almost uninterruptedly under the action of this remedy, until the 12th, when I discontinued attendance. Five days later I was again summoned and found the child having frequent, profuse, yellowish or whitish thin discharges, with some slime and curdled milk, swollen stomach, and profuse perspiration on the head. As before the picture of *Calcarea* was complete, and as before it was given, with equally unsatisfactory

* Maine Homœopathic Medical Society, June 4, 1889.

results. Remembering the good effects of Phosphorus before, that remedy was soon substituted. It brought disappointment; the patient grew worse. Careful inquiry developed the fact that the child's foster-mother, the cow, had been fed a large amount of cabbage. This led to a change of diet, lactated food being substituted. The stools became undigested, lumpy, offensive. There was also vomiting of sour curds or lumps. Antimonium crud. 12th was now given once in two hours. Good results soon followed and at the end of five or six days treatment was discontinued. Before the end of a week there was another relapse with almost exactly the same symptoms. Antimonium crud. being indicated, was again given, with a dose or two of Sulphur 30th on account of offensive stools. Once more the little patient rallied, and on the 14th of September she appeared to be well.

On the 25th I was again summoned, and taking my "Bell on Diarrhœa" studied the case at the bedside. The symptoms indicated Phosphorus and it was given in the 30th potency. The next day worse. Again Bell was reviewed, and the remedy changed to Ant. crud. Still worse, with parents and friends in despair, and the child scarcely more than a skeleton, with deep sunken eyes ringed with purple. Having had a catarrhal cold for several days, my olfactory nerves had been on a strike and had neglected to inform me that the substance vomited as well as other discharges had been very sour. Discovering this fact I gave Rheum with prompt and decided results. The patient improved rapidly, and on October 3d I believed her safe for the season.

So it proved so far as a return of the enteritis was concerned, but in a few days the natural sequelæ in the character of acute hydrocephalus appeared in a most threatening form. Effusion had set in and the case bore a most discouraging aspect. The tongue was heavily coated, the face dark, lips dry, urine scanty and hot. There was inability to support the head, with great irritability. The child wished to lie quiet in the cradle, evidently suffering from being moved. The symptoms called plainly for Bry-

onia, and that remedy was given in the 6th potency, a dose every hour, with a dose or two of Sulphur 30th as an inter-current remedy. Improvement began at once, and despite the predictions of those in attendance, the little patient rapidly recovered. She is now a plump, handsome, and smart child.

Before closing this report I wish to consider the aggravations which invariably resulted from Calcarea. I learned somewhat late in the treatment of the case, that previous to her sickness the child had frequently been given lime water with her milk. Whether this was a factor which had an important part in this trying and protracted case is a point on which I should like the opinions of my colleagues. The symptoms on each occasion when Calcarea was given called for that remedy, but in each instance there was marked aggravation from its administration. I am aware that there are those who will say that a single dose should have been given and results awaited. I am fully persuaded that had this plan been followed a funeral would have been an early result.

HOMŒOPATHY BY LETTER.

S. E. CHAPMAN, M. D., WATSONVILLE, CAL.

SAN RAFAEL, Feb. 15, 1889.

DEAR DOCTOR.—I write you concerning my husband. I am afraid he will not live long unless relieved soon. I am certain he has heart disease, for he complains of pain in the left chest, and the least excitement causes palpitation and shortness of breath. He has had several fainting spells. His appetite is not good, and he is thin and miserable looking. He still tries to work (he is a type setter). Now, Doctor, I am going to tell you what I think is injuring him, although he laughs at the idea, and says that he believes it is all that keeps him alive; I refer to his habit of smoking tobacco. Please send me advice and prescription by return mail.

Very truly yours,

MRS. AL. J. —.

To this I replied as follows:

DEAR MADAM—After a careful consideration of your husband's case from the rather meager data you have given, I conclude that you are right in supposing that his tobacco habit is very injurious, and he must quit it, or he cannot be helped. The very

fact that "he believes it is all that keeps him alive," or that he experiences a temporary relief of his more urgent symptoms immediately after smoking, is evidence that this narcotic poison is killing him. He is in a dangerous condition, and will certainly die soon if he does not discontinue smoking. He must not use tobacco in any form. I will prescribe for him, but we Homœopaths base our prescriptions upon *symptoms*; and we must have a very complete history of a case in order to prescribe intelligently. If this does not relieve him, send me a very minute history, giving all his symptoms, no matter how unimportant or trivial they may appear to you.

Procure at the pharmacy, Arsenicum 200. Take every night and morning until better, then discontinue.

Please report results.

Respectfully yours,

S. E. CHAPMAN, M. D.

I confess that this was a shot at random, and that I made it on general principles. It is laid down in our text-books that Arsenic is the antidote for the evil effects of tobacco smoking; but I here raise my *ipse dixit* against that notion. I have tried it on various occasions, and I do not remember once getting favorable results. In this instance I failed as usual, as the following will show:

[Arsenic never has and never can cure "the evil effects of tobacco smoking" unless symptoms of Arsenic are present. Then it is a prompt and effective antidote.—Ed.]

SAN RAFAEL, March 2, 1889.

DEAR DOCTOR.—I do not think my husband is any better than when I wrote you before. We got the Arsenicum 200th and have given it as you directed. It seemed at first to help him, but lately he appears to be getting worse. I am now going to try and give you all the particulars of the case. During the past week he has had two of those fainting spells. They last several minutes, are preceded by a dizzy feeling in the head, and pain and palpitation of the heart. During the faint he lies perfectly still, does not seem to breathe, and his face is pale as death. He still continues to try to work, though I am sure he does not feel like it. He seems to feel the worst in the morning, always wakes up feeling very weak and wretched. But he comes home at night looking much better and appears more cheerful than when he went away in the morning. I am sure his heart is dreadfully affected, and I am paralyzed with fear that he will drop dead. He is not using tobacco at all. I don't know of anything more to tell you. He sleeps pretty well, and his bowels are regular. His head is never

quite clear of pain—throbbing at times—and some confusion of the mind. He cannot make any continued mental effort. He seems greatly depressed in spirits—has the blues. Please answer immediately. Sincerely yours, Mrs. AL. J——.

P. S.—I forgot to tell you one thing, although it may be of no importance. He cannot bear the least thing to touch him about the chest or throat when he is feeling badly.

Every Homœopath who reads this article says now, "Lachesis!" Of course that is the remedy. The morning exacerbation and the sensitiveness to pressure about the chest and throat; the mental depression; pain and palpitation of the heart; confusion of mind; are all found under Lachesis, and there alone. I therefore directed the patient to get that remedy, 200th, to be taken night and morning. In a short time I received the following from the sinner himself:

SAN RAFAEL, March 9, 1889.

DEAR DOCTOR.—Received your letter and prescription several weeks ago, and am glad to note an improved condition in the anatomy of "yours truly." Lachesis 200th is a darling. It came to me in the nick of time. Had been using Arsenic, and it seemed to help the little gripping pains around the heart, but caused something worse. Twenty minutes after taking muscles of the face (right side) and lower right eyelid would twitch nervously for half an hour or more. Then my head had been bothering me, felt as if every vein had swollen to twice its normal size, and was pressing on the brain, almost staggering me at times. Arsenicum seemed to heighten this condition, and the night your last prescription came I was dreadfully sick. I could not get the medicine until nine o'clock next morning and I paced the floor all night, and the street in San Francisco next morning, anxiously waiting for Boericke & Schreck to open up, I was so afraid of falling to the walk that I wrote my name and address on a piece of paper to be used in my identification. Well, at 9 o'clock precisely pharmacy opened and in less than five minutes I had Lachesis 200th put up per directions and four of these harmless pellets in my empty stomach. In twenty minutes I was perfectly well, went to the office and worked all day. I have stopped the medicine and tobacco, and feel like the Al. J. of old times.

As ever yours,

AL. J——.

Evidently this patient barely escaped an apoplectic stroke, and although I did not know or suspect the actual condition he was in, yet from my knowledge of the symp-

tomatology of Lachesis, without any knowledge of the pathology of the case, I was able to avert a probably fatal apoplectic attack. I am sure that any respectable Homœopath would have prescribed Lachesis, though probably there would have been a difference of opinion in the matter of potency. I have been careful to mention the potency as well as the number of times given daily. I think this should always be done, or the clinical report loses much of its value to my mind.

A CHAPTER OF AN OLD BOOK WITH GOOD HINTS FOR OUR PRESENT DIGESTION.

S. LILIENTHAL, M. D., SAN FRANCISCO.

Dr. Zachner, in the "Fragmente aus den Hinterlassenen Schriften Hahnemann's, Augsburg, 1848," has a short notice about *Thuja occidentalis*, where the Austrian military surgeon Hartung says: "I cured the fungus of General Radetsky with *Thuja occidentalis* and *Carbo animalis* in the thirtieth potency, internally and externally at regular intervals, and I feel sorry for publishing the case, as the following was the result: A boy of nearly four years, whose parents enjoy the best of health, caught cold and complained of cough, headache, general malaria, and after the failure of the usual homœopathic remedy, and as the inflammation of the left eye steadily increased, that man who goes by the name of a homœopathic physician prescribed *Tinctura Thujæ*, daily, 4 to 6 drops, for full six weeks. The eye enlarged, the pains increased, and when the child finally was brought to Hartung, the enlarged eye had lost its mobility and a staphyloma had developed itself from the vascular network of blood-vessels, and it took fully six months to ameliorate somewhat the pitiful state of this bright boy, and whether the eye can be fully restored is still doubtful. Who is to blame but this doctor, who ought to have known that *Thuya*, in its primary action and in large doses, causes verrucæ and warty excrescences, hence cures them in potency by its secondary action, while

the old General was cured with a few drops of the thirtieth. Some of these friends, followers of Hahnemann, deny the action of potencies. Thus Hartung cured a case where the symptoms clearly indicated *Nux vomica*, with the 30th potency, while the other doctor gave for a similar state fifteen drops of the mother tincture daily for some time and the patient died. If, as Dr. Werneck affirmed, nature cured Dr. Hartung's patient, what right had he to infringe upon nature and kill his patient? *Hyoscyamus* is with Hartung a favorite remedy in sea-sickness, where the symptoms correspond to the drug, and he advises further trials.

KALI PHOSPHORICUM.

J. C. NOTTINGHAM, M. D., BAY CITY, MICH.

Mrs. C— says when she has a severe aching pain in back of neck and head, and so nervous she could not allow anyone to talk to her or come near her, could not lie still nor sleep, one powder Kali p. 6 would relieve her in a few minutes and she would sleep as if she had taken morphia, and would feel sleepy for the entire day and night following the dose. To this condition she had been subject several years, since having nursed her only child until he was fourteen months old; the child having grown very fat and heavy, while she menstruated regularly, with copious discharges. This woman is a dark blonde, tall, slender and very active, about 28 years old; the child now five years old. The husband is a robust, active man, and I have no doubt that sexual indulgence was too frequent, and so cautioned them.

I have found this remedy very useful for the nervousness growing out of excessive sexual excitement whether *indulged* or *suppressed*, and have cured cases of impotency from this cause, and nocturnal or other discharges of semen with these nervous indications. In many cases I have found aching in sacrum, sleeplessness, pain in back of neck and head, general irritability, *great despondency*, frequent

desire to micturate, large quantities of urine being voided during the day or night, and especially early in the morning, with a deposit of phosphates in the urine. The irritability in these cases has always been quickly relieved.

ODD SYMPTOMS. III.

BUSHROD W. JAMES, M. D., PHILADELPHIA.

XV. *Red vision on looking up.*

The remedies having somewhat similar symptoms, are:

Zincum.—Bright appearance before the eyes on raising them.

Elaps.—Red bar before the eyes on opening them.

Hyos.—Red spots before the eyes.

Phos.—Letters look blurred when reading.

Lac. can.—“ “ “ “

Bell., Cac., Con., Croc., Hyos., Sars., Stront., Sulph.—Red color before the eyes.

Elaps.—Red appearance dotted with black when the eyes are closed.

XVI. *Sees faces when looking at objects.*

Phos.—Sees faces wherever he turns his eyes.

Phos.—Sees faces looking out from the corner.

Cann.—Sees faces of distinguished men.

Caust.—Sees faces on looking down.

Ambra.—Diabolical faces crowd upon him.

XVII. *Sees imaginary mice running along the floor.*

Bell.—Illusion of mice.

Calc., Col., Opium, Mag. s.—Sees mice.

XVIII. *Sensation as if there was a hole in the left arm, and wind was blowing through it.*

Lach.—Sensation as if hot air were going through the knee joints, which were shaky.

Cic.—Sensation of heat steaming through the arm.

Rhus.—Sensation as if hot water were running through the arm.

XIX. *When she rises feels like falling back, and would if not supported.*

Bov., Brom., Spong.—Tendency to fall backwards.

Millefolium.—Tendency to fall backwards or to the right side, on every slight motion when walking.

Rhus.—Tendency to fall backwards when rising from a sitting position.

Bell.—Falls to left side or backwards, with flickering before the eyes, especially when stooping and when rising from a stooping position.

XX. *Pains in the occiput, as if three or four hairs were being pulled out with their roots.*

Occurs during occipital headache, and when quiet there is no tension upon the hair or any part of the head.

Ind.—Sensation as if a cluster of hair were being pulled from the vertex.

Spong.—Sensation as if the hair were standing on end on the vertex.

Acon.—Hair feels as if pulled at.

Mag. c.—Pain on vertex as if the hair was pulled.

“MICROZOA.”

JAMES HENDERSON, M. D.

I see such deviations from the law of Hahnemann, and such a misconception of his sublime philosophy amongst the mighty of our school, that I would like to express my views in regard to a few things medical.

I take exception to the writer of “Microzoa” in March ADVANCE, especially as it will, to the outside world, be considered as coming from a Homœopath and one high up in our faith, and therefore of great moment. Although the author appears to be a zealous Homœopath he departs sadly from the philosophy of Hahnemann when he runs off into the domain of materialism and deals with microzoa, microbes, etc., believing them to be the cause of disease, and even going so far as to parcel them out into tribes and communities. Do I misrepresent him? I do not wish to do so or to belittle him in any way, for I believe he means well, but he is very inconsistent for a high potency Homœopath.

We all have our opinions, and I mean to be charitable, though I may criticize sharply. How different his ideas are to those of Dr. Kent on the Organon in the same issue. Which, I ask, has the true homœopathic ring? Which appears the most plausible to our sense of right? Which seems the most consistent with truth?

Professor Kent's and Hahnemann's, as far as they go, are mine exactly, and Section 16 of the Organon is the place where the trinity of Life, Disease, and Death are unified, where all is framed and brought down to a fine point; where the story is told; where the key of health is treasured; where the light is revealed. Suppose the microscopist should find microbes or microzoa in the atmosphere of a sick room, in the sputa or excrements? That is only circumstantial evidence. It is not conclusive. He might find the like almost anywhere else did he look as sharply as he does here. It does not prove them to be the cause of disease or even the result of it. He can not see outside or beyond his microscope. He makes a hobby of his "Science." His views are narrowed down to the size of the microbe. He readily becomes a mere microbe hunter, just as some Homœopaths are mere symptom hunters. He is going to take one color to paint his picture, to produce all the lights and shades necessary to produce an image, a picture. You can form some idea of such a picture. It would not be a "Christ before Pilate," or yet "The Deacon's Prayer."

If we are desirous of tearing down we must be ready to build up—to offer a doctrine or theory in place of the one cast aside. So I offer the foregoing for your thought. We understand the law of the diffusion of gases, how a gas will pass from where there is an excess of it to where there is less of it. Is the law infallible? That is the question. We know it sometimes takes a chemical change to disperse it or to so change its nature that it loses its identity or is rendered harmless.

We lower a lighted candle into a well to detect and to burn up carbonic acid gas; we put deodorizers and disinfectants into our privy vaults, sewers, and pest houses; we

expose our infected clothes to sulphur fumes or to a dry heat; we build public furnaces to burn the city garbage. Why do not all those foul gases, disease-producing agencies or whatever they are, pass away and beyond to the broad expanse above?

Instead of the Microzoa theory, I think the cause of disease to be due more to those noxious gases or ethereal derangement, some want of equilibrium in the thermal zone—in the atmosphere—which, when the susceptible organism is exposed to its influence or living and breathing within such zone or belt of infection, their dynamis or life force is so affected or impressed upon by whatever disease-producing miasm that the equilibrium is lost, and the image of the peculiar aura is so interpreted to us in signs and symptoms that we, as close discriminating Homœopaths readily decipher the heliographic tablet, so to speak, and if we know our *Materia Medica* the soul or dynamis will not call for human aid in vain. We will apply the simillimum in high potency, be it simple drug, imponderable or nosode the law has been fulfilled, the ransom paid, the prisoner liberated.

Hahnemann has said that the effect of the remedy upon our patient is our only guide to a cure, and I say now that the effect of the disease aura upon the patient is our only means of learning or knowing anything of the mysterious visitor from the great unexplored thermal domain, that fastens his fangs upon the life force of our patient. Hahnemann has shown how to know and how to command both, but how few understand his philosophy. Here are the two extremes.

In his drug proving he gave us a communication from the spirit world of disease aura. He called up this and the other disease-producing influence and forced the record and the image of each particular one to be recorded in the symptoms of the prover, that we might have in hand the key to the land of mystery.

Gases are of different natures. Some are dense, noxious, and slow to diffuse, while others are inodorous, light, active, and ever changing, coming into contact with diseased con-

ditions and material substances, tissues, etc., producing by their affinity and contact chemical changes and combinations, strange and varied.

Change! Change! All is change! They are not material, they exert that wonderful spirit-like influence Hahnemann has told us of. They may come in regular cycles, they may travel only in certain latitudes, as for instance yellow fever. They may dwell only in the lowlands and poison our cellars and wells. They may come from the East, as cholera. They may have their course mapped out by rapid transit or by a slow, death-dealing trail, leading off to the north, south, east, or west. It matters not, Hahnemann has told us, how to know them when they come. I have called them gases. They may not be. They are some immaterial harbinger of ill, some bird of ill omen whose flight forebodes disaster. Some vagary of the ethereal realm, some want of telluric equilibrium in circumscribed areas of the thermal zone has caused a manifestation of their power, and the infant dies in its cradle, the aged step into the shadowy vale, and even the strong man is stricken down in his prime and pride. Take the child's play of the microscope, can it even picture to us the spirit-like power and tell us what it is, what is its nature, and what it is likely to do as a disease-producing agency?

Bottle up the exhalation of a patient with cholera, another with diphtheria, and another with scarlet fever, or with measles; take them to a microscopist, can he by means of his science tell us which is which, or if there is anything in them at all other than pure air? Now let susceptible, delicate people of weak constitution, or even strong, vigorous subjects, be forced to inhale the air contained therein, and the possibilities are they will become affected, each will produce its own peculiar disease and we will readily know them by the symptoms. So there is something beyond the field of the microscope, something that science has not yet produced an instrument capable of dealing with.

We may yet have some such instrument as the barometer or thermometer that will tell us the state of the atmos-

phere as regards health and disease, showing the state of local sanitary conditions and warning us of the approach and nature of epidemics. Speaking of the density and slow diffusion of some gases and noxious elements, what an analogy we find in the nature and duration of some diseases and the genesis of our remedies, some of which, as Sulphur, are slow and deep-acting, while some again, as Belladonna and Aconite, are sudden and stormy in their onset and short in duration of action. Looking again at disease conditions, we find typhoid fever of longer duration than typhus, scarlet fever, measles, or diphtheria. Each has a certain sphere of action, a duration peculiar to themselves, and each I believe to have their counterpart in the disease aura that dwells unseen and pervades the atmosphere of the afflicted for a length of time necessary to their evolution or disappearance.

Societies.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The following Ex-Presidents: Drs. Dake, Smith, Ludlan, Talbot and Dowling, were seated on the platform when the gavel called for order and President Talcott announced the 41st session of the Institute opened. Prayer was offered by Rev. Dr. Heath, of St. Paul, after which an address of welcome in behalf of the profession of Minnesota was given Dr. J. E. Sawyer, of St. Paul, President of the State Society, and a graceful response was made by Vice-President Kinne. The President's address was then delivered. Among the many practical recommendations was the following:

As stated in the constitution, the object of this association is "The improvement of homœopathic therapeutics, and all other departments of medical science." How can we expect to improve homœopathic therapeutics unless our members are *believers in the law of similars, and are patient and persevering practitioners according to that law?* In our work as thoughtful and indepen-

dent physicians, we may monopolize, if we choose, every accessory for the relief and cure of the sick. And yet, *faith in the central principle upon which our society is founded should be an essential to membership.* That faith may be like a grain of mustard seed, exceeding small, and yet it should be a faith that has life; a faith that may grow; a faith that shall swell, and bud, and blossom, and bring rich fruitage under the sunshine of practical experience.

While we open wide the doors of admission, and welcome all shades and qualities and degrees of belief, in essential doctrines we should insist upon some plain, practical avowal of faith on the part of those who would join our ranks. Faith is the great stimulus and incentive and guide to human action. It has been the pillar of smoke by day, and the pillar of fire by night, throughout the toilsome centuries to all workers in the cause of humanity.

Consul Varro, "the noblest Roman of them all," was hailed even in the hour of defeat as a victor by his countrymen, because he never lost faith in the cause of his native land. Washington was faithful to the cause of liberty, and still lives in these centennial days as the benign and blessed Father of His Country. The traitorous Arnold died, and was buried long ago. The faithless Burr is execrated by all true lovers of liberty. *Faith in Homœopathy should be one of the avowed credentials and requirements of admission to membership.*

We believe that the duties which rest most solemnly, emphatically, and religiously upon the physician of the present day may be enumerated as follows:

First. Universal unity of purpose in the work of healing the sick.

Second. Universal liberty of opinion and action as an indisputable individual right.

Third. Sectarian cohesiveness and aggressiveness as an impulse to progress.

The first two are self-evident; as to the third:

Sectarianism means cohesiveness; it means active energy; it means courage in cherishing and expressing conscientious convictions. It means enthusiasm; it means faith; it means struggle and battle for the right. The stigma of sectarianism has been feared as a term of ridicule and reproach. That fear should be banished. The time for courageous action has arrived. The time for unfurling the banner of Homœopathy and waving it aloft above victorious battle-fields is upon us here and now. The time for insisting upon loyalty to the cause on the part of every member of every homœopathic medical organization is in the ever-living present. . . . We feel sure that it is time to believe something, and to boldly avow that belief. It is better to believe an error and frankly proclaim it, and thus stir up strong emotion and masterly antagonism, than it is to be hand-washing Uriah Heep,

forever cringing before the lash of imperfect, premature, and often unjust public opinion."

The address, as a whole, was received with hearty applause and referred to a committee of Drs. Hall, Comstock and Talbot.

The necrologist reported the loss of 14 members by death during the year: Drs. Whittle, of N. H.; Chamberlain, of Mass.; Wood, Pa.; Foote, Conn.; Reading, Pa.; Childs, Pa.: Von Gottschalk, R. I.; Baer, Ind.; Vincent, N. Y.; Vail, Pa.; Pratt, N. Y.; Olmsted, Mo.; Fulton and Read, N. Y.

Dr. T. F. Smith in his report of the bureau of statistics, had incorporated Judge Barrett's screed as a concession, evidently, to the *Medical Times*, but it was promptly objected to by Dr. Dowling and others and its reading discontinued.

The attendance at the preliminary meeting was larger than we have ever known.

At Niagara, the W. C. T. U. presented a petition asking the abolition of alcohol as a medicine, saying:

"Can you not, soon, utterly repudiate alcoholic medication in all its forms, from the whisky-soaked compounds called 'bitters' and 'tonics' down to the milk punch and cordials. Thus will you make glad the hearts of many wives and mothers and make your record clean."

This was referred to a committee, of which Dr. Ludlam was chairman, and the following is the report:

We beg to inform you that as a school of medical practitioners we have always stood in opposition to the common and indiscriminate use of alcoholic liquors. We have opposed the old preparations known as "bitters" and tonics," in which alcohol is the chief ingredient, and we have denounced the "whiskey cure" for consumption or any other ailment, except possibly "snake-bite." We would also say that the evils of intemperance and the responsibility of the medical profession have not escaped our attention. While we fully recognize these evils we are unable to assent to the teaching indicated in your letter, "that an element that is universally acknowledged to be the deadly enemy of a healthy human organism cannot be the friend of a diseased one." Our studies and accumulated experience have shown us a great number of agents that are inimical to the human organism in health, and yet very useful and oftentimes necessary to that organism in disease. We

recognize the difference between poisonous or pathological doses and those of the same drug that may prove curative. As to pharmaceuticals and medicinal uses of alcohol, we are persuaded that in some cases there are no proper uses for it. We oppose alcoholic liquors as a beverage and cheerfully second the worthy efforts of your organization for the extinction of the American saloon.

The report was adopted without opposition.

The bureau of Psychological Medicine had for its general subject "Agents for the Creation and Development of the Will." The attendance was large and showed that Dr. Boyer had made a good selection. The report included the following:

"Pre-Natal Influenne," Dr. J. D. Buck; "Nutritive Influence," Dr. J. G. Baldwin; "Drug Action upon the Will," Dr. E. O. Kinne; "Climatic Influences," Dr. Helen M. Bingham; "The Emotions as Affecting the Will," Dr. Sophia Penfield; "Creation and Preservation of Mental Equilibrium," Dr. W. M. Butler; "Mental Training for the Young as Affecting the Will," Dr. Julia H. Smith; "Will Power, How Produced and How Applied," Dr. William H. Holcombe.

Only a part of these were read, but the first two or three made more food for ideas than could be digested in a week, and were discussed by Drs. Couch, Pratt, Eastman, Danforth, Kinne and others. After the battle was ended and the smoke blown away, one member remarked that, "he did not think they knew much more about the will and the soul and God than they did before."

The evening session opened with the report of the bureau of *Materia Medica* and Therapeutics. Papers on "Iodine and its Salts," by Drs. Cowperthwaite, Hale and Leonard. Several papers were read by title and referred, and this bureau which should be the backbone of the work of the Institute, did not present a single practical symptom that will aid any member in curing a patient. This bureau which should voice the yearly "improvement of homœopathic Therapeutics" could not well have done less, and that which should most interest every Homœopath has become practically a dead letter in the American Institute of Homœopathy. This state of things should either mend

or end. Either abolish the bureau of *Materia Medica* or do some work worthy the name of the Institute.

The bureau of Anatomy and Physiology presented an illustrative paper on "The Brain Axis; Its Structure, Tracts and Connections," by Dr. O'Connor, and was one of the best at the meeting.

The report of the Committee on Legislation occupied as much time, and more interest was taken in it than any other subject brought before the general session. The following resolutions were finally adopted unanimously:

WHEREAS, The American Medical Association, through the different State medical societies, is endeavoring to procure State boards with or without homœopathic minority representation; and,

WHEREAS, Such action, if carried to completion, will inure to the disadvantage, if not to the destruction of our school, as a distinct organization; therefore,

Resolved, That the Committee on Legislation of this Institute be instructed to correspond and co-operate with the legislative committees of the several State homœopathic societies, in the procurement of separate State boards of medical examiners, throughout the United States, and when impossible to secure separate boards to insist upon equal representation upon single boards.

Resolved, That the Committee on Medical Legislation be authorized, if necessary, to expend \$100 in carrying out the foregoing instructions.

When the report of the committee on international pharmacopœia was read, in response to a request from Dr. Warren, the chairman, as to method of publication, it was voted to put it in the hands of some publishing house. This was thought to be better than for the Institute to assume the duties of a publishing house. In view of the experience of the Institute in the publication of *Drug Pathogenesis*, this was wise.

Dr. S. B. Parsons, Chairman of the Bureau of Surgery, reported his general subject, "Diseases of the Brain and Skull." Under the head of cerebral localization, he told of the wonderful discoveries recently made in that department of medical science. He asserts that the time was coming when the medical practitioner would as confidently open the skull and operate on the brain as he now opens the abdomen.

The sectional meeting presented the special subject, "Surgery of the Brain," with the following papers: "Cerebral Localization," by Dr. J. R. Warren; "Abscess of the Brain," Dr. W. T. Helmuth; "Tumors of the Brain," Dr. C. M. Thomas; "Tumors of the Dura Mater," Dr. S. B. Parsons; "Under What Circumstances and When Should the Skull be Trephined in Brain Lesions," Dr. George A. Hall; "Depressed Fracture of the Skull," Dr. H. L. Obetz; "Compound Fractures of the Skull," Dr. C. E. Walton; "Peripheral Signs Indicative of Cerebral Tumor," Dr. I. T. Tablot.

The papers were illustrated by large drawings, and discussed before a full house. For years the Bureau of Surgery has had the best organization of any in the Institute, and this year was no exception. Would that *Materia* did half as well.

Dr. Sheldon Leavitt, of Chicago, read the report from the Bureau of Obstetrics: Subject, "Puerperal Complications." He held that the death rate from obstetrical operations was notably less among the Homœopathists than with physicians of the old school, though there was still room for improvement. He urged a deeper study and more careful experimentation in this branch of the professional work. And he might have added that the more carefully the simillimum is applied for the ailments of pregnancy, the less the mortality. Papers by Drs. Peck, Custis, Dake, Higbee and the Chairman were read.

The report of Dr. O. S. Rannels on "Medical Education" was well received, as it deserved to be. He said:

"In America there are 128 institutions legally qualified to issue medical diplomas. Among these colleges there is no such thing as uniform requirements for graduation. In far too many of them there is an undignified desire for large classes—a scramble for students, with an accordingly low standard, a short course, and an easy examination. The acquisition of a diploma is made as easy as possible.

"The effect of all this is contagious, as well as vicious. The medical college idea is catching and amounts almost to a mania. Every city of any size, the country over, is doing her best to support from one to a half-dozen of these institutions; and nests of doctors in multitudes of towns can be found who are even now

contemplating the starting of other medical colleges. This has gone on in this country until it has become disgraceful. We have now one medical college to every one-half million of population, and one graduated doctor to every 600, while mountebanks, quacks and pretenders of all sorts are allowed to go on with little hindrance and fatten on the gullibility of mankind. During the year just passed, over 15,000 people were in attendance upon the lectures in this country as diploma getters. In no other country on earth can the extent of this laxity be paralleled. All of which is an argument that reform is called for.

"The time has come when a stop must be put to this low-grade, debasing tendency in the medical education of our time. We do not want more medical colleges, but better ones. There are now too many poorly equipped 'infant industries' of this kind. Not another one should be started in America for a hundred years. Frown upon and punish the men who attempt it."

Dr. Cowperthwaite's protest against the discrimination which some life insurance companies make against homœopathic physicians in the appointment of medical examiners was referred to a committee of Drs. Talbot, Dowling, Dake, Hall and the mover to confer with the companies and secure proper recognition.

While the notice of motion to change the by-laws so that applicants for membership be required to be "believers in and practitioners of Homœopathy" was defeated by a large majority, a resolution by Dr. Dillow, requiring medical journals, in order to be listed, to subscribe to the principle of similars as the dominant one in medical practice, was, notwithstanding the determined opposition of Dr. Dake, carried by a large majority. This is a step forward.

The officers elected were: President, A. I. Sawyer, Mich.; Vice-President, C. G. Higbee, St. Paul; Secretary, Pemberton Dudley, Pa.; Treasurer, E. M. Kellogg. The next meeting will be held at Waukesha, Wis.

Dr. J. W. Dowling, chairman of the Bureau of Sanitary Science, opened his report by the statement that if the proper hygienic rules were followed by the human race for the next half century, a large proportion of the doctors would starve. It was one of the most practical papers.

Dr. W. T. Helmuth, of New York, Dr. A. R. Wright, of Buffalo, and Dr. J. H. McClelland, of Pittsburgh, were elected delegates to the International Congress at Paris.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION

Held its tenth annual session at Toronto, Ontario, on June 18-21. The President, Dr. Hawley, called the meeting to order at 2 P. M., and read his annual address, which showed a very gratifying increase of the doctrines and teachings of Hahnemann. He recommended that the Association be incorporated.

On the report of the Board of Censors the following new members were elected: B. N. Banerje, Calcutta, India, S. W. Cohen, Isaiah Dever, A. B. Eadie, Robert Farley, W. H. A. Fitz, R. C. Grant, R. E. Jameson, Mary F. Taft, J. W. Thatcher, J. A. Tomhagen, E. T. Balch, William Cowley.

The Bureau of Homœopathics presented the following papers: "Practical Hints in the Management of Chronic Cases," by W. P. Wesselhœft; "The Management of the Remedy," by P. P. Wells; "The Healing Principle," by J. T. Kent; "Section One," by Harlyn Hitchcock; "Interrogatories in Homœopathics," by E. B. Nash.

An "Address of Welcome" was given by Hon. G. W. Ross, Minister of Education, which was a very happy effort, and was responded to by the President, who thanked the honorable gentleman for courtesies extended the Association.

The Bureau of Surgery had for its general subject, "Listerism." The chairman, Dr. Bell, has for years been gathering statistics, chiefly from old school authors, on "Germs and Germicides," and in his paper clearly demonstrated the uselessness of the latter in surgical operations. The improved results in surgical methods since the introduction of Listerism—and he acknowledged such improvement, and gave the credit to Sir Joseph Lister—is to be attributed:

First: To cleanliness.

Second: To drainage.

Third: To improved surgical instruments and appliances.

From old school writers he proved that drugs to be

capable of killing germs, must be used at such a strength as to invariably first kill the patient.

Papers were also presented by Drs. Clark, Dillingham, McNeil, and Carleton.

The Bureau of *Materia Medica* was well represented, and we hope to present the papers in full in a future issue. The chairman, Dr. Ballard, was severely caned in open session by Dr. Butler, who at the close of the Bureau paid a graceful tribute to the high appreciation in which he was held by the members, presented him a gold-headed cane.

The Bureau of Obstetrics, Dr. Guernsey, chairman, had a paper on "Mastitis," with a repertory; Dr. Schmitt, "A Labor Case"; Dr. Butler, "A Peculiar Case"; Dr. J. V. Allen, "Repertory of Labor and After Parturition;" Drs. Custis and Sawyer also read papers.

The officers elected for the ensuing year were: President, J. A. Biegler, M. D.; Vice-President, J. B. G. Custis; Secretary, S. A. Kimball; Treasurer, C. W. Butler.

Chairmen of Bureaus for 1890: Homœopathics, C. W. Butler; *Materia Medica*, W. L. Reed; Clinical Medicine, Julius Schmitt; Surgery, T. M. Dillingham; Obstetrics, W. J. H. Emory.

The Bureau of Clinical Medicine, Dr. C. W. Butler, chairman, had a lengthy report, and many good papers, which we hope to present in full in future issues.

The local committee and the Queen's Hotel contributed greatly to the enjoyment of the members and the success of the meeting.

HAHNEMANN'S ADVICE TO STUDENTS.—"Let every one who is deficient in mind, in reflection, in knowledge, in sense of duty, in tender sympathy for the welfare of man, in one word, who is deficient in pure virtue, stay away from the sublimest of all earthly professions, the profession of medicine. The practice of medicine ought to be a constant and pure act of worship! Away with false doctors who profess to be preservers of human life, but whose heads are filled with vain deceit, whose hearts are bloated with criminal levity, whose lips scorn and deride truth and whose hands minister to ruin and death."

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.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.—The forty-first annual session, held at Lake Minnetonka, will long be remembered as one of the most successful meetings in the history of the Institute. The physicians of St. Paul, Minneapolis, and in fact of all Minnesota, had left nothing undone that would add to the comfort, pleasure and welfare of the members; if they did not have a good time, it certainly was not the fault of the local committee. The delightful situation of the hotel, on the shores of one of the most beautiful inland lakes in the world, the excursions on the lake, the magnificent drives through the beautiful streets of the Twin Cities, the unequalled service at the hotel, the cool and bracing atmosphere so laden with ozone or something else that the members were instantly at ease with each other and all the world beside, all conspired to make the meeting a complete success. The arrangements of the local committee for the entertainment of the members exceeded, if possible, those by Dr. Dowling at the meeting at Lake George. The generally expressed opinion was, “This has been a royal meeting; a grand success.”

THE PROPOSED AMENDMENT OF BY-LAWS, by which future applicants for membership should be required to be "believers in and practitioners of Homœopathy," was defeated by a vote of 76 to 34. In the language of the street it was "sat down on very heavily." But while the majority of the Institute declined to make a belief in Similia a test of membership, it is gratifying to know that this effort has not been entirely unavailing, for

* * *

THE MEDICAL JOURNALS, are, by Dr. Dillow's motion, made to both preach and practice *something*. It was un-animously

Resolved, That in making up the list of existing journals illustrative of homœopathy by the Bureau of Organization, Registration, and Statistics, and the Committee of Medical Literature, that only such shall be included as recognize the principle of *similia* as the dominant principle in the selection of drugs for the cure of the sick, and which also support the organization of Homœopathy as a distinctive body in the medical profession—that no journal thus listed shall be stricken off without notice through the General Secretary of the Institute of the reasons for the proposed omission from the list, and then not without due notice and opportunity for defense on the part of the journal under consideration, final action on the case being deferred until the succeeding annual meeting. But the name of any journal may be dropped from the list after failure to signify before September 1, 1889, of its assent to the preceding conditions of its listing; or, after assenting, after subsequent failure to make report to the Institute after three consecutive years.

This practical reversal of Dr. Dake's little move at Niagara may require another letter to our esteemed cotemporary, the *New York Times*, apologizing for the action of the Institute, but it "places the journals of our school on a sound basis" so far as Similia is concerned.

"NEW REMEDIES."—This is the title of an ostensibly new journal, in reality the advertising sheet of a Chicago Pharmacy. Its leading article is the execrable paper of Dr. Hale on "Double Remedies," an ironical comment on which will be found on page 63. If "New Remedies" was started to enable Dr. Hale to promulgate his polypharmacy its first issue should be its last.

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 NEW HOMŒOPATHY.

EDITOR ADVANCE.—I feel that the time has arrived when a new homœopathic journal has become a necessity: not but that the ADVANCE is a tolerably fair representative publication, but our school of medicine is *suffering* for “A Practical Journal for Practical Physicians,” and I am willing to make any personal sacrifice to fill the long felt want. The prospective journal will be called “The New Homœopathy,” for it will disseminate new homœopathic ideas, that will simplify our practice and place us on an equal footing, *at least in some respects* with the *recognized* school of medicine. One of the fallacies of the old Homœopathy—I refer to the practice of Hahnemann, Benninghausen, Hering, Lippe, *et al.*—was, and is, the persistent use of the single remedy. While I am a Homœopath—see my door-plate—and practice in accordance with the law of similia, my experience has taught me, that there is no reason in the endeavor to maintain that only the single drug can be the simillimum. All drugs act independently and in their own special directions, and no two act just alike. Therefore, I claim that drugs thus acting independently upon the economy, will not antidote each other when combined, and by utilizing this knowledge we may at once cut the gordian knot of difficult homœopathic prescription. I have by close observation during many years of practice noted what drugs most easily assimilate and strengthen each other’s virtues, and these various combinations will be published from time to time in “The New Homœopathy” for which I hereby solicit subscribers. I have designated these new homœopathic preparations, the “Triple Remedies,” because drugs have

been utilized in triple combinations, though occasionally I have permitted myself to combine four or five, and in a few cases even six drugs, when indicated in a given case. My reason for investigating this subject, was, that often, when giving a single remedy, like Tincture Belladonna, Silicea 1x or Lycopodium 1x, and even though having the remedies administered frequently, and changing them several times per day (as the symptoms changed) to keep up with the simillimum, I received no benefit. My attention was first called to these rational combinations by a noted professor and author, and though I desire to give credit where credit is due, I forbear the mention of his name, on account of the gentleman's professional modesty and his and my reverence for ethical observance. I resolved to lay aside my old fashioned homœopathic prejudices and try the newer Homœopathy. One of my first tests was made with the N. O. C. These mystical letters will be recognized by many in Ohio, and were the symbols for Northern Ohio Compound. The formula was imparted to me and a few other choice homœopathic spirits, *sub rosa*. The combination, and I divulge it, so my brothers may have an idea what "The New Homœopathy" is going to be, and will promptly send in their subscriptions, is Podophyllum, Nux vomica and Leptandra. The exact proportions will be given in the first number of the new "practical journal for practical physicians," just named. Two other favorite prescriptions of mine—proportions and *indications* will also be noted in the forthcoming journal—were:

1st. Mercury, Nux vomica and Ipecacuanha.

2nd. Pulsatilla, Cimicifuga, Sepia, Viburnum, Secale and Sabina.

The latter is one of my exceptionally efficient sextuple combinations, to which I at times added Syrup Tolu, or some aromatic preparation to effectually kill the—taste. I have used these triple remedies for many years, though I have never mentioned them to my office students, for my shingle bears the legend, "Homœopathic Physician," and these neophytes were not far enough advanced

in the law of similia to comprehend the beauties of the newer Homœopathy and "Triple Remedies." I may be charged with double-dealing, because I taught my pupils one thing while practicing another, but I was not yet prepared to offer the "Triple Remedies,"—these offspring of my mental labor—to our school, and deemed it best to investigate still further. But such was the confidence I had in my "Triple Remedies" that I imparted a knowledge of them to my son, and per consequence he is to-day an honored member of the medical profession, though a member of a *regular* medical association; and though he dare not now consult with me, I am sure he would be permitted so to do if our *regular* friends knew how *far in advance* I am of the general homœopathic profession. I am using my best endeavors to reconcile the gentlemen of the regular school, and would approach the subject of affiliation did I not remember the fiasco brought about by Drs. Hughes and Wyld when they broached the subject to Dr. Richardson of the *Lancet*. Years ago I alternated remedies, but now I present them only in my special combinations, for in alternating I do not get the "coincident power" of all the "drugs which I consider of greatest importance," as does also my son, who at times uses combinations still more complex than mine, and from the "coincident power" of whose ingredients he has received *unexpected* results.

Most of my "Triple Remedies" may be purchased at the *regular* drug shops in any city, town or hamlet throughout the country, put up in "parvule," "granule" or "tablet" shape, and it will therefore be unnecessary to order them from the larger cities, thus economizing both time and money. The "New Homœopathy," which will give expression to my views and those of our school who are abreast of the homœopathic boom, will contain many "new things" in Homœopathic Materia Medica and Therapeutics, which you *cannot obtain from any other source*, not excepting even our provings. I admit that a large number of the drugs we use have been utilized for hundreds of years, in such cases where repeated experiences have pointed out their service, and also that these same drugs

have been proved and reproved to ascertain their specific action, but still why wade through a modern *Materia Medica*, for these moss-back indications, so few of which any of us have mastered, when a knowledge of "The New Remedies" will save much midnight oil and travail and give us more time for tennis and base ball?

E. M. HEARTY, M. D.

P. S.—MR. EDITOR: I know the words *Homœopathy* and *homœopathic* occur very frequently in the above article, but I want these expressions to remain intact, for the idea they interpret must stand out boldly to the fore.

QUICK RETURNS.

EDITOR ADVANCE.—Since reading Dr. Kent's lecture on "Arnica" in the June number, I have had the pleasure of demonstrating to my own satisfaction the statement he makes, "Arnica cures blood-shot eyes." I have treated a case in which this was the only symptom except the agglutination of the lids in the morning. I prescribed Arnica 3x, one dose each day for three days, and washed the eyes once daily with lukewarm water and they are now well.

J. W. STEWART, M. D.

WABASH, IND.

EDITOR ADVANCE.—When, at a recent meeting of the Board of Health of our city, I was elected Health Officer by the votes of four allopathic physicians, I naturally felt that the days of persecution for opinion's sake had passed. But I was disappointed, for shortly afterward I was rejected as Examiner by the Manhattan Life Insurance Company of New York on the ground that I had graduated at a homœopathic college.

This company, it seems, desires to do business with none but Allopaths.

H. C. HOUSTON, M. D.

URBANA, OHIO, May 31, 1889.

POPULAR SCIENCE.—What man has done and may do to lessen or increase the abundance of those food-fishes that have the wide ocean for their home, is told in an article on "The Artificial Propagation of Sea-fishes," which Prof. W. K. Brooks contributes to the July issue.

New Publications.

THE PRINCIPAL USES OF THE SIXTEEN MOST IMPORTANT AND FOURTEEN SUPPLEMENTARY HOMŒOPATHIC MEDICINES. 12mo. Pp. 263. London: E. Gould & Son, 1889.

This is a pocket manual for family use arranged on the plan adopted in Physicians' Manuals, and is one of the best arranged works for laymen we have ever seen. Part I consists of a practical working repertory of the thirty remedies used in the book, occupying 133 pages. Part II gives the symptomatology of the thirty remedies same as is given in Johnson's Key but without the bracketed comparisons. It is a work taken all in all from which the practitioner may derive many hints at the bedside. As a pocket manual it will compare favorably with "Johnson's Key" and as an aid in Domestic Practice has no rival. We heartily commend it to our readers.

A HANDBOOK OF MATERIA MEDICA AND HOMŒOPATHIC THERAPEUTICS. By Timothy F. Allen, A. M., M. D., LL. D. Professor of Materia Medica and Therapeutics in the New York Homœopathic Medical College and Hospital. Quarto; double column. Pp. 1165. Philadelphia: F. E. Boericke, 1889.

This great work on which the author has expended years of labor is at last accessible to the profession, and is without doubt the best Handbook of Materia Medica yet presented to the homœopathic physician. In its preparation nearly every symptom of the encyclopedia has been compared with the originals; hence it is practically a condensation of the entire ten volumes of the encyclopedia. The symptomatology is interspersed with clinical notes in smaller type, while the value of a symptom is denoted by large type or italics as in the encyclopedia. It is as large, but not quite as thick, as Webster's dictionary, truly a magnificent volume; tastefully printed with virgin type on linen paper and substantially bound in leather. The matter has been well condensed, and the method of condensing we think practical.

"Agaricus. The following will illustrate: Vertex.—Stitches: itching. Tearing; lancinating to l. ear. *Aching*; morning; morning, > after rising; at night; > in open air; pulsating, with despair bordering on rage.

Same not condensed:

Stitches in vertex. Itching stitches in vertex. Tearing in vertex. Lancinating tearing in vertex, extending to left ear. *Aching in vertex*. Aching in vertex in morning. Aching in vertex in morning, relieved after rising. Aching in vertex at night. Aching in

vertex, relieved in open air. Pulsating pain in vertex, with despair bordering on rage."

Personally we should have preferred more verified clinical symptoms, for we have found these clinical indications as given in Hering very valuable in practice. On this point the author says: "The *clinical* sections have given the author a great amount of tribulation. To sift the enormous mass of reported cures is no light task; much has been rejected, some modified and admitted after comparison with the observations of the most careful prescribers. There is no doubt that much fault can be found with admissions as well as with rejections; doubtless some reliable clinical indications have escaped notice, but it is believed that what is here gathered fairly represents the therapeutic range of our drugs as at present known."

We wish every Homœopath in practice would not only read but carefully follow the directions given in the preface for the

SELECTIONS OF THE REMEDY.

These directions are practically those of Hahnemann as laid down in the Organon. They are condensed, simple, easily followed and if put into practice would do away with alternation and empirical guessing, the mixing of drugs and other abominations of polypharmacy to which so much of the want of success is now due. If honestly used as here directed, no Homœopath would find the law of cure a failure, and a resort to allopathic palliatives would be uncalled for. We cannot refrain from quoting the following:

"In these acute diseases a knowledge of the nature of the morbid process enables the expert to separate the symptoms due to the recent malady [the present attack] from those which are contingent and individual and which must be considered most seriously. In the vast majority of cases the most brilliant cures are made and life actually saved by the selection of a remedy which corresponds to the fewer individual rather than to the more numerous generic symptoms. Herein lies the secret of getting at what is characteristic in the patient."

With this Handbook on our table and the "Pocket-book of Therapeutics" soon to be issued as a companion volume, the selection of the simillimum in homœopathic practice will be greatly simplified.

ALDEN'S MANIFOLD CYCLOPEDIA. John B. Alden, publisher, New York, Chicago and Atlanta.

Volume XIV takes this important work from Exclude to Floyd. In general make-up it resembles the preceding numbers of the series. We also notice the same skill in the selection and treatment of topics and the same careful editing which has characterized the work from the beginning. In fact, as it progresses its

merits become still more conspicuous. The combination of a dictionary and a cyclopedia is an excellent idea and is being well carried out, and the treatment of subjects is clear, direct, and practical. Thus, while it is of great value to professional men, it is also a thoroughly serviceable and helpful work for the masses of the people. Covering the various fields of agriculture, manufacture, commerce, science, art, invention, history, religion, law, biography, and politics, the work is truly *manifold* in character as well as name. It costs only 60 cents a volume in excellent cloth binding, and 75 cents in half morocco, sent post-paid, or, if ordered before July 1, the 14 vols. now ready may be had, sent prepaid, for \$6.80 for the cloth binding, \$8.90 for half morocco.

CONDENSED THOUGHTS ABOUT CHRISTIAN SCIENCE.

By W. H. Holcombe, M. D. Chicago: Purdy Publishing Co., 1887.

This tract of 53 pages is written in the charming style of the noted author, and he refers to the great work of Dr. John Garth Wilkinson, "The Human Body and its Connection with Man" and the psychology of Swedenborg as aids in solving "many enigmas for the Christian Scientist, and save him from many errors and extravagancies." He says: "I believe in the theory and the possibilities of Christian Science, but have seen as yet too little of its practice to warrant a definite and fixed opinion. * * * Religion survives the apostates: medicine outlives the quacks: good government stands firm in spite of the renegades. Persons are nothing; false theories will vanish. Truth is the rightful heir and always becomes king at last."

THE CLINICAL MORPHOLOGIES. By Ephraim Cutter, M. D.
New York: Published by the Author, 1888.

Morphologies is a term employed by the author to facilitate the study of the results contained in Salisbury's "Alimentation in Disease" by a microscopical examination of the blood, sputum, urine, foods, water, ice, etc., as a means of diagnosis. With Salisbury, he claims that a careful examination of the blood will determine the pre-tubercular state, and by this method answers the question, "What is the cause of consumption?" And he asks that thoughtful consideration be given this question by the profession, for he apparently thinks medical men very gullible. Here is some evidence of it: "If the Imperial Granum, which I have shown morphologically to be common flour, and which the Connecticut agricultural experiment station has also shown to be common flour, selling at \$1.00 per pound, while it is worth from \$0.025 to \$0.05, is used and indorsed by the medical profession (so that its proprietors have become rich and use 52 barrels of flour in one batch), on statements that wilt before the microscope and crucible,

does it look well for the same noble profession to treat plans here indorsed, which stand the tests of the microscope and chemistry, as an idle tale?" These experiments are new and consist of an examination of the blood in health and disease.

DIPHTHERIA: ITS NATURE AND TREATMENT. By C. E. Billington, M. D., and **INTUBATION IN CROUP AND OTHER ACUTE AND CHRONIC FORMS OF STENOSIS OF THE LARYNX.** By Joseph O'Dwyer, M. D. Octavo, pp. 326. Price, muslin, \$2.50. New York: William Wood & Company, 1889.

The history of this scourge as here given, is one of the most complete to be found in medical literature, but the definition, "a specific disease which occurs sporadically, endemically and epidemically, is contagious and infectious," does not go far enough. It is likewise a constitutional disease profoundly affecting the entire organism, and the recognition of this fact has an important bearing on the prognosis and treatment. The etiology, pathology, symptoms, primary and secondary diphtheria, diphtheritic paralysis and differential diagnosis are unexcelled. We wish we could as heartily commend the treatment; but we are pleased to note that the author condemns gargling as "not only unavailable in the case of young children, but even in those of older patients its frequent employment is unpleasant and fatiguing," and he might have added, worse than useless. The use of medicated applications by gargling, spraying, irrigation, inhalation, insufflation, etc., to the throat, to remove the membrane and local manifestation of the constitutional affection is always fraught with danger, as the mortality here presented—from 35 to 50 per cent—abundantly proves. This is one of the most practical monographs on diphtheria yet presented to the profession, in everything save treatment, and is produced in the usual excellent manner of this well-known publishing house.

BRIGHT'S DISEASE. A SERIES OF POST GRADUATE LECTURES. By Robert Saundby, M. D., Edinburgh. Fellow of the Royal College of Physicians, London, etc. Octavo; nearly 300 pages. Illustrated. Price, \$2.75. Uniform in style with Medical Classics. New York: E. B. Treat, 1889.

Its contents: Pathological Section I, comprises: Albuminuria—Pathology of Dropsy—of Polyuria—of Uræmia—Cardio-Vascular, and Retinal Changes. II. Clinical Examinations and Tests of the Urine in Health and Disease. III. Bright's Disease, its History—Classification—Etiology—Anatomy of the Kidney—Febrile Lithemic, and Obstructive Nephritis—Complications of Chronic Cases—Treatment—Fifty illustrations.

This Series of Post-Graduate Lectures on "*Bright's Disease*" by a thoroughly competent hand will be welcomed by the medical.

profession. The author of this volume by talent, position, study, long experience and special attention to Renal diseases is amply qualified to present such a volume. The whole subject has been thoroughly investigated, the present state of contemporary knowledge on this disease is clearly stated, and additions and suggestions which have resulted from thirteen years' Clinical and Pathological study of *Bright's Disease* under the most favorable environments have been made. Fifty illustrations from microscopical preparations of Urinary and Renal diseases are given. A complete alphabetical index closes this valuable addition to the series, which, next to Leaming on the Heart and Lungs, we consider one the best.

ELECTRICITY AND THE METHODS OF ITS EMPLOYMENT IN REMOVING NÆVI, SUPERFLUOUS HAIR AND OTHER FACIAL BLEMISHES. By P. S. Hayes, M. D. Chicago: W. T. Keener, 1889.

The author appears to have unbounded faith in the success of electrolysis for the removal of facial blemishes, and in the Preface says: "My aim has been to present the subject in such a manner that any physician attempting this operation, no matter how difficult the case may be, need not fail of success." Chapter VI consists of "Electrical Dents" which operators would do well to heed in employing electrolysis in any department of surgery.

Editor's Table.

L. L. HELT, M. D. (Pulte 88), has been appointed night physician of the Ohio State Prison.

WM. HOYT, M. D., of Hillsboro, Ohio, has been appointed Pension Examiner for that county.

DRS. T. R. ALLEN, A. B. Grant and G. D. Allen, constitute the Board of Pension Examiners for Central Michigan.

CHAS. E. WALTON, M. D., removes from Hamilton, Ohio, to Cincinnati, forming a partnership with William Owens, Sr.

THE position of female assistant physician is now vacant in the Westborough Insane Hospital. Applications should be sent to Dr. N. Emmons Paine, Superintendent, Westborough, Mass.

E. P. GREGORY, M. D., of Waterbury, Conn., with a "baker's dozen" of friends is off for a two months' fishing tour to the Rangeley Lakes. Send us a sample, doctor; we eat trout.

WM. B. CLARKE, M. D., takes "The Folly of Persecution" as a text and in the *Journal* of July 21 reads the citizens of Indianapolis a lecture on the persecution to which Hahnemann was blindly subjected for opposing venesection and other follies of the

prevailing school of medicine. Hahnemann was nearly a century in advance of the time in which he lived, and was subject to a bitter persecution, for which the Leipsic statue subsequently erected in his memory was but meagre compensation.

NEW YORK OPHTHALMIC HOSPITAL presents an enticing bill of fare for the specialist in its eleventh annual announcement, session 1889-90. Clinical instruction is good with over 200 patients in daily attendance. For particulars address Geo. S. Norton, M. D., Dean.

R. J. LEVIS, M. D., is spending a short time in a needed rest in Europe, and during his absence in recognition of his eminent professional services it is proposed by his friends to perpetually endow a free bed in the Polyclinic Hospital, of which he is Professor of Clinical and Operative Surgery. We trust the effort will be successful.

ALFRED HEATH, F. L. S., London, calls attention in a recent issue of the *Chemist and Druggist*, to the necessity of great care being exercised in the gathering of Aconite and other plants for homœopathic use. This business is frequently entrusted to herb gatherers entirely ignorant of botany, and errors are liable to be made in consequence.

C. P. MEREDITH, M. D., President of Kentucky State Society, in his annual address said: "And while we have made wonderful advances in special lines of research, it seems to me that we have been neglecting, or possibly have retrograded in, the one specialty that gives us our superiority as a distinct school of medicine, and that gave to the pioneers in our cause a name and a fame as lasting as time itself. It is almost unnecessary to say that I refer to *Materia Medica*. The study of this has made us what we are, and it is to this we must look for future advancement. And while our friends (?) of the Old School are following, somewhat, although very slowly, in our footsteps—see Bartholow, Ringer and others—we are nearly a century ahead. But with this advantage, we cannot afford to lag in our studies. If we are to hold our present position, if we are to continue in advance of the medical world, it must be by a close, careful, comprehensive study of *Materia Medica*."

MARRIED.—At Boston, June 5, 1889, Harry M. Lufkin, M. D., of St. Paul, Minn., and Miss Edith L. Hall, of Boston. The congratulations of the *ADVANCE* is extended.

Wm. D. Gentry, M. D., and Miss N. L. Hughes, at Kansas City, June 5, 1889. We trust this event will hasten the Concordance Repertory by giving the author a helpmeet.

DIED.—At Syracuse, N. Y., Sunday, June 23, Mrs. Elizabeth S., wife of Wm. A. Hawley, M. D. She was born at Lancaster, Mass., June 2, 1820, and was much esteemed by a large circle of friends.

THE
MEDICAL ADVANCE.

VOL. XXIII. ANN ARBOR, AUGUST, 1889. No. 2

Original Contributions.

LISTERISM.*

BY JAMES B. BELL, M. D., BOSTON.

The surgeon of to-day, who, for any reason, undertakes serious operations without the use of the so-called anti-septic methods and procedures takes upon himself a responsibility which may well make him pause. In favor of the practice in some form or other he sees arrayed the vast majority of surgeons of both schools, and sees them undertaking the most formidable operations without fear, and with the most remarkable success. And he sees, too, the whole field of operative surgery vastly enlarged and increased since the advent of Listerism.

So great a result must proceed from some good and sufficient cause or causes, and to boldly reject the one apparent and universally trusted one, the source of this vast benefit to humanity, must require either a depth of depravity or else a clear vision of other causes and explanations of these grand results, and above all the latter discovery, in order to justify such a rejection. I propose to show that this justifying vision is not so far to seek or so difficult to behold as we may imagine, and that the wonder

*Read before the International Hahnemannian Association at the tenth annual meeting, at Toronto.

is that more have not seen it before. The only explanation that I can give is that men are mostly like sheep and follow the bell-wether and the biggest flock. My own protection against this delusion was at first only our law of cure. I knew that if this were true, no bacteriology could disclose either the final cause or the cure of disease, whether of surgical or other origin. This was my chart and compass, and steering by that I kept far away from the rocks of antisepticism in every form, whether in the lying-in-room, the surgical ward or the sick room. But for a long time now I have been able to see good and sufficient reasons for every one to abandon all chemical and noxious agents in surgical as well as other practice. And I believe the time is now rapidly approaching when *a*-septicism will wholly replace *anti*-septicism in the practice of surgery. No observant student of the surgical literature of the last twelve months can have failed to see the strong trend of thought and practice in that direction. Not Lawson Tait alone, with his unequalled record, but other strong men everywhere are contributing to this change.

I cannot offer a better introduction to my claims and position than the words of Professor Hamilton, of the Royal College of Surgeons, Dublin, who says:

It may not be unprofitable to determine what is the present actual condition of this system, and, setting aside *bogus theories* and *unsubstantial hypotheses*, to ascertain its exact relation to our every day work. For, after all, it must come to this important question—What help does antisepticism afford to the daily practice of surgery? No honest or impartial observer can fail to recognize, with a deep sense of gratitude, the magnificent results and the brilliant success which have attended the Listerian system—results which have led to its adoption throughout the civilized world—results which have reorganized surgical methods, and given a startling impulse to the operative treatment of injury and disease. *The system may be wrong in practice, and founded on an erroneous theory, but that wonderful results have followed since its introduction is a historical fact beyond contradiction.* And yet, with this triumphant record, we find some of its most devoted adherents now *relaxing the stringency of its application, and abandoning parts of the system which were long re-*

garded as essential, and that, too, without any diminution of successful results.

Again, we find antiseptic precautions so little regarded, nay, almost set at naught—as to prompt the ovariotomist to flush the peritoneum with water containing “germs and spores and thirty different kinds of beasts,” and yet point to a continuous record of success, little, if at all inferior to the more complex method. In this burning controversy, to what conclusion can the simple inquirer after truth arrive—he who is anxious to decide what is best for those who entrust to his judgment and skill the safety of their limbs and lives? Let us, *without prejudice or personal bias, endeavor to grasp the actual facts, and see what they teach us when examined by the light of truth.*

The italics are mine, and I believe we cannot find better words than those latter ones to express the true scientific attitude towards this question.

Now, then, as we proceed to “grasp the actual facts” we shall find, I maintain, the following:

Listerism is false, because:

First.—The theories cannot be true.

Second.—The practice, in accordance with the theories, is impossible.

Third.—The results obtained since its advent are not directly due to it, but have been reached in spite of it, by means of the following causes:

- a. Cleanliness.
- b. Drainage.
- c. The intra-peritoneal treatment of the pedicle in ovariotomy.
- d. Washing out the abdomen in cases of laparotomy.
- e. Early operations, especially in ovarian tumors.
- f. Increased skill of operators, both in diagnosis and operation.

If I succeed in proving to you that these are facts, we need not concern ourselves about the weighty objections to the powerful substances which are and must be employed as germicides, for these are apparent to all thoughtful men of the old school, as is shown by their constant attempts to find other and less objectionable agents for antiseptic use. If it were not so serious a matter it would provoke a

quiet smile to watch this search for the impossible, for something harmless to the human economy but death to germs. Perhaps the best specimen I can give of this, and on the best authority, is the following extract from a recent editorial in the *International Journal of Antiseptics and Surgery*:

Earnest, painstaking investigators are at work, and we may soon expect results filling the fullest measure of our highest anticipations. The Mercurials, upon which we have placed so much reliance, and from which the most excellent results have undoubtedly been obtained, are, for many reasons, decidedly objectionable as standard antiseptic agents.

Their affinity for metals and other elements, and their rapid absorption when brought in contact with healthy tissues, argue strongly against their use in this field. The Mercuric-bichloride is, in addition to the objections named, highly poisonous. Iodoform is disagreeable in odor and exceedingly doubtful in antiseptic properties. Iodine, like mercury, has a strong affinity for the metals, and is excluded on that account. Under all circumstances we are bound to conclude that the agent we want is to be found among the phenols — coal-tar products. While we cannot conscientiously challenge the value of carbolic acid, the most popular leader of the phenols as an antiseptic of the highest order, we certainly find its odor and escharotic properties decidedly objectionable. We would, therefore, most earnestly urge those who feel and appreciate the importance of fixing a standard in antiseptics to extend their labors in this direction — study the Phenols in all their relations; experiment with them carefully, and we are quite sure an antiseptic will soon be found that will meet all the requirements of modern surgery.

This serene expectation, in face of the facts cited by the writer himself concerning the only antiseptics in general use to-day, is only equaled by that of the searcher for the philosopher's stone and for perpetual motion. When these are discovered a *harmless antiseptic* will soon be found.

As a straw more significant of the tendency of the times in this matter, than the editor's serene hopes and exhortations, it may be noted in passing that the title of his journal has recently been changed from "*The International Journal of Surgery and ANTISEPTICS, Devoted exclusively*

to *Surgery and Listerism*," to "*International Journal of SURGERY, Devoted exclusively to the theory and practice of modern Surgery.*" And Sir Joseph's portrait has disappeared from the cover. I note this in no spirit of controversy, but as a cheerful sign of true progress when it is thought no longer worth while to print "listerism" and "antiseptics" in big letters, but to put "Surgery" with a big S in their place. And this, too, by the Antiseptic journal, and "International" at that.

But now to our task, which we will try to accomplish as briefly and simply as possible.

First.—The theories of Listerism are false.

The essential theories of Listerism (and let it be clearly understood that by this term we mean always the use of poisonous agents in various forms to combat the influences of germs and bacteria) are two.

a. That sepsis in all its forms, is due solely to the access of germs or bacteria to the surface of wounds or cavities.

b. That certain agents, chemicals, poisons, called germicides, applied in certain ways, will render such contact harmless.

The subject of Bacteriology is of course a very large one. It has been pursued by some of the most able, patient and devoted investigators of this or any other time. It has a very extensive and interesting literature. But we cannot and do not need to go into all this. We only need a few plain facts.

We will grant, then, at the outset, that without the presence of certain germs or their bacteria there can be no fermentation, or putrefaction. These are the sole agents for breaking up the more complex organic substances into simpler and oxygenized compounds, and finally reducing them to their original elements. Their variety and different habits and characteristics are as great as the number of compounds which form their natural food.

We will grant also that sepsis is due to the presence of fermentation or putrefaction in contact with wounds or cavities. What the agent is in producing the poisoning of

the blood which results in septicæmia or pyæmia we cannot yet positively assert. It seems to be clear now that it certainly is not the bacteria of suppuration themselves (streptococcus pyogenes, etc.,) but most probably their products, which are called the *Ptomaines*.

When a solution of sugar ferments from the presence of the necessary germs the final result of their actions is *alcohol*. When nitrogenous substances ferment or putrefy, the result is a number of peculiar substances with different names but with the general appellation of *Ptomaines*, and all of them of poisonous character. The study of these is now going on quite actively, but the knowledge concerning them is not yet as far advanced as the science of bacteriology. The *Ptomaines*, as separated from putrid substances, are found to be crystalline alkaloids. The action of these substances, independent of any germs, may be learned from the following extract from *Senn's Surgical Bacteriology*:

That putrid substances injected directly into the circulation, produced symptoms of septic intoxication, has been known for a long time, and the extensive researches of Panum threw additional light on the subject. It was believed that putrid materials when introduced into the organism, induced a process of fermentation, to which were attributed the most constant post-mortem appearances found in septicæmic subjects—fluidity of the blood, and softening of the tissues. That these changes were not necessarily caused by the action of living micro-organisms, was determined by experiments; as the introduction of putrid blood, or meat infusion that had been boiled for a considerable length of time, produced toxic symptoms, and, when a sufficient quantity was used, death and identical pathological changes in the blood and tissues as in cases of true sepsis.

Semmer (Virchow's Arch., B. 83.,) gives an account of the action of septic substances as studied experimentally by Guttman in the pathological department of the Veterinary School at Dorpat. The experiments were made with putrid substances, products of inflammation, septic blood and cultivations of septic bacteria. These researches showed that a chemical putrid poison is formed in putrefying substances and that a certain quantity of such poison produces symptoms of sepsis and death in animals. The

blood of animals killed with such putrid poison was found to possess no infective qualities, and the usual putrefactive bacteria are destroyed in the blood, and only appear again after the death of the animal.

Buiger and Maas have rendered valuable service in the chemical isolation of Ptomaines from putrid substances, and the results of their inoculation experiments established more firmly the fact of putrid intoxication by Ptomaines. The number of bacteria in rabbits killed by septic infection is so great, that death may ensue from mechanical causes, while in fatal cases of sepsis in man, the number is often so small that it seems natural to suppose that the micro-organisms are capable of producing some poisonous substances which destroy the patient before they have time to multiply to the extent observed in the septicæmia of rabbits and mice.

Much more testimony might be adduced, but this is sufficient to establish the probable cause of septic poisonings.

The conditions of putrefaction and the development of the causes of sepsis, are the presence in some quantity of a putrescible fluid, blood, serum, or other discharges, not too concentrated and of the right temperature, which is about that of the body. If this fluid, now already putrescent, lies in the recesses of a wound or one of the cavities, absorption will take place and septic conditions follow.

We see, then, that the first of the Listerian theories fails, in the fact, that *not germs alone, but a putrescible fluid*, as blood, serum, or also other discharges, is necessary to the production of sepsis.

A further examination of the subject will also show that the various germs themselves or their bacteria are harmless in contact with living tissues.

The bacteriologists have shown us that the germs of fermentation and putrefaction, as well as of suppuration, are all about us in the air, in the water, or at rest in dust; in fact are everywhere. They must, therefore, be constantly entering the body by all the avenues, as well as by occasional wounds.

How, then, is there a living animal on the earth?

Simply because the life force in the body and in living tissues possesses the power to destroy all these germs and

bacteria. A simple proof of this are the facts, that as a rule, none of them are ever found in healthy bodies or tissues; that if introduced artificially they soon disappear, or if they remain for a time, do not necessarily give rise to disease.

As conclusive evidence on these points I will again cite *Senn's Surgical Bacteriology* (p. 25, et seq.):

From these remarks it is reasonable to assume that pathogenic germs may exist in the healthy body without necessarily giving rise to disease, especially if, as is well known, they are being constantly eliminated through the excretory organs.

Fodor, *Bacterien in Blute Lebenden Thiere Archiv f. Hygiene*, (B. IV. p. 129), introduced directly into the circulation of rabbits pathogenic bacteria in order to study their effects on the tissues and manner of elimination. As a rule he found that they had completely disappeared from the blood, after twenty-four hours. No culture experiments were made less than four hours after inoculation. He believes that the microbes are removed by the leucocytes. He affirms that, as a rule, pathogenic germs are not present in the healthy organism, as he found the blood of healthy rabbits, without exception, sterile; and only in exceptional cases was he able to demonstrate the presence of bacteria in animals killed, even where the examination was postponed until after putrefaction had set in.

Hauser, *Vorkomen von Micro-organismen in lebenden Gewebe gesunder Thiere, Archiv f. Experimentelle Pathologie und Pharmacologie* (B. XX. pp. 162-202), has made a number of carefully conducted experiments to show that no microbes exist in healthy animals.

The experiments consisted principally in procuring tissues prone to fermentation, as parts of internal organs, blood, etc., and protecting them against infection from without. He kept the specimens in rarified air, in filtered air, hydrogen, oxygen, carbonic acid gas and water, and in various artificial culture soils, at a temperature favorable to putrefaction, but in all instances in which the specimens remained uncontaminated no putrefactive changes were observed.

By this method he believed he was able to demonstrate that tissues taken from healthy animals immediately after death, contained no bacteria, since it is well known, that if the specimen were not perfectly sterile, putrefaction would have taken place. The author did not only appear to dem-

onstrate that living tissues contained no micro-organisms, but he also ascertained that the preserved sterile organs in time underwent a sort of regressive metamorphosis similar to that which takes place in the absence of micro-organisms, and what is of especial interest, that the products of such processes of resolution possess no poisonous properties whatever.

Watson Cheyne on "Suppuration and Septic Diseases," *British Medical Journal* (March 3, 1888), found in his experiments on the presence or absence of micro-organisms in the living tissues that, while germs were absent when the animal was in a good state of health, yet if the vitality of the animal was depressed, say by administering large doses of phosphorus for some time, organisms could be found at times in the blood and tissue of the body.

Nelson, in a paper read before the *American Academy of Medicine*, and approved for publication, on "Micro-Organisms and their Relation to Disease," says:

It has been a widely disputed question as to whether bacteria ever occur in the animal in a perfectly healthy state; the affirmative view having been taken by Billroth and some others; but it is denied by Koch, by Pasteur, and by Ehrlich, who state that they have never detected bacteria in the healthy animal. The failure of putrefactive bacteria, according to experiments, would go to show inability to struggle against the normal cells indigenous to the soil upon which they were planted. Some bacteria showed power of existence only in tissue in which vitality had entirely ceased, while others seemed to possess the power of existence in the presence of the animal cells when the latter suffered from impairment of nutrition, and the tide of life was turning against them. Abnormal composition of the blood seemed to favor the development of some bacteria, after they had found their way into the tissues.

From these observations it is clear that the *greatest germicide is the vital force*, the life power expressing itself in living tissues.

In further confirmation of the harmlessness of germs by themselves, let us quote in full the language of Tait upon this subject, which is so refreshing in its clear common sense.

For my present purpose, therefore, it is enough for me to assume, as I do most fully, that the germ theory has been completely substantiated, and that no known putrefaction does occur save by the admission of resting spores, or

swarm spores of some of the many minute living organisms which are invariably associated with putrefactive changes.

But concerning this, there is another constant position associated with this phenomena. The materials upon which the experiments have been made, of infinite variety of kind and constitution, have all been dead, and no one has yet pretended that, by the admission of germs to living matter, he has produced the phenomena of the putrefactive changes which constantly result in matter which is dead. To quote the apt illustration given by Dr. Wm. Roberts in his masterly exposition of this most difficult subject, the ordinary hypodermic morphia syringe will inoculate inevitably a sterilized solution of dead organic matter, but amongst the hundreds and thousands of hypodermic injections which are made daily no one has yet declared a single instance of putrefactive changes resulting from it in the healthy or even in the diseased human body.

It will, therefore, be seen that the application of the facts of the germ theory of putrefaction to the phenomena of diseases of living tissue is met at once by an overwhelming difficulty, to the removal of which none of the adapters, so far as I have seen, have as yet applied themselves.

Granting that the same germs which would inevitably produce putrefaction in a dead infusion of beef, are constantly admitted to wounds, there is not the slightest particle of evidence that they do produce any change whatever upon living tissue, still less is there any evidence that the changes which occur in the numerous varieties of what we call blood-poisonings, even when they are of an undoubtedly local origin, have the slightest analogy to those seen in a putrefying dead infusion.

The mere presence of bacteria in the fluids of wounds or in fluids inclosed in cavities, whilst offering many difficulties to the adapters of the germ theory, prove nothing for their positions until they have shown that these organisms ever do occur in fluids or tissues which are truly living.

The difficulty, therefore, is this, that what we call vital action, for want of a name based upon a better understanding of what it is, places living tissue in an altogether different category, from tissue in which the phenomena of life are no longer present.

Now, this is consonant with every-day experience. If a decaying hyacinth bulb or a rotten apple be examined, the presence of the minute forms of life is found to be absolutely confined to those parts where the changes have been effected, while those parts to which the rot has not ex-

tended, are found absolutely free from them, and the difficulty of the adoption of the germ theory is simply this, that its advocates have assumed that *the invasion of the germs* is the cause of the decadence of the vital phenomena and the ultimate death, while there is the alternative—still undiscussed and certainly undismissed—that *the decadence of the vital powers* due to some cause possibly yet unknown, is that which gives the germs their potential ascendancy, and enables them to do what, during full vital action, they were wholly unable to effect.

If the view of the germ theorists were correct, we ought to expect that no operation could be done successfully without rigid antiseptic precautions. The slightest cut of the skin ought to be followed by septic poisoning. There ought to be no difference in the mortality of operations in small and in large hospitals, in town and in country. In fact, if germs could have had the unbounded influence which is claimed for them by many antisepticists, surgery must long ago have been an extinct art, if, indeed, it could ever have struggled into existence.

The uniform experience of operating surgeons, has taught them that the success of their work will depend upon three factors; the condition of the patient, the condition of his surroundings, and the nature and extent of the operation performed.

Of these three, undoubtedly, the most uncertain factor is the first. What condition of the system it is, which is favorable to operations is almost unknown. I must base my conclusions chiefly upon my own work, and in my special operation of ovariectomy I am perfectly certain that apparent perfect health is by no means a certain indication of a power of resistance to those conditions, whatever they be, which result in so-called septic poisoning.

The second of the factors, the condition of the surroundings of the patient, contains elements of far greater certainty. It has approached the position of a statistical law that the death rate is in constant harmony with the density of the population, and when the density exceeds a certain minimum of safety there are introduced specific septic diseases, as typhus fever, which are wholly unknown under other conditions and which even after the danger density has been reached, attack certain individuals only, and not all, for reasons which can be expressed only by saying, as I have already said, that the living tissues of those affected, could not, and did not, resist the septic influence.

Every advance we make in sanitation shows that this

factor, the condition of the surroundings of the patient, is of extreme importance.

The third factor which influences surgical success, is the extent and importance of the operation performed. Everybody knows that while amputation of a finger is probably fatal in not more than one in ten thousand cases, nearly one-half of all amputations of the thigh die. Now if the adaptation of the germ theory to surgical practice were as promising and legitimate as some of its supporters allege, we should have had the remarkable result, previous to its application, that amputation of the finger and the thigh ought to have approached one another in mortality to an infinitely larger extent than they have done.

If the contact of a bacterium germ upon a wound could be the source of blood poisoning, then the size of the wound and the nature of the operation could make but small difference in the result, and a wound into the theca of a finger tendon, and one of a similar size into the peritoneum of another patient in the same ward, ought to have very similar risks. But, as a matter of fact, they do not, and we are forced to the conclusion, that, even if bacteria germs lighting on wounds are the cause of much surgical mortality, that the power of vital resistance by the tissues, or the condition of the patient and the nature and extent of the operation are of infinitely greater importance as factors in the general result.

What can we say more? Have we not clearly shown that "sepsis is *not* solely due to the access of germs or bacteria"?

We might question many of the bacteriological conclusions, as many of them are still very doubtful and contradictory. We might show that suppuration can be surely produced by certain chemical agents introduced under the skin with the most rigid exclusion of germs, and that pus in closed cavities often contains no microbe organisms. But we do not need to do all this; our position is perfectly secure without it.

But now to the second essential Listerian theory, and on these two hang all the laws and the practice.

Do certain agents, chemicals, poisons, applied in certain ways, render the contact of germs harmless, or, in other words, destroy their vitality?

This question has been carefully studied in the labora-

tory by Davaine, Koch, Schell and Fisher, Sternberg, Reynal, Peuch, Vallin, Arloin, Cornevin, Thomas, Salmon and others, experimenting with cultures of the most manageable spores and their behavior with the various agents supposed to possess germicidal powers, applied in various strengths and for different lengths of time.

We have reports of eighty-six substances thus tested, but we need not concern ourselves with any except those in actual use, and of those the leading agent, up to a recent time has always been Carbolic acid. With this agent, —I do not say because of it— all the successes of Listerism have been won.

If this agent, applied according to the Listerian method, is a practical germicide, then the second theory is true.

If this agent so applied, can be shown to have no appreciable power over the life of germs, the second theory is false.

By Carbolic acid the whole theory must stand or fall, because to this chemical all the success was attributed until the introduction of Mercuric chloride.

The use of the acid — *lege artis* — consists in a spray of a five per cent. solution; a like solution for the immersion of the instruments, and a two and a half per cent. solution for the sponges and for washing the wound.

The spray has long since been given up by almost everybody, although I saw it still used by Thornton, at the Samaritan Hospital in London last summer. It has, however, played so large a part in this procedure that we must examine its action.

Starting as a five per cent. solution, when mixed with the steam and finally the air over the field of the operation, it could not form more than one per cent., or perhaps much less, of the air and vapor in that position. It was generally started some little time before the operation, so that we may calculate that any germs in that locality were exposed to a possible contact with one per cent. of Carbolic acid for two hours.

Now Koch found that the spores or germs of the anthrax were unaffected by an exposure to a one per cent. solution

for *fifteen days*. A two per cent. solution retarded their development but did not completely destroy their vitality in *seven days*.

A three per cent. solution was effectual in *two days*. So the anthrax spores if present in the air would suffer nothing from the spray.

How other germs must be affected of course we do not know, but in the absence of evidence to the contrary, it is safe to assume that they would be as refractory as the anthrax spores.

We know that bacteria are much more easily destroyed than their germs, but Koch found that a four per cent. solution failed to destroy the bacteria in broken down beef tea in two hours. According to Salmon the bacteria of swine plague multiplies abundantly in urine containing one per cent. of Carbolic acid. According to De la Croix the bacteria in broken down beef tea are not destroyed by a ten per cent. solution.

Sternberg's experiments were made not with germs but with the much less refractory bacilli, of three varieties, viz., the micrococcus of pus, Septic micrococcus, and Bacterium Termo. The exposure was for two hours, and on the first two, one per cent. was fatal all of the time, and one-half of one per cent. a part of the time. On the last one, one, two, and four per cent. failed to destroy them in every instance.

There is one other series of experiments, the record of which I have mislaid and can not find, and shall therefore have to give on my own authority from memory. I can not recall the name of the investigator, but I remember very well that he studied the matter by exposing sterilized test tubes containing sterilized putrescible solutions to the ordinary air, under the carbolic spray for an hour or two, then stopped them with cotton wool and placed them for some time in a temperature favorable to the development of the germs.

I am especially sorry that I can not find this paper, as it bears so directly upon the question of the effectiveness of the spray.

The result of his experiments was, that in nearly every instance the germs developed in the solutions with no sign of diminished vitality.

I shall be able to offer no further evidence of the germicidal power of Carbolic acid, when used in the percentages prescribed by Lister, for the very good reason that there is no further evidence. For years my attention has been directed to this subject and its literature, and this is all the evidence that my gleaning affords as bearing upon this question.

And the evidence, as you see, is all the other way. In other words, all the experiments show that a one per cent. solution of Carbolic acid would have no effect upon germs in two hours, nor in a much longer time, if at all.

This disposes of the spray, and very nearly of the solution for the sponges and the instruments.

The sponge solution of two and one-half per cent. becomes diluted in the wound with blood and serum, at least one-half, but to be effective, even in its first strength, would require the operation to be prolonged at least *seven days* (Koch) instead of from fifteen to sixty minutes as usual. If the wound is already a septic one containing pus in a state of putrefaction swarming with bacteria and germs, the pus cocci may yield if exposed for two hours (Sternberg) but the latter never to five per cent. (Sternberg) nor ten per cent. (De la Croix). So that a pus cavity has never yet been "disinfected" by Carbolic acid.

The same reasoning applies also to irrigation with a two and a half per cent. solution as practiced in gynecological and some other operations. There is no evidence to show what would be the effect of exposing germs to the five per cent. instrument solution for the one to two hours, the usual time of such exposure; but as Koch found that it took two days to kill anthrax spores with a three per cent. solution, we can only reasonably guess that five per cent. would not do it in two hours.

In fact the whole burden of proof in this question is on the other side, for I must repeat again there is absolutely no proof that the Listerian solutions have any power over

germs as those solutions can be applied in surgical practice.

It is hardly worth while for us to spend much time over the Listerian dressings as they have nothing to do with the interior of the wound, but only with the discharges, and if saturated with these, their "carbolated" condition becomes very much diluted.

Do we not clearly see that the two essential Listerian theories are wholly untrue? But lest we may be supposed to be prejudiced investigators let us cite some eminent allopathic authority which might be multiplied by the hundred if necessary. Dr. J. H. Bill, Surgeon U. S. Army (*American Journal of Medical Science* (July, 1872), says:

"Time will show, if it has not yet shown, that the estimate of Mr. Wood, of King's College Hospital, London, comes nearest the truth. He declares that 'Whilst Carbolic acid did well applied to wounds in a hospital in good sanitary condition, it was without effect in averting those disasters which befall the wounded in a hospital, the air of which is vitiated.'"

Of what use is it, then, and how much of a germicide?

He also says:

It will be noticed that the cause which Lister assigns for healthy action in wounds, is entirely objective. No one will deny that there are objective causes for unhealthiness in wounds, and germs may be one cause. But it is certain that in the vast majority of wounds, the cause of unhealthiness springs from within — is subjective. This is the established faith of the medical profession. Hence has arisen the classification of wounds into syphilitic, scrofulous and scorbutic. Hence the care of all surgeons before all great operations, to place their patients in as good a state of health as possible. Hence the fatality of operations in the gouty, scrofulous and scorbutic; in the drunkard, the glutton, even in the plethoric, or in the obese. Can this experience of the past and the present be all wrong? It may be asked: if Lister is right in his theory, whence comes abscess of the prostate, and the pyæmia sometimes attendant? Whence psoas abscess? How is it that abscess of lung tissue is so rare, considering the excessive accessibility of the lung to the entrance of the germs? Why is carbuncle of the lip more liable to end in pyæmia than almost any other accident, if pyæmia is the

result of germs? Why should germs infect pus, more certainly in this situation than the pus of a carbuncle on the shoulder?

These are pertinent questions, and cannot be answered in favor of the two essential Listerian theories.

Dr. Bill also gives some most positive evidence of the powerlessness of Carbolic acid, not in the regulation solution, but in *full strength*, against the "germs" of erysipelas.

In a case of ununited tibia he carried strands of silk soaked in melted Carbolic acid through the ends of the bones, using the same strength also at the point of entry and exit of the drill, as an anæsthetic. On the third day erysipelas began at *both punctures* and soon involved the whole leg and thigh. He also lost a case from pyæmia after the most thorough use of Carbolic acid, from simply dissecting off an adherent prepuce.

A study of the very careful methods of the bacteriologists will show that they do not depend upon Carbolic acid at all as a sterilizing agent or germicide.

Before leaving this subject I cannot refrain from quoting from a *very* recent authority, and published this very month in the *International Journal of Surgery* (*nee* "of Antiseptics") Alexander Edington, M. B., C. M., "Lecturer on Surgery, Bacteriology," etc., Edinburgh.

He says:

The use of Carbolic acid for washing out wounds is at best a dangerous method of procedure. I have already shown that, as the result of the action of 1 in 20 carbolic lotion upon muscular tissue and blood, there is formed a viscous or glue-like mass, and thus, if applied to a wound, there is formed on the surface of it a distinct layer of necrosed material. This, like most dead tissues, forms a suitable nidus for the growth of bacteria. Supposing, then, that carbolic irrigation be efficient in destroying the microorganisms in a wound, this necrotic area has still to be cast off, and contributes in this way a form of suppuration, during the progress of which excessive care will have to be taken in order to prevent the entrance of fresh bacteria. But, as it happens that such a proceeding is hardly likely to be successful, the surgeon using this method simply makes matters worse, in that, while he does not destroy

sepsis, he ministers directly to it by giving the micro-organisms pabulum on which to feed. Thus we see that carbolic irrigation, instead of tending in the direction of the cure of sepsis, predisposes indirectly to pyæmia and septicæmia.

Coming to consider the uses of corrosive sublimate, we have to note that it also causes the formation of a necrotic area if used for irrigation, but in a different way from Carbolic acid. In the case of Carbolic acid the fluid left is still Carbolic acid, although its strength may be considerably reduced; but in the case of corrosive sublimate, the mercuric salt is almost entirely decomposed, and in the tissues we have a distinctly noxious agent left in the form of albuminate of mercury, which, being soluble in excess of albumen, is thus liable to be absorbed. This, of course, inhibits the free use of this agent in the case of large wounds.

If it be now established (and how is any other conclusion possible?) that the system prescribed by Sir Joseph is wholly erroneous as based upon the danger from germs to living tissues, and upon the germicidal power of Carbolic acid, then the whole system falls to the ground.

It will not do in controverting this position to call attention to the germicidal powers of Mercuric chloride, which is now generally used. The Listerian system knows nothing of it, and the most recent standard works (Holmes, Agnew, Ashurst's *Encyclopædia*, etc., etc.,) do not mention it. If the success of the system had depended upon any germicides it would have failed long ago, because, as we have shown, none have ever been used until the introduction of the Corrosive sublimate. But what part can this agent take in the Listerian system? It cannot be used as a spray. It cannot be used upon the instruments. It can only be used for the sponges or for irrigation, and when thus used, in contact with blood and serum, becomes immediately converted into an insoluble and inert albuminate. (Hence the value of egg albumen as an antidote to acute poisoning by this salt.) It cannot be used in germicidal strength and quantities where most of all it would seem to be needed; in the abdominal cavity when fouled with the contents of an abscess, broken down ovarian tumor, or other like source of danger.

Mercuric choride, therefore, will have to be modest about claiming much influence in the past or present success of "antiseptic" surgery.

Our second point was, that practice in accordance with the Listerian theories is impossible.

This we have very nearly if not quite established already, but a study of the beautiful work of the Bacteriologist will show it much more clearly. The object of this investigator is to obtain a pure culture of some selected germs, but he finds this possible (owing to the presence of so many other germs in the atmosphere, and upon every object about him,) only by the most exquisite care in "sterilizing" everything concerned with the experiment. This is carried out in a manner wholly impossible in connection with wounds or the human body. The chief agent and most efficient one upon which he relies is heat (dry or moist) of 200° F. and upward, applied for a long time. Van Arsdale says:

In order to work with perfectly pure apparatus, instruments, etc., it is necessary that they should all be perfectly sterilized beforehand; that is, that they should be made free from germs which adhere to all articles which have been exposed to the air. This sterilization is the chief feature of the whole of bacterial science, and not only as an art requires a very great amount of practice to secure perfection in it, but necessitates a certain kind of mental training and intellectual bias in order at all times to fully realize the whole extent of damage which a slight inaccuracy or omission in conducting the experiments may lead to.

This is all very possible in the quiet and unexciting field of labor offered by the laboratory, but quite otherwise in the stress and responsibility of the operating room, where many other questions require quite other "mental training and intellectual bias," so that this "sterilizing" of the wound, even if physically possible, is mentally impossible, for I believe that I have never yet seen an operation carried out where many things were not brought into contact with the wound which had not been "sterilized" or carbolized. An unexpectedly required instrument is often hastily taken from the case and with a sweep through the "holy water" thrust into the recesses of the wound. Sutures and dress-

ings are brought in contact with the patient's clothing, blankets, or "unsterilized" parts of the body. Towels are swept over the genital or anal region and then over the wound. Pus, urine, feces, and other discharges unavoidably contaminate it beyond the possibility of sterilization, and all this in the hands of the ablest and most experienced men, to whom I would trust my life at any time, should occasion require.

Sterilization of wounds, therefore, according to the demands of bacteriological science and the Listerian theories, is impossible.

But some may say, the sterilization, if not bacteriologically exact, is sufficient.

Well, that is what we say without any of it.

We are now ready to study the reasons for the greatly improved statistics in surgery since the advent of Listerism, and it will give us great pleasure to give the highest praise and the greatest credit to Sir Joseph for the two reasons which we shall first examine.

a. The first reason is *Cleanliness*.

This means, first of all, the thorough personal cleanliness of the patient, the operator, assistants and nurses, room and surroundings. What an advance this is itself we can appreciate, if we compare the present habits and conditions of those persons with what we saw in the European hospitals twenty-five years ago and to a less degree in our own. Whatever may be our theoretical views we can all join in a war against every form of dirt, or filth, in every place. This is now a universal surgical sentiment, and, strange as it may seem, it has become so chiefly through the influence of Listerism.

To be sure, some, with an over confidence in Carbolic acid, or even in Mercuric chloride, have not hesitated with a simple washing of the hands in the antiseptic to go from the post-mortem room to the lying-in-chamber or the operating rooms, but others have spoken most seriously against it, and such a practice is not common.

But cleanliness is something more than personal. It extends to everything that surrounds the patient, or espe-

cially that may touch the wound, and to every noxious agent, whether germ, bacillus, ptomaine, leucomaine, cadaverine, sepsin, syphilin, vaccinin, or, in short, *any animal, mineral, or vegetable poison*, whether solid, fluid, or gaseous, and covers a great deal more than a mere contest against germs.

We are sometimes accused of inconsistency by our friends on the other side of this question because we, too, seek for this ideal cleanliness; because we want our instruments boiled or burned, and everything else surgically clean.

Well, in the first place, we are willing to be inconsistent if it is for the good of the patient. We are willing to banish the *Staphylococcus pyogenes aureus* and *albus* and the *streptococcus pyogenes*, if there is the least possibility that they can do any harm, if we can do so without the use of hurtful chemicals, especially as we know that by the same process we shall banish or destroy every other poison, especially the animal poisons and infectious influences, whatever may be the most probable theory of their action.

But it is just here we are most consistent. The Listerian system, with its baptismal carbolizations, dealt only with germs; but our present practice, true surgical cleanliness *with steam* and *with fire*, deals with every noxious substance, be it germ, alkaloid, or salt, and this difference should be clearly understood.

Historically, it grew out of Listerism, and therefore we are grateful to Sir Joseph, but in its purity now it is a very different thing and is the true antisepticism of the present; destined also to general acceptance in the near future.

b. The second reason is *Drainage*.

This has always been an essential feature of the system we are discussing, and we may perhaps regard it as the chief secret of its success.

Whatever may be the power of germs, developing poisonous influences in dead nitrogenous fluids or secretions, they could have no power if such fluid were constantly removed as fast as formed. This is what drainage does. Fortunately, Sir Joseph did not have confidence enough in his

germicide, to trust to it alone for their extermination. He added starvation also by removing their natural food or soil, and thus he succeeded. Had it not been for drainage we should never have heard of Listerism, for it would have been a still-born child.

To Keith following Kœberle is especially due the introduction of drainage in abdominal surgery, where it has played a most important part in saving the worst cases.

Ask any of our friends, the Listerians, whether they would rather have an abdominal or other wound cavity filled with bloody serum, plus a regulation amount of five per cent. Carbolic acid, or one to a two or four thousand mercuric solution, or have the whole, serum, solution, and all, drained away and washed out with clean hot water, and we may be sure their common sense will dictate the correct answer and show the value of drainage, over chemicals in producing asepsis.

When two causes are necessary to produce a given result, the removal of either cause will prevent the result.

We have granted the power of certain germs to develop poisonous conditions in dead animal fluids. We have not found it practicable or possible to remove or kill the germs, but we can easily remove the fluid and thus prevent the undesired result.

We find in practice that the healthy tissues and surfaces will take care of all that will not drain away. The open treatment of wounds reached the same result in a different way, draining away a part of the fluid, and causing the rest to become too concentrated by evaporation for germs to develop in it, as well as bringing them too near the living tissue for their safety—all this although the wound was fully exposed to air filled with germs.

Now we might regard our task as done. Our positions are proven, fully proven, without further argument; but as Listerism has claimed to be the reason for all improved results in surgery since its advent, we must examine those claims a little further.

Surgical statistics depend largely upon the results in abdominal surgery. Just what proportion this bears to the

other branches, of course we cannot tell, but we all know that it forms the largest single factor, as well as the one that has been most carefully observed and tabulated. It is a sort of thermometer of surgical results. So when this began to fall, soon after the introduction of Listerism, the profession jumped to the conclusion that it was *propter hoc* and did not notice that at the same time the leading ovariologist of the time, Sir Spencer Wells, gave up the clamp and adopted the intra-peritoneal treatment of the pedicle, and his mortality went down from twenty-five per cent. to fourteen per cent. But Dr. Keith before this and without antiseptics, but with the intra-peritoneal method, began with a mortality of eleven per cent., going down to eight and six. Clay and Baker Brown have had like good results before Listerism came in. There is no controversy, however, about this now.

Everybody believes that the clamp was the cause of a high mortality in ovariectomy, but all do not see that Listerism received its great impulse from its co-incident adoption with the giving up of the clamp.

d. In addition to drainage we now have the free and abundant washing out of the abdominal cavity with hot water, or if they please, with boiled water, whenever there has been much hæmorrhage or any escape into the cavity, of the contents of a tumor.

This was introduced by Lawson Tait and is of the greatest value, whether followed or not by drainage, as the case may require.

e. Instead of allowing the patient with an ovarian tumor to wait until reduced and distressed by the size of the tumor, early operations are now the rule, before, in many cases, extensive adhesions have formed, and the results are much better.

f. Besides the continually increasing skill of the more prominent individual operators, both in diagnosis and operating, especially in abdominal surgery, there is an increased knowledge and even skill upon the part of all who operate. This is the general property of the profession, and comes from the wide publication of the experiences and deductions

of leading men, as well as the greatly increased opportunities for seeing such work done and becoming familiar with it.

Whatever shortens the time of operations and the duration of the anæsthesia, lessens the mortality from shock as well as the other dangers, and nothing does this so much as increased skill and experience.

Other things being equal, the most rapid operator will, in the long run, have the best success. This is one secret of the wonderful results of Lawson Tait.

We should not forget, also, that there have been many other improvements in general surgical practice in the last two decades; *e. g.*, the saving of blood by Esmarch's method, his improved form of stump, in amputation, with his stitching of the muscles and other interior tissue together, and many others which we need not dwell upon.

All these influences have been counted as nothing and everything claimed for Listerism by the simple syllogism—*before* Listerism the mortality was thus, *since* Listerism it is thus—therefore Listerism or Carbolic acid is the cause of these beautiful results. Have we not candidly and clearly proved that this syllogism is sophistry?

But if we are right in this, our principles must stand the test of experience.

We might cite many pages of evidence that these principles are as true in practice as in theory, but a few notable examples will answer every purpose, for they are overwhelming and unanswerable.

After seeing Mr. Lawson Tait in his own home, in the lecture room, in the dispensary clinic and in the operating room, I do not hesitate to say that he is one of the ablest surgeons of any generation, and I have satisfied myself that no candid mind can for a moment question the accuracy of his reports. No surgeon of any time has equalled his experience by one-half in the number of cases, and none have equalled his results.

His first thousand cases, a part of which, with the clamp and with Listerism, gave a mortality from six to twenty-seven per cent., showed in spite of this as a final total less than five per cent.

His last thousand cases furnished a mortality of about three and a half per cent. Now, the chief advocates of Listerism have never been able to show a mortality lower than from six to twelve per cent.

Knowsley Thornton, of the *Samaritan Free Hospital, London*, the most persistent Listerian of the present time, has presented a table of three hundred cases with a mortality from six to nine per cent., but with a report at the same time of his results in private practice, showing a death rate of 13.5 per cent. Later he had thirty-two cases of ovariectomy of which six died, a mortality of 18.7 per cent., and the total of all the Listerian ovariectomies in the year 1886, in the same hospital, was 15.2 per cent.

During this same time, Granville Bantock, anti-Listerian, in the same hospital, had a mortality of but from six to seven per cent., and in the last hundred cases only four per cent.

In the same year when Thornton was losing his greatest number, Bantock had twenty-five cases without a death.

Of course there are many other causes of death in laparotomy besides septic ones, and it would not be fair to Thornton to assume that such causes did not contribute to his mortality; but I have no means of knowing to what extent. If we should attribute some of it to the tedious detail and chilling spray of Listerism, we should find abundant authority to sustain us.

Another graphic method of comparison is that of showing the longest run without a death. In this Thornton stands fifth on the list, the first four operating without Listerism:

Mr. Lawson Tait.....	139 cases.
Keith.....	80 "
Bantock.....	50 "
Skene Keith.....	49 "
Thornton	48 "

We might prolong the study to weariness, but if these proofs are not sufficient they will not believe, though one rose from the dead.

On these facts alone, ample and abundant, we may and

we must claim that non-Listerian surgery is safe, safer, safest.

A few quotations from some of the best authorities may serve to light up the subject a little more and fortify still more our impregnable position.

Of his series of fifty successful cases, Bantock says: "Nor will I leave room for the suggestion that perhaps all of these fifty cases of mine were simple, for I had to resort to the drainage tube twenty-eight times; in nineteen cases the operation involved both ovaries and in one of these the uterus was also removed at the level of the internal os. In only sixteen cases were there no adhesions or their equivalent; in about one-half of the cases I had to wash out the peritoneal cavity, and in one the patient had just completed seven months of pregnancy." Then there is the important question about the temperature range under the two systems. Let us hear Dr. Bantock on that.

"It was stated as a fact by Mr. Thornton in 1880, that 'as a rule there was no fever at all after an antiseptic ovariectomy,' and, as Mr. Wells had said, the ice cap was now never required." Let us consult Mr. Thornton's last table again, and what do we find? We find that of the 300 cases the temperature remained under 100 degrees in only twenty cases, that it remained under 101 (but over 100) in ninety-four cases only, and that it exceeded 101 degrees in nearly two-thirds of the whole number — 186. What, then, is the limit of fever temperature?

But I will contrast what that table tells us with my own results. I take his last hundred (*i. e.*, bringing his cases down to January, 1886), and my last hundred, *viz.*, to December, 1886, and this is the result:

<i>Highest temperatures in Mr. Thornton's last 100 cases.</i>	<i>Highest temperatures in Dr. Bantock's last 100 cases.</i>
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Under 100 degrees in 10 cases.	Under 100 degrees in 19 cases.
Over 100 degrees, but under 101 degrees in 37 cases.	Over 100 degrees, but under 101 degrees in 48 cases.
Over 101 degrees in 53 cases.	Over 101 degrees in 33 cases.

Observe the uniformity in the numbers in both instances under the same heads except the last. That is very re-

markable and indicates a very uniform average amount of pyrexia in "antiseptic ovariectomy." Note also, that whereas he had only 47 cases with a temperature under 101 degrees, I had as many as 67. Note further, that while he had only one and eight cases respectively, in which the temperature reached but did not exceed 100 degrees, I had as many as 15. Could I have desired any more confirmatory evidence in support of my conviction that Carbolic acid, or the whole system if you will, produced a state of hyperpyrexia? That is the kind of evidence on which is based the assertion that "as a rule there is no fever at all after antiseptic ovariectomy." The fact is, the rule is just the reverse!

Some other points are also well brought out by Bantock.

There is another aspect of the question which has been very much overlooked in all discussions on this subject. We are told by microscopists that the orifices of the mucous canals—such as the alimentary and generative tracts—swarm with living bacteria. These are the organisms, which, a few years ago, were supposed to work all the mischief.

But their reign is over, and we are now living under the dynasty of the bacillus. Whatever be the name of the mighty potentate who keeps us in thralldom, his sway, it appears, does not extend to those prosaic regions. Who has ever seriously proposed that we should operate with "full antiseptic precautions" upon a ruptured perineum? or a vesico-vaginal fistula? or a hare lip, or a cleft palate? And yet what do we find taking place under the very eyes, so to speak, of this "destroying angel"? Why, this, viz., that in all of these instances, perfect union by first intention almost invariably takes place, provided due coaptation of the raw surfaces be maintained, provided the sutures be not drawn too tight and the parts be kept at rest. Even at the commencement of my Listerian practice; and while entertaining a belief in the system, I was puzzled by the facts I have just mentioned.

There are some who still maintain that the spray, and Listerian details, must be employed even in amputation of the breast to obtain the best results; and the time even was when we were asked to strain our credulity to the extent of believing that a breast case had broken down because the spray had failed for a minute or two, or had been by a whiff of wind driven from the wound for a moment

in the course of the operation, or even in the subsequent dressing, or because there was a pin-hole in the mackintosh outside the eight-fold gauze dressing! This was making a demand upon our credulity with which, it is to be hoped, for the sake of our common intelligence, few have been prepared to comply. I challenge any adherent of this system to show better results — more rapid healing or less irritation of the wound — than I obtain in these cases, without any antiseptic whatever.

When operators practicing both systems have occupied the same hospital, it has been claimed by the Listerians that their antiseptic precautions so improved the state of the amphitheatre and hospitals as to account for the success of the non-Listerians. On this subject, Prof. John Wood, of King's College Hospital, London, most candidly says (and I will quote him in full, italicizing the phrase to which I allude):

I began it at a time when the hospital was in a good hygienic condition, and the cases for that time did admirably. I had some cases quite equal to any described by Professor Lister himself. I, at the same time, tried the application of dry lint, without any moisture whatever to the wound, and in many cases, especially in breast cases, the results were also perfect. In one breast case union by adhesion occurred throughout the wound. After about six months there came into the hospital a very unfavorable change, and from inquiries made at that time, I concluded that a similar condition prevailed in most or all the London hospitals. Erysipelas and its concomitant pyæmia began to show themselves, the former, not springing up in the hospital itself, but imported with patients. The wounds now began to suppurate more, primary healing was less common, and the erysipelatous blush appeared with blameworthy impartiality in cases treated in all kinds of ways, *and almost as impartially on my own antiseptic side of the hospital as on my colleague Sir William Ferguson's non-antiseptic side.*

But this I feel bound to say, that there was little or no putrefaction, as evinced by the odor, in any of my cases, which my eminent colleague shrewdly attributed to the carbohc smell overpowering all others. Upon this point, however, I must say I did not agree with him. I had one case of amputation of the thigh, for a tumor of the lower end of the femur, in a man about 60. I treated it by Lister's method, carefully carried out, and, from beginning to end,

there was very little discharge, and no putrid or offensive smell whatever; but the wound did not heal, the end of the bone remained unadherent and devoid of granulations, and the man lingered for two months in a declining and emaciated state, and finally succumbed to chronic pyæmia with secondary abscesses in various parts. The occurrence of many other cases similar in character to this, has convinced me, that the agencies, whatever they are, in pyæmia, operate in the general system, or, if through the atmosphere, in other channels beside the wounded part, as in cases of pyæmic poisoning from deep internal glandular pus deposits, and in other acute and chronic tubercular affections.

Also on the same subject Bantock says:

Nor can it be claimed that I derive benefit, from the employment of Listerism by my colleagues, in keeping the hospital free from septic germs: for, while cases have been dying in other wards, from more or less pronounced septicæmia, mine have escaped under a system in which all antiseptics are banished from the operating room.

Again it has been claimed constantly that the complete application of the Listerian system abolished all sepsis, but as Mr. Tait says:

The argument of many of the supporters of Mr. Lister's theories and the promulgators of his practice is very like the school-boy catch, "Heads I win; tails you lose." If it is success then it is Listerism, if it is failure then it is not Listerism; some important detail has been improperly managed.

Mr. Wells on the same point says:

They claim the successes as proofs of the value of the system, they explain the failure by some alleged neglect of some petty detail. In one case I thoughtlessly used a clamp which had not been carbolized and was warned of probable failure, but the case appears in spite of my negligence on the list of successful antiseptic operations and was one of the cases in which there was no fever after the operation.

Again with reference to this claim, Mr. Wells says, sadly:

Four of my last sixteen deaths were caused by septi-cæmia, so that antisepticism has not abolished this plague of abdominal surgery. Lister's antiseptic plans have not brought me to the point of seeing no deaths from septi-cæmia as promised by some of their enthusiastic promoters.

Now we have tried to examine this "burning question,"

as Prof. Hamilton calls it, in the manner which he suggests, and “*without prejudice or personal bias*” have endeavored “*to grasp the actual facts.*” And what do we find those facts to be. Let us briefly summarize them thus:

1. Operative surgery is very much more successful than formerly.

This is not due to Listerism, because,—

2. Sepsis is not due to germs alone but only in the presence of putrescible fluids.

3. Removing the latter and not the former prevents septicæmia.

4. Actual operative germicidal practice is not possible, and has therefore never been practiced.

5. The improved success is due to Cleanliness; Drainage, and generally improved methods, skill and experience.

6. Listerism has never abolished septicæmia, erysipelas or any other surgical accident, however vigorously applied.

7. The results are not only as good but much better without Listerism. By Listerism we include all germicidal practice in connection with wounds.

You will probably notice that nothing has been said except incidentally, of the very great objections to the Listerian practice.

The reason for this may be illustrated by the classic anecdote of Marshal Saxe.

After one of his great victories when riding over the field he met an Irish soldier whom he knew, and feeling in the mood, he spoke to him and said: “Well, Pat, what did you do to help us gain the great victory to-day?”

“An’ shure, your honor, I went up to a man and cut aff his fut.”

“Cut off his foot! Why didn’t you cut off his head?”

“Faith, your honor, that was aff alriddy.”

Listerism is dead and we need not cut off its foot; and remembering with gratitude its two great legacies, *surgical cleanliness* and *drainage*, we will also remember the old kindly injunction, “*De mortuis nil nisi bonum.*”

THE REALM OF FORCE.

W. A. Hawley, M. D., in his presidential address says:

Whatever phenomenon we study, seeking to find its cause, we find ourselves immediately led away from its external manifestation into the realm of the invisible, intangible, imponderable, immaterial—the realm of Force or Forces, Dynamis, as it is fashionable now to call it. The more we study this realm, the more certain are we of its universality and that in it and in it only, all causes are found. At the same time we find ourselves compelled to admit that we never find force, potency, dynamis, whatever we call it, except as involved in its external manifestation, in that which is visible, ponderable and subject to our manipulation—in what we call matter—so that we may even agree with Huxley when he says that in matter resides every power and potency of what we call life. While this is true it is also true that we know these interior things only by experience. Logic never proves that anything is hard or soft, dry or wet, hot or cold, etc. To the mass of minds this realm is absolutely unknown, though mankind is ever asking what is the cause of phenomena and yet rarely sees beyond the proximate cause. The average man is quite certain that steam is the cause of the motion of the engine, or the heart the cause of the circulation of the blood. This contentment with secondary causes is markedly apparent in what is styled the “Science of Medicine.” In it, sicknesses are constantly attributed to the action of this, that or the other organ. Headaches, for instance, are caused by a misplaced uterus, or constipation by a sluggish circulation in the liver. Or, if the observer will be very exact as to the cause of the present sickness, he may attribute it to the presence of microscopic infusoria which, as they vary in appearance, all have different and very learned names, or he may trace it still further and find it in the disordered action of the cell.

CENCHRIS CONTORTRIX.—Palpitation, audible when lying on the right side.—*Kent.*

**PRACTICAL HINTS IN THE MANAGEMENT OF
CHRONIC CASES.**

W. P. WESSELHÖFT, M. D.

Hahnemann has given us the most concise description of a "true natural chronic disease." It is one which owes its origin to one or more chronic miasms, and differs entirely from those chronic external and internal lesions and deformities wantonly forced upon the organism by unskillful treatment and pernicious medicines; or those produced by constant exposure to avoidable noxious influences, such as habitual excesses in eating and drinking; or resulting from the constant want of the necessaries of life, and unhealthy dwellings; or those solely due to overtaxed body or mind, or long continued mental anxieties.

The former (those diseases which can be traced to the suppression of one or more chronic miasms) must always engage the deepest interest of the homœopathician. It is here where his sagacity and observation will be called upon, and if properly directed and employed he may be able to lay bare cases which have passed the ingenuity of the best pathologists. Whether there are three or more primary chronic miasms in existence, is of less importance than to know, that these three are at least capable of producing the deepest and most complicated chronic diseases. The miasms themselves are not so much at fault in all this mischief as the means which have been applied to drive them out of sight and hearing.

The oldest of these miasms, Psora, is now comparatively rare in its acute and primary form, compared to fifty years ago, when whole communities were afflicted, when it was found necessary to close schools, and to a degree isolate the infected in order to insure more general protection. Few of the infected escaped the pernicious, repressive treatment of sulphur and mercurial salves, and every one thus treated was liable to again transmit to his or her child the kernel of this disease. These secondary forms we meet everywhere in subjects who have vital force enough to throw this miasm to the skin in the form of eczema, tinea,

psoriasis, etc. Yet dermatologists of the Hebra school declare that all these forms are merely local affairs and cannot be transmitted. They would make us believe that they snow down from the skies, and have nothing whatever to do with the economy of the organism, except the cutis or cuticle. Such nonsense has been happily dispelled by Hahnemann's genius, and the most casual observer on our side will be able to refute such pernicious teachings without much effort.

According to the degree and duration of irrational and injurious means resorted to in the treatment of chronic diseases, the prognosis must be made. The treatment may have been directed not only against the suppression of the phenomena on the skin, but also against a number of symptoms by which the vital force was endeavoring to free itself of a noxa, manifesting itself by lesions or pains in other parts or tissues of the body. These successive repressions by mineral remedies externally applied, or by narcotic remedies internally used, give us some measure in estimating the curability of the case, or the probable time necessary to effect a cure.

A purely medicinal disease, uncomplicated by chronic miasms, will often find its curative in *Sacharum lactis* and proper hygienic directions, provided the organism is strong enough to overcome the secondary effects of drugs. This experience occurs to all of us frequently, I think. We often get the most praise for the least effort. In purely medicinal diseases it frequently happens after the drugs have been discontinued for a longer time, that obstinate symptoms remain which require the same careful selection of the simile, which the true chronic diseases demand. It is always wise to give a placebo first, in order to ascertain in what particular way and with what particular conditions the secondary effects of the drug or drugs used manifest themselves before prescribing an antidotal simile.

To the young physician the most puzzling cases are often those coming under the head of avoidable noxious influences. Here we have not only to take into consideration the coarser influences which may have caused the dis-

order, such as improper dwellings, food, and habits, but the much more subtle agencies which conspire to lower the reactive power of the organism, and by which men and women are surrounded in our complex lives, and under the increasing luxury of our communities. These influences tend to lower the vitality of many of our patients, and we can discern no cause, unless our examinations are so directed as to obtain the clearest insight into their daily lives, and all the circumstances and conditions under which they live. Such an examination requires great tact and often much patience, and the cause is rarely elicited during the first interview. Among these patients we frequently find that the simplest common sense methods are all they need. A removal from surroundings, which have conspired to produce the abnormal phenomena, is usually the only way to mend matters, and, without it, all the remedies known to us in the *Materia Medica* will be of little avail. In those cases of nervous diseases in which the carefully selected remedies fail to benefit, the re-examination of the patient should always be directed in a manner to ascertain what possible so-called "nervous" causes may be at work to produce the symptoms. These causes are often in our power to remove, either by the removal of the patient, or the removal of the "causes." It may become necessary to advise or enforce a "rest cure" for the patient, by removing him to different surroundings or by removing the exciting cause.

The first examination of a patient is the most important proceeding, and the measure of success depends mainly upon its exactness and scope. Hahnemann devotes fifteen paragraphs of the *Organon* to this subject, in which he clearly shows that it is the foundation of all homeopathic prescribing. Upon its accuracy depends wholly the physician's ability to select the most appropriate remedy. If it is inadequate, the remedy selected will be inadequate, for the entire natural disease must be like the entire medicinal disease, or as nearly like it as it is possible to discover. The time spent in the first examination is always well spent, as it saves much time later on, and the more

characteristic points we have elicited, the easier becomes the choice of the remedy. If the hour spent in the first examination is insufficient to get a full history and detailed account of the case, it is wise to give a placebo and continue the examination later, always bearing in mind that it is *safer to do nothing than to do wrong*, and your patient has usually been wronged to the bone before you get him. When we read in the "Aphorisms of Hippocrates," by Bönninghausen, how this master of the *Materia Medica* devoted hours to the examination of a case, and hours to the selection of the appropriate remedy in difficult cases, we may be sure that there are no short cuts for the selection of a homœopathic remedy in a chronic disease.

It is a great mistake to see chronic patients frequently after the remedy has been given. The temptation to change for another, seemingly more appropriate remedy, is often very great, and at a time when it would be most disastrous to do so. The first impression of the medicine is not infrequently followed by a more or less severe aggravation of those symptoms, which may be the most annoying to the patient, and much mischief has been done by not allowing this aggravation to spend itself, it really being the best proof that we have selected well. The patient's discouragement and importunities for relief are apt to lead beginners into this blunder. It is my custom to see chronic patients not oftener than once a week, and more frequently only once in two or three weeks. It is well to prepare their minds for this possible aggravation as liable to occur during the first week or ten days, with the assurance that it is the best proof of a good selection, and that a more permanent amelioration of sufferings will follow if it occurs.

Although we know that a single dose of a well selected highly potentised remedy may act for weeks or months, the time has not yet arrived when we can expect a patient to quietly await the unfolding of the single dose for weeks or months. The personal interviews at reasonable intervals are essential to the patient's comfort of mind, and the physician is enabled thereby to control the necessary hygie-

nic measures, or remove doubts and fears arising from the sluggishness or irregularities of functions which the patient was formerly taught to correct by drugs or other means.

Another mistake which younger men are in the habit of making, is the fear and dread of consulting repertories and the *materia medica* in the presence of the patient, lest they may be thought not "well read" in their profession. My experience has been just the reverse with the sick world. The patients very soon recognize that everything is different from what they have observed before, and are impressed favorably with the care and caution devoted to their ailments. They soon discover that they are not to be put into a certain herd of cut and dried diseases, but they are being studied as individuals, and their affections investigated as individual phenomena. The best and most successful Homœopaths, whom I have known, did not hesitate to consult books in the presence of the patients. It should become the distinguishing feature of the Hahnemannian to consult books at the bedside. This "seeing things at a glance," when a diagnosis of a remedy is to be made, is pure humbug.

The true chronic disease, which is deeply complicated by medicinal poisonings, is undoubtedly most troublesome, discouraging, and often times hopeless. I think every practitioner of Homœopathy, who has kept records of his cases, will agree with me that the cure of a *Digitalis*, Potash, Iodine, Cinchona, Ferrum, or Mercury poisoning, in a psoric, syphilitic, or gonorrhœal patient, often proves a hopeless task. I do not mean by this assertion to say that the sufferings cannot be best palliated by homœopathic methods, but that they will often remain patients till they die. This is especially true if the senseless medication has gone on until serious organic lesions have resulted.

How many incurable heart lesions come to us, which are purely the results of the administration of huge doses of *Digitalis* during the course of an acute attack of inflammatory rheumatism, and in which the external localized manifestations of the disease have wantonly been suppressed

by local medicinal applications or hypodermic injections, while the original disease would have found its curative in the correctly selected homœopathic remedy, without the so-called sequelæ, and left the patient *in better health* than he was before the acute manifestations of a chronic miasm made their appearance? How often does this dreaded metastasis to the heart occur under strict homœopathic treatment? and when it does occur, how often is the heart left with valvular disease? I cannot recall an instance of such a misfortune happening to myself, and it would be desirable to hear the experience of others, who always manage their cases strictly in accordance with the tenets of Homœopathy, on this particular point.

In these medicinally poisoned psoric cases the most diligent work spent in selecting remedies often disappoints us by the palliative action of the appropriate drug, and we are liable to make the mistake, especially in the earlier years of our practice, to regard this superficial action as due to the potency used, and hope to gain our point by administering cruder preparations. By this wrong reasoning we may increase our patient's sufferings and add still more medicinal symptoms to his list, or mitigate one symptom only to increase another. The reactive power, which is the force necessary for all cures, seems in these cases blunted or destroyed by long-continued antipathic methods. The reaction is weak, short, even if sometimes prompt.

A quick favorable response to a remedy given in a deeply chronic case should always be regarded with suspicion, especially if the patient is very enthusiastic over his improvement in the first few days after the administration of the remedy. The cry of delight may soon be changed to one of disappointment in the following week. Here the effect of the remedy has been palliative, and will remain so in spite of frequent repetitions or change of potency. This effect may be due to a wrong selection, having a relation only to the superficial, and perhaps to the patient's most annoying symptoms, but it is far more frequently due to the above mentioned want of reactive

power which we meet in cases horribly mismanaged by drugs.

The progress of a homœopathic cure of a chronic disease should be slow and positive. During its course aggravations may arise at intervals. These aggravations should always be compared with preceding ones, and if they occur less frequently and with less intensity, the action of the remedy must not be disturbed by repetition, much less by another remedy. The effects of the chosen remedy may have to be observed from week to week, fortnight to fortnight, perhaps from month to month, and not from hour to hour, or from day to day.

During the treatment it is unwise to interfere with incidental ailments by giving another remedy, unless they prove severe. Most all chronic diseases have "side shows," which in the patient's mind often rise to the dignity of newly added affections. These patients have "colds," are "bilious," "nervous," need something for "dyspeptic attacks" or "constipation", they wish to be provided with something in case of "palpitation" or "insomnia" and what not. These demands are the natural result of the ordinary mode of medical procedure, and I am sorry to say of the *ordinary* homœopathic method also. Patients find it difficult to understand that all these conditions may be part and parcel of their entire disease, and that when the appropriate remedy has fully developed its beneficial effects these "side shows" will decrease in frequency and severity with the rest of the graver symptoms. Then again, so-called "cold," "bilious turns," etc., occurring during the progress of a cure, may be only initiatory efforts of a vital reaction, and lessen the more important and older symptoms. I recall a case, treated 5 or 6 years ago, in which an incapacitating backache with great weakness of the legs was the most distressing and prominent symptom. The immediate cause of this pain was an injury received two years before by being thrown backwards over a barrel. The patient, however, had a long history of chronic symptoms dating far back from the injury. A few days after the remedy was given, the patient became intensely yellow, the same color

showing in the whites of the eyes, and the urine loaded with bile. The remedy was not changed, or interfered with by another dose, and the result was a cure of the backache, with many of the older symptoms so much relieved that he was enabled to take up his former occupations in two months.

The most encouraging effect of a remedy, especially the first remedy, is an aggravation of the most prominent characteristic symptoms for which the remedy was selected. When this aggravation occurs it is usually during the first week or ten days after the medicine has been given, and then we may rest assured that our selection has been correct, and that the reactive power of the organism against the disease (even if complicated by medicinal poisoning) will give us more than a mere palliation. The older and deeper the disease, the more encouraging to us should be this aggravation which immediately follows the administration of the remedy. Here is the time to observe a masterly inactivity, and to allow the enemy to exhaust himself without wasting more powder and shot. As before referred to, these exacerbations may arise a second or a third time after intervals of improvement. These are waves of the reactive force, and if each succeeding one is less violent and occurs less frequently, they will gradually become ripples and smooth water follows. Singularly enough, there are remedies in the *Materia Medica* which in their provings show a similar occurrence of their primary action. Hering says of *Lachesis* that it repeats its primary action about every fourteen days.

Every external expression of symptoms after the administration of the remedy occurring on the skin, and the mucous membranes near the orifices of the mouth, nose, ears, eyes, anus, urethra, vagina, should be regarded with favor and never locally interfered with or "soothed." It frequently occurs that the patient has to endure some inconvenience from this reactive power of the organism, but the physician's duty lies in making it clear to the sufferer's mind *why* he must endure these annoyances, and endeavor to make him enthusiastic for the appearance of other similar phenomena.

Of equal importance are the reappearance of old and perhaps forgotten symptoms, which may not have been discovered on the first examination. The emerging of these sensations and conditions into daylight should give us the greatest confidence that the action of the remedy is opening a very precious vista to our gaze, at the sight of which we must again describe its beauties to the patient as seen with our eyes, even if his are color blind.

In those rare cases in which the appearance or re-appearance of suppressed symptoms is attended at the same time by an aggravation of the internal symptoms, the prognosis is always doubtful. This sometimes occurs also in patients with the most active skin diseases.

Quite a different matter is the appearance of entirely new symptoms which the patient has never experienced before the administration of the remedy. Here we should always make a careful study of the pathogenesis of the medicine given, and ascertain if these new sensations can reasonably be attributed to its action. If we find it so, we may be tolerably sure that our remedy is totally wrong, and the sooner we re-examine our patient the better, and if we find the blunder, antidote the remedy; and if the antidote proves not to have a deeper effect than to take away the newly established symptoms, select another more appropriate simile.

These aggravations must not be confounded with the true homœopathic aggravation. In the first case we find not only the symptoms unchanged, but new ones added, while in a homœopathic aggravation usually the most prominent and recent symptoms and conditions for which the remedy was especially selected, grow worse *without the addition of new ones*. The latter should never be interfered with.

It is not my intention to convey the idea that homœopathic aggravations are a necessary consequence of even the most perfect similimum. They are by no means the rule. I should say rather the exception, but when they do occur, every experienced Homœopathist will respect them. It has been my custom for years, especially when I have

found a remedy suiting in all its characteristics to those of the disease, to prepare the patient's mind for a possible aggravation, and thereby forestall any disappointment he might experience during the first week.

Since using the higher and highest potencies almost exclusively in both acute and chronic diseases, I have found true homœopathic aggravations to occur more frequently, and medicinal symptoms to appear more rarely. This may be owing in part to more care and facility and more time spent in diagnosing the remedy, and in part to the increased curative power of an immensely high potency. These preparations appear more suited to affect favorably that spirit-like thing which we call vital force. It often occurs that a patient returns after having taken the remedy a week or ten days before, with the words: "I don't know that my disease is any better, but somehow I feel better." Now if you examine your record closely, you will usually find that the mental symptoms have improved, but the "bodily" ones are unchanged as yet. In this case you may safely tell your patient that his next visit will bring with it better news from other parts.

Hahnemann was the first to lead us into this wonderful sphere of observing mental symptoms to aid us in selecting the appropriate remedy for chronic as well as acute diseases; and how often do these symptoms prove to be the most indicative ones for the case. How subtle and difficult does this make the diagnosis of a remedy, and how coarse and vulgar is in contrast the effort being made to degrade Homœopathy to the low level of recognizing only the pathological lesion as a basis for prescribing.

The main requirements for the successful treatment of chronic diseases are:

Obtain the fullest record of the case according to the instructions in the Organon, and spend all the time necessary to make it complete.

Never give a remedy until a careful comparison has been made, by consulting the repertories *and* the *Materia Medica*.

Never repeat a remedy unless it is still indicated.

Do not give another remedy until you are sure that the previous one has done all it can.

President: This paper is now before you for discussion and it is a very valuable one.

Dr. Butler: Is the man here who does not recognize it as such. There are one or two points I desire to bring out and in order to do so I will review a case: An old gentleman of most excellent habits and whose ancestors were probably not otherwise. A careful examination of his case revealed a history of gout; he presented a perfect picture of the lithemic diathesis; he had been under the treatment of a noted homœopathic physician, who is a more noted physician than he is a Homœopath, and under his treatment had received various internal and external applications. On coming under my care he complained of difficult locomotion. I thought (being 74 years of age) it arose from the heart; that in all probability it was the weakness of old age, but careful examination showed there was actual lack of co-ordination. Further examination showed the left tendon reflex absent; lack of co-ordination on the right side, on the left side almost none.

Closing the eyes he immediately staggered and without aid would have fallen. The symptoms indicated *Belladonna*, which he received. The remark that was made in the paper: "I feel better, but I don't know whether I only seem to be better, but I feel *better*," was verified here. I could not detect the slightest improvement in his physical condition, but his *mental condition* was decidedly better. The single dose in a high potency and nothing more for a month; and then he had a genuine attack of "gout," though he had not had gout for a number of years, and I then ascertained that he had had symptoms of "posterior spinal schlerosis" after that first attack (of gout). The attack of gout was exceedingly severe, and the indications were for *Bryonia*. What should I have done? The man was suffering severely; he was suffering in many ways because the disease was of a virulent type, all the indications were for *Bryonia*. Was it my duty to wait for this attack

of gout to recover spontaneously, or under the influence of Belladonna, or was I to relieve him of his present condition?

Dr. Bell: Wait!

Dr. Butler: I gave him a dose of Bryonia and to my delight the gout disappeared as if by magic; and these peculiar symptoms (lack of co-ordination with loss of tendon reflex) when he got better which he did very fast, vanished; there was improvement in his gait and return of the knee jerk upon the left knee, and reflex action was considerably improved. It is too early to say what may be the result, but at that time he was decidedly better and had improved in his power of regular locomotion.

That is the point I wish to bring out: when the old conditions reappear, whether it is better to prescribe for them then *or wait*, which is a difficult question to decide, and ne which it is *then* necessary to decide for the patient's benefit.

Dr. Long: Did the patient say he felt better?

Dr. Butler: During the attack of gout he did not complain of feeling better.

Dr. Long: Was his mental condition and physical condition improved?

Dr. Butler: Yes, sir.

President: It is an interesting subject, I hope you will keep it up.

Dr. J. T. Kent: I have done just as Dr. Butler did a number of times; occasionally it seemed to be successful. I have partly succeeded for a time, but the rule has been, it was a failure to give medicine at the time he gave Bryonia; I am afraid to do it, for it complicates the case, and there is the mistake. You often lose your reckoning because nobody knows so much about the patient as the doctor that had him in charge; Dr. Butler had that case, I had not.

Dr. Reed: I believe I would have treated the case as did Dr. Butler, and for the life of me I cannot see why not. We cannot indulge the suffering of pain, as severe as it was in this case; and I think that Dr. Butler did right. I think 'it is a dangerous procedure to wait,—it is dangerous ground.

Treat pain while we must; taking into consideration the conditions present, I think we are justifiable in using any remedy. I think the remedy for his case is still acting, I don't think it is deflected by the administration of Bryonia. Now, as to the use of a repertory, this paper has my commendation. I think it a most excellent paper. Use your repertories; I never think of going to see a patient without having my repertory in my satchel. I used in 1863 to carry a phlebotomy case. I was called to see a case of pleuro-pneumonia in a man who was of very plethoric constitution. He was suffering intensely and lived three miles in the country. I got within a mile of the house and found I had forgotten my phlebotomy instruments. I went back and got them and the first thing I did was to draw from that man half a gallon of blood. This was the first case I ever treated. I do the same with my repertory; prejudice it may have been, but however simple the case, you must have your repertory; and it is the way you use your repertory that tells. If you show ignorance you will fail. I went 135 miles into the country the other day, into a neighborhood where they did not know what a Homœopath was. The first thing I did was to take my repertory, lay it on the table, and the next thing was to take my medicine case. I saw a symptom or two I did not know and I reached for my repertory and investigated my case and gave a good prescription; so we are not justified in leaving our repertories at home; you may just as well leave your medicines.

Dr. J. V. Allen: I am going back to Dr. Butler's case. I remember that Dr. Lippe told me once in regard to Apis: "We have now a proving of Apis." Before we had Apis, in order to cure an Apis case, he said he would sometimes go along with Sulphur for a while, then for a while with Rhus, and so on. It took three remedies to cure that case, which is now cured by Apis alone. He said each remedy would rid the patient of certain symptoms and another would have to be given. Dr. Hering in his *Materia Medica* mentions several complementary remedies—where *Belladonna* will go so far and *Calculus* will have to take it up and finish the cure.

Dr. Hitchcock: I would like to ask Dr. Butler, had this patient been under other homœopathic treatment?

Dr. Butler: No, sir. The kind of homœopathic treatment he had, the less said about it the better — he got Colchicum because he could not rest, if that is what you call homœopathic treatment.

Dr. Hitchcock: The point I wish to make is that the Belladonna which was given had counteracted the condition which had been brought about by the use of various remedies, and so the remedy which was curative, Bryonia, cleared up the case.

Dr. Biegler: The point that Dr. Butler makes appears to me to be one of judgment, in fact one of study and experience on the part of the physician. However, I do make it a rule of not interfering with the remedy that has cleared up the mental condition, when I find the remedy has made the patient feel better, and he knows not why, but the physical state remains, I never interfere. I don't remember if I have done so of late. It may be a long battle, but it will be a successful one. The success will be assured by the perseverance and by adhering to the passive policy of not treating that case (*i. e.* with Bryonia). Well, a case may occur, such as Dr. Butler's, where possibly Bryonia may have been the remedy, and you may not be prepared to express an opinion whether the doctor was right or wrong in his proceeding.

But I wish to emphasize that the rule of not interfering *when the patient expresses himself to be better* is the true policy to adhere to.

Dr. Long: This is a very interesting topic to me, and I certainly appreciate it. Only it is impossible to bring an intelligent view before another physician of your own patient, a familiar use of your judgment or expression of your judgment. I should like to ask one question — how long did Dr. Butler wait?

Dr. Butler: Three days.

Dr. Long: We had the same question in our club in Philadelphia, a short time ago, in regard to the totality of the symptoms, and each physician decided what

we mean by the totality of the symptoms. Is it the whole duration of the sickness from the very beginning of visiting your case, back through the whole history of the case? or is it only the expression of the chronic condition just as it takes in all the sicknesses a man has ever had? Or is it the acute attack of the chronic condition? Dr. Butler prescribed for each acute attack of the chronic condition. We are unable to say how much of a cure is here accomplished — time alone will tell. Had the patient's mental condition improved and he yet had his physical ailment? If so Bryonia has done good.

Dr. Bell: I feel confident that Dr. Butler acted right; both mental and physical symptoms were changed, and in accordance with that change he gave Bryonia.

Dr. Fisher: If we have a case of that kind are we justified in using local treatment, for instance, hot water alone? Is there any danger of assuaging suffering by such treatment as that? Should Dr. Butler do anything whatever, or let the patient lie in bed and say, you will be better to-morrow?

Dr. Butler: I gave plenty of Sac. Lac. and water. It is not my intention to divert discussion from the subject of the paper: first, was the condition of mental improvement as characteristic as the improvement of the patient's physical condition? second, can we show ordinary idiosyncrasies of this kind in diseased conditions? and thirdly, this question which is so very important — if old symptoms do reappear and are persistent, — are we justified under such circumstances — *to wait?* He is better, and old symptoms return indicating improvement; are we justified in prescribing for these symptoms? I do not wish to divert discussion from the paper.

Dr. H. C. Allen: I would like to know how many have seen organic disease of the heart result from metastasis of rheumatic affections under strictly homœopathic treatment. The paper refers to it.

Dr. W. J. H. Emory: If Dr. Butler's case is disposed of, I would like to say something in the line of the sequela of attacks of inflammatory rheumatism. I have a case in

point I should like to quote; but first of all, I would like to state that I have never had any attacks of organic heart trouble following attacks of rheumatism, and have never known of such a case from homœopathic treatment.

A case occurred in my practice two or three years ago. The patient had, previously to my treating him, three attacks of inflammatory rheumatism and all under allopathic treatment. After the last attack he found that his heart was troubling him, and also during the acuteness of the attack he noticed it. He came into my office — he was a large stout gentleman, extremely nervous and frightened about his heart — saying he had had inflammatory rheumatism two or three years previous, and his heart had been troubling him more or less ever since. I made a stethoscopic examination of the chest and heart and found a very distinct mitral regurgitant murmur. I did not prescribe for him that evening and the next morning I was telephoned to see him, and found he was in for another attack of inflammatory rheumatism. His right wrist was much swollen and extremely sensitive, and he had Chloroform and Laudanum which he had been applying all night. I at once stopped that and prescribed for him. *Mercurius* was the remedy, the aggravation at night, extreme restlessness, and becoming worse on getting warm in bed, and chilliness on moving. I gave him *Mercurius* 200. Three doses two hours apart, and that was all the medicine he got, and he progressed favorably every day. It went from the right to the left wrist and from there to the left ankle, but he suffered very little in comparison with the sufferings of the previous attacks. But this allopathic wrist was the last to get well and troubled him for two or three weeks. Afterwards he came into my office one day and I examined his heart, and the murmur was gone and since then he has had no return of the old heart symptoms whatever, and before sailing for Europe he passed an examination for life insurance for \$50,000.

Dr. Kent: Dr. Allen's was a very important question — the inference that homœopathic treatment would never permit rheumatism to attack the heart. What is the hom-

œopathic treatment? You may infer that we never make mistakes, but we do sometimes. I will tell you a case where I made a mistake, and wherein I thought I was right beforehand; where I did antidote my medicine and change my plan and remedy, which is quite unusual in rheumatism. The case was one that came into the hospital, and it is a very peculiar one, and one of very rare occurrence in practice—a girl of about 14 years of age and seemed to be weakly in constitution. When I saw the case her fingers and toes were greatly distended and swollen and she was so sore that no part of the body could be moved; even her thighs were distended, and her knees and ankles greatly swollen, could not bear to be touched. I found out that the first evidence she had that she was sick was from the heart feeling bad. She said she had never been strong. While lifting a coal bucket she felt a “crick” in her back and said she stopped and could not carry the coal upstairs. The pain greatly increased and extended to all the extremities and swelling came on. I could not get any history of cold or taking cold,—but found her in this condition—she was *relieved by heat*. There was a great amount of soreness and intense aching which was ameliorated by turning in bed. The details of the symptoms I am not able to give, but Rhus seemed to be indicated; she was a restless subject. I gave it and the rheumatism disappeared from the lower extremities, almost by magic, in two days. There was a cardiac murmur, and the mental symptoms were all violent, and there was an increased swelling of the fingers; she had to throw off all the clothes, as she could not tolerate heat. The whole thing was reversed, but accurate symptoms had come on now, and after studying that case Rhus seemed insufficient,—it was not homœopathic to it, yet it was in accordance with the superficial symptoms of the case, and hence in harmony with the paper. Possibly the third day, the rheumatism passing upwards, aggravation by heat; amelioration by cold, led me to choose *Ledum*, which in a few days wiped out the symptoms of the entire attack.

Dr. H. C. Allen: Did Rhus have any curative effect?

Dr. Kent: I think the symptoms became worse immediately after.

Dr. Allen: Were the symptoms all going upward?

Dr. Kent: The rheumatism went upwards.

Dr. Biegler: The case just illustrated by Dr. Kent brings up to my mind a case I have now under treatment. It is a case of a boy 12 or 13 years of age, who has been subject to very bad inflammatory rheumatic attacks; he has had several in his life, some of which I have brought him through myself. This time, his history is that he fell off from a bicycle; it was a very high one and it was his first ride, and he sustained severe concussion. Now this case is principally one of a rheumatic constitutional subject; the fall came in as an element of disturbance and it was not productive of rheumatism, but was an element in the case like Dr. Kent's case. It was to my mind a case for Rhus, which he received. There was that aversion to cold, restlessness and the amelioration of the symptoms by motion, also a condition of straining, for which I gave Rhus. The remedy failed, except that like Dr. Kent's case of rheumatism, it receded from the ankles, where it first showed itself, to the upper extremities. There was also this similar condition, *aversion to heat*, and marked inability to lie down. He was obliged to sit up day and night; it was the only position in which he could remain comfortable. But as the rheumatism had commenced in the ankles and went upwards, we will have taken it in sufficient time, and taking the slow and sure course I gave him Ledum, which failed entirely to relieve him. These conditions remaining the same, only growing worse, he suffered severely, and by the way had one of *the worst organic disturbances of the heart I ever saw*. Pulsatilla, one dose relieved him almost immediately; but then from over-eating and various other causes, of which I know nothing, he had two or three relapses, and at one time he suffered such excruciating pain in the region of the heart, that I looked for other remedies and found "Kalmia." I gave him a dose and he was relieved, I may say, in almost a few moments, and remained so, but then again, came a relapse with the ina-

bility to lie down, so that Pulsatilla again was resorted to with a similar effect, and to such an extent that he is fairly convalescent. With one dose of Pulsatilla he recovered wonderfully well. What I wish to say is, that *I believe in Homœopathic practice we may get organic affections of the heart from metastasis of rheumatism, but that we can cure them.*

I am satisfied from the examination that I made of this boy, the day before yesterday, that it would take a very good ear of a very good diagnostician to discern that that heart had ever been affected. Dr. Schmitt has once or twice seen the boy; he can corroborate my statements as to the condition of his heart. If we unfortunately in any cases obtain heart complications from metastasis of rheumatism we must cure them, because we can do it, and I believe that even in young life, where the heart has been left affected, where nothing has been done, except in the "old school" fashion, after the disease has become chronic or established, even there we can greatly relieve, I am almost inclined to say, we can cure. I have restored such cases to such an extent that they are now called well, although it might be possible to discern still some trace of valvular disease.

Dr. Sawyer: It seems that Dr. Butler had a Belladonna case. Did Belladonna change that to a Bryonia case? It became clearly a Bryonia case. Why? Because this intensely acute case after standing three days (or 72 hours) without any change and not corresponding to the remedy preceding it, why it should be held any longer on that remedy is past my comprehension. The intensely acute condition that is not changed in seventy-two hours by the remedy, is not changed at all; so if there had been no mistake in the Bryonia case (*i. e.*, in its being a Bryonia case) he was quite right in giving Bryonia.

Dr. Bell: I would like to correct my own impression: he did wait. I think he waited long enough, and certainly in accordance with the laws of Homœopathics. I, however, had agreed to the view previously taken. It seems to me it requires greater attention to *Materia Medica* on this

point brought out in the paper, about Bryonia; it teaches you not only the good to do, but how to do it. These are cases where the younger practitioners fail. Of course it becomes often a question of judgment. In regard to this particular case, Hahnemann teaches that in a chronic case, when acute symptoms arise, we take a new photograph of the case; and I think it is in accordance with the principle we are speaking about.

Dr. Schmitt: I think we have heard one of the best papers we have had for a long time; and I never heard such a clear explanation of the aggravation of symptoms as in this paper. This point struck me especially—if the remedy causes any symptoms that have not been present before, then read up your *Materia Medica* and find out if these symptoms belong to the remedy; and if so, it is acting wrong. Then select another remedy. Now, very often Hahnemann does not explain so well as Dr. Wesselhœft, and I have been misled in my practice, and when I thought it was a homœopathic aggravation, it was the wrong action of the remedy, and the patient suffered for two weeks longer, and I thought here is an aggravation and I had selected another remedy anyway. If I had known that before, I would have selected the right remedy two weeks before. I want to call your attention to that one point.

Dr. Ballard: It is ignorance on the point so well elucidated in that paper that has been the chief cause of spoiling a great many cases. There is one point, however, of which I wish to speak, in regard to a recent case: A lady passing through the climaxis six months ago; for symptoms of long standing and those that were very prominent, I gave a dose of Lachesis and the case was relieved; then comes in the truth of that paper. About a month since she came to my office, and the same symptoms were prominent. I gave Sac. Lac. She went along well on placebo. Afterwards these symptoms came up a third time, and passed off. I am speaking of this case, because I would show what a mistake I think I have made; and that paper reminded me of it. About two or three weeks ago she had an attack of tonsillitis. She told me she was in the habit of having

these attacks frequently, which I did not know before. Under ordinary homœopathic treatment, the tonsillitis went on to suppuration, almost without exception. This attack showed *Mercurius* very decidedly; she received a dose and in twelve hours the attack was almost completely annihilated, but, she said, "I have now the symptoms which I always had with the previous attacks; that is: I want to sleep, but as soon as I sink to sleep, I wake up gasping for breath; and it seems to me that I had a tremendous hole in my left side, and my life went out through that hole," (which was in the region of the heart). I did not interfere with the case, but I said, "If you cannot sleep to-night and are no better to-morrow (she could not lie down) let me know, and I will endeavor to help you." But I am not interfering with that symptom, I am giving treatment for sore throat. That symptom caused nothing; two weeks afterwards it had passed away. But in this I have records of old *Lachesis* symptoms. I gave her a dose *11 Mil.* I am afraid I have spoiled the case.

Dr. Bell: Was that a symptom of *Mercurius* also?

Dr. Ballard: I cannot find it and I did not interfere with the symptom at the time. I think that it is interference in these cases that has done the harm. These symptoms which are entirely new—I mean to say symptoms which belong to the remedy; we say, because of that, we have made a wrong selection and must give another remedy. It may answer in chronic cases, but in acute cases, we frequently find that after giving a dose, perhaps not an aggravation of the symptoms which we have caused, but an addition of others which we cover by the other remedy, and we made a mistake in giving it.

Dr. H. C. Allen: Dr. Biegler, I think, has misunderstood me. I have never seen organic lesions of the heart under strictly homœopathic treatment. We can cure these troubles in the heart as well as anywhere else.

Dr. Long: I feel I have not done my duty in allowing that assertion to pass, for I had a patient die from organic heart disease, the result of rheumatism. It was a boy 15 years of age, whom I treated two weeks for gastritis and he

got perfectly well. I was away on a week's vacation and on returning found the boy out and around, and on Sunday evening he stopped to see me, and at 11 P. M., I was called suddenly to see that boy die as I entered the room (he was undoubtedly dropsical) he was panting for breath and with every motion froth and blood came from him, and he gasped his last as I entered the room. Instead of giving the remedy, I assisted the undertaker to lay out the boy. On pressing the chest I removed fully a quart of frothy water and blood. The boy had been around for two weeks and in my office, and was getting fleshy and had complained of nothing. That boy died of hydrothorax and hydropericardium.

Dr. Sawyer: What remedies were used?

Dr. Long: The only remedy used in the case was Rhus. I did not consider the boy very bad; he seemed comparatively well, and when I returned in February I was told that the boy was well.

Dr. Bell: What is the conclusion of the case?

Dr. J. V. Allen: Dr. Long makes the statement that in laying out the body after death and squeezing the chest a quantity of bloody, frothy mucous came away. I am not in the undertaking business, but my father is, and I used to accompany him to assist him, and we always squeeze the chest, and as a rule, always got bloody, frothy mucous from the mouth.

Materia Medica.

GELSEMIUM: A PROVING.

EFFECTS OF TWO PELLETS OF 1,000 POTENCY ON MRS. LOGAN.

GEORGE LOGAN, M. D., OTTAWA, CANADA.

First. A few moments after taking the medicine, there is an extreme feeling of restlessness, not able to be still for a second, keep turning and twisting all the time. This is succeeded by intense pain over the right eye, always the right; it seems as if my forehead would come right

over my eyes and close them, my eyes feel as if they were turning into my head, roll up all the time. Then a strong inclination to commit suicide. Want to throw myself from a height, invariably think of going to the window and dashing myself down, feel as if it would be a relief. This is succeeded by an inclination to weep, and I generally have a good cry, but before I cry and while the feeling lasts of wishing to throw myself from a height, I clench my hands, and nervous rigors or sensations run all over my body down to my fingers and toes; it seems as if I would lose my senses. Then a great dread of being alone seizes me, and I am afraid of what may happen; think I may lose all self-control. The pain still continues over the right eye, and often the back part of my head seems to have a spot about four inches square that is turning to ice. These feelings are followed by a strong inclination to talk or write, very great exhilaration, and a better opinion of my mental capacity, indeed it seems as if my memory was better, that I can recall almost anything I ever read, nearly always repeat long passages of something to myself that I have read years before. It appears to me that I can remember almost anything I love to recall. Now this is my invariable experience whenever I take Gelsemium—no matter whether in the 3d or 1000th potency, and I have been in the habit of using it for twenty years. I am writing this under the influence of the drug. I could not give the symptoms so accurately at any other time.

As I am getting over the effects of the drug I have to urinate every few minutes. While suffering I like to have people in the room, have a perfect horror of being alone. I find Cinchona an antidote for most of the symptoms, but it leaves me much exhausted, thoroughly tired, and with a wish to be quiet.

There is no imagination about this, as I have frequently been given Gelsemium without my knowing what I was taking; but in about ten minutes I could tell to a certainty by the symptoms I have tried to describe. As my husband thinks it may be of some use to the profession, I gladly consent to have it published.

[The working members of the profession are under many obligations to Mrs. Logan for this valuable proving. These mental symptoms have never before been observed by any prover, yet occurring from repeated trials of the 3d, 30th and 1000th potencies there can be no doubt of their genuineness. If our readers will add these symptoms to Gelsemium in their repertories and *Materia Medica*, they will be accessible when wanted.—ED.]

ADDENDUM.

With reference to this short proving of Gelsemium by my wife, I wish to state that I had given her the drug for insomnia and also for headache. The first occasion of her taking the drug (in the 2d dilution) it produced the mental symptom, "wishing to throw herself from a height," so much so that I felt somewhat alarmed lest she should effect her purpose.

I determined that should I administer the remedy again it would be in a high potency. A year or two after this I gave her the 30th — two pellets — and was followed by similar symptoms as in the first case.

I then procured the 1000th potency and administered two pellets, which produced the symptoms best described by her in the accompanying proving.

I might also relate a little experience I had with this drug in the case of a student I then had, some twenty years ago.

I gave Mr. Dorion, since Dr. Dorion, of St. Paul, 5 or 6 drops of Gelsemium 1st, for some ailment the nature of which I fail now to remember. Within a few hours after taking the Gelsemium, I was sent for to see Mr. Dorion, who, I was told, was "insane." He was brandishing a sword in a threatening manner and frightening all the occupants of the house. On my arrival at his room I found him in the position of "shouldering arms" with his sword. I playfully admired his military appearance, and thus secured the dangerous weapon, very much to the relief of his fellow boarders. It then occurred to me that the symptoms were produced by Gelsemium, and placing him in charge

of one of the boarders, I returned to my office in order to procure the antidote, of which I was unaware at the time. I gave Cinchona 30 each half hour, which, in the course of two or three hours brought him all right again. These are the only two instances where I have witnessed such symptoms following the use of Gelsemium.

Clinical Medicine.

PRURITUS ANI.

ALFRED PULFORD, M. D., ANSONIA, CONN.

About six or eight months ago, I was accosted by one of our leading clothiers (Mr. B., of the firm of O. P. B. & Co.) in regard to "pruritus ani." Mr. B. is a "rank" allopath, but as allopathy could do nothing for him, being a friend of mine, he concluded to let me prescribe, more from friendship than "pathies."

Symptoms were nothing to him, and the few I got seemed to be prominent ones of Alumina, which he received in the 12th potency. This prescription was a complete failure, as I afterwards learned. He became disgusted and returned to Allopathy.

Four months later he accosted me again and asked if it were possible for Homœopathy to cure "itching of anus." I told him it was, so I was to try my best.

The symptoms, as follows, are meagre, viz: Offensive sweat of feet, especially of axillæ, which was profuse. Itching and burning in anus so great that he had not slept for six nights, and if he did doze he would immediately awake finding himself tearing away at his anus.

For these symptoms, few in number, I prescribed six powders of Petroleum, 3x, (the highest I had) to be taken night and morning. That night (the first whole night in two years) he laid down for a peaceful night's rest, and at present two months have elapsed without the slightest indications of pruritus ani or auxiliary sweat.

A FEW QUESTIONS FOR PATHOLOGICAL PRESCRIBERS.

CHAS. B. GILBERT, M. D., WASHINGTON, D. C.

In the *Hahn. Monthly* (X, 256), there are related three cases of pleuro-pneumonia which were treated with Ant. tart.; the fever and breathing were reduced to the normal in from twelve to twenty-four hours, while the dullness on percussion remained the same. Now, were not these patients cured of pneumonia? If they were not, why didn't they remain as they were or grow worse? They were cured of something, and had they anything but pneumonia? Evidently pneumonia is not pleural exudation or pulmonic hepatization, and if not these, or either of them, it is not either or any of the signs which are regarded as constituting the condition that is called pneumonia; if the physical signs do not constitute the disease, what becomes of "scientific medicine" that bases prescriptions on the pathological process, as it is supposed to exist?

Cases of pneumonia that run through all the stages while under treatment have not been *cured*, but have merely *recovered* without the aid of medicine, and in most cases, probably, in spite of it; while the *cured* cases are cut off in the stage in which found; if resolution has already set in, the remedy which is similar to the condition of the patient, without giving any undue prominence to the lung symptoms, will promote absorption.

DELIRIUM TREMENS.—Patient, the victim of whiskey and bromides, declared himself dead and laid himself out ready for burial: Lachesis.

REMITTENT FEVER.

Helen —, aged 7 years, light complexion, blue eyes, head deep from vertex to chin (like her mother whose hair is dark, while the father, like the child, had fair complexion), reserved disposition; had been running down all summer and in Sept. was attacked with sore throat, dizziness, loss of appetite and neuralgic headache in left parietal region, with continued fever; after Bryonia, Gelsemium, Nux v., had been given

for the symptoms as they presented, Sulphur was given and allowed to work for two days, then because the diarrhœa persisted, although the pulse was slowly falling, Podo. was given, after which the pulse rose from 120 to 128, then Sulphur was given again bringing the pulse to 112, then Gelsemium for two days, then Nux mosch. two days, the patient growing worse all the time (drowsy); then when the pulse was 128 again she presented the following symptoms:

Drowsy look with flushed face < on cheeks (left); tongue coated white to yellow; breath offensive (had been so for some time before her sickness); not much appetite (ate nothing at this time for three days, and no abominations were forced upon her, *à la Science*); thirst for water from the spigot (not accustomed to ice water); stomach tender; feet cold at times > from covering; respiration quick, heaving and undulating; sits up in sleep and talks (habit); nose-bleed occasionally (subject to it); offensive thin yellow stools < morning and urgent; hot and uncomfortable, as she will not allow her mother to bathe her body, as she cannot bear water on her skin, abdomen somewhat tympanic: Now, having kicked myself sufficiently to get a little sense, which had been driven out of me by the terrible anxiety of the parents in their first trial of Homœopathy in any serious condition, one dose of Sulphur was given; the next morning the pulse was 116, and otherwise the patient seemed worse; in the evening the pulse was 112; the next evening the pulse was the same, and another dose of Sulphur much higher was given; the next day pulse 108, after which it was not recorded, and convalescence was fully established; she was then turned over to another physician during my vacation; he repeated the Sulphur twice at intervals, but each time with an aggravation; still convalescence was progressive and thorough: the patient has been in better health since that time.

In malarial fevers little attention should be paid to the temperature, the pulse being the only reliable guide. Wood's practice mentions the fact that in the apyrexia an accelerated pulse with other symptoms may show the in-

complete intermission; it has been noticed by the writer that when the pulse does not fall in intermittents that the patient will have another chill, no matter how well he may feel on the "well day;" and that no improvement comes in remittent fever until the pulse falls. But no remedy to *force* the pulse down will cure—it will be more likely to kill.

INTERMITTENT FEVER.

Mrs. C., short brown hair and eyes, large cerebral development, gentle though persevering disposition; always costive and has frequent urination, both probably the result of an old uterine trouble; childless.

Contracted chills and fever, while inhumanly quarantined in the swamps of Florida, with little food, or shelter from rain and cold, although she had not been near yellow fever. Was treated with apparent success, but the attacks returned in the spring (1889), were again subdued, and on her return to Washington, in May, again recurred.

Prodrome: Very little sleep the night before a chill.

Chills: At 6 A. M., general aching, beginning in soles of feet, with numb feeling, followed by shaking chill; loss of memory; occipital headache, and pain down the spine into the hips; constant thirst, but more than a small quantity of water causes neuralgia of stomach; must be warmly covered, but does no good.

Heat: Headache increased; loquacious delirium; chilly, and must be covered—felt as if there was cold air blowing in on her; thirst, nausea, and bitter vomiting.

Sweat: Slight; does not want to be much uncovered; aching less, but lasts a long time.

Apirexia: Feels fairly well on the alternate day, though rather weak.

The attacks had grown progressively worse; on May 15, 1889, she received Eupatorium perf., but on the 17th she was worse than ever, except that she did not vomit; Nux vomica 3, two doses three hours apart, were given after the sweat had set in; the next day she did not have as complete an intermission but was sweating slightly, at the same time feeling chilly; but she has had no more chills, though the weather has been favorable for a return.

It will be noticed that Eup. stopped the vomiting, but that the patient was worse for it; it is *always so* with palliations; it is far better for a remedy to have no effect, than to come near enough to the simillimum to act as a palliation; the spinal symptoms, and the chilliness during fever and sweat, seem to be "guiding symptoms" for *Nux vomica*.

ASTIGMATISM AND HYPERMETROPIA AS A CAUSE OF HEADACHE.

R. D. TIPPLE, M. D., TOLEDO, OHIO.

Astigmatism and hypermetropia are frequent causes of asthenopic headaches. The refractive abnormality necessarily imposes an undue strain upon the ciliary muscles, which in turn sets up an irritation of the ciliary nerves, which irritability is reflected to the entire central nervous system, producing a neurosis, so to speak, with the subjective phenomena of headache, giddiness, etc., forming the *tout ensemble* of an asthenopic headache. Physicians often meet with cases of persistent headache resisting every effort (however well directed) to cure, and finally abandon the case as helpless and hopeless, the patient thoroughly discouraged and reconciled to the inevitable decree of fate, satisfied to make no further effort to get relief. Finally, after long and tedious suffering, some one suggests that the condition of the eyes may have something to do with causing the headache and suggests the propriety of consulting an oculist, whereupon the patient is persuaded to make one more effort for relief and consults an oculist, who, upon examination, at once discovers astigmatism or hypermetropia, which he straightway proceeds to neutralize with the properly selected glasses, soon after which headache, and all unpleasant head symptoms disappear, proving beyond doubt that the whole trouble was sympathetic or symptomatic. Cases of this kind are numerous, as every oculist of experience knows.

I have treated a number of cases of this kind during the last year, and they were all classified as chronic headaches, and I have reason to believe that in the treatment

of most of these the *Materia Medica* had been ransacked from Dan to Beersheba and found barren. I am a firm believer in the law of similia in susceptible cases, but when an effort is made to extract a nail from a foot, or neutralize a pronounced case of astigmatism or hypermetropia by administering by way of the mouth the cm. of what is considered the indicated drug, my faith wavers and I weaken.

HAIL TO THE MERRY, MERRY THRONG.*

T. P. WILSON, M. D., DETROIT, MICH.

I.

Hail to the merry, merry throng,
That gathers round our festal board,
Come join in this our happy song,
Clasp hands and speak the mystic word,
Si-mil-ia!

CHORUS.

We will sing and will speak thy praises,
We will sing and will show thy glory,
Si-mil-ia!

II.

Our banner floats on every breeze,
Similia is written there,
With fearless hands its staff we seize,
And on to certain victory bear,
Si-mil-ia!

CHORUS.

III.

Let cowards shrink and traitors flee;
Let Envy curl her lips with scorn.
On every land and every sea
Similia brings the light of morn.
Si-mil-ia!

CHORUS.

IV.

Then let us as in other days,
Be ever faithful, pure and true,
And keep Truth's sacred fire ablaze,
'Till we again our troth renew.
Si-mil-ia!

CHORUS.

*A banquet song to The American Institute. Sung at the 41st Annual Session, Minnetonka, June, 1889.

Editor's Table.

MR. FRED D. VAN HOREN, 23 Clinton Place, New York, has opened an agency for the purchase of physicians' supplies. In the matter of cards, letter and bill-heads, engraving, embossing, illuminating, etc., our readers will find this very convenient. Send for sample cards and prices.

PULTE COLLEGE.—We are happy to announce that arrangements have been completed by which a course of lectures on the Organon and The Philosophy of Homœopathy will be delivered the coming session, by W. S. Hatfield, M. D., of Covington, Ky. President Walton's address has borne fruit.

The annual class for complete course of didactic and clinical instruction in Orificial Surgery, will be held in Chicago, by Dr. E. H. Pratt, during the week beginning September 2. For particulars concerning this private class, address

DR. E. H. PRATT, 56 Central Music Hall, Chicago, Ill.

A VACANCY will occur Oct. 1st, as resident physician in the Pittsburg Homœopathic Hospital. The term of service is eighteen months—six as pharmacist, six as resident physician and six as resident surgeon. At the expiration of the term a handsome certificate, signed by the surgical and medical staff, is presented. Applications should be addressed, J. C. Burgher M. D., 960 Penn. Ave.

MISSOURI.—A homœopathic hospital has been established in Kansas City, at 1315 Lydia Avenue. The officers are, president, Dr. H. C. Baker; vice-president, Dr. C. C. Olmsted; secretary, Dr. Moses T. Runnels; treasurer, Dr. H. A. Barker. Dr. P. E. Canfield, and other charitable ladies, will furnish the wards. There will be one charity ward, containing six beds. Dr. Canfield will act as superintendent.

DR. BUSHROD W. JAMES has been tendered a professorship in the New York College and Hospital for Women, a department of the University of New York. The vacant chair is that of physiology, sanitary science and climatology. The roster of lectures is to be so arranged that in case of his acceptance he will be called to New York but once a week, and that at such a time as not to interfere with his professional work in Philadelphia.

The annual meeting of the Western Academy of Homœopathy will be held at Harper's Theatre, Rock Island, Ill., August 28, 29, and 30, 1889. A large attendance is expected. Reduced railroad fares, one and one-third, have been secured. Attending physicians and friends, when purchasing tickets, please ask the agent to certify that one full fare has been paid.

Blank applications for membership can be obtained from the Secretary. Initiation fee, \$3.00. No annual dues.

C. J. BURGER, M. D., General Secretary, Boonville, Mo.

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.

EDITOR ADVANCE.—What are we to think when the wind steals our thunder and begins to preach? Is the millenium arrived? The *American Journal of Medical Sciences** in an article from the pen of L. S. Clouston, M. D., physician, Superintendent Royal Edinburgh Asylum, etc., etc., says: “Who can think that the evil conditions of generations and the unphysiological courses of half a life-time will be counteracted by a few doses of drugs? For we must never forget in the use of all hypnotic and sedative drugs whatsoever, that essentially they are cortical poisons and arresters of functions when given in full doses. *By experimenting we have found out the doses that first stimulate and then half arrest function.*” “We use their half effects to modify nervous energizing in order that modification in one direction may arrest dangerous action in another, may stop DYNAMIC exhaustion, and encourage trophic repair,” etc.

Since when have leaders in “Scientific Medicine” (?) taken to prating of first and secondary effect of drugs, and a possibility of “DYNAMIC exhaustion?” Why have they not put this knowledge to some use in the free use of Ergot in hæmorrhage? And where have they been all the years since Hahnemann that they are just now to speak of the DYNAMIS of the human animal?

S. L. G. L.

* April number, 1889, page 351.

state of breaking down of the blood; it is likewise a thinning down of the blood—that is the common expression, but the individual is waxy. We notice those symptoms in persons living in a malarial swamp for a considerable time. We see them in the South and South-west, and throughout the Mississippi valley particularly; the face is sallow, pallid; is tinged with yellow. There is more or less duodenal and gastro-duodenal catarrh in these old complaints and you have a great yellowness of the countenance. So the malaria brings about a cachexia, a malarial state, a malarial diathesis, almost analagous to that found in Quinine. Now it has been found that Cinchona in some cases is the remedy for the malaria cachexia, and knowing that it produces that cachexia and cures it, we ask ourselves the question: when is it the remedy for that state? When is it the remedy for this anæmia? This is only speaking of the general physiological effect of the drug.

It is the sphere of the drug that we must consider if we want to understand the sphere of the disease, when we cure it, and we must do that. Hahnemann says so.

Then it is, when shall we use the medicine to cure sickness?

Hence we have to enter into every detail of the study of the symptoms of this drug, to know that it is going to reach that cachexia, because all that I have said about it applies just as much to Arsenic, or to Ferrum, as to Cinchona. These conditions are so similar in the general state, that they seem alike. Look at the Ferrum subject when he is in that state, and compare him with the malarial cachexia and the Cinchona cachexia, and you will find that they are very similar. There is not much to be seen to individualize. There is nothing in the face. Sepia is another remedy which produces considerable depression and breaking down of the blood corpuscles, and Natrum muriaticum is another one producing a cachexia. Hence all these enter into a marked ague and the debilitated state, the malarial state, the complaints of people who live in badly ventilated dwellings, in cellars and basements, but *when*?

Now, we have a single word to say about *when* we are

and dropsies. This has led us to make intelligent use of Cinchona, in suitable doses, for such dropsies as have resulted from or followed severe bleeding. An individual bleeds extensively from the stomach, the blood is vomited; after vomiting of blood, dropsy comes on, waxy, sallow, almost transparent skin, with bloating of the feet; Cinchona is generally the remedy.

We notice again in hæmorrhage from the uterus, lungs, or other exhaustive hæmorrhages, dropsy follows. Now this peculiar stage of anæmia is similar to that which is produced upon the blood by Quinine. It is analogous to the Quinine cachexia, ringing in the ears, great irritability, pallor, waxiness, weakness upon walking or upon any exercise, always chilly, always suffering from pains such as we find in the Quinine cachexia, every exertion causes free perspiration. This constitutional stage must be observed as a peculiarity of Quinine and of Cinchona that we want to use. So it has been said the complaints that come from bleeding often relate to Cinchona as the indicated remedy, simply because large doses of bark produce a tendency to the breaking down of blood, and it is this anæmic stage which produces dropsy. Now this is a constitutional state, and we have symptoms indicating Cinchona in plethoric individuals, but it is the exception. Debilitated, weakly, anæmic, waxy persons are the ones that are most susceptible and therefore the ones that are cured by the smallest doses, and by the dynamic powers. There are some symptoms at first not so peculiar and so striking that they seem hardly related to the constitutional effects of Cinchona, because we see them in the early stage. If these complaints were watched, you would find that the symptoms that the patient is afflicted with are leading toward the cachexia. A plethoric individual may have Cinchona symptoms that would be relieved promptly by Cinchona, and therefore the cachexia is not observed, as it may be only at the beginning.

Cinchona contributes very successfully to a debilitated malarial state and cachexia. Living under a malarial influence for a considerable length of time will produce this

peculiarly debilitated, nervous, extremely irritable, whose sufferings are often palliated or cured by Cinchona, and unerringly with this is a peculiar Cinchona headache. The pains are in the temples, often extending from temple to temple, rending, tearing pain, relieved in a warm room, but coming on as soon as the patient goes out in the open air.

Many of the complaints of the Cinchona patient come on in the night; it has several hours of the day in which there is an aggravation, and it has also a marked aggravation at 12 o'clock at night.

A lady had been for many nights, every night at 12 o'clock, bloating up with terrible flatulence, burning pains in the stomach, and rending pains in the abdominal muscles from the great distension of the abdomen with gas. After suffering many nights, taking many remedies without relief, a single dose of Cinchona stopped that, and she never had it afterward.

Other complaints come on in the night, the diarrhoea particularly. A Cinchona diarrhoea will be marked by frequent, gushing, watery, chocolate colored or black, inky stools, frequently all night; seldom in the day time, except after eating.

Cinchona then has the aggravation in the night and after eating, and many of its symptoms are in keeping with the general features of the drug. Complaints are often made with reference to the stomach disorders, the bowel disturbances, sometimes pains are worse from eating, particularly worse during the night. We notice that the Arsenicum diarrhoea, which is very much like Cinchona, is likely to begin at midnight, and generally in the after part of the night.

Arsenic is a cold subject like Cinchona, always shivering; pains are worse from cold, better from heat, with the exception of headache, which you know is the reverse in Arsenic.

No head pains of Cinchona are better from cold washing, but in Cinchona relief from heat runs through the entire remedy with one exception, and that exception you must be sure to remember; that is the chill. The chill is

not ameliorated by heat, nor the warmth of the stove. The Cinchona patient, when the chill is on, suffers terribly. The chill is violent, but the patient obtains no relief from the stove; sometimes the chill is actually made worse by the warmth, while the bone pains and sickness of stomach are sometimes relieved by the hot drinks. There is another exception to Cinchona. In the common complaints of the stomach, warm food disagrees, the symptoms of pain are made better by heat. It associates in the stomach symptoms with two remedies, with which it is totally unlike in every respect, Pulsatilla and Phosphorus. Pulsatilla will be made sick by warm things, so will Phosphorus. Aversion to warm drinks, warm things; Pulsatilla, Phosphorus and Cinchona.

Well, we see Arsenic is running into Cinchona all the way through. Cinchona has not the great restlessness, but has the prostration, the anæmic condition, the tendency to hæmorrhages.

Cinchona has one marked condition that stands out in bold relief, the tympanitic. The abdomen is distended with gases, the individual is constantly belching, but it is unsuccessful; it gives no relief, rather seems to increase, for the more air he eructates or throws up the fuller he becomes; increased flatulence. It associates here very closely with Carbo veg. If you compare the symptoms carefully you will see in Carbo veg. and Cinchona parallels running very closely together all the way through. Carbo veg. and the Cinchona meet in the flatulent condition.

In Carbo veg. it is generally said that if he can belch a little he gets relief, but in Cinchona the more he belches the worse he becomes; with Lycopodium, in belching he gets no comfort and no relief. Both have great distension of the abdomen.

Sleeplessness is another of the peculiar weaknesses of Cinchona—protracted sleeplessness—and I will tell you how to make use of Cinchona in one particular kind of sleeplessness. It is a simple point you will say. A lady having been confined has had a very severe hæmorrhage followed by wakefulness night after night, entirely unable

to sleep, and the man who calls himself a physician feeds her with Chloral, which only stupefies but gives no rest. Cinchona comes in and produces sleep with a restful, quiet night, and marked improvement thereafter in the general condition.

There is one more point to which I would call your attention while I am speaking of confinement; the convulsions that come on during hæmorrhage or at the close of a very severe hæmorrhage. The hæmorrhage is violent, gushing, at the ending or after it has gone on awhile convulsions come on, partly from anæmia of the brain. Secale and Cinchona are the two medicines that will most likely conform to the symptoms. These are used in connection with the result of the hæmorrhage producing the sudden anæmic condition of the brain. Puerperal convulsions in connection with violent hæmorrhages. But you know the lazy man who calls himself a Homœopath, tells you that you cannot cure puerperal convulsions with homœopathic medicine. He means *he* can't. He tells you that convulsions must have something violent. That it is a violent disease, and therefore must have a powerful drug to subdue it. You will cure if you have the remedy, and you will fail if you don't. Quantity will not atone for what the remedy fails in being correct. You may give the wrong remedy and give ever so much of it; it does not compensate for not having the right one.

Cinchona has some symptoms of mental aberration, but there is nothing very definite about the delirium. The fixed idea is that he is unhappy and persecuted by enemies; is compelled to jump out of bed, and he wants to destroy himself. If you study the delirium you will find nothing special in it and the conditions that modify the symptoms are not specially observable. The headache that I mentioned is important; headache sometimes coming on as symptoms of suppressed coryza; headache worse in open air and from slightest touch; better from hard pressure. There is one of the peculiarities in which it comes in contact with Lachesis. Slight touch aggravates many of the complaints of Cinchona, but hard pressure will relieve the

pain. We find in *Lachesis* irritation from the slightest touch of clothing, especially on the neck; irritation from the slightest touch here and there.

When we come to the teeth and tongue, in low forms of fever we find *Cinchona* indicated by sordes about the teeth, black tongue, bleeding about the mouth. In low, anæmic subjects, we often have a fever which has come on as the result of exhaustion from hæmorrhage. In the febrile states and local congestions, *Cinchona*, after hæmorrhage of the uterus, violent inflammation of the uterus, hæmorrhage from the kidney followed by inflammation, hæmorrhage from the lungs which is followed by inflammation—where the tissues have become depleted by hæmorrhage they take on a local congestion and you are likely to find symptoms of *Cinchona* associated with such a case. Peculiar to *Cinchona* we have these local congestions after hæmorrhages, peritonitis, inflammation of the uterus or ovaries, as the result of uterine hæmorrhage, and as the result of hæmorrhage of the bowels. *Cinchona* has this peculiarity, a debilitated state of the blood vessels that predisposes to hæmorrhage, and a low fever, dry, black tongue, often associated with typhoid. There are disorders of the taste, smell, capricious appetite, aversion to bread and particular articles of diet; he is whimsical. It corresponds to the debilitated constitution; he don't know what he wants; aversion to the common things upon the table; violent thirst for cold water, drinks little but often; that you will remember is also true for *Arsenic* but that thirst I described under *Arsenic*.

Thirst: little and often; between chill and heat; sometimes in the low forms of fever. *Cinchona* has thirst before the chill; no thirst during the chill; thirst between the chill and heat, as the heat becomes marked the thirst ceases, as the heat passes away the thirst comes on again, and it increases until it gets markedly into the sweat, when the thirst is marked and strong for ice-cold water in large quantities; that thirst you will find nowhere except in *Cinchona*. *Arsenic* does not have thirst before chill. There is no thirst in *Arsenic* during a chill except

for hot drinks; it does not seem to be because the Arsenic patient wants water, but because he wants something warm. He likes to have something warm inside of him; warm things are grateful. Arsenic has thirst, little and often during the heat. Thirst for large quantities during fever; hence, you see how closely they run together. By individualizing we may have a marked Quinine cachexia—a marked cachexia that will look like all these drugs I have named—and if you have ague with just that kind of symptoms, see how easily you can distinguish between Arsenic and Cinchona; the paroxysm is made up of the irregular stage in Arsenic and of the three regular stages in Cinchona.

A REVOLUTION IN OLD PHYSIC!

P. P. WELLS, M. D.

Is not the suggestion startling? And if it comes, from whence, and from what and from whom shall it come? If it comes, what shall be the result? That it is to come we have the authority of the *New York Daily Times*, which is not given to trifling with serious matters, and this brave journal gives the *Forum*, which voices Dr. Austin Flint in this prophecy, as its assurance that this extraordinary event is near. Who is not tempted (after reading in this much-read journal of its confidence in the near approach of this great overturning) to say — how can these things be? How can an institution which claims an antiquity of many centuries, and that in it is, and has been, embodied the treasured wisdom, observations and experience of these centuries, and the gathered “science” which these, formulated, have made its own, be revolutionized, or in any way or degree be susceptible of this? May not the everlasting hills be as easily overturned and cast into the sea? Can there be any need of revolution in the present condition of the institution itself? Dr. Flint says it is to be, and it is believed he holds the position of an official teacher in it, and therefore he ought to know, and the *New York Daily Times* believes him. Indeed he, Dr. F., says this is now in

progress, and this is how he says it: "The science and practice of medicine and surgery are undergoing a revolution of such magnitude and importance that its limit can hardly be conceived." So—this revolution is not only to be, it has come, and is even now upon us, and yet the world goes on much the same as it did before this great event was initiated. If this overturning of old physic is really in progress, this so little commotion as we see at present in the medical world, would seem to be evidence of one of two things, or of both. Either old physic is *not* made out of the *observation and experiences* of these centuries, or the results of these are of far less importance than it would have the world suppose. There has been a kind of a suspicion abroad for some time that even old physic itself has had little confidence in this boasted antiquity, observations and experience, and the claimed results, and this has seemed plainly declared in its restless haste to seize on any new thought or supposed discovery of a fact which could be taken and used as its own. And the question would ask itself: why this haste, if it has half the confidence in the old which it would have the world believe it has? If it has not at times some inklings of the utter false pretense of the formulated science, from these alleged observations and experiences; *why* this haste after the new, and the unseemly readiness to accept and glorify whatever comes before it with claims of novelty or loud assumption of merit? How else can we explain its constant antagonism to truth, so full of hatred and falsehood, but that these spring from a great fear that the alleged truth would reveal the emptiness of its boasts, that of these votaries of old physic, of the possession of the formulated "*science*" of these centuries? Its constant failure to grapple successfully with new problems in therapeutics must have impressed on the mind of average stupidity to question the truth of this claim, while average intelligence it would seem must have known its gaseous nature from the beginning. We have asked, what is this revolution to come from?

Dr. Flint has answered the question, and the *Times* says

he "is a physician of prominence," and therefore, presumably, he knows.

He says: "In certain diseases the causative action of bacteria can no longer be doubted." So it is the microbe which is working this so great change! This announcement of the cause of this revolution imposes doubt on us either as to the truth of this causation, or the importance of the proclaimed results. Dr. F. gives this list of important diseases in which he says, "the causative action of *bacteria* can no longer be doubted:" "Tuberculosis, pneumonia, erysipelas, carbuncle, diphtheria, typhoid fever, the malarial fevers, certain catarrhs, tetanus, nearly all contagious diseases, and a great number of skin affections."

It is a just cause of surprise when we fail to see malignant cholera in this list of diseases alleged to be indebted to the microbe for causation, and the more as we cannot but remember that the microbe, in the character of *cause* of disease, was first introduced to our attention by Koch as the *cause* of cholera. And we remember how all adherents of old physic shouted pæans to Koch and his microbes, for pure joy, because they believed they had now the cause of this dread disease, discovered for them, "*tolle causam*," and the difficulty of cure would be ended.

The cause, a microbe—why, kill the microbe, and the work is done. Then why omit cholera from the list of sicknesses caused by the microbe? Did Dr. F. remember Marseilles and Naples in 1884, where the first attempts were made to kill Koch's microbes, in the fatal epidemic of that year? If so, this sufficiently explains the omission of cholera from his list of diseases caused by the microbes. But then, what becomes of the pæans to the first born of this microbe folly? This epidemic appeared in these two cities soon after Koch proclaimed, so ostentatiously, his discovery of the cholera microbe, and claimed for it the important function of cause of this hitherto so fatal and uncombatable plague. Now, the doctors thought they had the mastery of the scourge. It was only to kill the microbe, and cholera.

would cease to trouble them, so they proceeded with confidence, and without loss of time to battle with the microbe, *secundem artem*, with the most approved germicides, and talked as loud, and as long, as old physic is accustomed to of matters it is most assured, of "*stamping out*" the microbes and their resulting cholera; and there was much of this kind of "*stamping*" attempted. But after all, there was no abatement of the epidemic. The microbes may have been killed, but the cholera was not; nor was the rate of mortality from this great "*stamping*" in the least abated. So it turned out that in the first attempt to proceed on Koch's assurance of the microbe being the cause of cholera, the result was to demonstrate, that as a cause of epidemic the microbe had had neither part nor lot in the matter. And whatever may have been the result of the much attempted "*stamping*" on the microbes, on the patients this was left in no doubt. In Naples 54 per cent. of all so treated were "*stamped out.*" Here was demonstrated conclusively, the utter neutrality of the microbes as the producing cause of the disease. The claim of Dr. F. of the causative agency of these organisms in the diseases of which he has given so long a list, is neither more earnestly put forth, nor its truth more perfectly proved than was that of Koch for his cholera microbe, and this claim of Dr. F. is no doubt as equally empty of all importance as was that of Koch.

The practical test of the value of Koch's discovery, when made an integer of means resorted to for the prevention or cure of cholera, demonstrated this to be *nil*. The rate of mortality, with the knowledge of the discovered microbes in the treatment, in 1884, was substantially the same as that which attended the treatment by old physic in the epidemics of 1829 and 1832, into which no knowledge of microbes entered. And we have no reason for honoring the claim now put forth by Dr. F. of the value of these organisms as cause of any of the important sicknesses which he names. No doubt these organisms sustain relations to the sicknesses in which they are found, similar to that of Koch in cholera, whatever that may be.

The epidemic of '84 and its treatment demonstrated that causation of the disease makes no part of these.

And yet, we are told by Dr. F. that "the science and practice of medicine and surgery are undergoing a revolution (by reason of this microbe) of such magnitude and importance that its limits can hardly be conceived." We do not believe a word of this, and for several reasons. First, we see no evidence that any such revolution is in progress. Old physic has only acted just like itself, before this microbe hypothesis, with only its traditional haste and want of reason. It took this into its confidence and acted on it, and would have the world give confidence to it and them, though when introduced into its practical duties more than half of the patients, so treated, died! Is such a result as this a sufficient cause for a "revolution" of the "science" of old school therapeutics, as this existed before the discovery of microbes? If so, what are we to think of that "science?" We admit that the "science" of the *therapeutics* of old physic is an unknown quantity. That its most ardent votaries have never been able to demonstrate it. And even with the help of the instrument which alone discloses the existence of the microbes, it is still an *unknown quantity!* But what of the declared "*revolution*" in the *practice* of old physic? Did it not, when Koch proclaimed his discovery of the cholera microbe, "*go for it*" while it *knew* nothing of it, except Koch's description and his assurance of its causation, with all its habitual haste and unreason? There is no change in this. It was only its accustomed rush after novelty. The change was, and is, not in the "*practice*" of old physic, but only in the objective of the rush. This time this happened to be the microbe, and the result was, as ever before, in similar rushes after the false—only disappointment and defeat.

Then, speaking of the discoveries in bacteriology, the Doctor says: "The higher the plane of actual knowledge, the more extended the horizon." The expression "*plane of actual knowledge*" is decidedly good. Will some one, now, explain to us just what of "*actual knowlege*" of the microbe there is in the possession of doctors, besides the

one fact that these organisms really exist? Are not their life functions, if they have any, wholly in the territory of the unknown? That of claimed causation for them in two of the most important acute diseases, malignant cholera and yellow fever, in which this claim has been fully tested, has been proved to be without foundation in truth. For this, see the record of the epidemic of the first in Naples 1884, and for the second in that of the last serious epidemic, which prevailed along the banks of the Mississippi. What talk there was here of "disinfection" (by which was meant "*germ*" or microbe killing) and of "disinfectants" (by which was meant the means employed for this end) and after all the disease was neither less frequent nor less fatal; showing conclusively in the results of these experiments in these epidemics, that as to their *cause*, the microbes had had nothing to do. Then as to the more "extended horizon"—if by this they meant a broader view of the field of therapeutic science and endeavor, we are constrained to inquire: What then? What is the use of this to old physic? It has had no vision of the facts in this field before the extension. It can, before this extended plain, be only in the condition of the unfortunate myopic who has *lost his spectacles*. Dazed, not enlightened, that is all; "*extended horizon*" does not carry with it necessarily, extended vision, or increased knowledge, and this supposed extension of the horizon of therapeutic knowledge, by reason of the discovery of the microbe, is a mirage in the fancy of old physic, and no addition to its knowledge which has increased its power to prevent or cure sicknesses, and it is very sad to be compelled by *its conduct* to believe, that this knowledge is no part of the quest of old physic. Not an enlarged horizon of the therapeutic field, and of the means which cure in it, but an *expanded view of old physic*, and an expanding idea of its supposed knowledge and importance. This seems to be the uppermost thought in its policy and action. Does any one say this judgment is unjust in its severity, and not called for or justified by facts of history? We submit that it is neither unjust nor uncalled for, and appeal for its

truth and justice to the history of the cholera epidemic as this was wrought out in Naples in 1884, when old physic lost fifty-four patients in every hundred it treated.

While passing through this experience, of its inability to cope with this so great destruction, and the demonstration which it gave of the worthlessness of the microbe as an integer of means in its treatment, how did it receive the intelligence of another method of treatment, by other means in which there was neither microbe or "stamping out," by which of 703 cases treated in Naples 701 were cured? Of these 703 cases, 391 were inmates of the almshouse, or members of a regiment of Swiss guards. The facts as to these were sworn to, by the governor of the almshouse and the Colonel of the regiment. The statement of this result so sworn to, was given to every doctor in the city of Naples in a printed circular, which also stated the *means* by which this unexampled success had been achieved. The circular also gave the statement that a means of prophylaxis had been employed which had perfectly protected many thousands of those exposed to the cause of cholera, and that of the few who were attacked after these means, *not one died*. What reception did this circular have from those doctors who were meeting so great losses? Did they run for the means which had thus demonstrated its power to cure and protect from this plague, and cease from their microbe folly? They did nothing of the kind. They only ran after hypothetical novelties, apparently, not at all after truth.

In Marseilles, the doctors banished from their hospital apothecary stores, the medicine which alone had cured these 701 cases. Could prejudice and hate go farther?

Then *where* is the evidence of the "*Revolution* in the science and practice of medicine" proclaimed by Dr. Flint?

Before grave therapeutic problems, old physic only acts just as it always has, rushing upon hypothesis and after the last novelty in theory, or discovered means. The only revolution there is in the hypothesis, is the novelty, not in the least in any "*science*" whatever, for with these, the only means of old physic in therapeutic "*science*" has

never had the least connection. So the claim for this "revolution" in the "science" of old physic therapeutics is only ludicrously absurd, because there is no "science" in this, but only guessing. Where *nothing is*, there "revolution" is impossible, for there is no objective for the over-turning.

But it cannot be denied that in the *magnitude of cause and effect* in this proclaimed revolution, there is the most conspicuous similarity. Neither is perceptible without the microscope.

Dr. Kent: Mr. President, the paper is open for discussion.

Dr. Bell: It seems to me there are many remarks which may be made. But if the germ theory belongs in this bureau, if that is true we don't need this bureau, therefore, it may be well to listen to this paper. If the germ theory, or the causation of disease by germs, be true, of course our therapeutics are no longer of any use. Are the allopathic men doing anything else than killing germs, and how are they going to do it? The germs are existing in the body when doing their noxious work. We don't care how many they kill of them in the carpets or furniture, but when it comes to the treatment of disease they must attack the germs while the germs are attacking the patient. Sternberg has worked a long while, and he is still on the hunting path for these sort of things; but does not seem to recognize the force of all his facts. He says the ordinary man, weighing 166 pounds, has 20 pounds of blood, and to render that blood sterilized, in order to be no longer fit to create a medium for the development of germs, it must contain $3\frac{1}{2}$ grains of Mercuric chloride (3 grains is a fatal dose); then it will not abide in the blood alone for any length of time, so that we must keep putting in this great germicide; that is, we cannot cure our patient without killing him first. The other great germicide is Carbolic acid. How much of that would have to be taken into the blood? One ounce of the solid—I think the fatal dose is very much less than that. Those two germicides may stand for all, they are all of the same character. A

germicide is also a homicide, every time; so we are shown from the simplest standpoint that the germicidal theory is absolutely impossible and incomprehensible, and not for a moment to be thought of.—*Transactions I. H. A., 1889.*

INTERROGATIONS IN HOMŒOPATHICS.

E. B. NASH, M. D.

In the January number (1889) of the *Homœopathic Physician*, we have a report of the Rochester Hahnemannian Society. Dr. Schmitt is there reported as saying:

I think the sections read (Org. 164 to 169) explain why there are cases where the high potencies do not act, and the low 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 or repeated dose 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. The case I give will illustrate the point. It is a case of *chronic diarrhœa*, where the indications were for Sulphur. I gave it in the mm. cm. and 200th in single and repeated doses, without any effect whatever; then gave the 30th potency, a dose for two or three mornings, which controlled the diarrhœa, but did not cure. I knew I had only the similar, not the simillimum; after a time the patient developed a cough which came on at 4 A. M., with retching, blueness of the face, cold sweat and trembling. Ant. tart. cm., one dose, cured cough and diarrhœa. Sulph. was the similar but Ant. tart was the simillimum.

Question. Was this a case of chronic disease? Hahnemann on page 23, vol. 1 of Hempel's translation of his *Chronic Diseases*, says that most chronic ailments originate in the three psoric miasms known as syphilis, sycosis and psora. To which of these did this case belong? Ant. tart. is not in Hahnemann's *Chronic Diseases* ranked among the antipsorics, although there seems to be no doubt it cured this case.

Now, if the simillimum is found as in this case, must it not cure, if a cure is at all possible, though the disease is chronic, and the remedy has never been recognized as having any right to be classed with either of the so-called anti-syphilitic, sycotic or psoric remedies? So much for chronic disease cured with Ant. tart.

In vol. 22, page 317, *Medical Advance*, Dr. Hawley is reported as saying in reply to the question of Dr. Stow: "Will Dr. Hawley explain what we are to do with the analogues?"

"You cannot, according to the teachings of the Organon use anything but the one most similar. The term analogue applies to the drugs of a class having like characteristics."

This is as I read the Organon. Then it is true that the simillimum alone cures while the similar only palliates and never cures? What about intercurrents, compatibles and complementaries? See Organon, § 171, where Hahnemann speaks of employing several antipsoric remedies in succession.

Since Hahnemann we have added many remedies to our *Materia Medica*, among which are *Baptisia*, *Cactus*, *Cimicifuga*, *Gelsemium*, *Lilium tig.*, etc. If, in Hahnemann's time, a condition had appeared in his patient that found its simillimum only in one of the above named remedies, what could he have done to cure them? Many remedies are still unknown to us. If we get a patient whose simillimum is as yet undeveloped in our *Materia Medica*, what can we do? If only one half the remedial powers extant are at present known and the simillimum alone cures, then, with our best wisdom applied, only one half can be cured, unless more than one half happen to come under the remedies we *do* know.

I remember a story of an incident that occurred during old tavern times. It was customary in some of them, as the loungers and travelers gathered in the bar room in order to pass away the evening, among other pastimes to each one ask a question all around, and the rule was that any one that asked a question which he could not answer himself, should stand treat.

I don't want any such rule made here, for fear I might find myself in the predicament of the landlord, who, on one of these old time occasions, pressed very hard a Dutch traveler to ask a question. "V'ell," said the reluctant Dutchman, "off I musht, I musht. How does a chip-munk

dig his hole und leaf no dirt aroundt the outside?" "Give it up," said the landlord, "answer it yourself."

Dutchman: "He pegins at the bottom."

Landlord: "How the — did he get there?"

Dutchman: "Oh, dat's *your* question."

It is needless to say thot the landlord stood treat that time.

Now, at the risk of failing to even suggest the correct answer to some of my own questions, I submit the following:

1st. Most cases of acute disease will, with good care, nursing, and diet, get well (recover) without medicine.

2d. The simillimum will shorten their duration by curing quickly.

3d. The nearest similar will aid and secure a quicker recovery and ameliorate suffering, then no medicine, etc.

4th. Even those cases which would not have recovered at all without medicine will be correspondingly cured or aided to recover by the simillimum or similar.

In regard to complementaries. We often see in the reports of cases in our journals, when some marvelous results with some particular remedy have been accomplished, that this remedy had to be followed by some other remedy to *finish the cure.*

One case comes to my mind as reported by that prince of prescribers, Dr. Ad. Lippe, in the *Organon* (journal), in which a very bad case of pneumonia was very remarkably benefited by Kali carb., but the cure had to be finished by *Lycodium*. Two remedies having to be used here, both antipsorics. Were both only *similars*, or which was the *simillimum*?

Before *Baptisia* was discovered, no doubt the cases for which it is the *simillimum* were treated with some of its analogues such as *Arnica*, *Rhus*, *Arsenic*, etc. Were all cases so treated only palliated, or did all such cases die for want of the *simillimum*? So much for the similar and *simillimum*.

Now we are in the business we will raise one more question. In the treatment of chronic diseases, especially

those dependent upon or complicated with psora, we are taught to administer the antipsoric remedy, and then to wait upon the action of the remedy, until the cure is accomplished or the action of the dose already administered is expended. If during the action of this remedy the patient is attacked with acute disease such as pneumonia, dysentery or typhoid fever, will the proper treatment for the acute affection interfere with the action of the antipsoric remedy for the chronic trouble?

It is true that some chronic diseases have their origin in a maltreated acute affection, like the one reported by Carol Dunham, in which he was able (or thought he was) to trace the cause to a suppressed eczema capitis. He gave the remedy which the child should have had for the acute disease, with the effect of a re-development of the suppressed eczema and perfect relief of all its consequences. Many cases of this kind are on record. To interfere with the action of the remedy in such a case would certainly be hazardous. Such are not the cases under consideration, but rather those in which the acute affection does not depend upon the psoric one.

Bönninghausen taught (see *Hom. Phys.*, vol. IX, page 203), to use intercurrent remedies for chronic diseases; also on next page gives us a list of remedies for disturbances of the antipsoric cure (as he terms them) and instances such affections as arise from *colds*, fright, derangements of the stomach, debility, etc. Now to my question again.

Do these remedies for the acute disturbance, materially affect the action of the antipsoric treatment? If they *do not*, then of course all there is to do after using the remedy for the acute disturbance until that is relieved, is to still wait upon the antipsoric.

If they *do*, then must the antipsoric be repeated. These questions may all be settled in the minds of some, but not all, and I know of no body of men more capable of settling them than this.

Finally: What about our list of antipsoric remedies? How many and which of all the remedies developed since

the time of Hahnemann's work on Chronic Diseases, are to be added to his list?

Last year Dr. Wesselhœft in an article on Aloe gives his conviction that it is entitled to such a place. This claim as I understood him was based mainly on the fact, that chronic troubles relieved by this remedy were often followed by the reappearance of a formerly suppressed skin trouble, upon which the symptoms for which this remedy was prescribed seemed to depend, and certainly this would have been considered good evidence if it had occurred under the action of Sulphur, Causticum or Arsenic. Now notice, Dr. W. says: "Aloe was selected *only* on account of its symptoms of the diarrhoea, which were very characteristic."

If Dr. W. had known anything of the *psora* in this case must he not have prescribed Aloe just the same, although it was not yet known to be antipsoric?

In the light of this fact allow me to submit for your consideration the following:

If the principle formulated in the words *Similia Similibus Curantur* be true, then

1st. The remedy indicated by the symptoms must be curative without regard to its antipsoric or non-antipsoric properties.

2nd. That the reason why some seemingly indicated remedy fails and we ascribe its failure to *psora*, is simply because we have not yet gotten our whole case; and a further search into its history will make another picture, and consequently indicate another remedy, perhaps an antipsoric one.

3d. The reason why Sulphur given to counteract a suspected *psora*, so often acts beneficially, is because Sulphur in its wonderfully wide range of action, covers more symptoms in the subject of *psora* than any other remedy thus far known. In other words is oftener the *simillimum*.

4th. If Hahnemann had lived until now; aside from the first volume, a new edition of the *Chronic Diseases* would not have appeared.

Dr. Ballard: What is psora?

Dr. Nash: Ask me something easier; ask me what is scrofula.

D. H. C. Allen: I would like to know where he draws the line between similar and simillimum?

Dr. Nash: Dr. Schmitt may answer; that is one of the questions for which I wrote this paper. I would like to know whether we are to understand that we only cure when we have the simillimum, or whether not having the simillimum, the best similar is curative and therefore useful. It must be a fact that if *Cactus* is the simillimum for a group of symptoms, there is no other remedy that can be the simillimum. It is probably a fact that many cases for which *Cactus* is given now, were formerly covered by other remedies, because we did not then have *Cactus*.

Dr. Stow: Is the best similar absolutely not the exact simillimum?

Dr. Nash: Not necessarily.

Dr. Stow: I would ask for an explanation why that is the case?

Dr. Nash: I cannot explain that; because, as I said before, nothing can be a remedy for that condition in which *Cactus* is the simillimum but *Cactus*; it is the best similar, but if you know nothing about *Cactus* and *Cactus* is the simillimum, then the other remedies that supply its place are only the similar, not the simillimum.

Dr. Stow: It helps explain a little point I mentioned yesterday, that Dr. Lippe told me that we do know what remedies follow one another, one remedy acts to a certain point, and another is needed. That is just what Dr. Lippe did before we had other remedies; that is zig-zag.

Dr. Campbell: If the simillimum had not yet been discovered, those patients must die if we had not the remedy sufficiently similar to bring them to a certain stage of improvement. Then it follows that we must still go on developing remedies, for the simillimum still remains undiscovered for some diseases.

Dr. Nash: Dr. Hering said there would be a similli-

mum for everything. I would like to hear what Dr. Kent says.

Dr. Kent: That paper is so erratic I don't know how to get at it; he has asked a great many questions and not answered any. It would take me about two years to answer that paper, and the Organon tells you all about it. There is one point worthy of consideration; we are trying to make a distinction between the *similar* and the *simillimum*, with which I do not agree. I have not any doubt, from experience, that two medicines may be similar enough to the totality of symptoms, and either may be the *simillimum*, each would be similar enough to cure it; and how can you say both of these are, or either of them is, the *simillimum*. If you go into degrees you may consider it in this way: The medicine may be so dissimilar, that in dynamic power it would have little or no effect upon the disease; it then approaches it in a degree of similarity by becoming more and more similar. As it approaches in similarity it sustains an inability to change the symptoms that exist. It may be sufficiently similar to spoil it, to change and not effect a cure, until you have not improved the patient, but only changed the symptoms. I have observed in the management of intermittent fevers more than in any other class of complaints, giving a medicine that has a few characteristics in intermittents, but which does not correspond to the genus of the disease or patient, and immediately follow it with its complementary, and you may change it from time to time for five or six weeks; I have seen it in so many cases. Medicines may be similar enough to effect curative results in a patient, and improve the health of that patient, improve the general condition whether an acute or chronic disease. When that medicine has done all the curing it is capable of, then its complementary will take up the work and go on with it. This is a matter of experience fully established by the Organon and every man's experience, and it seems to me the paper does not call out anything new, for it is in keeping with every man's experience.

Where there is psora or acute miasm, you can have a

medicine similar enough to spoil the case, or similar enough to have a curative action; or the simillimum, which is the medicine that cures the symptoms present, eradicates them completely.

Dr. Nash: The simillimum cures the whole case.

Dr. Kent: Dr. Nash makes one mistake in Dr. Lippe's reference to Kali carb. and Lycopodium in pneumonia, (I have forgotten the quotation) evidently Kali carb. was the simillimum and eradicated all the symptoms present at the time; we don't look upon the simillimum as a medicine that is going to completely cure the disease, but for the time being controls the case and makes way for a second series of symptoms to arise, while the partially curative medicines for a set of symptoms would cause only a few of the symptoms to give way, when another remedy is needed. The simillimum does not eradicate the disease at once, but only a part of the symptoms which corresponds to its totality.

The medicine that changes the totality to the extent that it may cure, thus causing to disappear a few of the symptoms in this present totality, and others come in their place, it has performed no curing action at all without physical symptoms taking the place of mental symptoms; but as a rule the mental symptoms disappear under the similar, although the physical symptoms may be made more alarming, and yet the patient will say—"I feel better."

Dr. Nash: The Doctor did not mention what we shall do when we have not the best similar; there are remedies that have been discovered since the time of Hahnemann that are the best similars for the conditions existing in the patient, and better than Hahnemann ever knew of, and there are probably a number of remedies unproved that are still better similars or the simillimum for the curing of ailments that may arise in patients. Of course, whether you term it simillimum or similar, we must do something; and the question is, will what we do benefit our patient.

I believe with Dr. Kent, that the best similar is the best we can do, and will benefit the patient in proportion to its

similarity. It sometimes occurs to me in difficult cases—and I presume it does to every one—now, Homœopathy ought to cure this case. I feel that I have selected the remedy most similar, and yet my patient does not get well; I don't get the improvement that I ought to. It is not possible to claim that we have at present in our *Materia Medica* either the similar or simillimum that covers all the ills that flesh is heir to. I believe there is no remedy that can cure so perfectly as Cactus its own similar condition; but zigzagging the symptoms may after a while bring them out. If I were to give a definition I would say that the similar removes the totality for which it was selected, and the simillimum covers it perfectly and cures it completely.

Dr. Campbell: And yet, there is another side to that. We have a larger number of remedies than the "Fathers" had, but who can show a more brilliant record than they? As, for example, four hundred cases of epilepsy *cured*, as Bönninghausen did.

Dr. Nash: He could show a better record now, with the means we have at our disposal.

Dr. Beigler: This is a difficult paper to answer, because there are so many questions asked, but we rely upon the *Organon* to answer them all. I would say that the question of obtaining the simillimum in all cases, to me seems doubtful; or shall we ever have a simillimum for all classes and shades of disease. We learn in the *Organon* that there are various miasms that complicate sickness, and we must meet them even in acute sickness before we cure our case. If we could get a subject free from miasms of any kind accidentally made sick by a draught of air, we can obtain a simillimum without any trouble; but in pneumonia you have the chronic miasm with which to contend before you can cure it, and having met certain elements in the case of chronic origin, you have not the simillimum for the case; then comes another remedy which is the simillimum for the element which is still keeping the patient sick; that is the way I look upon it.

In regard to the question of remedies being antipsorics, we have that to learn. Because Hahnemann did not know

Aloe as an antipsoric, that does not militate against our using it as such.

Dr. Nash: I don't think it does.

Dr. Beigler: We learn that certain remedies are antipsoric—we may find *Lilium tigrinum* to be antipsoric—I think it is. It seems to me that Dr. Nash's questions are answered by turning to the Organon.

I wish to state in illustration a case that is still under treatment; it was one of pneumonia, probably of a malarial character. There must be in it a chronic miasm, for the reason that Sulphur was the remedy. I gave a dose of Aconite, but it was found not to be the remedy. The case was marked by the rise of fever in the afternoon and evening to 104° with a certain heat, restlessness and burning of the feet, etc. One dose of Sulphur was given so late as ten days ago; that case is going on to perfect recovery without any more medicine. In this case it seems that there is a simillimum. I have not known a case of the kind to be cured with the single remedy. The different elements that enter into the case have to be made part of the indicated remedy which may be the simillimum.—*Transactions I. H. A., 1889.*

THE USES AND ABUSES OF CLINICAL RECORDS.

EDWARD CRANCH, M. D.

Hahnemann in his *Materia Medica Pura*, Vol. I, preface, gives, in response to requests for his mode of cure, a warning and an example; the warning being that no satisfactory deductions can be drawn from one case, as to how to treat another, except as to the method of study employed, since each case cured shows only that that particular case was so cured.

Then he proceeds kindly to record two cases, with their respective groups of symptoms, and illustrates his mode of arriving at the remedy, which involves a nearly perfect knowledge of the *Materia Medica*, combined with a faculty for isolating, noting and comparing symptoms, that we

should all study to acquire. For completeness of the present subject "The Uses and Abuses of Clinical Records," a classification of such records may be made, and the most interesting class studied most closely.

First, then, we may divide all clinical records into three classes; viz: Business records, Hospital records, and Journal records.

"Business" records should cover *every case* prescribed for, and note the remedy; the dose and repetitions; the adjunctive rules for diet, etc., if any, leaving the rest to memory; though, if there be room, a hint of the chief conditions present will not be out of place. Such records will be of great value in retaining patients who return for that which previously helped, and will give information much needed; although, owing to the imperfections of the human mind, it often happens that the very remedy that does the most brilliant work will escape record!

"Hospital" records should be such as every hospital should keep, detailing every phase of the cases that can possibly be ascertained, and from such records, statistics of treatment of similiar groups of symptoms, sometimes conveniently called diseases, can be elaborated.

"Journal" cases call out from private or hospital practice such cases or groups of symptoms as are of special interest, either detailing them at large with comments and comparisons, or noting them more briefly as "verifications," or "clinical effects," of this or that drug; then they furnish notes for our repertories and *Materia Medica*, and are, when reliable, the best material for study that we can have.

"Journal" cases should always be written with a view to their future usefulness in study, not merely for applause or wonder; and they should be carefully divested of all extraneous matter, yet including sufficient vividness of personal description and anecdote to fix them in the mind.

Hahnemann's two cured cases already alluded to belong to and exemplify the latter class of "journal" records, and are chiefly useful for what they imply, rather than for what they directly teach.

Coming from the master, they show his wonderful knowledge of the *Materia Medica*, so largely his own creation, and his knowledge of what his remedies could *not* do, as well as of what they did.

He first states, without a hint of what he *thought*, or might have thought, about *pathology*, the exact symptoms that he observed, recorded singly, without apparent order or connection, concluding with the remark, "No other abnormal symptoms." Then he gives remarks on each symptom, giving the nearest related remedies in each case, and showing that only *one* has the needed combination, excluding all others in a masterly way that showed his complete familiarity with repertorial work, especially in the valuable field of concordances and concomitants. In short, he knew how to use his *Materia Medica*. He says "In looking out a remedy, it is sufficient to note the drugs producing the first symptom, *recollecting* the *conditions* in which the symptom is produced. This same proceeding is followed with each of the other symptoms, and that drug which contains the most striking and characteristic symptoms of the group is the remedy."

He goes on to advise young physicians to *prove remedies* on themselves; and no physician should attempt to record a group of observed symptoms until he has acquired some experimental knowledge in his own person, of what a group of symptoms is. All other knowledge is faith without works, and is dead for use.

The physician who attempts to practice without having made at least a few provings, is like the performer who has never composed a single piece of music; he may copy the work of others, in a fashion, but cannot do anything in new fields, or in the advancement of his art.

It is a fallacy that is sometimes taught, that the best way to study the *Materia Medica* is to study out actual cases of sickness; it is true that so the knowledge of it is *fixed*, but to best learn how to use the *Materia Medica*, one should edit a few chapters therein, either as re-provings, or as new investigation, for which there is always room; next, one must *study* some repertory, and be able to find a drug-

from the Organon, being part of section 73, which shows still clearer that what is claimed for Rademacher only escaped formulation by him. "The second class [of acute] includes sporadic diseases which attack several persons simultaneously in isolated localities. They are engendered by meteoric or telluric agencies to the morbid influence of which only few persons are susceptible at a time. Next to this class come the *epidemic* diseases, which attack many persons at the same time; they arise from the same cause, and individual cases resemble each other." To this morbid influence let it be electric, magnetic, or what it will, every person is exposed; in one it produces a typhoid, in another an intermittent, in another cholera morbus, or if the disease germs be also present, scarlet fever, etc., in another pneumonia, pleurisy or a common cold. *The same cause must be followed by like effects*, except as modified by other influences. Therefore, in the acute diseases which appear at a given time there will be symptoms in common, although the name of the disease is different. To illustrate: In this class of diseases at the present time, aching pains are present in every case, from a common cold up to typhoid. Several years ago they all had sore throats, even in intermittents and remittents. Those acute observers and skillful therapeutists, Wurmb and Caspar, in their *Klinische Studien*, page 185, after describing the cases of intermittents that indicated *Veratrum album*, then say: "This is the picture of the white hellebore disease in its highest development. Intermittents perfectly corresponding to it occurred during the cholera epidemic. Intermittents approximating to this drug picture more or less were met both before and after it, and every busy physician at this time certainly had abundant opportunity to make their acquaintance." Bönninghausen says in his "*Aphorismen des Hippocrates*," page 169: "The most remarkable phenomenon of this kind was without doubt that of the second half of the wet year 1860, when most of the acute and many of the chronic diseases indicated *Lachesis* or *Apis mellifica*, in fact by both of these animal poisons (in the smallest dose) the most surprising cures were made. At first we

were guided by the external appearance of the different eruptions on the skin, and the peculiar sensations of the suffering parts which characterize these drugs; but we afterwards repeatedly observed even when other remedies appeared more suitable, yet these two drugs manifested the most remarkable and permanent curative powers. Although similar occurrences are not rare, yet in our experience of many years they were never so clear nor continued so long as in the above mentioned period." This array of authorities I maintain establishes the point I wish to make.

I will therefore proceed to the question: How is the remedy corresponding to the Genus Epidemicus to be discovered? By the law of similars applied, not to one patient, but to many. A German Homœopath claims to have discovered another mode, but after studying it, I am compelled to say it has not been demonstrated. And moreover, if it had, I cannot see that his plan is an improvement. I have no better instructions to offer than those given by Hahnemann in the *Organon* on how to cure epidemics and intermittents, sections 101 and part of 102: "It is possible that a physician meeting with the first case of a certain epidemic, should fail to perceive at once its perfect image, because every collective disease of this kind will not manifest the totality of symptoms and character, until several cases have been carefully observed. But having observed one or two cases of this kind, a physician accustomed to exact observation may approach the true condition of the epidemic so closely that he is enabled to construe a characteristic image of the same, and even to discover the appropriate homœopathic remedy." Section 102: "By writing down the symptoms of several cases of this kind, the sketch of the disease will gradually become more complete, without being enlarged by additional phrases, it will be more closely defined (more characteristic), and made to embrace more of the peculiarity of this collective disease. General signs such as want of appetite, sleeplessness, etc., are specified and defined, while the more prominent and special symptoms which are rare in this, and peculiar only

to a few diseases, will be made conspicuous by proper notation, and will constitute the characteristics of the epidemic." And also part of section 241, given above. If we take not only the symptoms of epidemics and of intermittents, but of other acute diseases, we enlarge the picture from which we prescribe.

The question may be asked if the law of the *similars* is to be the only guide in selecting the remedy corresponding to the Genus Epidemicus, what is the advantage of knowing it? As Hahnemann points out in my quotations from him, each case of the disease does not present all the symptoms or features of the epidemic disease. We therefore obtain a more complete picture. In other words the prescriber who prescribes only for such a case fails to obtain the totality of the symptoms. And moreover, I have seen many cases, particularly intermittents, in which the case is undeveloped as far as the guiding symptoms are concerned. True, there were chill, fever and sweat, but nothing on which to prescribe. This is especially the case in the first paroxysm. My experience leads me to conclude that why many Homœopaths have had so much difficulty in curing intermittents, is, that in prescribing for such cases *per se*, they are prescribing for a part of the symptoms, not the totality as Hahnemann has pointed out. But with the Genus Epidemicus in mind, intermittents are cured with ease and certainty.

Another exemplification of the advantage of remembering the epidemic remedy in my own practice. Whooping-cough broke out in my own field of labor. With Gelsemium in less than a week all traces of the disease were removed. By prescribing for the pertussis alone I could not have selected that remedy, for its symptoms of cough, etc., have not been sufficiently developed, but at that time Gelsemium was the epidemic remedy, curing all the diseases arising from atmospheric causes.

Permit me to mention the names of those diseases in which the epidemic remedy has served me. I have already mentioned the epidemic diseases and intermittents, but to particularize; scarlet fever, measles, diph-

theria, whooping-cough, erysipelas, typhoid, remittents and intermittents, rheumatism, colic, uterine hæmorrhages, pneumonia, bronchitis, coryza, complaints of dentition, diarrhœa, entero-colitis, cholera infantum, cholera morbus, chlorosis, croup, and gonorrhœa. The two latter, previous to my observance of the epidemic remedy, were the cause of much anxiety and disappointment, for I felt that it was only exceptionally that my prescriptions cured. But now I treat them with cheerful confidence, the result of long continued success.

What are the limitations of the curative powers of the epidemic remedy? For it should be an intelligent and observant leading, not a blind following. The diseases produced by the chronic miasms, medicinal or drug diseases, and that class of acute diseases, the result of bad diet, overwork, anxiety, etc., are exceptions. In the psoric diseases I have so frequently observed that often the indicated antipsoric had awakened the vital parts and the cure was progressing favorably, that the patient would have a cold or the like, in which the symptoms indicating the epidemic remedy would appear, and, when it was administered, would act favorably, and afterwards the indicated antipsoric would be required. This has occurred so often that I now consider this phenomenon as an indication that a cure is in progress. But in acute diseases, particularly the contagious fevers, I have found that where the psoric taint was well marked that often the antipsoric corresponding to the patient's condition would be indicated, and, when given, would cure without the aid of the epidemic remedy. Many times, too, in acute diseases, often it becomes well established, and, more particularly, if not well treated an antipsoric would be required, and in the sequelæ more particularly.

It appears as if the monster, psora, when in full possession of its victim allows no weaker enemy to obtain a foothold, and not till he has lost much strength can atmospheric influences effect the patient.

One of the important benefits of our study is for purposes of prophylaxis. Bönninghausen in his Aphorisms,

on page 273, shows the principles on which the prevention of contagious diseases is to be conducted: "It is well known that some persons are always spared by the most malignant and contagious diseases, and the opinion prevails that they are thus protected because they are not susceptible to them. In order to produce this condition artificially, experience has shown that only such remedies avail as have the power to cure the disease in question and thereby to cause such a reaction on the organism as is directed against it. If, therefore, in a house where, for instance, a kind of nervous (typhoid) fever prevails, in order to guard those members of the family against the contagion who are not yet affected, that remedy alone will avail which is the *true homœopathic* remedy in those already sick; while all other drugs which may be indicated in nervous fever will prove useless." And, reasoning by analogy, I predict that those diseases of the lower animals, which occasionally block the wheels of commerce, known as epizootics, may be prevented and cured by the epidemic remedy. I have not had the opportunity to test this by experience, but call your attention to it so that you may try it.

I have several times observed what, for want of a better name, I call subordinate epidemic remedies. This has always been among children. As, for instance, in the diseases attending dentition, *Æthusa* was curative. Among older ones *Cina* was nearly always indicated, while among adults different drugs were required in the acute diseases.

May not the lazy and incompetent take advantage of this easy way of prescribing? Yes, but it is better for (humanity?) that their routine should be right than wrong.

This theory, if worthy of no better name, offers a solution of many difficulties in Homœopathy. It explains how that in 1813 Hahnemann cured all his cases of typhus with *Bryonia* and *Rhus tox.*, and yet those remedies are not specific for that disease. He also cured all cases of whooping-cough at one time with *Drosera*, and yet his noblest disciple Bönninghausen wrote a monograph on the treatment of that disease in which 64 remedies are mentioned; and when translated by Dunham he added 15 more, and

included others by Adolph Lippe and J. B. Bell. Bönninghausen used Aconite, Hepar, Spongia, in hundreds of cases of croup without losing a patient; and Dunham and Wells with like favorable results. And yet others have failed. C. W. Wolf treated so many cases of intermittents successfully with Apis mel. that he made the mistake of saying that that remedy would cure all cases. I might mention many more but those must suffice.

Pardon the length of this paper, but I am unable to shorten it without leaving out vital points of my argument. But the importance of this subject is my only apology.—*Transactions I. H. A., 1889.*

Surgery.

THE CONFUSION IN SURGERY.

THOMAS M. DILLINGHAM, M. D., NEW YORK.

It may be said that surgical advancement, except in a few notable instances, has come to a standstill.

The year 1888 gives almost nothing that is new, and yet it is destined to mark a point on the circle of their wandering, where antiseptic surgeons found there was nothing to do but return to the very spot from which they started under the flag of Lister. They are like men at sea without a compass, or on the prairie, or in the woods, they travel in a circle. We can truly claim that no follower of our law has made this mistake.

Dr. Bell told me in 1874 that just what has happened would happen, and when I asked him on what ground he based his reasoning, his reply was that "he knew the Law of Similars was true, consequently antiseptic surgery could not be."

A few men in the old school *may* have from the first recognized this truth from some other point of view, but I do not know who they are. Tait certainly was not one of them, for he tested Listerism thoroughly before giving it up.

Before I visited Vienna in '81 and '82 Billroth had discarded Carbolic acid because he said it killed his patients, but it is quite as likely that he was only too glad to discard an English idea for he continued to poison his patients with Iodoform, so that the change can be called only one of degree. The great and glorious idea that something must be found, and can be found, which will overcome all antiseptic conditions regardless of the idiosyncrasies of each individual, is still uppermost in the minds of all surgeons who are not guided by that everlasting compass, the Law of Cure as taught by Hahnemann. One substance after another has been tried, until we now have in the new text-books many reasons for using this, that, or another antiseptic, but more reasons for not using them, so that the sum total of this addition and subtraction really amounts to the fact that none of them can be used with safety, or that they will *not* do the work expected of them. Up to the present time when one thing failed they would resort to another, but discouragement naturally follows successive failures. We hear more of the new things before they have been used, than after they have been laid on the shelf; and now we find them at a standstill waiting for a Moses to lead them out of their very perplexing position.

What shall we expect. They had Hahnemann and have now such men as Tait and Volkmann, but they will not listen to them. History simply repeats itself.

Take for example Volkmann's new hospital in Halle. In passing through his wards last year I noticed the absence of any antiseptic odor, and on inquiry learned that some time since everything of the kind had been given up. Close inspection showed most perfect arrangements. Sponges, dressing, instruments, everything simply clean; but under the same roof I found an assistant Professor in charge of an accident ward using all the antiseptic smells and poisons.

In the Samaritan Hospital for women in London we find another house divided against itself, one-half of this old rookery reeking with horrible smells, and the other half as clear as Tait's and von Volkmann's.

Even in the Woman's Hospital in Birmingham under the charge of a surgeon Tait cannot control, and in spite of the results he sees daily under Mr. Tait's method, possibly from pure malice, he uses Carbolic acid.

So we find them as it were at the end of the list with nothing proving as they loudly promised, and they hardly know which way to look to make their next blunder, but make it they will in one way or another.

One fact weighs heavily with many of the old operators in Europe and I presume it is the same here. Where they formerly lost a very frightful proportion of all their cases, now with the antiseptic methods they lose comparatively few.

In Birmingham at the Midland Hospital, I saw the senior surgeon make an excision of the knee joint. After he had completed a very bad piece of work, he turned to me and said: "With the help of the spray this man will recover, formerly without it I lost all of my cases." I suggested Tait's methods to him. "Yes," said he, "that may be so, but in this old hospital, more than a hundred years old, I do not dare to try it." It should be said, however, that in this hospital the spray is no longer considered necessary except by the senior surgeon.

The fight is not over, only fairly begun. From the vast ranks of old school and new school, we see only a few, a very few advancing in the right direction. Among the rest only confusion. No indication that they think us right, because they find themselves wrong. Our encouragement can only come from the fact that their failures are exactly what the Law of Similars said they *must be*, from the very nature of things.

Let us gather new hope and new courage, for our responsibility is very great as the representatives of this Law, and our opportunities comparatively small.

The wise men in the field of surgery will be faithfully followed by the great body of the profession. When we see Hahnemann followed by the great body of so-called Homœopaths, and not before, we can and will rejoice in this new evidence that we are right.

Dr. Nash: There seems only confusion on our part of the old school to find out the cause of disease; for they are not willing to attribute it to dynamic causes. If they don't succeed the only result is, they will try to find that material which causes disease in another direction; that is what they are after, simply to satisfy their gratification.—*Transactions I. H. A., 1889.*

EPULIS.

J. W. THOMPSON, M. D., NEW YORK.

L. S., æt. 14 years and 8 months, was brought to my office by her father on January 6th, 1889.

A fibroid growth, hyper-ostitis, overlapped the teeth of both upper and lower jaws, left side; growing both internally and externally from the alveoli; covering the last bicuspid, first and about half of the second molars superiorly and inferiorly. In the lower jaw it had a free margin which extended into the mouth, about half an inch in length and width, by about a quarter of an inch in thickness. This protruded from the interior and lower alveoli like a small tongue, lobulated, almost as hard as bone, deep red in color, a much deeper hue than the gums which were paler than normal. Painless to touch and could be freely handled, without distress to the patient; there was no difficulty from mastication, excepting the inconvenience arising from the size of the tumors.

The two lower bicuspid and first molar were noticeably loose, but very slightly so, on manipulation. The tumor is rather larger on the lower maxillary, and there is no extra lobulated projection on the upper. It is about a year since she first observed the growth. Noticed a small lump on the interior lower gum first. They have been growing ever since. Has been in St. Mary's Hospital for ten days, in charge of Dr. B., the dentist there, and has been seen by other professional gentlemen, both physicians and dentists. The patient states that Dr. B. declined to operate as he dreaded the hemorrhage which would ensue.

Her mother died two years ago from phthisis pulmonalis, aged 36 years.

Forehead feels ice cold internally; is not cold to touch. This sensation comes at irregular times and continues for hours; thinks that it comes three or four times a week, but her memory is very poor. Feels sometimes as if she would faint; has not noticed any difference in this cold feeling during her monthly flux.

Sometimes feels a rush of blood from left side of mouth to head.

If she stoops or tries to work round the house blood rushes to head.

Has a very poor and capricious appetite.

Stool about every two days; it is hard and has to strain very much.

Sticking pains, left side of body, from shoulder to waist, so severe sometimes that it is all she can do to get her breath.

First menstrual flow 9th of September. Three times since; just over the last a few days ago. Did not make any observation as to their regularity.

Subject to damp, cold feet.

Has a great deal of itching on both legs, left arm and back; feels good to scratch; gets grandma to scratch her back.

If she eats apples or any kind of fruit, there is a burning afterwards in face, and red and white spots appear on her nose and all over her; stomach also will feel heavy, and bad afterwards.

She looks pale, haggard, and badly nourished.

Pulse 98 and scarcely perceptible.

Sulphur, 200 D., one dose.

January 13. Has not had the coldness in sinciput as usual this week.

Last Tuesday morning and afternoon and Wednesday afternoon (8th and 9th inst.) hæmorrhage from superior maxillary, blood was quite dark in color, on each occasion about a tablespoonful, never had any bleeding from the mouth before.

Has not had to strain at stool, but it has not been any more frequent.

A sleepy feeling in both calves.

Felt a good deal better.

Pulse 95. Sac. lac.

January 20th. Occasionally has had a feeling of coldness in forehead, during the past week, not however so severe as formerly.

A rush of blood sometimes, from right side of mouth to head.

Toes and feet are very cold; seems as though the toes would break off; feet have not been damp; it is a dry cold.

Menses from 13th to 15th; very little flow. After the flow was over, very sick at stomach.

Has a dislike to water; hates to drink it.

Sticking pains, just like pins in left chest.

Pulse is much fuller, 75. Sulphur 14 m., one dose.

January 26th. Was awake at 4 A. M. two days ago with cramp in stomach, and had to straighten out her legs to relieve the pain, it was so severe (Nux.) The cramps continued till between 2 and 3 P. M. Next day, that is yesterday, also had cramp in stomach, commencing about 2 P. M. for an hour; much less severe than the day before. The inside of mouth was much paler than usual she observed, and both yesterday and the day before there was such a rush of blood to head that she thought she would choke on both occasions.

Has had a lame feeling in legs and thighs, every day during the past week, extending to groins, the left being worse.

A bitter taste on rising in the morning.

Is very fond of eggs, which agree.

Feels so much better in the open air, never wants to be in the house. (Puls.)

Pulse 79. Sac. lac.

February 3. On the 27th ult., the day following her last visit to me, she had a severe attack of cramp in the bowels; could not sleep afterwards; it was only for a short time, or she could not have borne the pain; felt very tired all day

after it. The following day at 3 A. M., felt very sick and vomited frothy mucus; afterwards vomited a dark brown "stuff" which smelt very sour; later in the same day vomited dark blood. Has not felt so bad for past three days, and has not had another attack; but does feel so much better in the open air. There is again a marked change in the pulse. Its rhythm was so good and it was so slow comparatively that I counted it thrice, 64.

I hesitated last time between placebo and Pulsatilla; now, I could not resist the temptation to give Pulsatilla 200, one dose.

February 10. Humming like a bee in left ear for several days past; has been nearly deaf in that ear since seven years old. Doctor said it was catarrh. (Had scarlatina and allopathic treatment prior to the trouble with her ears before she was seven years old).

Is very short sighted, so is father.

Tumors in mouth are less and not so hard. Apis. 200, six doses, one dose per day.

February 15. Has felt better than usual; looks better, fresher, brighter. Flow from 11th to 14th. Twenty-nine days since last; had less pain. Cramping in stomach and cutting in lower part of spine before it commenced. Sac. lac.

February 23. Heavy feeling in forehead.

Humming in left ear all the time; feels as if a bee was there; it is terrible. Apis. 200, in water, every three hours, taking four doses.

March 2. Has to put books close to eyes to read; cannot see far off at all.

Flushes on least exertion, sometimes when not doing anything.

Humming in left ear is not so constant; has it when she lifts anything heavy. The medicine helped it, but lifting things when working about the house brought it back.

Has not any appetite.

Right arm between wrist and elbow is swollen and sore.

If any of the girls of her acquaintance speak to her in the street, shakes all over and cannot say a word

No strength or ambition and don't want to do anything.
 Apis. 42 m., one dose.

March 10. Yesterday morning and this morning when she rose, heavy feeling in forehead, but it soon went away.
 Still the humming in left ear, but it is less.

Appetite very poor.

The growths in mouth are less. Apis. D. m. m. (S.) one dose.

March 16. For the past three or four days the eyes burn and they water all the time, and has been constantly drinking; water did not seem to quench the thirst and had to drink again right away.

Light hurts her eyes.

Still the humming in left ear.

Arsenicum 200, four doses in water, three hours apart.

March 28. Terrible headache; heavy feeling and a knocking more at left side of head and left temple yesterday; it commenced at 11 A. M. and continued until 10 P. M. (Nat. mur.)

When she stoops all the blood rushes to head and then it burns in left ear.

Is not nearly so deaf as has been.

If passes the cellar when the door is open, trembles all over, is so afraid of falling down stairs.

The monthly flow appeared yesterday; itching in limbs.

Epulis in lower jaw bled a little yesterday.

Borax 200, one dose.

March 30th. When she speaks seems as though had a ten cent piece between the teeth from the peculiar noise that it makes in left ear; it is usually worse between noon and 1 P. M.; sometimes also for a short time about 9 A. M.; formerly it would be continuous; did not think to tell me before. The same sensation in ears, on opening and closing eyes, will occur three or four times daily.

Has not had the fear of falling since took last medicine; it seemed to give her courage as soon as she had taken it.

Often has sores on lips which blister and burn; one on lower lip now, about half way between centre and left side of mouth. Feels so much better in every way than has

ever done before and also looks better. Growths in mouth less and more patulous.

Pulse 75. Sac. lac.

April 9th. Pulse 81. Feels so much better in every way; can see and hear better. Sac. lac.

April 16th. A terrible sensation of oppression on chest; feels as if something was sitting on it, can hardly breathe; first noticed it two days ago; has been there all the time since when awake; if can lie down and get a good sleep feels better, but is so easily awakened.

Feels tired all the time.

Left ear hums and right is deafest now.

Stomach feels hard, but it does not hurt;

Pulse, jerky, 96. Caladium, C. M. (Skr.), 1 dose.

April 29th. A good, even, regular pulse, 84.

The growths in mouth are less and soft to touch.

Right ear now deafest, left hums, but much less than formerly; left annoys most.

A slimy sensation in throat.

Chest feels better.

Flow commenced on the 27th, and seems all right. Did not have any backache this time. Sac lac.

May 9th. Pulse 84.

Hearing is better; occasionally will be deaf in both ears, just for a minute.

The growths in mouth are less than half the size they were at commencement of treatment; do not give any inconvenience on mastication and are quite soft. Feels well in every way. Is bright looking and cheerful. Teeth no longer loose. Sac. lac.

I have seen this girl again and she could not give me a single symptom, so I dismissed her with a placebo, at the same time saying that if she had the slightest ill feeling of any kind to let me know at once.

It may be asked about the repetition of the remedies, especially with regard to Apis. Those who have had experience know how difficult it is to decide. It is only given to the pains-taking Hahnemannian who has had *experience*, to have any knowledge whatever on the subject. I am

convinced that repetition was necessary. The fact of the symptoms disappearing under the continued action of the remedy would seem to warrant this conclusion. It has been my experience after giving one dose of the indicated remedy to have a return of the symptoms and to find the necessity of giving the remedy again and again, in chronic cases, with the most favorable results. Sometimes a chronic case will be cured with one dose of a high potency; more frequently, however, we have to study the case *de novo* from time to time. I try not to give another remedy, the remedy that may seem to be newly indicated, until I am absolutely sure that it is called for; because it may be only like a passing cloud that has been brought to the surface by the previous remedy. This will readily be seen from a study of the case.

It is a pleasure to see the change in this girl, just blooming into womanhood. Four short months ago she was wan, haggard and thin. Now, she has a good color, is rosy, sprightly and moves with elastic step; fairer than the beautiful boquet she gathered in her father's garden and presented to me in my office.

May we not present this as a sample of what has so often been done in the past by the votaries of Homœopathy pure and undefiled, and as a harbinger of what will be done far more frequently in the future; until the time shall come when this body, this ultimate of humanity is gradually restored to the healthy condition that was originally intended, and thus made a fit temple for the immortal soul.

The cure of chronic diseases by the law discovered by Hahnemann, also suggests the thought that the time is not far distant when surgery, except for accidents, will be a thing of the past. We labor to hasten the time.—*Transactions I. H. A., 1889.*

[Epulis is a surgical disease rarely cured by surgical or any other methods. This cure was effected by prescribing for the constitutional symptoms as presented and paying no attention to the Epulis. This is Hahnemann's teaching.—ED.]

ALLOPATHIC IGNORANCE AND ARROGANCE.

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

The building of the first German railroad (Nuremberg-Fürth) which was opened December 7th, 1835, was sternly opposed by the highest medical authority in the land, the *Obermedicinal Kollegium in München*, in a plenary assembly, which decreed that "the running of steam-cars had to be forbidden unconditionally in the interest of the public hygiene. The rapid motion produces without fail a disease of the brain of the passengers. However, if it should not be desired to prevent those who would not hesitate to expose themselves to such a danger of getting sick, yet it remains the duty of the government to protect all those non-passengers who might look at the cars, for the mere look at a rapidly-moving train of cars would cause exactly the same disease, and, therefore, it is required at least that every railroad ought to be inclosed in a tight fence at least ten Bavarian feet high."

This document is in the possession of the Directors of the Nuremberg-Fürth railroad, but was not printed in Hagen's book, "Die erste deutsche Eisenbahn" (*Hom. Mon. Bl.*, Stuttgart, March, 1889, p. 44).

The *Homœp. Monatsblätter*, Stuttgart, March, 1889, p. 45, gives the following letter:

"Treated for a complaint of the larynx (polypus of the vocal chord) without success for one and a half years, I finally went to Berlin for an operation. After examination by the most celebrated specialists, Professor Virchow stated that the disease was of a cancerous nature, and I was informed that the larynx must be cut open from outside and the diseased parts removed; if I should survive the operation, my speech, of course, would be gone forever, and the duration of my life would be in God's hands.

"In this sad and hopeless time, I wrote to Dr. Volbeding, Homœopath, in Düsseldorf, and now I am so fortunate as to be cured of a terrible complaint without any operation, merely by taking the medicine of the gentleman mentioned.

"D. ZULON, Master-saddler.

"HAGENON, MECKL-SCHWER., December, 1888."

This case was published by Dr. Virchow in the *Deutsche Med. Wochenschrift*, No. 8, with the addition of a lengthy explanation, the end of which is here given literally:

“As I have learned from credible authority, the patient has not submitted to the partial extirpation of the larynx proposed at that time, but went home and has, by letter, sought the advice of the Homœopath, who, in the same way, sent him advice and remedies without having seen the patient before or afterward.

“In the latter days a new examination of the patient has been made by Professor Krause himself, on account of sickness of the assistant. The Professor stated that a cure had not taken place, though the patient at present, therefore *more than fourteen months after the endo-laryngeal tumor has no subjective complaints whatever*, except a permanent hoarseness, yet the examination with the laryngoscope proved that the disease continues unchanged in its nature.

“RUDOLF VIRCHOW.

“BERLIN, February 14th. 1886.”

The disease, therefore, though not annihilated, has been so modified in consequence of the homœopathic treatment that the patient considered himself cured. More, indeed, cannot be expected in such a severe suffering and at the old age of the patient.

But Virchow and his followers do not seem to comprehend. (See *Die Münchener Nachrichten*).

ADDENDUM.

Dr. Zoeppritz, of the “Hahnemannia,” has written to the gentleman above in regard to his alleged cure and received the following answer, which speaks for itself. It is literally translated:

“HONORED SIR:—Professor Krause has been here in his own interest, and has requested me to make an examination. He has here declared that I was perfectly healthy, but that I never entirely would regain my speech, since the right vocal cord had been destroyed by Dr. Friedländer (his assistant). He was pleased at my healthy appear-

ance. In contradiction to this Professor Virchow writes quite differently; I do not know what to say to it. * * *

“D. ZULON.

HAGENON, March 7th, 1889.”

The cancer is in another place than in Mr. Zulon's larynx.
Hom. Physician.

Clinical Medicine.

A CASE OF POISONING WITH CAMPHOR.

S. LILIENTHAL, M. D., SAN FRANCISCO, CAL.

A middle-aged lady took December 20, 1888, at 10 p. m., about three grammes Camphor, in an alcoholic solution. Immediately she felt pressure in the head, but no burning in the mouth or stomach, and soon fell asleep. About midnight she awoke, walked restlessly about in her room, complained of giddiness and heaviness in her head, uttered a scream followed by epileptiform spasms, injuring the tongue several times and was carried into her bed in an unconscious state. Three and a half hours after taking the Camphor, Dr. Chodounthy found the patient remarkably pale, unconscious, the extremities cool and moist; when questioned, her replies were slow and could not be understood; prompt reaction of the moderately dilated pupils; pulse small, 92; temperature, 39.5; respiration 18; the expired air smelled strongly of the Camphor; no pain on abdominal pressure; she vomited the milk taken and the vomited matter showed the strong odor of the Camphor. After an emetic she vomited several times and then slept for three hours. The next morning consciousness clear, abdomen nowhere painful, no vertigo nor headache. At noon she passed for the first time 750 grammes of an acid, murky, non-albuminous urine.

December 22, pulse 72, temperature 37, pressure on renal region very painful, passed in twenty-four hours about 200 grammes of a very jumentous urine.

December 23, severe spontaneous pains in left kidney, which were increased by pressure.

December 24, moderate pains, copious diuresis.

December 26. Reconvalescent. The microscopic examination of the urine passed on the 21st and 22nd showed a large quantity of leucocytes, some red blood corpuscles and many degenerated epithelia. 2-5 grammes are mostly considered a toxic dose; we meet here dangerous symptoms after a smaller dose.—*Wien. Med. Presse*, 7, 1889.

Verification of symptoms (Allen, II, 424).

36. Great anxiety and restlessness, tossing about in bed.

41. Much excited, screaming loudly, afraid of having fits.

56. Stupefaction of the senses; like fainting, unconsciousness.

84. Vertigo with tendency to fall and heaviness of head, more when stooping.

310. Tongue felt swollen and numb.

311. Breath has the odor of Camphor.

374. Vomited matter has the smell of Camphor.

456. Diminished urination.

460. Retention of urine the past twenty-four hours.

474. Yellowish-green turbid urine, of a musty odor.

550. Pulse accelerated, but undulating and without strength.

599. Pressure in small of back.

732. Fell from her chair in a kind of epileptic fit.

766. Skin, pale, cold and moist.

VERIFICATIONS.

A. F. RANDALL, M. D., PORT HURON.

COCCULUS.—A case of "spasmodic, flatulent colic, about midnight, flatus passed without relief," recurring for several nights, was promptly relieved by *Cocculus 3x*. A subsequent attack was also relieved by the same remedy.

LYCOPodium.—For about a week everything eaten seemed turned to gas. One dose of the 200 stopped it *instantly*, with no further trouble.

CASE OF REMARKABLY HIGH TEMPERATURE.

JOHN W. WHITNEY, M. D.

[Extract from Records of Brooklyn Hospital.]

William McQ. was admitted April 28, 1885, to the Brooklyn Hospital. The diagnosis made was intermittent fever. His age was forty-eight; United States; widower; merchant.

Two or three months ago patient was treated here for delirium tremens. Soon after leaving hospital he became partially paralyzed, and was taken to the Cumberland Street Hospital. There he developed intermittent fever of the most extraordinary type. Every third day his temperature would go up to 108° and 113½° F.

April 29: His chills last about three-quarters of an hour. His story was not believed until yesterday, when temperature was taken at two different times, and was first 110° F.; second, 113° F.

May 1: He remained in this condition half an hour. Last night had hard chill; shook the whole ward; temperature 112° F.

May 2: Temperature 99° this morning. Says he feels sore. During the chill and also the fever that followed, he seemed to be almost delirious; very restless; would kick the bottles out of bed, etc. Pulse was 100; respiration 38.

May 3: To-night he says he will have another chill; was called at 2 A. M. Very light chill, followed by temperature 112°. The skin does not feel warm above normal. Seems to be quite weak. In bed most of the time, yet not necessarily so.

May 4: These "hot flashes," as he calls them, occur several times every day, as was ascertained by taking his temperature every half hour in the twenty-four hours. The state of his mind seemed to have something to do with the flashes, *e. g.*, he became angry at the nurse several times on different occasions, and always had a rise of tem-

perature following it. He gives a history of intermittent fever, contracted in Georgia ten years ago.

These hot flashes came and went until May 17th. After that he never had any rise. Many times he would complain of feeling chilly, but no marked rigor followed. Following some of these flashes he would complain of pain in his back and head. Often the muscles would twitch on different parts of his body so much, that at times it was impossible to take his pulse. These flashes lasted from five to thirty minutes. He could tell the moment his temperature dropped or went up. Every day's observation seemed to point to a central lesion and not one of fever. Before he came here he was delirious before and during the rise in temperature, but later on he was little disturbed. He was always exceedingly nervous, so much so, that temperature could not be taken by mouth. He was a wreck, both physically and morally, from the effects of alcohol; was constantly complaining, and would sulk for days if the nurse reproved him.

Discharged May 24th for insubordination.

CHARACTERISTICS OF SABADILLA.

TRANSLATED BY A. M'NEIL, M. D.

(1) Headache and vertigo, which are ameliorated when he looks fixedly at one object, or if he thinks only on one subject.

(2) Gastric complaints which are aggravated in the morning; while Pulsatilla is aggravated in the afternoon.

(3) Thirstlessness (as with Pulsatilla) except a longing for milk.

(4) The Sabadilla vertigo is sufficiently characterized in, that everything turns in a circle.—*Allg. Hom. Zeitung.*

CENCHRIS CONTORTRIX.—Symptoms come on at once after lying down, instead of as under Lachesis, after sleep. Aggravated from 3 to 8 p. m., gradually disappearing toward midnight.—*Kent.*

The

Medical Advance

AN ADVOCATE OF
HOMŒOPATHIC MEDICINE.

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

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

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—HAHNEMANN.

OUR MATERIA MEDICA.—We have, in previous issues, referred to efforts being made in Boston, New York and Baltimore, to bring out a perfect Materia Medica, a work based on the verification and consequent congruence of the symptoms. In this connection we beg to quote from a paper presented at the late session of the American Institute on "How Shall we Reform our Materia Medica?" by Dr. VanDenburg, of Ft. Edward, N. Y. The doctor has recently been making a critical study of the Organon, and in this study has seen a new light in the method of building a work of this kind, which it would be well to carefully peruse before we expend too much labor on it.

He says: "Let us turn to a brief summary of the views of Hahnemann. He is not quoted as an infallible authority, but on so important points as are embraced in these questions, he is entitled to at least, a respectful hearing."

The Organon, §§ 105 to 145 inclusive, discusses most of the points involved.

The entire range of disease-producing power of each drug must be known; that is, all the morbid changes of the state of health, which each drug is capable of producing by itself in healthy persons, (106).

In producing morbid changes in the healthy human body, drugs act in obedience to fixed and eternal laws of nature, by virtue of which each drug generates certain definite morbid symptoms; and each drug produces particular symptoms according to its peculiarity, (111). * * * and no other drug will produce effects of exactly the same kind, (118).

Some symptoms are frequently produced by drugs in many healthy persons who try them; others are produced in but a few; again, others are extremely rare, (116).

The so-called idiosyncrasies may be said to belong to the latter class. This term is applied to peculiar constitutions, which, though otherwise healthy, are inclined to be more or less morbidly affected by certain things which appear to make no impression, and to produce no change in many other individuals. But the want of susceptibility is only apparent, not real. In this as in the production of all other morbid effects, two conditions must exist; first, the active power residing in the drug; second, the vital force of the organism possessing the faculty of being affected by the active principle residing in the drug. Consequently the remarkable diseases arising from the so-called idiosyncrasies, cannot be attributed alone to this particular kind of bodily constitution; but, they should be considered as due also to the effects of drugs, which possess the power of affecting every living organism; with the exception, however, that some healthy constitutions are more inclined to be perceptibly affected than others. The fact that drugs prove to be homœopathic, curative remedies, in all cases of disease (although only seemingly in idiosyncrasies), presenting symptoms similar to those which the drugs are capable of producing, tends to prove, that they have the power to affect all persons, (117).

In point of his disease, every patient is most susceptible to the influence of medicine, by virtue of the similitude of its effect to the disease;—in other words, an *adult patient* is more easily affected by such a dose, than a *healthy* infant a day old, (281).

* * *

“By any one familiar with the provings of drugs, the following facts will be admitted without dispute:

First: Not all the symptoms of a drug are developed by one person, at one proving.

Second: Not all the symptoms of a drug can be developed by one person, from any number of provings.

Third: Idiosyncrasy is one factor, drug force is another, in giving uncommon results. This is what Hahnemann has just said.

Hence, one prover may, from idiosyncrasy, develop drug symptoms not shown by any one of a large number of others.

Therefore, to reject a symptom because it has been exhibited by only one, of a large number of provers, may not always be good judgment, or correct ruling.

In giving directions for the selection of guiding symptoms in the patient, to be matched by similar guiding symptoms in the drug, Hahnemann says: "

In making this comparison, the more *prominent, uncommon, peculiar, and characteristic* features of the case, are especially, and almost exclusively to be 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 general and indefinite symptoms, such as, want of appetite, headache, weakness, restlessness, 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. (153.)

* * *

THE so-called "winnowing of the wheat from the chaff," the building of a "perfect" or "scientific" *Materia Medica* by the process of exclusion based on the verifications of the symptoms by "at least seven provers," would exclude nearly all the *uncommon, peculiar, and characteristic* features of the drug—the ones which Hahnemann teaches us to observe most carefully, both in examining a patient and in selecting a remedy, *e. g.*, the symptoms of *Gelsemium*, page 125, Aug. No.—and give us a symptomatology composed of the general and indefinite symptoms, those "common to every disease and to almost every drug."

The result might be a *verified Materia Medica*.

From the standpoint of the pathologist it might be scientific. It would be a good work with which to treat *diseases*; it would be practically worthless in treating patients, and it is the latter with which the Homœopathist should have to do.

After a *trial*, the Baltimore Club agrees with Hahnemann, for the report says:

The *Materia Medica* would be resolved into a collection of pathogeneses of substantially similar symptoms, and with prob-

ably no single pathogenesis possessing sufficient individuality to be differentiated from its congeners as distinctively homœopathic in any given case of disease.

The truth is that a fact in science is no less a fact—whether it be the discovery of a planet or a characteristic symptom—because found only by a single observer.

* * *

NOTWITHSTANDING the lecture read us by our esteemed contemporary, the *N. E. M. Gazette*, in its June issue, we must respectfully repeat our assertion, that it is neither the defective arrangement of Hahnemann's schema, nor the unreliability of the symptoms of the *Materia Medica* that is at fault. It is the defective method of using them. It is the attempt to apply our symptomatology on the physiological "scientific" plan, to treat diseases instead of patients, to practice Allopathy with the Homœopath's armamentarium. We never claimed that "pure Hahnemannians" never "lose cases of diphtheria, typhoid, phthisis, etc." But we hope that all true Homœopaths are honest enough to place the failure to cure where it properly belongs, not saddle all our sins on a long suffering *Materia Medica*. Will a rejuvenated, curtailed, "perfected" *Materia Medica*, enable our friends the *soi disant* "scientific fellows" to cure all their cases? Is the success of the latest attempt to make a perfect and reliable work—the *Drug Pathogenesis* of Hughes, Dake and Wesselhœft—which not one in fifty has used, or ever can use in practice, such as to warrant other efforts in the same direction? We do not claim that our present symptomatology is perfect, or beyond improvement. But improve it by a *reproving* of the remedies, by adding to our present knowledge rather than curtailing it. All our best victories have been won, and our present proud position in therapeutics attained with the symptom records of Hahnemann. But our esteemed contemporary and his friends having discarded the *Organon*, now want the *Materia Medica* remodeled to suit their mode of practice. No! Let us speak well of the bridge which has carried us over.

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.

"FAITH" VERSUS "KNOWLEDGE."

EDITOR ADVANCE:—On page 52, July number, in the address of the president of the A. I. H., will be found an italicised sentence beginning "believers in the law of similars, etc." On page 53, same number, and by the same author, are two more italicised sentences. I beg to quarrel with them *all*.

Most Homœopaths have become tired of the words "faith" and "belief" in the practice of our beloved science. It is good, and the only expression a layman can use in this connection, but that a practicing physician should talk of "faith in the law of similars, etc.," is equal to having your tailor "believe" he can cut a coat. If he has *knowledge* of the different material, that enter into a well made garment, a *knowledge* of the forms required, and of the *use* of the necessary *utensils*, he can cut as well as make a coat. His "belief" or "faith" is the result of a knowledge gained by experience. Without that knowledge he is no better off than the customer to whom he relegates the "faith" part of the contract.

Had the sentence read "*have*" knowledge of "*the law of similars, and are patient and persevering practitioners, according to that law?*" we should feel satisfied. How can we expect to be "patient and persevering" without knowledge? Where can our faith come in without a smattering of that knowledge? The layman has no "faith" until he has found that the physician *knows*, without cavil, and can do more for him than the regular (?)

"Faith" is not "the central principle upon which 'Homœopathy' is founded," but knowledge—of what a remedy can do through its provings, its sphere of action,

its potentization; of the causes and sick-making power at work in the human body; and of the vital force, its resistance, etc.,—in fact, a knowledge of the instruments or forces employed, and of the forces antagonistic to true healing—is the true essential to becoming wise Homœopaths, and only such can “improve homœopathic therapeutics.”

“Faith” without a knowledge of at least the bottom facts and principles of Homœopathics, should be relegated to the use of the numerous Mind-healers, Christian Scientists and Faith curers, who profess nothing higher, and therefore need it.

Give a man knowledge of Homœopathy, of course he has “faith,” but knowledge must stand first and firm or “faith” is worse than useless to the *actually* sick human.

S. L. G. L.

REFUSED TO AMEND THE BY-LAW.

EDITOR ADVANCE.—What conclusion am I, a homœopathic student, to draw from the refusal of the American Institute by a vote of 76 to 34, to amend the by-law, making a belief in “similia,” and the “practice of Homœopathy” a requisite for membership?

If there were 34 *Homœopaths* present, what were the 76? There surely must be something wrong. Are they ashamed of their creed? Do they doubt the truth of similia, and still call themselves Homœopaths? That cannot be, as it would be not only inconsistent but dishonest.

How is it that the by-law needs amending? Were the makers of it so sublimely simple and confiding that they thought Allopathy would not see the open door to the enemy's citadel and take advantage of it to work their ruin? If so, they mistook the craft and cunning of “our friends, the enemy.” Or when the by-law was first adopted were they all Homœopaths in fact and principle who professed to be? Or is Homœopathy less true to-day than then; or is it false in whole or in part? I wish some one of the 76 would answer these questions. I cannot conceive why any honest member of the American Institute of Homœopathy

should refuse to shut out entirely from membership, by the adoption of the proposed amendment, every applicant not born into or grounded in the Homœopathy of Hahnemann or Hering.

Perhaps you can enlighten a student of *Homœopathy*; otherwise I must conclude that there is "something rotten in Denmark."

T. F. THOMPSON.

IOWA CITY.

[We must ask our correspondent to have patience; large bodies move slowly. The Institute never takes but one step at a time. This year it brought the journals, over which it has no control, up to the mark, as by resolution, "only such shall be included (in the list) as recognize the principle of Similia as the dominant principle in the selection of drugs for the cure of the sick, and which also support the organization of Homœopathy as a distinctive body in the medical profession." Or, as the *Homœopathist* puts it to the *N. Y. Times*: "Be consistent and acknowledge the Homœopathic creed to an Institute which does not require such acknowledgement from its actual, living, paid membership, but insists upon it in journals which pay no tribute, financially, to its coffers; which have neither lot, part nor parcel in the politics of the Institute; which cannot vote nor hold office," etc. Be patient; next year the majority may see fit to draw the line at candidates for membership, and prevent the humiliation of another S. O. L. Potter becoming a member and a Homœopath (?) at the same time.—ED.]

DR. FINCKE'S CRITICISM.

EDITOR ADVANCE.—It is unfortunate to be misunderstood. I know nothing about Dynamics, and have never intentionally asserted anything concerning it.

I did quote in the article referred to to the effect that Dynamis and life-force were declared identical, but I only quoted to show its evident absurdity. "The conception of a series of life, running from the lowest substance to the highest organism in man," is wholly undemonstrable as a

scientific fact, and I have never intentionally given the least adherence to any such speculation.

I neither admitted nor denied anything about it, except that the lecturer was talking of things, that according to his own statements did not possess the same characteristics, and yet calling them identical.

What I did intend to convey, was, that the theory of Dynamis, or any other THEORY, was not an integral part of Homœopathy, or any necessary part, at all. That Homœopathy, as such, was composed of demonstrable facts, certain laws of sequence of the phenomena, and was capable of being demonstrated by anyone versed in medical science,—this, if I remember, was the principle laid down.

I accept no THEORY as such from Hahnemann, or any one else, that is not demonstrable. When these theorists show whence they obtain their superior knowledge, and why it is barred to common mortals, then we will accord them superiority; till then all are on a common footing. That is my agnosticism, and if that be agnosticism, then I am most certainly an agnostic.

One of the definitions of skeptic, is a questioner; in that sense I am a skeptic.

I do not see what either of these questions has to do with Homœopathy, any more than the railing against chemists and the microscope in the article criticised by me.

As to the perfect freedom of every homœopathic physician to accept or reject any theory of Hahnemann whatsoever, as expressed in the *Organon* or elsewhere, the number of the *ADVANCE* that contains Dr. Fincke's criticism furnishes good authority from one who is a "Hahnemannian."

On page 401, June, 1889, we read from Dr. Hawley, of Syracuse, N. Y.: "We may understand his (Hahnemann's) theories, *but they are of no account unless supported by experience.*"

Still another authority, Dr. W. P. Wesselhœft, of Boston, says in the *Hom. Physician* for June, 1889, p. 230, regarding the 148th Section of the *Organon*: "This explanation never satisfied me, and, in fact, I do not care how it is

done, but the most satisfactory explanation is," etc. Here Dr. Wesselhœft rejects Hahnemann's theory, and presents one of his own. What if I, or any other homœopathic physician, choose to reject any or all the *theories* of Hahnemann, and do not feel called upon to supply their places with theories of our own, will this course militate in the least degree against our valid claim to be genuine homœopathic physicians, and that we practice a pure Homœopathy? I, for one, opine not.

M. W. VAN DENBURG.

FT. EDWARD, June, 1889.

BEDSIDE EXPERIENCE.

EDITOR ADVANCE.—In the May number Dr. Van Horn asks for *facts* in regard to "that highfalutin bosh." I wish to enforce your proper and very important point: it is the bedside experience which proves how much bosh there is in the use of the higher potencies.

To begin with, I must confess that most of my prescriptions have been from 3x to 6x. But somewhere I have seen the remark: "When the low potencies fail, don't be afraid to go higher." Here are a few of the facts that the doctor calls for:

CASE I. Mrs. M——, age about 48. Gastritis, growing worse under regular (?) treatment, family losing hope. Being a perfect Nux "photo" gave Nux 3x four drops in half glass of water. One teaspoonful produced the characteristic Nux tremor. This, with the fact that the last "scientific" prescrip'n had been very bitter showed me that my patient had already had a good deal of Nux. I immediately replaced the Nux by placebo till next morning when I put her on Nux 30, and marked improvement followed. Instead of dying, as I expected, she is taking her half mile walks. A cure, and a disciple won over by Nux vom. 30.

CASE II. Mr. D., 28 years. Indications seemed to call for Pulsatilla, but the only effect of Pulsatilla 3x was to cause heartburn. The 30 had no perceptible effect, but Pulsatilla 200 "hit the nail on the head."

CASE III. Mr. L—, age 50 years. Stomach trouble. He said, "I don't suppose there is any use of my coming to you, for I know well enough that you will give me Pulsatilla, and I have been taking it some time with no result." Yes, Pulsatilla is the remedy, but what potency are you using? "The third." I prescribed Pulsatilla 30, and told him to report in a week. At the end of a week he brought a very satisfactory report. "Surprised."

CASE IV. Miss A—, age 23 years. Acute naso-pharyngeal catarrh, a good Pulsatilla picture. High potencies have always worked nicely with her, so after Phosphorus 3x had no effect on hoarseness at the beginning, gave Pulsatilla 200. Her aunt said, "Dr., I have never seen her carried through so severe an attack so nicely, in so short a time."

In conclusion, let me ask Dr. Van Horn to be as conscientious in his experiments with high potencies as he is with the low and not let one failure of a high potency discourage him any more than one failure of the low. Even the "Regular" prescriptions of the tincture sometimes do not give the result desired. And let me also repeat the maxim: "When the low-potencies fail, don't be afraid to use the higher ones.

WM. A. NOBLE.

SILVER CREEK, N. Y.

WAITING ON OR REPEATING THE REMEDY.

EDITOR ADVANCE:—On page 40, vol. XXIII, MEDICAL ADVANCE, is a very interesting case, reported by Dr. Perkins, of Rockland, Me. After giving his successful treatment of it, he asks: "Did Calcarea fail when it *seemed* indicated, because the child had already been taking lime-water?" I would answer: I do not know. It is possible, and if so, Calcarea could not be of any further use in a potency as low as the 30th. It would have to be given much higher, and often in some other combinations, as Calcarea phos., Calcarea ars., etc. It seems to me that Rheum was all the time the simillimum, and that being the case, of course we would not expect Calcarea to cure.

Again he says: "I am aware there are those who will say that a single dose should have been given and results awaited." I know there is a great deal of that kind of talk, but if asked myself if I would do so, I should answer, *that depends*. If I *knew* Calcareo to be the right remedy I *would* wait a reasonable time, and when the proper time for repeating came would give some other potency. A favorite procedure with me, in acute cases like cholera infantum, is to give a divided dose, as follows: I dissolve a powder in four teaspoonfuls of water, and give one every hour until all are taken, unless amelioration or aggravation occurs before all are given. My reason for doing this is to make sure of medicine enough to impress the vitality.

Dr. H. N. Guernsey used to repeat doses of a watery solution at short intervals in such cases, until one of three things occurred, viz.: Aggravation, amelioration, or no change. In case of aggravation or amelioration *wait* until the aggravation subsided, or the amelioration or improvement ceased. If no change occurred select another remedy.

There has been so much bungling in a too frequent repetition or change of remedy with a certain class of prescribers, that another class, hoping to remedy that state of things, have gone to the other extreme and made *wait* their watchword. Now, there is no more sense in waiting for the wrong remedy to do what it *never can* do, than there is in repeating the right one when it is doing *all it can*, and thereby hindering a reaction already established. Many fatal errors have been committed both ways. Many cures have been attributed to *waiting* on remedies, that were nothing more nor less than *recoveries*, and the remedy had nothing to do with it.

The three essentials for first class prescribing are:

First: The simillimum;

Second: The single remedy;

Third: The minimum dose;

And neither can be left out.

After the first two are complied with, it often requires the nicest discrimination to apply the third; and those

who assert that similia is all there is of Homœopathy, and that because the question of dose is an open one, it does not make any or much difference about potency, repetition, etc., simply betray their ignorance. So long as different degrees of susceptibility, natural or morbid, remain, so long must the proper dose to rightly influence the patient be recognized. So long as power of reaction differs in different individuals, so long must an unwise repetition of the proper remedy be avoided. *The right remedy must be given, waited upon, or repeated*, according to the rules laid down in the Organon; and no amount of giving, waiting upon, or repeating the wrong one will make it right, or do anything but harm.

E. B. NASH, M. D.

CORTLAND, N. Y.

MEDICAL EDUCATION.

EDITOR ADVANCE:—The original of this letter was handed me by Dr. Buck to answer:

MR. J. D. BUCK, M. D.

Dear Sir I Have Studied Medicine Since 1835 or About that time. During Lessure Hours when not at work I am married and Have a Family. I am 27 Years of Age and Would like to Run a 2 years Course if it can be had. if so please State all Particulars. and if not Please State allso, and let Me Know what I have to Do

Very Respectfully Yours

Waiting for Reply

The following is the advice I gave this aspirant for a medical degree:

DEAR SIR:—Whilst your ambition to graduate in medicine may be laudable, your letter does not furnish evidence of a preliminary education sufficiently broad to sustain the demands of a professional career. No college can furnish you in two courses the qualifications of a creditable practitioner. Our advice is, to either mark out for yourself a more extended course of study, or to abandon the intention of becoming a doctor.

Yours Truly,

CHAS. E. WALTON, Registrar.

CINCINNATI, OHIO.

[This reply of the Registrar of Pulte College is frank and honest. But, the competition among the colleges is so

keen, the desire to have a large class so great, that we venture to say a careful scrutiny of the lists of matriculants for 1889-'90, will find the name of "Very Respectfully Yours" duly recorded as having passed a "rigid" preliminary examination, in some college.—Ed.]

New Publications.

GUERNSEY'S BONNINGHAUSEN. A new arrangement of an old work. By Wm. Jefferson Guernsey, M. D. Philadelphia: Hering's Globe Press. Published by subscription. 1889.

For over a year the author has been at work in re-arranging this old volume. The new plan consists of a comprehensive index containing 2,467 symptoms, each of which is numbered consecutively from 1 to 2,467, and corresponds to separate slips of paper, one inch wide and fifteen inches long—correspondingly numbered from 1 to 2,467—on which are printed the remedies having the numbered symptoms. "Now, follow Hahnemann's advice and write down all the symptoms of your case; then search the index for your symptoms, and when found mark the respective numbers there given opposite each symptom on your paper. From this list select the slips bearing these numbers and place them side by side, so that every remedy on the first paper will be contiguous with the same on all other papers, glance *across* the slips and note only those remedies which are *numbered on every slip*. These possess the 'totality of symptoms' of your case." This device renders accurate prescribing almost mechanical and relegates the work of the true therapist where Hahnemann and Dunham say it truly belongs, viz., to "THE TAKING OF THE CASE." That once done and *done correctly* enables the Homœopath by the aid of this work to select the simillimum in a very few moments. This, in addition to the advantage of curing some of the most obstinate chronic diseases, is a great time saver. With the aid of his original book Bönninghausen cured 400 cases of epilepsy, and to make such a record is it not worth a little time and study and work. Some Homœopaths affirm that they cannot use Bönninghausen. They ought to be ashamed to say so, for "what man has done man can do" with a little grace and considerable perseverance. There are only 25 copies of this work left and they can be had for \$10 each, of the author. If it enable the prescriber to cure one, otherwise incurable case, each year, it will prove a good investment. If we could not get another we would not take five times that for ours.

Puerperal Infection, Garrigues, New York.

Inflammation of the Breast and Allied Diseases connected with Childbirth, Garrigues, New York.

Etiology of Puerperal Fever, Ernst, Philadelphia.

Some Complications of the Puerperal State Independent of Septic Infection, Hirst.

Insanity and Diseases of Nervous System in the Child Bearing Woman, J. H. Lloyd, Philadelphia.

The management and the Diseases of the New Born Infant, J. L. Smith, New York.

Surgical Diseases of Infancy and Early Childhood, Stephen Smith.

Congenital Anomalies of the Eye, De Schweinitz, Philadelphia.

From this it will be seen that the Editor has made a good selection of Co-laborers, and, so far as we can judge, the work has been honestly and conscientiously executed. These two volumes without doubt, now form the standard authority in this department of medical science, and every practitioner of Obstetrics in America should have them in his library.

While the authors deserve praise for their painstaking labor, and it has evidently been done *con amore*, the publishers must not be forgotten; for in illustrations, typography, and everything that goes to make the work a success, nothing has been left undone. The reputation of the house as one of the best book makers on the continent is fully sustained.

REPERTORY TO HERING'S CONDENSED MATERIA MEDICA. By the Bureau of Materia Medica of the State Society of Pa. Octavo; pp. 432. Philadelphia: published by the Society. 1889.

The following rubrics are embraced in the work: "Symptoms of the Lower Extremities," Ferson; "Male Sexual Organs," Weaver; "Thirst, Appetites, Aversions, Desires," Cranch; "Outer Chest," Shannon; "Stomach," Bowie; "Aggravations with Reference to Mental Symptoms Only," Miller; "Tongue," Fornias; "During Pregnancy," Gramm; "Heart Symptoms," Snader. This work has long been needed and we are very glad it has been undertaken by the working members of this working bureau. If the remedies had been abbreviated in the usual manner, less space would have been required without any loss in effective value. Go on and complete the task so well begun. Every member will be well repaid by increased knowledge of Materia Medica.

CYCLOPEDIA OF DRUG PATHOGENESY: Part X. Magnesia—Natrium Muriaticum.

We are again called upon to notice the omission of two provings from this part of the work—Mag. phos. and Melilotus. The

former was proved in the 3, 6, 12, 30, 200, 500 and 1000 potencies; the latter, in from ten drop doses of the tincture, to the 3 and 30 potencies. There is one page devoted to Melilotus and there might have been ten, for it bids fair to be one of the most frequently called for remedies, in the various forms of melancholia and mania, in our *Materia Medica*. The day-books were at the service of the committee and one at least of the editorial corps reads the journal in which the provings were published.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS.

THE JUNE NUMBER, VOL. II, NO. III.

General Orthopedics, including Surgical Operations. By Dr. August Schreiber.

This volume is devoted exclusively to orthopedics and orthopedic surgery, and is well illustrated. It contains all the latest improvements in mechanical appliances, and is alone worth the entire year's subscription.

THE JULY NUMBER, VOL. III., NO I., CONTAINS THE FOLLOWING:

Cancer and Cancerous Diseases. By Sir Spencer Wells.

Cardiac Dyspnoea and Cardiac Asthma. By S. Von Basch.

The Influence of Menstruation and of the Pathological Condition of the Uterus on Cutaneous Diseases. By Dr. L. Grellety.

Tension as met with in Surgical Practice; Inflammation of Bone; Cranial and Intracranial Injuries. By T. Bryant, F. R. C. S.

Antiseptics and its Relations to Bacteriology. By Dr. J. Neudorfer.

THE AUGUST NUMBER, VOL. III, NO. II.

The principal essay of this month is *The Treatment of Inebriety in the Higher and Educated Classes.* By James Stewart, B. A., Member of the Royal College of Physicians of Edinburgh.

With an experience of over twelve years in the treatment of inebriates, Dr. Stewart is well qualified to produce a valuable contribution on the above subject. This was demonstrated by the attention which his paper attracted when originally delivered before the Society for the Study of Inebriety. In preparing it for publication it has been revised, and in its present form occupies thirteen pages. He demonstrates the pathological basis of the disease of inebriety—for he claims it is a disease—and proves that it can be cured only by stopping the cause. In a home with careful treatment and the exclusion of all intoxicants he considers an average case can be permanently benefitted in a year.

HOMŒOPATHIC LEAGUE TRACTS. No. 24. *The Economy of Homœopathy.*

This latest effort of the League is very readable and contains some valuable statistics. The following is the conclusion:

1. It saves life. Statistics show that in all hospitals and in all diseases, the proportion of deaths to recoveries is everywhere less under homœopathic than under allopathic treatment.

2. It saves time. The most careful observations show that the duration of diseases is shorter under Homœopathy than under Allopathy, and the period of convalescence is diminished.

3. It saves money. Not only by saving life and time, but in the decreased cost of medicines, the eradication of morbid tendencies, and the fewer visits required.

TREATMENT OF THE MORPHINE HABIT. By Dr. Albrecht Erlenmeyer. Translated from the German. Detroit: Geo. S. Davis. 1889.

This is one of the practical little volumes of the "Physician's Leisure Library," published by this enterprising house. It consists of a chapter on this subject taken from Erlenmeyer's great work published in 1883. The author recommends the sudden, in preference to the gradual withdrawal of the drug, and the cure of the original affection for which the Morphine was first used,

A LABORATORY GUIDE IN URINALYSIS AND TOXICOLOGY. By R. A. Witthaus, M. D., Professor of Chemistry and Physics in the Medical Department University of the City of New York. Second Edition. New York: Wm. Wood & Co., 1889.

That one of the most convenient works on the subject ever issued, should require a second edition in so short a time was to be expected; and we extend our congratulations to both author and publisher. The book is just what it professes to be, a laboratory guide in urinalysis and we heartily commend it to our readers.

THE RADICAL CURE OF HERNIA, BY THE USE OF THE BURIED ANTISEPTIC ANIMAL SUTURE. By Henry O. Marcy, Boston, Mass. Cloth, 50c; paper, 25c. Detroit: George S. Davis, Publisher, 1889.

This convenient little volume of 250 pages forms the May issue of the Physician's Leisure Library, and contains some valuable statistics from the office of the Surgeon General.

NORTH AMERICAN BIRDS. By H. Nehrling, member of the American Ornithological Union, etc., etc. With 36 colored plates by Prof. Ridgway, of the Smithsonian Institute; Prof. Goering, Leipzig; and Gustav Kuetzel, Berlin. Milwaukee: Published by Geo. Brumder. 1889.

This work is to be published in 12 parts, each containing from 40 to 48 quarto pages of reading matter and three colored plates. Part I is before us and Part II will be ready in September. Price for each part, \$1.00. Complete work bound in full morocco, \$15.00.

The author is evidently an original thinker and a writer of force

and character. His descriptions of the feathered songsters, their haunts and habits, are taken from nature, and his style is pleasing and captivates the reader at once. The work is sufficiently scientific to be authoritative, and still we predict it will be popular enough to induce the people to become better acquainted with the song birds of America.

DIGESTIVE FERMENTS. A Consideration of their Nature, Action, Quality, Dosage, and Incompatibilities, with Notes of Clinical Cases. Compiled from Current Literature by the Scientific Department of Parke, Davis & Co. Detroit: 1889.

Editor's Table.

Dr. J. D. BUCK, has removed his office to 124 West Seventh-st., opposite Shillito's, Cincinnati, Ohio.

MARY E. GRADY, M. D., of Brooklyn, has been elected Adjunct Professor of Physiology in the New York College and Hospital for Women.

MRS. AMANDA W. JAMES, mother of Drs. Bushrod W. James and John E. James, of Philadelphia, died at Ocean Grove, Aug. 10, aged 80 years.

W. E. LEONARD, M. D., is a member of the Board of Health of Minneapolis, and the Board, according to the annual report, is doing good work.

CHAS. A. WALSH, M. D., has, in a cablegram from Vienna, resigned his position as Medical Director of Grace Hospital, Detroit. His resignation has been accepted, but his successor has not yet been appointed.

THE HOMEOPATHS of East Orange, N. J., are agitating the question of hospital facilities in the Orange Memorial Hospital. There is room enough for both schools, and they point to the Newton, Mass., Hospital as an example of harmonious action.

FLORIDA has organized a State Society. The physicians met at the residence of Dr. Stout, June 18. Dr. Stout was made President; Dr. Ada F. Buce, Vice-President; and Dr. W. Johnson, Secretary. The next meeting will be at Tampa, the second Tuesday in June, 1890. Success.

J. G. GUNDLACH, M. D., of Spokane Falls, Wash., lost his library and office furniture in the recent fire. He has opened his office again in a 10 x 12 tent, and is at work. Any of our readers having duplicate volumes of homœopathic works may help a brother practitioner in misfortune by sending a copy.

THE AUGUST *Century* — the midsummer holiday number — contains, besides the first chapters of Joel Chandler Harris's

new serial, two short stories, "The Haunted House in Royal Street," by George W. Cable; and "A Positive Romance," by Edward Bellamy, author of "Looking Backward."

ERRATA, Aug. No., page 128, last line, "auxiliary" should be *axillary*.

Aug. No., page 135, first line, last word, "wind" should be *devil*.

June No., page 398, Case III Lachesis, II m. should be 11 million.

THE SOUTHERN HOMŒOPATHIC ASSOCIATION meets at Memphis, Tenn., Nov. 13, 14 and 15, and the officers and committee of arrangements are sparing no effort to make this the most successful meeting in its history. We trust there will be a large attendance; and an abundance of practical papers will assure good discussion.

BUSHROD W. JAMES, M. D., has accepted the chair of Physiology, Sanitary Science and Climatology in the New York College and Hospital for Women, a department of the U. of N. Y. He goes over once a week to lecture, but continuing his professional work in Philadelphia. The college is to be congratulated on this accession to its teaching force.

J. M. CRAWFORD, M. D., Professor of Physiology in Pulte Medical College, and translator of *Kalavala*, the epic poem of Finland, into English, has been appointed Consul General at St. Petersburg. In this appointment President Harrison has not conferred a greater honor on the man, than the man will confer on the position. We trust the doctor will find time to continue his literary work.

JOURNAL OF HOMŒOPATHICS.—A new journal in our school is not particularly alarming, but a new one devoted to the Philosophy of Homœopathy is a novelty. There is a wide field of usefulness here, entirely uncultivated, and we extend a hearty welcome. It is a 16 page, double-column monthly, price \$1.00 per year. Send for a copy to Dr. Hitchcock, 19 Broadway, N. Y. You will like it.

THE SPIRIT OF MANUAL TRAINING, by Prof. C. H. Henderson, of Philadelphia, appears as an article in the August *Popular Science Monthly*. Prof. Henderson says that the ideal school will aim to develop men, not to produce fine articles of wood or iron, or to cram heads with information, and that the name "manual-training school" does not rightly describe an institution designed to train the "whole boy."

MARIA M. DEAN, M. D., a homœopathic physician took an office in Helena, Mont., three years ago. Her income last year was in the neighborhood of \$12,000. She is a graduate of Wisconsin University and from a Boston medical school, and also studied medicine in Berlin. She is 30 years old.—*Chicago Times*, Aug. 8.

[Horace Greeley's advice to "go west" can now be extended to ladies holding a homœopathic degree.—ED.]

MEDICAL ADVANCE.

VOL. XXIII. ANN ARBOR, OCTOBER, 1889.

No. 4

Homeopathics.

THE HEALING PRINCIPLE.

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

The vital principle that pervades all simple and complex organisms and substances manifests itself through various media and under varying circumstances. The grain of musk that was exposed for seventeen years in an open atmosphere, constantly revealing itself to all who entered its aura, was not perceptibly reduced in weight or power to impress the olfactories.

The protoplasm reveals its life to vision by the aid of the microscope, in motion, which is an actual observation.

The class of inert substances, of which silica is a prominent member, demonstrates its life force when acted upon by the elements of the animal and vegetable kingdoms, by the change produced in the elements of these kingdoms. This class, therefore, negatively demonstrates that there is life in so-called inert substances.

There is no substance known to man that does not possess life, lower or higher in proportion to the complexity of its organization, growing higher and higher in order and manifestation until the image of the Creator of all things has been reached. Shall it stop with man? No; the higher type is yet to be seen in God, the author of life and its every medium.

We observe that the animal body loses its identity or individual vital energy, and the elements instantly manifest their own individual vital forces, each to its kind, like busy bees, until the shapeless mass has been transformed to its original dust.

The acting and acted upon, the lively and the inert bodies and substances are observed throughout nature. To make use of the lesson of life is the demand of the day, through which the healing principle or life can be measured and its nature as a force perverted, an idiosyncrasy is to be corrected, or, if you prefer, cured.

The blending of these forces are the complexities of living and healing. We see the blendings of life and death into each other, until the one disappears within the other. If it be life perfected and pure, it is the complete absence of visible death. Midway between life and death we see perfect equilibrium. This condition becomes the necessity of all reproduction or nutrition, through which we observe life living and acting upon its media. The slightest defect in the vital operations creates friction, and the machinery wears out rapidly, becomes heated; death increases and this that was a slight defect, becomes a threatening monster; yet, great only through results, as we know that the very gentle force, properly applied, corrects the original defect, and the grand old machinery soon returns to normal action. Some call this defect an idiosyncrasy. The defect may or may not be an idiosyncrasy. Reduced resistance against common things is an idiosyncrasy. In olden times we said, "this patient cannot take Calomel" because she is so susceptible to its action that the smallest dose has been known to salivate and do great injury. People are often susceptible to a substance that will do them great good if the positive and negative of life are duly considered and applied. Cure is often contagion as well as disease. When the vital energy of the disease cause be taken in too great an incept, disease is the result, but if the sphere of vital plane of the same cause be elevated to the quality that becomes corrective, the contagion becomes cure. Cure must seek the same *via* as

cause; in entering the economy, it must rap at the same portals.

The aura of a given substance causes sickness. This has been observed by long distance inhalations of the Rhus vine. The rose causes sickness in some people. This has been observed in the painter who takes colic from the aura of his brush, even when painting in the open air, or the same colic may come from sleeping in a newly painted room. If so small a quantity can make him sick why would it not be a wise experiment to attempt to reach a quality so subtle that it would make him well enough to resist this aura on other occasions. If the vital wrong can be corrected he is well, and his resistance has returned, which is his protection. If a chemical antidote should be suggested it would surely be reasonable to enquire, what we expect to antidote, as the substance known as the sick-producing cause was too small to be observed by the aid of the microscope, and was an insoluble, and yet it was so powerful that it made the individual sick. Not all are so affected. Quite likely the healthy man is not so affected; therefore the contagion, for such it was, could be due to nothing but lack of health, or sickness. Then this, which is a recognized idiosyncrasy, is sickness. Was he sick before he took the colic? Was he sick before he was sick? What is sickness?

The curative remedy is sometimes pointed out to the intelligent physician by accident through symptoms.

The animal organism can generally resist the crude substances when the lower attenuations may make him sick, and this is especially true of substances inert and insoluble.

It has been observed that the negative state may be intensified by large incepts of a given poison. A subject is rendered more sensitive to Rhus after once having been poisoned by it.

The causes must be very similar when the effects known by symptoms are so nearly identical, hence it is that persons susceptible to the poison of Rhus are also equally susceptible to the curative or correcting principle.

Rhus apparently cures Rhus poisoning in some cases, but actually cures the patient because he needed Rhus or a similar dynamis as badly before as after he was poisoned. The incept that caused him to become sick was too large to cure and it made him sick. The highly potentiated Rhus cured him of the sickness he had before he was poisoned and the disease that he *has* instantly ceases, as its cause is overcome by the normal vital reaction, he, not having taken enough of the poison to make a well man sick, but only enough to make a sick man sick or worse, recovers his normal state in a few days. Then Rhus has not cured Rhus poisoning, but the patient of his susceptibility to Rhus poisoning.

How different is this state from the state of large dose poisoning, by Morphine or any other crude drug, which must have its own antidote. In one case the patient is poisoned because he was sick, and in the other he is sick because he is poisoned and was not susceptible to the drug that made him sick, and cannot be impressed by that drug only in toxic quantities. This again brings out the positive and negative state of the human system, in which the individual may be as unable to protect himself against cure as cause, as unable to resist cure as cause. Cure and cause are different planes in the same sphere.

What is contagion, as understood, and what is cure, but the irresistible appropriation of some unknowable energy applied by accident or intelligence. We have seen that Rhus cures the patient of his sensitiveness to Rhus as well long after as before he was poisoned by it. This is not Isopathy, as it was not Rhus that was cured, but the patient, and it was simply pointed out to the intelligent physician by the accidental poisoning wherein Rhus was pointed to as one of the medicines that he is sensitive to; it being fully understood that the patient is always highly sensitive to his needed medicine. This, therefore, is but a centering of a complex of symptoms in a homoeopathic problem.

The negative state of the body as observed is utilized by the electrologist or magnetic controller, demonstrates

many facts. The mesmerist, by his peculiar movements so acts upon the negative subject that the latter is deprived of sensation; his tongue can be punctured and a needle passed through; he can be managed like an atomaton, without sensation; but the positive subject cannot so surrender himself that he is negative enough to be influenced in the slightest degree. Some can by slight resistance oppose the mesmerist, others are at once controlled and made unconscious. In this state the forces of the body are alone disturbed, the tissues are unchanged. Can disease be more than this primitively? It need not be more. It is not more, while all tissue changes are the *results* of disease. With this thought in mind, it must seem strange that men study morbid anatomy to be able to find means to correct a wrong that is wholly vital. It must seem strange that a learned profession will still hunt with the microscope for the germ that causes the cholera, yellow fever, and zymotic sicknesses; searching among the results of disease to destroy its cause. As well examine a grain of wheat under the microscope to ascertain how tall a stalk it will grow, or to ascertain whether it will grow anything; as the lens has never discovered the vital spark in that grain of wheat, it will not likely become a safe guide to the nature of a vital energy in disease cause or curative force.

The pathological anatomy is the intermediate state, while the external image, made up of sensations, is a perfect likeness of the primitive state; the true disease and these only correspond with each other, and in these only do we see fathomable harmony.

The study of morbid anatomy can never reveal the remedy to correct the ills of man, no more than the study of the bark of the poison oak will reveal the cause of its life force being such a disease producer or poison. As well to study the root of aconite under the lens to see what it will produce upon the animal force, as to study pathology to ascertain what entity will subdue it and drive it from the human body. The curative principle is not found in that way.

Two negatives make an affirmation.

Take it for granted that there is a minus state that we call susceptibility. If we apply the drug power we shall see, that much of the drug makes sick, a small amount of the drug still makes sick; so small an amount that people ordinarily are not disturbed, yet this sensitive one is made sick; extreme reduction of the quantity still makes sick until a plane is reached similar in quality to that of the dynamis of the sick-making cause, then it is, that the two minus states or conditions are fulfilled and sickness does not follow and the susceptibility has been unconsciously removed. This has been observed in seeking cure by change of atmosphere, and cures have been known to be cures when consumptives have fattened in malarial swamps.

When the curative power of the corrective agent is observed, it may be said that two negatives have met and a positive is the result, or health or cure. Similar has sustained the great law.

The sensitive state has been produced by a peculiar atmosphere and cholera is the result, or small-pox is the result. If it be the latter disease that is prevailing all people not protected become susceptible, and the poison or noxious influence takes life in the negative condition of the medium. If the poison or cause be attenuated to such a plane that the most sensitive person is only slightly disturbed by proving it, the terrible disease can be prevented. It would seem better to protect from small pox in this way than to vaccinate. Either by vaccination or natural contagion there is a monster poison in the economy. Who dare talk of filth and ignore the fact that the natural contagion is more than the charge? If the small-pox virus is so subtle that even when diluted with millions of volumes of atmospheric air is yet a poison, who can say what attenuation may not produce the disease until faithfully tried on sensitive persons. The trial in a season when small-pox does not prevail would not satisfy the enquiry, as the sensitive ones are not manufactured so frequently. The trial then of a single person could not better the matter. The proving of all attenuations of variolinum would be a

great gain to our philosophy, as the provings of the morbid products have helped the study of our chronic miasms. Dr. Fincke has made a good beginning toward finding out what the variolinum will do.

The wise ones who stand off and sneer often come in after the truth has been discovered at great sacrifice, and say, "I told you so." These people are often useful, as they create opposition enough to stimulate thorough search after facts. They have a place in the world but they do not know it; and often cover up the regret that they have been born by sneers at decent people.

Dr. Long: I would like to know if Dr. Kent answered the question — what is contagion? I did not catch the answer.

Dr. Kent: I will have to read the whole paper over again to do so.

Dr. Long: That is just the point. I have for sixteen years taken the stand that diseases are not contagious. It requires such a body as this to understand such a remark. I have been censured over and over again for trying to explain that fact. I have slept with diphtheria, and it was the ill wind that blew me good 16 years ago. When I attempted to establish a practice I started on an epidemic of diphtheria. I have been with it for hours and I have never used a preventive except my natural health, and I never had a sign of sore throat. I think Dr. Kent brings out one fact, and that is, if you are not in *perfect* health you are sick, and susceptible to the various diseases that are prevalent.

Again, I have been with small pox and have never been vaccinated since childhood. It is generally understood by the laity that physicians use something as a preventive. That comes from the practices of the old school. I remember 15 years ago visiting with an allopathic physician who actually smoked at the bedside of his patient. If you clear up the question, "what is contagion?" you are conferring a great benefit on the physician.

Dr. Beigler: I don't know that I can add anything valu-

able to Dr. Kent's paper, but when the doctor brings up the question of contagion, I cannot help stating the stand I take, though unable to explain it as Dr. Kent has done. I have always maintained that the contagion is the disease. If the disease is cured the contagion is done away with; instead of beating the air, creating a "smudge," calling out the military and making a noise to kill the microbes. If the patients in Florida, Italy and France — the cholera and yellow fever patients — were cured, the contagion would very soon be ended.

In regard to the susceptibility of a patient, there is good ground for understanding the manner in which the contagion is received. Dr. Kent's paper brings that out so plainly as to make it quite unnecessary to go into it; but like Dr. Long, I have been exposed to diphtheria for 30 years, and have had the membrane coughed onto my lips, it has even gone into my eyes, and I have not yet succumbed to that disease. I have no theory framed, but an experience of this kind does not need the least theory. I am not susceptible, and when I am asked as to this, and I have been asked within the past three or four days, I simply say, "I am not a subject for it, that is why I have escaped."

Hence I repeat, I believe that the best thing that can be done to subdue the contagion is to *cure the patient*; not, as the scientific men of the day now do, let the patient die while trying to kill the microbes. The sooner the patient is cured, the sooner the disease is cured.

Dr. Sawyer: I think that we are rendered non-susceptible to these influences; it may be that I am not, as Dr. Kent explained, in that state of susceptibility. There may be another miasm within me that is supreme, that does not yield to the supremacy of another (contagion). I don't claim that I am not so well as not to be susceptible to anything, I think there must be some other miasm.

Dr. Reed: It is needless to add to Dr. Kent's paper, except in confirmation of what has been said: I was in charge of a small-pox hospital in the years '62 and '63 in the army and I never had been vaccinated, and never will

tagious diseases but of another kind, and I would like to ask Dr. Kent if his theory does not do away with Isopathy.

Dr. Kent: I had intended referring to this in the summing up. I will say now, as we all know, that this miserable bugbear, Isopathy, has been staring us in the face. It worried me into suggesting this solution of the difficulty and it remains with you to say whether I have furnished a satisfactory solution to the bugbear Isopathy. Many things have been presented in the actions of remedies that I have been unable to explain away. The question has been asked—would you give a high potency of Morphia to antidote a hypodermic of Morphia? I have also put in its place the susceptibility to any other poisonous substance. I have made an explanation of the principle and it remains with you to follow it up and we will communicate hereafter. This is only the beginning. I offer this view. It is expressive of what I have been revolving in my mind and we will develop something after a while. Let us review this subject and meet it like men, like philosophers, like physicians. Are these cures homœopathic under the disguise of Isopathy? I believe they are homœopathic wherever they occur. I also believe they are permanent cures and are only effected under the homœopathic law and all other reliefs are only apparent, they are short lived. We have antipathic relief—such as we find sometimes by repetition; repeating high potencies will produce antipathic cures.

We wonder why it is that the patient is as susceptible to the curative remedy as to the disease, that he is unable to resist the cure, a mere smell of the bottle and he catches the cure; it is by contagion he is cured.

We have the same demon for cure as we have for making sick, only when he gets too much he is made sick, but when cured he gets just enough.

When he is not susceptible enough to the medicine what can you produce but antipathy and your relief is a deception, a fraud.

Dr. Bell: Could you suggest a remedy for Bob Ingersoll's demon?

Dr. Baylies: I would ask, will the dissimilar remedy when administered in high potency damage the case? We all admit the injurious complications with disease resulting from crude drugs, and as Homœopaths asserting the powerful action of high potencies administered for proving, we must either believe that the diseased body excludes their action when non-homœopathic or that they also when thus administered complicate the case and embarrass the cure. If the principle explaining the so-called Isopathy, just announced by Dr. Kent, be accepted—that the supposad antidote appears so to act because it was homœopathic to the state preceding the poisoning,—it would follow by analogy that the non-homœopathic, absolutely dissimilar medicine, especially if administered in high potency, would not damage the case or interfere with the action of the simillimum.

Dr. Campbell: I would like a little explanation as to whether that same principle could be applied by Dr. Kent when he cures a case of Quininism? Does he do so by the high potency of Quinine? Would the same principle apply?

Dr. Kent: Do you mean immediately after or long after? It applies long after, because he is no longer suffering from Quinine, but from the chronic impression left by the dynamis and not the crude drug effect.

Dr. H. C. Allen: It is the same thing with tobacco. The higher potencies are the best antidotes for tobacco. The 200th potency of Quinine is the best antidote for the chronic effect of Quininism. This improvement is permanent provided the drug be let alone.

Dr. Sawyer: A high potency of Coffea will do the same.

Dr. H. C. Allen: I know the mother of an allopathic physician who carries a bottle of Coffea 200, and whenever she takes a cup of coffee at night she takes Coffea 200 to enable her to sleep.

Dr. Kent: Because she is susceptible to Coffea, it is the susceptibility that you aim at with your high potency.

Take a case of poisoning by Morphia where the patient is not susceptible, but received it by accident, in large

quantity; the question has been asked, and justly too, would you expect to give a high potency to a patient who is dying from the effects of Morphia. I don't think you would. I have been asked that question. The explanation is, that it is not that kind of a case. The individual is dreadfully sick, he is sensitive to it.

Dr. Butler: It does not seem possible that all cases of tobacco poisoning will be cured by high potencies of tobacco; how many times have you used Sabadilla and Zincum, and ought you not to have used it, if you did not? A person poisoned with Quinine ought to have Pulsatilla, or do the Quinine symptoms manifest themselves so strongly that a high potency will have to be given?

Dr. Kent: There is another question in that paper. I made a statement that frequent repetition of the poison increases or brings about that susceptibility so that the individual may be only partially sensitive to it; he becomes poisoned with it and afterwards susceptible to the merest inhalation of it, and ever sensitive afterwards if he has once been poisoned with it. An individual who has been in the habit of taking Quinine, and he becomes sensitive, it is the chronic effect, and the old sensitiveness is cured by the repetition of the Quinine; it is the same with Coffea as with Quinine.

Dr. Ballard: We find a person who is drugged and we give the remedy homœopathic to the condition, we simply remove the plug and allow that poison to flow away. That poison found a suitable soil; had it not found a soil in which it could take root, it would not have been felt at all; and the same thing is true in regard to contagion. Hahnemann says our medicines cure by producing a disease *stronger than the one from which the patient is suffering*. I think Dr. Kent's explanation will cover the case better than that remark itself. I have always contended that a dose of high potency could not produce a disease stronger than the one from which the patient is suffering who is on a sick bed with small pox; it simply acts homœopathically to the condition as the small pox virus does to the contagion when that person took it.—*Trans. I. H. A., 1889.*

Surgery.

SODIUM ETHYLATE.

GEORGE H. CLARK, M. D., PHILADELPHIA.

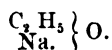
The treatment of *nævi*, and other vascular tumors by the knife, the cautery, electrolysis, and the common caustics, is always unsatisfactory. Aside from the pain caused there is usually a more or less unsightly scar left.

It is desirable, particularly where such blemishes are found on the face and other visible parts, that these unsightly defects should be so treated as to cause a minimum of pain with as little scarring as possible.

To Dr. Benjamin Ward Richardson, of London, we are indebted for two substances that meet these demands: Ethylate of Sodium and Potassium Ethylate.

These substances are prepared as follows: Ethylate of Sodium or Sodium Alcohol is made by treating absolute Alcohol with pure Metallic Sodium. Put half an ounce rectified Alcohol into a two ounce test-tube, set up in a bath of cold water, then add small pieces of pure Metallic Sodium. Hydrogen will at once escape. Add Sodium until the gas ceases to escape, then warm in a bath of 100°, and add a little more Sodium, until the gas again ceases to escape, then cool down to 50°, and add half an ounce of Alcohol. It can be made more active by adding more Sodium.

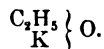
Dr. Richardson says: "I find it good to increase the temperature gradually as the action declines. At last there is obtained a thick; nearly white product, which is a saturated solution of Sodium Alcohol. From this solution Ethylate of Sodium crystallizes out in beautiful crystals, which are soluble in pure Alcohol. The composition of Sodium Ethylate is



“When it is brought into contact with water it is decomposed, the Sodium becoming oxidized by the oxygen of the water to form Sodium hydrate, and the hydrogen of the water going to reconstitute the common or ethylic alcohol.

“The change of ethylic alcohol into sodium ethylate transforms it from an irritant to a caustic. Laid on dry parts of the body, the sodium ethylate is comparatively inert, creating no more change than the redness and tingling caused by common alcohol; but so soon as the part to which the substance is applied gives up a little water, the transformation I have described above occurs; caustic soda is produced in contact with the skin in proportion as water is eliminated by the skin, and therefore a gradual destruction of tissue proceeds, which may be so moderated as hardly to be perceptible, or may be so intensified as to destroy almost like a cutting instrument.”

“Potassium Alcohol or Potassium Ethylate. This is made in a similar manner to sodium ethylate, viz., by bringing pure potassium into contact with absolute alcohol. The action of the potassium is much more energetic than sodium. I prefer to immerse the potassium under the alcohol in a small glass bell, from which there is a tube to allow of the escape of the liberated hydrogen. When saturation is complete, a thick and almost colorless fluid is formed, from which the ethylate may be obtained in solid crystalline state. Exposed to water the potassium ethylate is transformed, as is the sodium ethylate, into Ethylic Alcohol and Hydrate of Potassium. The composition of the Potassium Alcohol is



“The action of this compound on animal tissues, living and dead, is the same as that of the sodium compound, but is more energetic.”

My experience is confined to Ethylate of Sodium. I began using it some eight years ago. The first case to which I applied it was a lady with an aneurism on the nose. The growth was about the size of a pea, and had been gradually increasing in size. The Ethylate was

applied with a camel's-hair brush. At first no sensation was experienced, but in a few minutes slight burning was felt. In forty-eight hours a light crust had formed. This was allowed to fall off, which occurred in four days. The Ethylate was again applied, and again the crust was allowed to form and fall off. After several such applications the aneurism had disappeared, and there was no mark left to tell that it had ever existed.

Since that time I have used it on several cases of the same character, and it has always so acted as to leave nothing to be desired.

In some cases it may be necessary to make a slight puncture in the growth, in order to have serum exude, and then the Sodium will act more quickly.

As has been stated above, the Potassium Ethylate is more active than the Sodium. In using Potassium a glass rod is necessary, but a camel's-hair pencil, or a small brush made of a wooden toothpick answers for using the Sodium.

Dr. Richardson's latest experience with the Sodium Ethylate leads him to recommend it as a specific for the treatment of the ordinary raised circumscribed nævus. It is not applicable to the diffused nævus, commonly called *mother's mark*.

"In treating nævus," says Dr. Richardson, "I first dry the surface with a piece of cotton wool; then with a brush I thoroughly coat the dried surface with the solution. The application causes, always, some effusion and redness, accompanied by a little pain; expressed by those who are old enough to describe it as a burning sensation, like the sting of a bee or a nettle. After a short time there is an exudation of water, in drops, from the red surface, which exudation lasts for a few minutes, and is followed by dryness, and sometimes by pallor or duskiness of appearance. In the course of four or five hours a scale begins to form, and continues until there is quite a hard crust, which completely covers the nævus, but through which the soft vascular character of the swelling can be detected. After the first crust is fully formed I pass through it, on the third day, a fine needle with cutting edges, shaped like an old

cataract needle, and with this I break up the vascular surface underneath, and on withdrawing the needle make firm pressure with lint on the upper surface. A large drop or two of blood flows out freely, but further escape is easily controlled by a dossil of lint charged with Styptic Colloid.

When the bleeding has quite ceased, a drop of the Ethylate solution is inoculated into the nævus through the punctured opening, a new layer of it painted over the crust, and the crust left as it was. The crust may be left four days more; and, if at that time the vascular softness stills remains under it, it must be treated by puncture and re-injection, just as before. When at last the crust feels firm and dry beneath, the cure may be considered as complete, and the crust may be left to scale off by itself, leisurely. In the treatment of raised nævus by this plan, I have never seen the least untoward symptom of moment, and, although some cases have been rather more tedious than others, there has not been one failure of cure."

From this it will be readily seen that in Sodium Ethylate we have a mild caustic which is capable of doing what nothing heretofore known can do; mildly and gently remove, without leaving a mark behind, unsightly blemishes that cause serious annoyance and discomfort.—*Transactions I. H. A., 1889.*

THREE MONTHS WORK IN ASEPTIC SURGERY.

JAMES B. BELL, M. D., BOSTON.

[We regret that for want of space we are unable to give all Dr. Bell's cases. But, as they were all uniformly successful, those given illustrate the principle and results of aseptic surgery.—ED.]

As an appendix to the paper on Listerism, presented at this time, I have thought it well to present a report of all my surgical cases, both great and small, both public and private, whether in the hospital or in private houses, wherever the knife was used, with their results, during

my annual three months service at the Massachusetts Homœopathic Hospital, from January 1 to April 1, 1889.

To make the report more complete I have added also a few important cases done just before and just after that time.

In all these operations the objects sought were:

1st. Absolute cleanliness, or protection of the wound from contact with filth or poison in any form, but with no regard for microbes or bacteria as such.

2nd. Drainage as long as any fluid was present likely to distend the wound or become putrescent.

3rd. Exact coaptation when practicable, and firm support and rest of the wounded part.

The first object was attained by the free use of soap and hot water to the hands, instruments and sponges, and the instruments were also passed through the alcohol flame just before the operation and heated just hot enough not to start the temper, or else boiled for half an hour in a steam bath and then kept in warm water until the operation was finished. The sutures were silk, catgut, silkworm gut, and silver wire.

The catgut had been immersed a few days in juniper oil and then kept in alcohol. As this is the regular practice at our hospital, gives the catgut an excellent consistence and is certainly harmless, I see no objection to it. The juniper oil has a delightful fragrance. Neither juniper oil nor alcohol are germicides. The silk is waxed and kept in glass jars and the silkworm gut in alcohol. The silver wire is put through the flame, or baked and kept in a large glass test tube. The drainage tubes are of various sizes of rubber. Those used at the hospital are kept in a carbolic solution for my colleague's use, but washed in hot water and soap before I use them. Those I use in private cases are only treated to the latter bath. The dressings are of new gauze and absorbent cotton without chemical or other additions. When pus or other fluid escaped into the wound or abdomen, cleanliness was secured by the free use of hot water.

The second object was accomplished by the drainage

tube, as mentioned before, of a size to suit the size of the wound, and this was brought usually by a special incision made for it an inch or two below the wound, so that the original cut could be wholly closed by the sutures. In smaller wounds a few strands of catgut brought out at one angle served for capillary drainage. In operations about the uterus, vagina and rectum no drainage was used.

The third object, exact coaptation, requires well planned and symmetrical incisions, conserving enough tissue to avoid straining of the lines of union or transplanting it if necessary from the neighboring surface. Wounds of any size require sustaining sutures about one inch apart and about one or two inches away from the margin of the wound. These may be of strong catgut, silkworm gut, or silver wire and either tied or twisted, or fastened by a lead plate and shot on each end. The drainage tube lies under these, and they may be closed at once, and then the continuous suture applied with catgut and the Hagedorn needles to the edge of the wound. A few plasters add to the support and a thick compress of absorbent cotton, under a roller or pinning bandage favors the contact of the deeper parts. The sooner the drainage tubes can be removed, *i. e.*, as soon as there is but little blood or serum discharged, say in twenty-four to forty-eight hours, the better. They can be pulled out without disturbing the dressing.

The use of hot water before closing the wound lessens the capillary effusion and leaves the wound in good condition. The addition of *Calendula* to the water seems to make no appreciable difference.

These cases will be briefly reported and only the points which have reference to our subject will be especially brought out.

If nothing else was indicated *Arnica* cm. solution, always relieved the pain felt for the first few hours after almost any operation. For washing out the tubes and wound later *Calendula* water was generally used when no internal remedy was required.

PRIVATE CASE: OVARIOTOMY.

1. Miss —, age 60. At the time of the operation was much reduced by two years of ill health and three months of a low form of peritonitis, with other complications, so the operation was only undertaken as a last resort. The tumor was a large dermoid cyst, and the pelvic adhesions were extensive, and the hæmorrhage from them difficult to control, requiring much time. The patient died of shock in two days but there was no sign of sepsis or inflammation. The discharge from the drainage tubes was perfectly sweet and the wound was already uniting.

AMPUTATION OF THE BREAST: PRIVATE CASE.

2. Mrs. —, age 69, a fat, flabby woman. A large scirrhus of the left breast. The whole breast and the axillary glands removed, (our usual practice in every case). The wound could not be closed without transplanting a large flap of skin from below and there was some overdue strain on some stitches at the inner angle. Three drainage tubes were put in. One for the axilla, one along the breast, both of these brought through a special incision six inches below the axilla. The third one drained the wound made by the transplanting of the flap. The wound healed mostly by first intention, except where there was too much strain, but on account of considerable suppuration the tubes were not wholly removed until the sixteenth day but only gradually shortened and drawn out. The temperature rose to 101 the first two evenings before there was time for any septic infection, it then became nearly normal and rose for a few evenings in the second week. When the wound was nearly well she had a slight attack of phlebitis in the right leg from which she slowly recovered and returned home entirely cured.

This was a satisfactory case on the whole but not a brilliant one. As the phlebitis occurred when the patient was nearly well, it can hardly be attributed to any septic cause, but was probably due to taking cold, as that side was rather exposed to a draught from a near window, and the small room required much ventilation.

SCIRRHUS OF THE RIGHT BREAST: PRIVATE CASE.

3. Mrs. E. Age 42. The tumor in this case was about the size of an English walnut, and lay to the outside of the mammary gland, but the latter was thoroughly carcinomatous as well as some glands in the axilla, well up to the clavicle. All were removed. Two drainage tubes were used, and there was an abundant discharge of bloody serum for two days. On the third day there was much sharp cutting colic, quickly cured by *Staphisagria*, cm. in solution, ("colic after cutting operations"). On the eighth day all stitches were removed. There were two small stitch hole abscesses, where the silk worm gut had strained rather hard. These were quickly cured by *Chamomilla*, cm. in solution. The tubes were removed before the stitches were. There was very little pus at any time and the union was perfect from the fourth day. She went home the twentieth day.

HOSPITAL CASE.

5. Mrs. I. Age 44. Inguinal fistula, discharging feces and gas in small quantities, but neither during the operation nor before could any abdominal connection be traced. The old diseased tissues were cut away with the scissors, and several sinuses scraped out and drainage tubes put in. All healed kindly, after some suppuration, but much by first intention, in spite of the fecal contamination. The fecal fistula persisted, and after a time by means of Senn's method with hydrogen gas, per rectum, we were able to locate the opening in the cœcum. The patient felt obliged to return home again before having a more radical operation, and when she returned my term had expired and my colleague Dr. Packard made a very skillful and successful laparotomy.

PRIVATE CASE.

6. Mrs. C. Age 36. Laceration of the cervix. This patient was delicate, had flowed a great deal, had a valvular murmur, and a cervix much thickened and everted. Closure, without undue strain on the stitches was rather

difficult, but the union was perfect, with no suppuration. The stitches remained fourteen days.

PRIVATE CASE.

7. Mrs. W. Age 40. A third operation for scirrhus of the breast, removing this time, one large gland about five inches below the axilla and one near the sternum. The wounds healed readily without suppuration, but there was some discharge for a few days in the track of the drainage tubes as usual.

THROMBUS: HOSPITAL CASES.

13. Mrs. —. Age 50. A nurse had a fall, causing a large swelling upon the gluteal region, of a week's standing. Incised and pressed out a mass of clots and broken down blood. Washed out and drained. Healed in a few days with slight discharge.

18. Babe, 4 months. Hare lip with a widely cleft palate. The gap between the sides of cleft lip was very wide and the edges peculiarly cartilaginous, but an attempt was made to close it for the present benefit and for the influence upon the cleft in the palate, with a view to a future operation upon that.

Both sides of the lip were dissected up very freely from the upper jaw, the usual incision made and the edge brought together with some difficulty with hare lip pins. More exact coaptation was also obtained by a continuous catgut suture carried down the inside surface and up over the outside.

Union was perfect, without a notch; but there was too much strain in the middle, leaving a small hole through which also a little white tooth protuded about the tenth day. This was easily removed, and the place was filling in by granulation when the patient was discharged.

19. Mrs. H. Age 52. Prolapsus of the rectum and hemorrhoids. Protrusion at every stool and at other times. The sphincter muscle was stretched and the redundant tissue, including the enlarged hemorrhoidal vessels removed in three separate masses, with the scissors, the

incisions being parallel with the axis of the rectum, and extending as far as the edge of the inner sphincter. When these were closed with catgut continuous suture, the natural state was restored. Healing was rapid and mostly by first intention, in spite of the especial exposure in this region to "germs."

23. Mr. —. Age 36. A cutaneous tumor at the outer angle of the eye; about as large as a small filbert. Removed by simple excision; wound closed with catgut sutures. Healed by first intention.

Wounds of the face are very apt to heal in this way, although there are more spores or bacilli of various kinds in connection with the scalp, mouth, etc., than in most parts of the body.

HOSPITAL CASE.

27. Mr. M. Age 27. Psoas abscess. The patient has been in poor health of course for a long time. Has a small curvature in the lumbar region. A large tumor on the right thigh and groin and a smaller one on the left. Right one opened up freely, discharging two quarts of pus. The cavity extended down to the great vessels and required two counter openings for drainage low on the inside of the thigh. A double tube was passed far up into the abdomen under Poupart's ligament and another down through the posterior opening. The cavity was freely irrigated with hot Calendula water. Aspiration failed to discover the pus in the other side, and it was hoped that if there, it would discharge through probable communication at the original seat of the disease.

28. The same. One week later. As the patient was no better he was etherized again and the other side treated in the same way. The pus lay very deeply and the cavity in which it lay required a counter opening in the gluteal region for proper drainage.

The incision on the right side was larger than required for drainage and was closed for an inch and a half by sutures and healed by first intention in spite of the patient's condition and the presence of pus in the wound.

The patient was in a hectic condition when he came into

the hospital, but we have no means of knowing what his temperature was until after the operation. He had morning chilliness and evening fever about 102 to 103, with dry rather shiny tongue, until beautifully relieved with *Rhus tox. cm.*, in solution. This was also required once afterwards and he progressed as well as possible until the end of my term.

PRIVATE PATIENT.

33. Mrs. B. Age 40. A very delicate, nervous woman. Complete laceration of the perineum and about an inch up the rectum. This occurred fourteen years ago, but was increased by another birth sixteen months ago. Incontinence for gas and liquid feces.

As the patient had a small wound on one of the fingers, which had suppurated and refused to heal, and had ulcerated cracks in the corners of the mouth, I declined to operate until after a month's preparatory treatment in the hospital. She got *Cham. cm.*, a few doses, and two weeks later *Cundurango cm.*, in the same way, and was then quite well. The operation was then made by a combination of the Emmet and Simon methods, including a number of catgut stitches in the rectal mucous membrane.

The stitches were removed the tenth day, and there was solid union without suppuration in all but about the anterior half inch of the perineum.

There was no fever at any time.

PRIVATE CASE: LAPAROTOMY.

35. Miss B. Age 32. This is a very interesting case from many points of view, but we must confine ourselves mostly to those which have a bearing on the question of sepsis. A tumor which might be fibro-cystic but which was believed to be ovarian was diagnosed in the autumn of 1888; but various circumstances prevented an operation till April, 1889.

The patient had become feeble and emaciated, and had fever with each menstrual period.

The tumor extended to the umbilicus and presented in the vagina in front of the uterus, and closely united with it. Adhesion of the intestine, probably the descending colon, to the left half of the tumor, was diagnosed before the operation.

The incision was made three and one-half inches long, and the vascularity of the abdominal wall showed that we might expect either a fibroid or extensive parietal adhesions. The latter proved to be the case, and with some difficulty the sac was reached. The colon was grown very firmly to the tumor, and the pelvic adhesions were so strong and extensive that it was deemed wiser to stitch the sac to the wound and treat it by drainage than to try and remove it. The wound was closed above and below the sac as usual.

The temperature that evening was 98.8, and ranged between that and normal for six days, and then was normal until the eleventh day. The abdominal wound healed perfectly. The discharge from the sac was at first bloody serum, and later, purulent, but at all times without odor.

On the third day the water having been drawn with a clean soft catheter up to this time, there was an attack of cystitis with much pain; cloudy offensive urine depositing much muco-pus. This was quickly cured by Lachesis cm., in solution. On the eleventh day, when the patient seemed thoroughly convalescent, and with no change in the wound, the temperature began to rise. This was the time for menstruation, and this seemed to be the monthly fever of the last six months which had come again now in spite of the removal of the tumor, and on the twenty-first day at evening the temperature reached 105.4. Remedies had been prescribed carefully upon the symptoms with temporary improvement, but without any decided result until on the 23rd day. She got one dose of Pyrogen cm. The next morning the temperature was 98.8, and the improvement continued for three days, and then it was repeated again with a like result, and again on the 31st day, in solution for two days, giving a morning temperature of 98 and three good days again.

The same thing occurred again on the 35th day, and when after this three days of gain was followed by an evening temperature of 102.6. Pyrogen cm. was given again in solution, the doses further and further apart until convalescence was more fully established, which is not yet wholly the case.

During all this time the patient took food well, except when the fever was high, and the pulse at no time rose above 100, and was generally about 90. Tait says the pulse is far more important than the temperature after ovariectomy.

The wound progressed steadily all the time; the discharge steadily decreasing, and was always without odor. The tube was removed the forty-third day but the sinus is not wholly closed yet.

Now what could Carbolic acid have done for this case? It certainly could have made no better convalescence from the operation which was all that could be desired. There was never any sign of abdominal or pelvic mischief that could be discovered by most thorough examinations. The casting off of the old lining membrane of the sac was necessarily a suppurative process, and seemed to pursue just as normal and proper a course after the eleventh day as before, when there was no trouble. The sac was washed out with Calendula water a few times after the eleventh day, but after that with pure hot water only.

Whether any chemical solution could have prevented what we suppose to have been a septic absorption, it is impossible to dogmatically assert in this particular case, as the experiment was not tried, but it is difficult to see how it could, as we have shown that "disinfection" or "sterilization" of suppurative cavities, by any safe solution, is impossible according to the studies of the bacteriologists. From all I can learn also, the experiment when tried is not followed by brilliant success.

Was it not quite as well therefore to treat the patient, rather than the wound, even though with a new and unproved remedy, the only indication I am able to give for which at present are sudden and great alternations

of temperature, at irregular times, any time of day, with or without perspiration, in cases of suspected septic character.

PRIVATE CASE: LAPAROTOMY.

36. Miss C. Age 35. Removal of small dermoid cyst of the left ovary terribly bound down by adhesions to pelvis and sigmoid flexure, much bleeding controlled by pressure and hot water poured into the abdomen. Also of a small dense fibroid tumor of the right broad ligament, probably dislocated from the uterus, at some former time. The ligature of the short pedicle came off and the bleeding was stopped by catgut stitches close to the body of the uterus. Rubber drainage tube was used, from which bloody serum was discharged for two or three days. Then suppuration followed, with decidedly bad odor. This gradually ceased and the tube was removed the eighteenth day.

During all this time the patient never had a bad symptom. The temperature was about 100 the first two evenings, gradually falling to normal on the succeeding days. She was perfectly comfortable with good appetite and sleep all the time. About the seventh day, from the omission on the part of the dresser to sustain the wound with plaster it gaped open nearly down to the peritoneum and the pus from the tube flowed in and filled it. On washing this out and applying plasters it healed together again quickly as though by first intention. A silkworm gut suture that was overlooked remained until the eighteenth day and caused no irritation, redness or suppuration around it. This should be mentioned, as it is claimed as the result of antiseptics only.

This would be called a brilliant case had it occurred under "strict antiseptic precautions." Why is it not equally so without?

REMARKS.

The study of practical results to be complete should include two aspects, the positive and the comparative.

As elements for the study of the positive, I have tried to give these few cases as fully as possible without too

great tediousness, that others may judge as well as I whether they show any reason for our adopting a practice, which is already in decline.

I am unable to see how Carbolic acid or Mercuric chloride applied to the wounds or dressings could have given any cleaner wounds or better healing, or less suppuration; or any better general results.

Suppuration in the form of "laudable pus" is not necessarily an evil, nor an avoidable one by any process, in wounds healing by granulation or in the casting off of old tissue, as the lining of a sac or abscess which cannot be otherwise gotten rid of. We have said that the axiom, "No germs, no pus," is not sustained by the evidence (which we did not report at length because not necessary for our purpose).

The process is a vital one, and one not yet fully understood. It only takes place in connection with living tissue.

As regards the fever in these cases, where it occurred, in only two of them which have already been commented upon, did it come in connection with suppuration, but it mostly appeared on the first two or three evenings, immediately after the operation, before any septic or germ influence could have produced it. The development of the germs of pus in the culture experiments requires several days, and in wounds which do not heal wholly by first intention, the pus rarely appears before the fourth day.

Pyrexia, too, is a vital process not by any means well understood, but some light is now being thrown upon it from a wholly different direction than that of outside septic origin or influence. We cannot take up the subject now. It is enough for us to know that it is seldom absent after the graver surgical operations under any treatment.

I think we may claim then as the positive aspect of this report, that a group of a fair number of cases, including many varieties and degrees of severity, have done satisfactorily well without antiseptics.

But now as to the comparative aspect of this report, I cannot speak with any great definiteness for want of a like group of facts with which to compare. My colleagues in

the hospital, Drs. Talbot, Boothby, and Packard, who pursue with some modifications from year to year, the antiseptic methods, are men of ability, skill, and experience, each having their peculiar excellences. If they are more successful than I, it is more likely due to their superior skill than to antiseptics. But I do not know that they are either more or less successful, but only in general that the reports of the hospital are decidedly good. We help each other all we can and do not watch each other in a critical way so that I can only say from casual observation that I do not think that the antiseptics have banished either fever or suppuration, or sometimes septic conditions, from all of their cases, and I am sure that their work in that direction is as conscientious and thorough as can be found anywhere.—*Transactions I. H. A., 1889.*

SURGICAL CASES.

A. M'NEIL, M. D., SAN FRANCISCO.

CASE I. SENILE HYPERTROPHY OF PROSTATE.—In the summer of 1883 I was called to see a mulatto, 57 years of age. He was sitting in a chair, as he could not lie down on account of dyspnoea. He was bloated with general dropsy to a considerable degree which was the cause of his inability to assume a recumbent position. He told me that he only passed water by the catheter, which he had been taught to introduce by his previous medical attendant. Not a drop had passed naturally for a month or more. This urinary difficulty had come on gradually. He had been under the care of Dr. Isham of Louisville, Ky., with Prof. Holland of the University of Louisville, as counsel. Both had agreed in the above diagnosis, and the history and symptoms were a picture of that disease such as Sir Henry Thompson delineates. But the array of symptoms led me to think that I could do but little for him, so I neglected to examine the prostate and also to test his urine for albumen.

There was much thirst, but drinking caused vomiting;

he was in a state of mental anguish; slept but little, and was very weak. Gave him Arsenic 30 in water till next day; then placebo. Improvement soon set in, and as long as it continued was not interrupted; and when it ceased Arsenic in a higher potency, one powder, was given. The dropsy went down, the urine began to pass naturally, dyspnoea abated and he became well. I kept him in sight till he was able to return to his business as a laborer. He had long discarded the catheter.

CASE II. HERNIA.—In 1871 Mr. John Davids, a muscular six-footer, a farmer by occupation, asked me to pick out a truss for him. I had read with a good deal of scepticism of the beneficial effects of the indicated remedy, and was anxious to put those statements to a crucial test. The case was recent, only a week had passed since it was caused by a heavy lift, and was not strangulated.

I put on his truss, and asked him to take a little medicine to relieve the pain attending it. I promised him nothing, as I believed nothing.

He was better while moving and aggravated by rest. This, and its resulting from a strain, indicating Rhus, which was given in the 30th potency.

I saw him in a week, and learned to my surprise and delight that his rupture had disappeared. Thinking it might be from the truss, I enquired, and learned that he had only worn it till he reached his home, a distance of five miles. He remained free from any return for more than a year, when I left the neighborhood.

CASE III. HERNIA.—Soon after this my friend, Dr. Campbell, jr., of North Vernon, Mich., consulted me as to a hernia that afflicted himself. He said that Mr. Davids had told him of what I had done for him, and therefore wanted my advice.

The Doctor during the war had been a staff officer (this was in 1871), and of course had much hard riding to do, which caused a double hernia, which had continued till that time.

I learned that he also was relieved by motion and aggravated by rest. I advised him to take Rhus 30, and as

long as improvement continued to take no more, and if there was a return to take it again.

He, too, had his hernia promptly disappear, and remained away while my acquaintance lasted, a year or more.

CASE IV. HERNIA.—Mrs. Hill, æt. 50, very fleshy; has to work very hard. Has a hernia that troubles her very much. She, too, has aching pains in the body and limbs, relieved by motion and aggravated by rest. Rhus 30, one powder. She had an improvement, which continued till December 9, when she again received Rhus 30.

February 18, 1888. Has a return of the hernia, having been free from any symptoms since last December. Gave her Rhus 200, one powder. This relapse, like all others, had been caused by overwork.

Aug. 15, 1888. Has been well until now. Rhus 10 m. one powder.

Sept. 8. She sent a messenger who understood her case very imperfectly. Gave Bryonia 200, one dose.

I afterwards learned that she did not do well, but she did not send for me. But her affliction was not from hernia.

I saw her last in March, 1889, and she was well and free from rupture, but some times overwork brought on a slight return.

I know that I have made a heavy draft on your belief, and if you shrug your shoulders in doubt, I do not blame you, for at one time I did so myself at the report of such cases. I do not ask you to believe me, but to do what the lawyers say, take the case under advisement for one year, better two; and for all such cases prescribe for the totality of the symptoms, as Hahnemann directs, and then report to the I. H. A. I await a favorable verdict with confidence.—*Transactions I. H. A., 1889.*

My practice is large and very successful. I am more and more impressed with the beauty, scope and Divine origin of our law of therapeutics. It is a daily marvel to me what its correct application accomplishes.—*R. C. Markham, M. D.*

IN PRAISE OF CALENDULA.

A. B. CAMPBELL, M. D., BROOKLYN, N. Y.

On the night of July 4, 1887, while riding on the rear platform of a car on his way home from Astoria to Brooklyn, Charles L., 23 years old, felt a trickling on his cheek, which on wiping he found to be blood. This was the first intimation he had that he had been shot in the right eye by a fellow passenger who had been amusing himself during the trip by the repeated firing of a pistol. Chas. L. was so frightened by the discovery—thinking if he had been shot he must surely die—that he fainted. He was taken to the station house where his wound was dressed, then to his home; meanwhile he had recovered consciousness.

I saw him the following morning about 9 o'clock; he was suffering great pain in the eye, and had been unable to sleep. I removed the dressings which were of the popular antiseptic kind, and cleansed the wound of the Iodoform powder and Carbolic mixture. The part wounded had lost all semblance to an eye, the eye-ball being completely obscured by a mass of mangled, swollen conjunctiva which protruded so as to hide the lids, making the whole look like a lump of raw meat.

After applying diluted Calendula and giving Arnica internally, the effect of the shock seeming to indicate it, I found him next day free from pain and more quiet mentally; continued the treatment minus the Arnica. Next day the swelling was greatly reduced, no suffering, and only complaining of sleepiness with inability to sleep, which a dose of Belladonna removed entirely. I made no more calls, gave no medicine, only continuing the application of Calendula. The patient called on me on the sixth day; said he was perfectly well and free from pain but could not see out of the wounded eye. The eye was restored to the normal size, showing a dull surface over the whole eyeball, the wound perfectly healed, but a horizontal line, about a quarter of an inch long was perceptible outside the iris. I sent him to the New York ophthalmic hospital where the

eye was removed on the eighth day after the accident. In the orbit was found a ball of 38 calibre. In three weeks time from the day of the accident, the patient returned to his work and has suffered no inconvenience since.

The Calendula was continued at the hospital, after removing the eye, and there can be no doubt that to its specific action on mangled and torn tissue is due the freedom from pain, the rapid healing and quick recovery which characterized this case, both before and after the ball was extracted.

Dr. Dillingham: It is a mistake to use Calendula in the treatment of wounds, as it makes no advantageous difference. Use nothing but hot water and the results are equally good.

Dr. H. C. Allen: Would you reject Calendula if it was indicated?

Dr. Dillingham: No, I mean using it as you would Carbolic acid; that is what I object to. I don't object to giving the indicated remedy.

Dr. Hoyne: In the treatment of syphilitic suppurations and buboes, I never use any local applications but cold water. That is the best dressing that can be used, even in bleeding buboes, and if there is no remedy selected for the general symptoms, it takes care of the whole case.

Dr. Bell: I believe Dr. Dillingham is right. I think the use of Calendula is really a routine thing, and I think I will not use it again since the alcohol has no use whatever.

Dr. Emory: I am quite ready to give up the Calendula solution. I use it more for the sake of using something than for anything else.

Dr. Bell: Dr. Campbell has made the point that torn tissue indicates Calendula.

Dr. H. C. Allen: There is a very broad distinction between the use of Calendula and Arnica as external applications; here Calendula indications were present. But why give Arnica internally at same time?

Dr. Dillingham: I want to say one word. In some cases it is confusing to know what to use. We have three reme-

dies for wounds, Arnica, Calendula and Hypericum. In Dr. Campbell's case Arnica was the remedy. At least I hardly see how she could give Calendula and Arnica, but the patient took two remedies; one remedy **must have done** the whole thing. A properly dressed wound and the indicated remedy would have done much.

Dr. Campbell: That question has occurred to me, but it seemed to me the boy was so shocked that Arnica appealed to the mental condition, and that was why I gave it the first night, and in two days afterwards, the pain had gone. There was restless sleep, desire to sleep, but could not, and I gave a dose of Belladonna; then left him on the Calendula to heal the external wound. I had a little experience with that same young man with a pistol shot. He got shot with a pistol in his hand and his mother was up all night bathing him with Arnica, and next day there was a line of inflammation extending up the arm which I took to be the poisonous effects of Arnica, but it did not bias me if I had the indications for Arnica. I thought the mangled condition of the wound would be helped by Calendula, and at the hospital they commended my proceeding; they continued it themselves, and I do not think they are accustomed to do so. The wound healed beautifully and rapidly under the Calendula.

Dr. Nash: I would like to know if Calendula is the specific for lacerated wounds and Arnica for shock, and when we have both conditions present which are we going to use?

Dr. Dillingham: If I remember, my impressions are correct in regard to the use of Calendula. It should be given for clean cut wounds and Arnica given for bruises; and it was indicated in this case. It was the remedy.

Dr. Schmitt: Several years ago I had some experience with lacerated wounds, for about once a week a fellow would come in with a crushed finger—the flesh crushed on the bone, and I generally cleaned the wound and put Calendula tincture on it undiluted, to stop the bleeding, which it generally does at once, and then wrapped it up and left the wound for several days.

Dr. H. C. Allen: Did you give anything internally?

Dr. Schmitt: No, I did not then, and I do not now give anything internally.

Dr. Long: I have had some experience, and, like everything else, I find there is no exception in medicine, that *Calendula* does not cure in every case of lacerated wounds. I would like to ask Dr. Schmitt if he ever had a case that was not lacerated.

Dr. Schmitt: Some of them suppurated, and if I noticed any bad smell the bandage came off, and I generally gave any remedy which was indicated and kept the wounds open so as to see them.

Dr. Campbell: Would you then stop the *Calendula*?

Dr. Schmitt: Yes, I stopped the *Calendula*.

Dr. Campbell: Is there a law regulating that fact of mangled or bruised surfaces? I only apply *Arnica* if the surfaces are not cut.

Dr. Custis: I am afraid to use *Arnica* where there is an abrasion. I have seen several bad cases, one of which proved fatal, resulting from the external use of *Arnica*.

Dr. Bell: What kind of *Arnica*?

Dr. Custis: I was going to speak of that, and I instruct my patients never to use *Arnica* unless greatly diluted. I have used *Arnica* exceedingly diluted so that you could hardly detect the odor in the water where there has been a great deal of contusion in addition to the laceration; but the *Calendula* in preference to that if the surface is simply cut.

There has been some *Hamamelis* in Washington a little dangerous to use. One lady hurt her eye, and upon the advice of her friends applied *Hamamelis*, and the whole side of her face became swollen. It also occurred in another case. These articles should be prescribed in a homœopathic drug store. Their purity is very necessary in order to form a judgment as to their virtue.

Dr. Cobb: As I understand Dr. Dillingham, he infers that Dr. Campbell used two remedies at the same time.

Dr. Stow: Ought not this view to be taken to distinguish between the *Arnica* and *Calendula*. In all cases where the flesh has been bruised without breaking it

where the life quality has been knocked out of the tissue, and where ecchymosis follows rapidly, *Arnica* is the remedy; but if you come to a wound that is torn as with a buzz-saw, mangled, only such parts of that wound, as the ragged portions are likely to become destitute of vitality; in that case give *Calendula*. If the wound is large the torn parts should be clipped off so as to make the wound clean.

Dr. Dillingham: There is another question. To-day surgery is a complicated affair; the surgery of the future is to be the simplest possible. In the case reported what carried the patient through, and what did the cure? Because as Hahnemannians we are bound to give the indicated remedy and treat the wound in the simplest possible way. In one of the hospitals of Europe they use nothing but dry dressings. We find here a wound being done up by a mechanic, by wrapping it up simply in the blood. We want to throw off in the treatment of wounds everything that is not absolutely necessary, otherwise we are getting complicated as Hahnemannians.

Dr. H. C. Allen: There is another point often overlooked. If we use remedies in the potencies internally, why should we resort to the use of tinctures in the local treatment of wounds, injuries, burns, etc.? We obtain just as good, if not far better, results, if we have the right preparation of *Arnica*. Never use that made from the leaves and flowers, because you get with it the insect poison of the *Arnica* fly—similar in its action to *Cantharides*—which is generally found in *Arnica* leaves, and hence the preparation is impure. Our allopathic friends are afraid of the *Arnica* tincture of the drug stores, but know not why. There is no necessity for using either *Arnica* or *Calendula* in the tincture; use the potentized preparations of each in all local applications and you will have much better results. The same is true of burns. The best local application is *Cantharis* 30 or 200, because it is the nearest similar.

If *Calendula* was the remedy indicated it should have been given alone, not applied externally while *Arnica* was given internally for the shock.

Dr. Nash: I think it was Dr. Thorer who brought forth Calendula as a remedy for wounds, and told of the peculiar virtues of this remedy; and in order to convince them made a deep cut in the fleshy portion of his hand, dressed it with Calendula, and the next day appeared before the company with his hand perfectly healed. It is said that Calendula is a remedy for those wounds that suppurate profusely. I have seen suppuration rapidly subside under the use of it in a burn which covered the back and hips of a child who fell into a pail of hot water; the suppuration was profuse and I used Calendula with the effect of rapidly healing up the wound. But I would like to enquire whether the fact is established that Calendula is a remedy for profusely suppurating injuries by internal use. Dr. Allen claims it is a specific remedy which may be used just as well in the potency internally as in the tincture. Is it an excellent remedy where suppuration is profuse?

Dr. Beigler: I would not take your time in giving indications for Calendula, Arnica, or Hamamelis, but I wish to have the fact impressed that Dr. Allen has brought up: that those remedies act *better in the potentized form than in the tincture.*

I never, of late, have used any of those preparations except in the very highly potentized form, and I have had perfectly satisfactory success. In using Arnica tincture, being careful to obtain the homœopathic tincture—I have frequently got erysipelas from the other—by dropping ten or twelve drops into half a pint of water, it is just as effectual; so with Calendula and Hamamelis. Now, as to the use of the potentized form, we obtain here better results from the 30 or 200 than from the tincture. I have used in burns a solution of the cm. of Cantharis in water, locally, with perfect satisfaction. Take a little of the preparation dissolved in a few spoonfuls of water, then fill an eight ounce bottle, and use locally.

Dr. W. L. Reed: I had a case of a lady who had fissures of the nipples, a distinctly marked case of Sulphur. I had heard that the topical application of Sulphur would be advisable to use and laid a cloth wet with the cm. poten-

cy upon the nipples and had great relief; but afterwards cured with a dose of Graphites.

Dr. Custis: In the ophthalmias of new born children it has been customary with me to use *Argentum nitricum* 200, a few pellets in water, and the nurses claimed there was something magical about it.

Is there not some difference between the effect of *Hamamelis* tincture or solution and the potency of it in its power to check hæmorrhage? Will a hæmorrhage from the lungs be checked as rapidly by *Hamamelis* when given in a high potency as in the dilution or tincture? It seems to me there is a special therapeutic force in the potencies which is not in the tincture; while there is drug action in the tincture which we want to get rid of in the potencies.

Dr. Bell: That does not come under surgery.

Dr. Campbell: I did not expect my little zephyr would get up a cyclone, and can only confess my sins and say I am trying to reform.

Dr. Bell: I think we must struggle against routine practice and would say in connection with these cases, I have tried in every case to give the indicated remedy where required. *Arnica* where there is pain from the operation—local pain. *Staphisagria*, where there is pain in other parts, perhaps remote, after an operation; after lithotomy or amputation of the breasts if there is colic.

Dr. H. C. Allen: What remedy does Dr. Bell use in the terrible vomiting after abdominal operations?

Dr. Bell: There are two kinds, one after ether and the other due to peritonitis; and the latter is best treated by opening the abdomen and washing out the matter, but in the other case there is no remedy except as indicated by the symptoms. In other words only rely upon our principles as ordinarily practiced.—*Trans. I. H. A., 1889.*

LACHESIS.—Hering says that it repeats its primary action every fourteen days. This should be noted in practice, especially when we are in doubt about the repetition.

Materia Medica.

GRAPHITES. CONCORDANCES: A STUDY,

S. L. G. LEGGETT, M. D., SYRACUSE, N. Y.

[The following paper was read by the author before the Syracuse Hahnemann Club, at its recent meeting. The comparisons are from Bönninghausen's Therapeutic Pocket Book.—ED.]

I. MIND AND SOUL.

Ignat., Puls.

II. PARTS OF THE BODY AND ORGANS.

1. *Bell.*, *Calc.*, *Puls.*, *Sulph.*

2. *Caust.*, *Lyc.*, *Merc.*, *Nux. v.*, *Petr.*, *Sep.*, *Sil.*, *Staph.*

III. SENSATIONS AND COMPLAINTS.

1. *Calc.*, *Lyc.*

2. *Bell.*, *Nat. m.*, *Puls.*, *Rhus.*, *Sep.*, *Sulph.*

III. 2. Of glands. 1. *Puls.*

2. *Bry.*, *Con.*, *Phos.*, *Sulph.*

III. 3. Of bones. No very strong resemblance.

III. 4. Of skin. 1. *Puls.*, *Sep.*

2. *Calc.*, *Lyc.*, *Sulph.*

IV. SLEEP AND DREAMS.

1. *Calc.*

2. *Nux. v.*, *Phos.*, *Sep.*

V. FEVER.

Lyc., *Nux. v.*, *Phos.*, *Sep.*, *Sulph.*

VI. CHANGES IN STATE OF PATIENT ACCORDING TO TIME AND CIRCUMSTANCES.

Amelioration. No strong resemblance.

1. Getting worse according to time. *Bry.*, *Calc.*, *Nux. v.*, *Phos.*

2. Getting worse according to circumstances. 1. *Con.*, *Hep.*, *Lyc.*, *Rhus.*, *Sep.*, *Sil.*, *Spig.*, *Sulph.*

V. CONCORDANCES: A COMPARISON OF ALL THE EFFECTS OF REMEDIES.

1. In reference to preceding sections: *Calc.*, *Lyc.*, *Puls.*, *Sep.*, *Sulph.*

2. According to value of remedies: *Bell.*, *Bry.*, *Merc.*, *Nux. v.*, *Phos.*, *Rhus.*

Antidotes: *Ars.*, strongest; *Nux. v.*, next; *Vinum.*, least.

Like all substances inert in the crude form, Graphites is slow and insidious in its effect upon the system and is, therefore, a correspondingly long and deep acting remedy.

This points to its well known usefulness in chronic diseases.

I. *First*: In mental symptoms it is strongly concordant with *Ignatia*. We have forgetfulness, sadness, change of humor, despondency, suppressed grief, apprehensiveness, despair; but while in Graphites we have such conditions as a result of grief or fright, a condition that might be the result of long, anxious, business strain, after the crisis of which he is unable to recover himself, and so remains anxious, timid, forgetful, hating the very thought of work and imagining the greatest misfortunes; in *Ignatia* we have the same symptoms, as a result, also, of mortification or jealousy, of disappointment in love, or of offense to our personal love. As an inert substance (in crude form) we should expect to find Graphites corresponding more closely to deep structural change, while *Ignatia* would be more applicable to an irritative affection of the nerve centres; that while Graphites might carry us through this stage, *Ignatia* would leave us there, would take us no deeper.

Second: Graphites resembles *Pulsatilla*, having the same changeable mood, easily moved to tears or laughter, excessive conscientiousness and religious scruples, grief, despondency, apprehensiveness and suicidal tendencies, fatigued by mental efforts and emotions; but *Pulsatilla*, like *Ignatia*, has grief resultant from mortification, jealousy and disappointed love, which we do not find in Graphites.

In *Pulsatilla* we should say the grief, despondencies, etc., were rather the result of long depression, than of the continued irritative strain of anxiety upon the vital force.

II. In the parts of the body affected by Graphites, it most strongly resembles Belladonna, Pulsatilla, Sulphur. In affections of the organs, we do not find indications of great structural change, but we do find considerable indication for so-called functional disturbance.

In sensations produced upon the head, there is little that could be considered characteristic of Graphites, and no other, and we need the concomitants upon which to base a prescription.

Graphites like Belladonna has cloudiness and pain in the morning as if intoxicated, with weariness of the head; but the weariness does not extend to the nape as in Graph. Graphites has coldness of the scalp while Belladonna has heat of the scalp and coldness of the inner head.

Graphites resembles Calcarea in one sided headaches, but Calcarea has coldness both of the inner and outer head, while with Graphites the sensation of coldness is confined to the scalp.

It resembles Calcarea in abundance of dandruff and humid eruptions of the scalp; but the humidity of Graphites is always watery, viscid, honey-like. (For the symptom of abundant dandruff piled up in the hair and upon the scalp, and without contra-indications, Calcarea.)

Graphites resembles Pulsatilla slightly in the one-sidedness of its headaches, the sensation as of intoxication in the morning, with confusion, nausea and inclination to vomit; but Pulsatilla is always refreshed by slow motion in the open air, while Graphites is aggravated.

Graphites also resembles Pulsatilla in sweat of the scalp and eruptions; but the discharges of the eruptions produced by Pulsatilla are of pus, while Graphites has its own peculiar characteristic.

Graphites like Sulphur, has an empty feeling in the head, vertigo on stooping, pain and burning in the vertex but unlike Sulphur it is worse in the open air, and has a weakness in head and neck not belonging to Sulphur. Sulphur has dandruff and its eruptions are dry, bleeding, or exuding pus, while Graphites has humid, watery and vis-

cid exudations. Characteristic sensations—not recorded elsewhere—as if head were numb and pithy.

Characteristic aggravation, as compared with these remedies, open air.

Characteristic exudation; watery, viscid, honey-like.

Comparisons:

Weariness of head—Bell., Graph.

Weariness of head extending to nape—Graph.

Cloudiness and pain in A. M., as if intoxicated—Bell., Graph., Puls.

With confusion, nausea and inclination to vomit—Graph., Puls.

One-sided headaches—Calc., Graph., Puls.

Amelioration by open air—Puls.

Aggravation by open air—Graph.

Coldness of the scalp—Calc., Graph.

Eruption of the scalp—Calc., Graph., Puls., Sulph.

Eruption, humid—Calc., Graph.

Eruption, watery exudation—Graph.

Eruption, pus exudation—Calc., Puls., Sulph.

Eruption, viscid exudation—Graph.

Pain and burning in vertex—Graph., Sulph.

Graphites leads Calcarea in moist eruptions behind the ears, and is distinguished from it by its characteristic discharge.

It has all the symptoms of inflammation of the middle ear, with considerable structural change, humming, fluttering, tinkling, etc., with watery, offensive, viscid discharge and very little pus.

It is less often indicated in otitis than Pulsatilla, or Sulphur, and seemingly for a more advanced stage of destruction; Pulsatilla having a bland, muco-purulent discharge aggravated by heat; Sulphur having an excoriating, offensive, muco-purulent discharge.

Pains of both Pulsatilla and Sulphur are aggravated by heat, while Graphites is ameliorated by warmth.

It has both deafness and increased sensibility of hearing with reverberations of even his own words and his own footsteps.

Sulphur has hardness of hearing produced by over sensitiveness.

Calcarea has the brain sensitive to shrill sounds. Its strongest indication for a remedy in deafness is its peculiar ability to hear better in a noise, like Pulsatilla, which it leads—better in the noise made by the cars, the rumbling of a carriage, or machinery.

In conditions of chronic inflammation, involving the superficial tissues of the eye, as in blepharitis, the varieties of ophthalmias, arthritic ophthalmia, keratitis or cornetis, with great itching, very little sensitiveness, and its characteristic discharge, with very little pus. In the symptom of glittering before the eyes, Graphites leads all remedies; therefore Bell., Calc., Puls., and Sulph.

In photophobia it is lead by Sulph., Bell.

Belladonna has photophobia worse in artificial light.

Graphites has photophobia worse in daylight.

Belladonna has aggravation from looking at shining objects.

Graphites has aggravation from looking at anything white, red, or the sun.

Belladonna seems to correspond more closely to acute congestive attacks, involving loss of vision, and is symptomatic of brain troubles.

Graphites corresponds more closely to long standing, passive, inflammatory conditions, accompanied by considerable destruction of superficial tissue.

Calcarea has great shunning of all light, both artificial and daylight; can see better in the dark, wants to keep the eyes closed.

The secretions of the eye must be a differentiating point between Calcarea and Graphites and also its broader and deeper sphere, producing iritis, retinitis, &c. It has a thick, yellow, pus-like discharge, with great collection of mucus.

As in hearing, so in smelling, there is a complete loss of, and an abnormally acute sense of smelling.

Graphites cannot tolerate the odor of flowers.

Belladonna has also over sensitiveness of smell, but cannot tolerate tobacco and soot.

Calcarea is sensitive in degree, but has the subjective symptom of a bad odor before or in the nose like Sulphur.

Calcarea fancies an odor of manure, gunpowder, and putrid eggs.

Sulphur carries the odor of stool before him all day.

Graphites has blowing of blood from the nose in chronic ozena, as in Sulphur, mixed with mucus like Pulsatilla.

Belladonna somewhat blood-streaked mucus, and shows rather its congestive and hæmorrhagic tendency than destruction of tissue.

Graphites has an aggravation of the offensive discharge from the nose, during menstruation.

Graphites has sudden loss of vision, during menstruation.

Graphites has an aggravation of the eruption (acne) upon the face during menstruation.

Graphites has an erysipelas of the face like Belladonna.

Belladonna is hot and red and hard, while Graphites spreads to the left.

Graphites has contraction of the muscles of the face, with difficult speech; while in Belladonna, convulsive movements of the muscles of the face are prominent.

In the matter of freckles, it strongly resembles Sulphur.

In the symptom of black pores in the face, Graphites leads all remedies, although the symptom is found in lesser degree under Sulphur.

Like Belladonna, Graphites has swollen upper lip, but in the latter it is accompanied by stinging pains. Graphites has also tingling and formication of the lips, during menstruation.

Belladonna leads in eruptions at the corners of the mouth.

In affections of the gums it resembles Calcarea, Belladonna.

In Calcarea, the gums are tender, swollen, bleeding, pulsating.

In Belladonna the gums pain as if ulcerated, more strongly affecting the right side.

In Graphites the gums bleed easily; bleed easily while

rubbing; and it particularly affects the inside of the gums, and the mouth is both swollen and dry.

Belladonna and Pulsatilla lead Graphites in salivation; but it stands equal to Calcarea and Sulphur.

Belladonna, profuse salivation, aggravation while lying down.

Pulsatilla, profuse flow of sweetish saliva, with constant spitting of cotton-like mucus.

Graphites, saliva runs from the mouth in the morning while stooping, with much spitting.

Calcarea, has profuse salivation alternating with dryness with much spitting of sour fluid.

Sulphur, has profuse salivation, with nauseous saliva "all her trouble seems caused by this nauseous saliva."

Ptyalism after abuse of Mercury.

Graphites resembles Calcarea and Pulsatilla in its voracious hunger, it must eat, and its suffering is relieved by eating.

Calcarea has alternations of eating and anorexia, is hungry soon after eating, is agg. in its suffering after eating, except the stinging pains in tooth, and the pains in the abdomen.

Pulsatilla is ravenously hungry and knows not for what; is greedy, and eating is followed by vomiting and it has aversion to salt.

Graphites has aversion to meat, like Calcarea, Pulsatilla, Sulphur.

Calcarea, has aversion to meat but a craving for eggs, sweets, etc.

Graphites has an aversion even to the thought of meat, but unlike Calcarea has aversion to sweets and salt.

Sulphur has aversion to meat with desire for sweets, with sickness from indulgence in sweets and an agg. from its hunger at 11 A. M.

Moist eruptions behind the ear—Calc., Graph.

Viscid, watery discharge—Graph.

Muco-purulent, discharge, middle ear—Puls., Sulph., Graph.

Muco-purulent, thick, bland—Puls.

Muco-purulent, thick, acrid, and offensive—Sulph.

Purulent, (slight) watery, viscid and offensive—Graph.

Agg. from heat—Puls., Sulph.

Amel. from heat—Graph.

Increased sensitiveness of hearing—Sulph., Calc., Puls., Graph.

Increased with reverbrations of voice and footsteps—Graph.

Deafness, amel. by noise—Puls., Graph.

Glittering before the eyes—Graph. leads all remedies.

Photophobia—Sulph., Bell., Graph., Calc.

Agg. in artificial light—Bell.

Agg. in daylight—Graph.

Agg. from shining objects—Bell.

Agg. from looking at white or red objects and the sun—Graph.

Agg. from both artificial and daylight—Calc.

Agg. from odor of manure, gunpowder, and putrid eggs—Calc.

Agg. of offensive discharges from the nose during the menses—Graph.

Sudden loss of vision during menstruation—Graph.

Erysipelas of face, right side—Bell., Graph.

Erysipelas of face, right side, traveling to the left—Graph.

Erysipelas of face, right side, hot, red, and hard—Bell.

Contractions of muscles of face—Graph.

Convulsions of muscles of face—Bell.

Freckles—Sulph., Graph.

Black pores—Graph., Sulph.

Swollen upper lip—Bell., Graph.

Stinging pains—Graph.

Agg. formation and tingling of the lips during menses—Graph.

Inflammation of the gums—Calc., Bell., Graph.

Gums, pulsating—Calc.

Gums, right side, as if ulcerated—Bell.

Gums, inside easily bleed with rubbing—Graph.

Salivation—Calc., Bell., Puls., Sulph., Graph.

Salivation, profuse while lying down—Bell.

Salivation, profuse, sweetish, spitting of cotton-like mucus—Puls.

Salivation, profuse morning while stooping; much spitting—Graph.

Salivation, profuse, with nauseous taste—Sulph.

Hunger, voracious—Calc., Graph., Puls.

Must eat, suffering relieved by eating—Graph.

Alternation of bulimia and anorexia—Calc.; pains agg. by eating—Calc.

Hunger, knows not for what—Puls.

Eating, followed by vomiting—Puls.

Aversion to meat—Calc., Puls., Sulph., Graph.

Aversion to meat, craving for eggs, sweets, etc.—Calc.

Aversion to meat, craving for sweets—Sulph.

Agg. from eating sweets—Sulph.

Aversion to meat, even the thought of—Graph.

Aversion to sweets and salt—Graph.

Graph. has belching, eructation and nausea, like Bell.

Calc., Puls., Sulph., nausea with weakness during menses.

Sulph., Calc., have more empty belching.

Graph. has excessive and obstructed flatulence like Puls., but with less colic.

Graph. has cramping in stomach with cramping of calves of legs, costiveness and cold feet, during first day of menstruation.

Graph. has sour smelling flatus, like Calc. and Sulph., but has not the offensiveness of either Puls. or Sulph.

Graph. has great constipation, resembling Calc. and Sulph., but in Graph. it seems to be caused by the inactivity or paralytic condition of the rectum, like Pulsatilla, while in Sulphur the obstruction seems due to the character of the stool.

Graphites has both the induration and inactivity. Inactive like Pulsatilla it is knotty like Sulphur, and is characterized by agglomerated flattened balls. The stool covered with mucus like both Pulsatilla and Sulphur, but in Graphites it is a tough white mucus that looks like "cooked white of egg, tallowy mucus." The odor of stool, like flatus,

is sour like Sulphur, but not as offensive as Sulphur or Pulsatilla.

In producing good propagating ground for the ascaris (maworm) Graphites is not quite equal to Sulphur, but in the conditions favorable to the abode of the tapeworm Graphites stands equal to Calc., Puls., Sulph.

Graphites is as markedly indicated in symptoms affecting the anus, as Sulphur, and more marked than either Calcareo or Pulsatilla. The excoriating by acridity of the fecal discharges, the fissures, burning, swelling, itching, are all found in Sulphur, but the immediate anal pains of Sulphur are stinging, while in Graphites they are cutting as with a knife upon taking a wide step or sitting down. Graphites has also rhagades and prolapsus ani, in a very marked degree. Hæmorrhoids, complicated by fissures and rhagades, and with many of the above quoted symptoms. They are of as frequent occurrence as in Pulsatilla, but seem to be of a more decidedly painful and cutting character. Here Pulsatilla has a symptom oftener expected as a leading indication in Graphites, aggravation of piles during menstruation. Graphites has aggravation of so many symptoms during menses that we might naturally have looked for this too.

Graphites is not strongly marked in its urinary symptoms. It has considerable urgency, scant flow, slightly dark, turbid on standing, sour, as in the other excretions, and a sediment that is grey, whitish, gravelly or floury, all very slightly marked.

WHY WE POTENTIZE.—Many of our most valuable remedies, especially the antipsorics, are practically inert in the crude form, hence potentization is necessary to develop their curative power. The more compact and solid the substance in its original condition, the higher must the potency be to obtain the medicinal effect; the power, the drug force, not being the substance but that which held the substance together.—*Hering.*

URINARY SYMPTOMS OF CANTHARIS AND
COMPARATIVE REMEDIES.

JOHN V. ALLEN, M. D., PHILADELPHIA.

In this short paper will be given a few of the more prominent urinary symptoms of Cantharis, compared with remedies having somewhat similar and dissimilar symptoms. We know that when indicated, Cantharis always shows more or less prominently its affinity for the urinary organs, and hence I thought a careful study of that section would excuse the brevity of my paper.

We see its action on the ureters, with cutting and contracting pains to the penis from these ducts; with these symptoms Cantharis has relief from pressure on the glans penis. Now, here are symptoms which are often found when calculi are passing from the kidney, or its presence is known to be in the bladder.

Berberis should be thought of when the cutting pains go from the kidneys, and radiate to the loins, hips and back, and the urine has a grey meal-like sediment.

Ipomœa (Morning Glory), when you have stone in the bladder, and the pains are severe cutting in renal region, down the ureter to bladder; these pains excite nausea, which is not the case with Cantharis or Berberis.

Ocimum, the pains excite nausea, the urine is scanty and contains uric acid, and the pains go tearing down the right ureter only.

Pareira brava, should not be forgotten when stone is present in the bladder, or one is trying to pass from the kidney, presenting these symptoms: constant urging to urinate, violent pain in glans penis; straining; pain extorts screams; *must get down on all fours to urinate*; urine contains much viscid, thick, white mucus or deposits a red sand, and has a strong ammoniacal odor, and the pains go down the thighs during the efforts to urinate.

Hydrangea and Uva ursi have passing of calculi or stone from kidney or bladder, and deserve careful study.

The Cantharis pains in the bladder are violent, burning, and cutting, especially at the neck, with violent urging;

albuminous, containing cylindrical casts, mucus and shreds; looks jelly-like.

Berberis should be compared when the urine is turbid or becomes so speedily, depositing thick mucus and bright red mealy sediment; while with Cantharis, the water looks mealy, with white sediment.

Cochlearia Armoracia (horse radish), the urine on standing becomes jelly-like, with burning and cutting at the glans penis, during and after urinating; with strangury.

Sassafras should not be forgotten when the urine contains little skin-like particles, and the urine burns like fire.

Many other remedies could be enumerated in comparing the urinary symptoms of Cantharis, but the few which I have mentioned, would elicit quite enough discussion.

Dr. Bell: I would not let that paper pass without a cordial endorsement. I believe we have a great deal to learn in comparing remedies.

I am very glad to learn that the other Dr. Allen will give us a full comparative *Materia Medica* before long.

Dr. H. C. Allen: The paper just read is in the right direction. Many homœopathic physicians in prescribing for painful urination, give Cantharis without reference to differentiation; whether the direction of the pain is from behind forwards or from before backwards is to them a matter of little importance. This is why so many feel compelled to resort to allopathic palliatives in nephretic colic and gonorrhœa.

A year ago in our meeting, Dr. Wesselhoëft said that the most valuable work which Dr. Lippe left us was his "Key to the *Materia Medica*"—a comparative work of reference. It was to be issued in numbers and the first fasciculus, containing eleven remedies, was all that ever appeared. That was in 1854, and since then a large number of new remedies have been added, which will necessitate a re-writing of the remedies to bring them up to date. I propose to begin the publication of this Comparative *Materia Medica* in the January number of the *Advance*, as an appendix. But I cannot do this work alone, and

must appeal to the members of this Association for aid, after I have published a sample of the work.

Dr. Butler: I don't want to allow this paper to go by without commendation. Discussion is impossible; but the style of the paper, the amount of work done and the excellence of the comparison is worthy of commendation.

Dr. Kent: Everybody has to do that kind of work for himself. What Dr. Allen has learned about that paper is of more value to him than anybody else. This work shows Dr. Allen to be a student of *materia medica*—he is willing to work, willing to dig it out. Dr. H. C. Allen has spoken of the possible republication of Dr. Lippe's book and I happen to be the fortunate possessor of Dr. Lippe's copy. If Dr. Allen should ever undertake to republish it, I will furnish him with the corrections Dr. Lippe made.

The copy I possess is double interleaved, and written full of notes of other remedies and a great many additions to those that he had already compared.—*Trans. I. H. A., 1889.*

C. D. CRANK, M. D., officiated as toastmaster at the banquet given by the Cincinnati Homœopaths to the members of the Ohio State Society. He introduced the toast, "The Medical Press," with the following:

After an absence of many thousand years Adam returned to look over the old farm. He was amazed at the change, the improvements in farming implements, and mode of agriculture. He hardly knew the old place. With heavy heart he wandered into a neighboring city. He was astounded at the great progress, and general advance and diffusion of knowledge. He wandered into an art gallery and marvelled at the paintings and sculpture. He was dazed, and passing out, he fainted. They bore him into a neighboring building and sent for a doctor. The old-school fellow came—gave him an emetic, followed by a dose of Calomel, applied a mustard plaster to his stomach and was about to bleed him when Adam recovered. Taking in the situation he threw his arms about the old doctor's neck, exclaiming: Now I feel at home,—your practice is the only thing I have found just as I left it.

Clinical Medicine.

DIFFERENTIAL DIAGNOSIS BETWEEN ERUPTIVE DIPHTHERIA AND SCARLATINA MALIGNA.

J. A. GANN, M. D., WOOSTER, OHIO.

Is there a differential diagnosis? If so, when? Surely not when the patients affected by either so named disease are dead, for leading pathologists say: between these diseases there are no marked pathological differences.

Is it during an attack? The same pathologists say that malignant diphtheria may have an eruption, more or less marked, and that scarlatina may have an eruption and other symptoms so similar to it, that which disease it really is can only be determined by the sequelæ, if the patient lives. Or, the probability is that it is the one disease or the other, just as some milder cases of scarlet fever or diphtheria be prevailing in the neighborhood.

We must then appeal to the last means of differential diagnosis between these two dreaded forms of disease, the sequelæ; but unfortunately, most of the patients are gone where sequelæ "cease from troubling, and the weary are at rest." But if they do live to reach this stage of physical experience, the sequelæ of the two diseases are so similar as to require similar treatment, and the only possible differential diagnosis is assumed to be in the desquamation that occurs in scarlet fever and not in diphtheria—though in some cases of scarlet fever it is so slight as to be scarcely possible of detection.

In the scarlatina simplex and anginosa, and in the ordinary laryngeal forms of diphtheria, the means of differential diagnosis at the disposal of the physician are more readily and certainly used. Yet, even here, how often does doubt embarrass the diagnosis.

For the *usual* forms of the disease I can do no better

than to refer you to our standard text books on these subjects.

Notwithstanding the fact that it is generally maintained that there is a great difference between scarlet fever and diphtheria—a somewhat fair opportunity to examine a few of the malignant types has caused a skeptical question to occasionally arise in my mind: Are they different poisons; are they not rather different manifestations of *one* morbid influence in the milder forms separated by marked differences, but in the severer forms so blending as to indicate in reality but one poison? Let us illustrate by cases from practice:

CASE I. Alice, aged 11 years. Had been sick three days when I was called. Had received energetic “home treatment,” the parents only becoming alarmed when the glandular complication became considerable. They were treating her for diphtheria; and certainly it merited the name, if swollen glands, coated throat, offensive breath and constant discharge from the mouth and nostrils are at all descriptive of the disease. No decided rash, but a mottled appearance about neck and chest. The disease was prevailing in the neighborhood; many cases proving fatal, among which was my patient.

CASE II. Grace, 3 years old. Living 18 miles from Wooster. The day before I was called, her sister had been buried; having died of what they said was scarlet fever. My case progressed favorably, rash out nicely, and by the end of the fourth day was fading away. At my next visit I was alarmed at the change. The original soreness of the throat was greatly intensified, and the case rapidly assumed a malignant type; so far as I could see, now a typical case of malignant diphtheria. Several cases in the neighborhood had died of the same disease. It was called malignant scarlet fever by the doctors.

CASE III. Ella, 7 years old. Taken with high fever, sore throat, slight rash, feels very sick. Hard to determine whether scarlet fever or diphtheria is coming. The case progressed favorably until toward the end of the week, when it assumed a condition similar to the last. The case

was so severe that one morning before I returned from my visit to Case II, the father rushed into Dr. F.'s office requesting him to come immediately and perform tracheotomy. This the Doctor refused to do until I returned; when the urgency of the symptoms having modified somewhat the operation was deferred. The patient recovered.

CASE IV. Early last fall, Wooster was startled with the rumor that "black diphtheria" was in its midst. A child was taken sick with what was diagnosed as diphtheria and in two days was dead. In about a week another child of the family was taken sick, and died the same way. About the same time a boy of one of my families, six years of age, was taken sick. I pronounced it scarlet fever, and so reported it to the health officer, who modestly suggested that I be careful in my diagnosis as the other cases in the neighborhood had been diphtheria; and, so far as I could glean, the history of all the cases was very similar. My case, however, recovered.

I have selected these cases for two reasons: One on account of their complications,—the two diseases, scarlet fever and diphtheria, entering into the calculation. The other reason on account of the difference of opinion as to the disease prevailing.

Some authorities claim that both scarlet fever and diphtheria may exist in the same person at the same time; while some claim that the latter may *follow* the former immediately. Others claim that no two acute blood diseases—like no two bodies—can occupy the same place at the same time, and that the disease is either the one or the other.

But, which is it? Both sometimes begin the same way. Both diseases may be prevailing at the same time. The one at times apparently communicates the other; and we are forced to the conclusion that if both diseases are separate entities they at least belong to the same genus—yes species, and family.

The main objection to the identity of the two poisons is that the one poison does not protect from the other. Does one attack of diphtheria prevent a subsequent attack? On the other hand, is not the person more liable to subsequent

attacks? And while one attack of scarlet fever is generally considered protective against subsequent attacks, is it not so, possibly, because while *both* poisons aim at the mucous surfaces, that of scarlet fever alone (except in the malignant form of diphtheria) aims at both mucous and cutaneous surfaces; thus more thoroughly influencing the general system? And here I would ask for records of cases of scarlet fever *after* an attack of *malignant diphtheria*. Not after the *milder* attacks for they do occur.

By considering the scarlatinal poison as the basal or cardinal poison, more of the phenomena of both diseases, in all their phases, may be accounted for than by any other theory with which I am acquainted; and when this cardinal poison takes the ordinary eruptive form it is more thorough in its constitutional action—both internal and external—than when it takes its ordinary diphtheritic manifestation. Hence the rarity, if ever, of a second attack of scarlet fever; while diphtheria being a more local manifestation of the poison more readily permits subsequent attacks.

But (you are ready to ask) if they are the same poison, why does not scarlet fever likewise prevent subsequent diphtheria? Here, we acknowledge, is a question not yet satisfactorily answered. Whether the glandular structures of the neck, &c., are not thoroughly brought under the action of the poison, so as to render them free from its subsequent action, (just as we find some persons in whom repeated vaccinations will produce repeated local irritation), whether it is due to some yet unknown polarity of morbid and vital forces, or whether the action of the scarlet fever poison leaves a sensitiveness of the throat, in some cases, that affords a favorable nidus, as it were, for repeated lodgment of this microscopic, though potent factor, may not yet be known.

That the position I have taken is not an unnatural or constrained one can be proved by analyzing any of the initial diseases—as malaria with its various subdivisions of remittent, intermittent, typhoid, &c.; erysipelas, syphilis, &c., with their various divisions and subdivisions—but, traceable to some distinct primal morbid influence.

If, instead of being able to present properly accredited differences of the two forms of disease under consideration, we succeed in eliciting such from the experience of others, or stimulate a more careful study of the etiology and pathology of these dreaded conditions, this paper will not have failed in receiving ample recognition.

A FEW GOOD CURES.

J. H. FULTON, M. D., C. M., MONTREAL.

PHOSPHORUS.—Let me report for your valuable journal some cases from my practice, and I cannot do better than in the patient's own words. A lady consulted me first by letter, October 22, 1888:

“DEAR SIR: I have been a sufferer from hæmorrhoids for twelve years. Have had to take aperient pills daily, and use a fountain syringe for the last eight years. Have not had a natural action of the bowels for more than that time. The hemorrhoids are internal and the rectum is almost filled up with them. Have to keep the bowels in a state of semi-diarrhœa to allow anything to pass. The excreta passed is less in size than that of an infant. After every motion from my bowels I suffer dreadful pain from two to three hours. I dread a surgical operation very much. Can you effect a cure without an operation? My diet consists of oatmeal porridge and syrup; now and then a graham biscuit. No tea or coffee; nothing, but what I have stated. Please reply.”

I did reply, and told her to call and see me, which she did on October 29, and I gave her one dose of Phosphorus 3 m. and Sac. lac.

November 13: Reports pain after stool all gone, and feeling hopeful and cheerful. Continue Sac. lac.

November 29: Vast improvement. Stools nearly natural; color returned to face; eats all kinds of food. No other remedy until March 19, when I repeated one more dose of Phosphorus 3 m.

May 25: She reported having had a pimple near the

rectum that broke and kept discharging for a long time. I diagnosed fistula, and from its recognized power over the process of suppuration, especially when it had been a long time in operation, I gave one dose of Silicea 57 m.

July 26, 1889, the lady writes me as follows:

“I have been away from home or should have written you before. I am happy to state that you have quite cured me of the hemorrhoids and fistula. It is like a new existence to me. Your treatment has been most effectual. I know you will be pleased to learn of the benefit I have derived. I am, very truly and gratefully,

CLARA P—.

[For the benefit of readers to whom the provings of Phosphorus may not be accessible, we append them.—ED.]

PHOSPHORUS: SYMPTOMS OF THE RECTUM.—*Erosive pain in the rectum during the rather loose stool.*

Darting pain, during stool, from the coccyx through the spine, as far as the vertex, the head being drawn backward by it.

Protrusion of varices during stool, with burning pain when touching them, or when sitting and walking, (after some hours.)

Blood with the stool, for two mornings.

Soreness of the rectum after stool.

Sharp scraping and burning at the anus, frequently, after stool, with burning desire to urinate, without much urine being passed.

Tenesmus after stool.

Frightful tenesmus of the rectum, some time after stool (Nit. ac.).

Violent burning at the anus and rectum, after a soft stool, and great weakness.

Great relaxation in the abdomen, after loose stool.

Giddy and near fainting after the second stool.

Tearing in the rectum.

Prickings in the rectum, between the evacuations.

Burning in the rectum.

Tearing in the rectum and the genital organs, violent.

Continued cramp-like pushing around the rectum.

Sensation in the rectum in the evening, as if the passage of the feces was prevented by something obstructing the rectum, the stool not being hard.

The rectum feels contracted; during the passage of the feces, which are not hard, an acrid sore pain is felt in the rectum, continuing for several hours and extending into the abdomen.

Sticking at the anus.

Cutting in the anus and rectum, especially in evening.

Gnawing and itching of the anus.

Sore pain of the *varices*, for many days, when sitting or lying, with violent pressure and stitches in the varices when rising.

Violent pain at the anus, as if the abdomen would be torn asunder, with cutting and movement of flatulence in the abdomen, and constant unsuccessful desire for stool; heat in the hands and anxiety; relieved by warm cloths.

Hæmorrhage from anus or rectum.

NITRIC ACID.—Feb. 2d: R. McC., age 28, first applied for relief for bleeding piles, as he claimed, of 18 months' duration. Symptoms were: frequently, bloody and slimy stools, but *always* bright red blood *after stools*, in quantity of a dessert spoonful to one-half a teacup full. When the stools were hard, much pain in passing them. A burning feeling in anus after stools. Nitric acid, 200, one dose, and Sac. lac. March 1st, reported well and still remains so at this date, Sept. 2d, 1889.

ARSENICUM.—May 21, 1889, was called to see a boy 11 years old. Had been attended by old school physicians all winter for rheumatism and heart disease, and had suffered greatly. Found him suffering from great dyspnœa and pain over heart; could not lie down; much worse at night. His mother told me she had to get up from fifteen to twenty times every night since 5th of January last, to put hot plates or flannel to his chest, and she could not keep him in bed. I gave one dose of Arsenicum 1m and per-

fectly relieved all suffering in 24 hours; two or three days was out on the street. Able to sleep without a pillow; no other remedy used.

ARSENICUM.—Six years ago I had a similar case to treat in a girl 12 years old. In addition to the extreme difficulty in breathing, palpitation and pains, there was general dropsy of lower limbs, and complete prostration. One dose of Arsenicum 200 made a complete cure in ten days, and she remains well yet. The difficulty in breathing was all gone in ten minutes after taking the dose.

SULPHUR.—A splendid cure from one dose of Sulphur cm. November 6, 1888. Mr. T., aged 50, first applied, stating that nine years ago he had a chancre burned by an old school doctor. Shortly after an eruption appeared on his skin, and grew worse until he was completely covered. The itching was dreadful, so bad he had to walk the floor at night nude, and could get no sleep until 3 or 4 A. M. Could not get a situation for the last eight years on this account. His scrotum and lower limbs looked raw and red. The one dose perfectly cured in one month, and at this date, 19th of August, 1889, he remains well. Considering the history, it is a remarkable cure.

KALI BROMATUM IN THE COLIC OF INFANTS.

E. M. HALE, M. D., CHICAGO.

When I was preparing a monograph on Bromide of Potassa, more than ten years ago, I found an observation of Ringer, which read as follows:

“I have found it of singular efficacy in a colic of infants with the following symptoms: The walls of the belly are retracted and hard, while the intestines can be seen at one spot, contracted into a hard lump of the size of a small orange, and the contraction can be seen through the abdominal wall to travel from one part of the intestine to another; these attacks are frequent and excruciating, and are unconnected with diarrhoea or constipation, but are

often associated with an aphthous condition of the mouth." The dose is not given.

On referring to the *Encyclopedia Materia Medica* it will be seen that in Palm's cases of poisoning of children by an unknown quantity of the crystals of Kali brom., symptoms closely resembling the above were caused. They were generally accompanied by flatulence. But it also caused "a violent colic in the umbilical region, *periodic*, leaving a tenderness on pressure."

Soon after reading Ringer, I had several cases of colic in young infants which I could not cure with Chamomilla, Colocynth, Senna, or anything else. I gave them Bromide of Potassa, and to my delight (and that of the mother) the relief was prompt, and in most instances permanent. The dose was not uniform. To some a grain or two of the 1x trituration on the tongue, every hour or oftener. Others got five drops of the 1x aqueous potency. One, aged four years, was cured by two drops of the 2x aqueous potency. This last had the curious symptoms "pain and difficulty—choking—when swallowing liquids, but not when swallowing solids."

There is a variety of colic in children known to all physicians, which is very obscure and rebellious to treatment. The child is well all day, but about 5 p. m. colic sets in, very severe, and often lasts several hours. I think it an abdominal neurosis, for no other abnormal condition attends it. The symptoms are not always those described by Ringer. There are only two remedies recommended for this variety: Lycopodium and Cinchona. [Colocynth has 4 p. m. colic for days in succession.—Ed.]. But I never cured a case with Lycopodium unless there was red sand in the urine, and flatulence; nor with Cinchona unless it was due to malaria, and then if Cinchona fails, as it often will, Cedron will cure, or Chininum sulph. 1x, one grain, an hour before the expected paroxysm.

The first cases in which I tested Kali brom. in this 5 p. m. colic, were treated by letter. The babies were out of town for the summer, and had suffered for several weeks in spite of the use of several medicines. I sent powders of

the 1x trituration, one grain each. One on the tongue every two hours during the day. A cure was effected on the second day.

The next case had been under regular treatment for a week, without the slightest benefit. I allowed the child (three months old) to go without medicines for 24 hours. The paroxysm was severe and lasted four hours. The next morning I ordered one drop of 1 cent. potency (one grain in 500 of water) every hour. There was no colic that evening nor for three weeks, when it returned. This time I thought I would go higher, and gave the 2 cent. potency. It had the same curative effect, and there has been no return of the colic. Now there must be some specific homœopathic power in Kali brom. over such attacks of colic, which allows 1-1000th of a grain to act as promptly as the probable doses of two or three grains given by Ringer.

I would like to have the readers of the *ADVANCE*, when they have opportunities, to go still higher in the scale, and see if the 6th, 12th, 30th, will act as promptly as the 2 cent.

THE SMALL DOSE.

T. C. HUNTER, M. D.

How can such small doses have any effect? We have all been asked this question until it has become somewhat monotonous. My usual reply has been: That I do not know, I am satisfied they do have great power to cure, and although I may have a theory that satisfies me, I am at the same time aware that it may not prove satisfactory to others, and therefore leave the question for each to solve in his own manner.

We have in this place a very well informed and liberal-minded "regular." He has never been disposed to set down all who professed to follow the teachings of Hahnemann as knaves and imposters, but has discovered that all of them do not practice what they profess, and had, therefore, about come to the conclusion that the law of similia was more ornamental than useful in times of sore trial. He

has several times given me the symptoms of some case that was puzzling him, and asked what I would do in such a case. I would suggest what I thought would be the remedy under the law. He then asked me to furnish him a supply of the remedy, promising to give it as directed and report. After repeating this several times and getting satisfactory results, he reported to me a case of seventh day headache in a delicate girl of 15. He said that it had continued already several months, in spite of his best efforts. He promised to believe in Homœopathy if I could cure the case. I gave him the characteristics of Silicea and Sulphur, and asked him to choose between them the one that best described the case. He chose Sulphur, as he said that exactly described it. I gave him a supply of the 30th, which he used as directed for three weeks, and reported "no results." I then gave him Sulphur 200th, which he gave about as long, when he asked for a fresh supply, as he said it had somewhat benefited the case. I declined to give it, but instead gave him four powders of Sulphur 6m, to be given twice a week. When they were gone he asked for more, stating that his patient was nearly well. I declined to give him anything more except blank pellets. Several weeks afterwards he reported the young lady as entirely well. I now turned the tables on him and asked him the question at the head of this article. He remarked to me the other day that the more nearly a physician prescribed in accordance with the law of Similia, the better it would be for his patients, to which I heartily assented.

This is the way I fight my allopathic competitors. Has any one a better way?—*Exchange*.

I have always believed in the single remedy, in fact have had work enough to find it, sometimes, without being obliged to find another to go along with it. I believe in the law and materia medica, as laid down by the master, and believe that every physician should secure every book that will facilitate applying it.—*W. D. Gorton, M. D.*

HAHNEMANN'S ORGANON.*

P. DIEDERICH, M. D., KANSAS CITY, KAN.

This remarkable volume contains the doctrines of Homœopathy. I consider the whole contents under two heads:

First. *Essentials* to Homœopathy.

Second. *Non-Essentials*.

Essentials are:

1. The law of Similia. This is the corner stone of the whole system.
2. Medicines should be proved upon healthy persons to learn their positive effects.
3. The single remedy should be administered in sickness.
4. Medicines should be potentized in order to cure in a mild and pleasant manner. (This rule has some exceptions).
5. The totality of the disease-symptoms constitutes the disease, and the removal of all the symptoms is necessarily followed by health.
6. The first duty of the physician is to ascertain the malady. He must make a thorough examination in order to get all the symptoms and signs of the disease.
7. The second duty of the physician is to make himself acquainted with the positive effects of medicines. These he learns through a thorough study of the homœopathic *Materia Medica*.
8. The third duty of the physician is to know how to apply the medicines. The dose should be large enough to make an impression upon the system, but not too large so as to create a violent or dangerous aggravation of the disease. A repetition of the dose may be necessary in order to make an impression upon the system, or to establish a permanent cure.
9. To understand all these and act intelligently upon it, requires a great deal of earnest thought and study; and he, who is not willing to be a life long student of medicine should not enter the ranks of Homœopathy, for he will

* Kansas State Society, May 2d, 1889.

neither be a successful practitioner nor an honor to the homœopathic profession.

The following contents of the Organon are *non-essential* to Homœopathy:

1. Theories in regard to the *prima causa morbi*, *i. e.*, the original cause of disease. It is interesting and profitable to follow closely the investigations in regard to ætiology of diseases, but to Homœopathy it is not of vital importance and never will be.

2. That diseases were only dynamical manifestations, and that the effects of medicines were only of a dynamical nature, are mere assertions. The belief, or unbelief in these speculations is not essential to Homœopathy.

3. To regard syphilis, sycosis and psora as the parents of all chronic diseases is a theory of Hahnemann, which in the light of modern pathology cannot be substantiated. The theory is entirely non-essential to Homœopathy.

4. The theory in regard to the development of the curative power of medicines through an unlimited potentization has brought a great deal of deserved ridicule and contempt upon Homœopathy. (Probably Hahnemann had no idea that potentization should go on forever, but some of his followers interpret his teaching that way). The belief or unbelief in this theory is non-essential to Homœopathy, but to believe it is a *pathognomonic* symptom of every visionary, eccentric Homœopathist.

5. To believe that all external treatment is injurious, and that positively nothing else should be done besides *internal medication*, is non-essential to Homœopathy. External applications are very beneficial sometimes, and he, who for principle's sake never uses any, surely neglects his duties as a physician.

The small number of homœopathic symptoms in a well selected homœopathic remedy never injures the cure *when it is in a great measure composed of the extraordinary symptoms which particularly distinguish and characterize the disease*; the cure then follows without further inconvenience to the patient.—*Hahnemann*.

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.

THE "THREE MISTAKES" OF HAHNEMANN VS. THE PSEUDO-HOMŒOPATHIST.—The value of a medical opinion on a medical question is generally estimated by the recognized ability of the man who gives it, and the opportunity and experience he has had to enable him to express an opinion on the subject. At least he must have demonstrated his familiarity with the subject he is discussing before his opinion is entitled to even respectful consideration.

* * *

When an allopathic physician without any practical experience whatever in the use of homœopathic remedies in the cure of the sick, expresses the opinion that there can be no possible curative power in the third potency of any remedy, we cannot be blamed for declining to accept his conclusions or placing our own estimate upon the value of his opinion. With becoming modesty we might be allowed to ask our allopathic brother what he knows of this matter experimentally. How many times has he used the third potency in the treatment of the sick when it was the simillimum? Has he had an experience that would

justify him in giving an opinion on the question? Has he ever used a homœopathic remedy in any potency?

* * *

In a recent letter from Switzerland, to the *N. Y. Medical Times*, Dr. M. O. Terry, of Utica, N. Y., who is now "doing Europe" writes:

Now, if the pure Hahnemannians so-called would drop their idiotic high potency craze and give their gigantic frames a strain in the effort to save the *school* they pretend to venerate, they would be of some use.

With the same modesty with which we ventured to ask our brother of the dominant school for the experience which would warrant his *ex-cathedra* opinion, we would ask Dr. Terry what he knows, practically, of the value of high potencies in the treatment of the sick. How many cases has he ever treated with B. & T.'s 1000 potencies? *When*, and *where*, and with *whom* has he had any experience in the use of the potencies in the treatment of either acute or chronic diseases? What does he know about them from personal experience? What does Dr. Terry and all those who ridicule the potencies know about them experimentally? Just about as much as our allopathic brother does about the third, and his opinion is worth just as much and no more.

* * *

When Hahnemann published his discovery of a law of cure, all that he asked his medical brethren to do was to put his experiments to a practical test in the cure of the sick, following his instructions implicitly, and publish the failures to the world. Will those who ridicule the potencies do the same? In the *Organon and Chronic Diseases* Hahnemann has given us rules for the practical application of the law, and these rules apply to the administration of remedies irrespective of potency. Does Dr. Terry and those who ridicule "the pure Hahnemannians" apply these rules in their practice? If they did they would have no use for Quinine in intermittents; for Morphine and the hypodermic syringe in the relief of acute pain; and they would cure their patients and need not necessarily use

high potencies either. If they did they would cure their hay fever patients instead of following the humiliating example of Allopathy, in recommending the annual hegira as the "best that can be done."

* * *

No greater mistake can be made by the Homœopathist than the neglect of these three rules of Hahnemann:

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 chronic 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 a remedy; and the third mistake consists in not letting a remedy act a sufficient length of time.

Nothing is lost by giving even smaller doses than those which I have indicated. *The doses can scarcely be too much reduced*, provided the effects of the remedy are not disturbed by improper food. The remedial agent will act even in its smallest quantity, provided it corresponds perfectly to all the symptoms of the disease and its action is not interfered with by dietetic transgressions. The advantage of giving the smallest doses is this, *that it is an easy matter to neutralize their effect in case the medicine should not have been chosen with the necessary exactitude*. This being done, a more suitable antipsoric may then be exhibited.—*Chr. Dis. Vol. I.*

Hahnemann does not here insist upon a specified potency, but he gives an unanswerable argument for the *small dose*, for he foresaw the difficulty under which Dr. Terry and his friends are now laboring. We venture to say that very few have ever heard of these "three mistakes," because very few have ever read *Chronic Diseases*, to say nothing of studying it.

* * *

The second fault is generally owing to carelessness, laziness and levity. Many homœopathic physicians, alas! remain guilty of these trespasses to the end of their lives; they understand nothing of the homœopathic doctrine.

The first duty of the homœopathic physician who appreciates the dignity of his character and the value of human life, is, to enquire into the whole condition of the patient, the cause of the disease as far as the patient remembers it, his mode of life, the nature of his mind, the tone and character of his sentiments, his physical constitution, and especially the symptoms of the disease. The inquiry is made according to the rules laid down in the

Organon. [§ 83 *et seq.*, writing out the case in full.—Ed.] This being done, the physician then tries to discover the true homœopathic remedy. He may avail himself of the existing repertories with a view of becoming approximately acquainted with the true remedy. But, inasmuch as these repertories only contain general indications, it is necessary that the remedies which the physician finds indicated in those works should be afterwards carefully studied out in the *Materia Medica*. A physician who is not willing to take this trouble, but who contents himself with the general indications furnished by the repertories, and, who, by means of these general indications, dispatches one patient after the other, deserves not the name of a true Homœopathist. He is a mere quack, changing his remedies every moment, until the poor patient loses his temper and is obliged to leave this homicidal dabbler. It is by such levity as this that true Homœopathy is injured.

This ignominious propensity for laziness, in the most important of all professions, determines these pseudo-Homœopathists to choose their remedies *ab usu in morbis*, by the directions which are found recorded at the head of each medicine. This proceeding is entirely wrong, and smells strongly of Allopathy. Those general indications which are found at the head of each medicine in the different repertories, only refer to special symptoms and most of them have no other object except to inform the homœopathic physician that certain medicines, the virtues of which had been tried upon the healthy organism, have been found curative in the diseases named in the repertories. Alas! there are even authors who advise this kind of empiricism.—*Chr. Dis. Vol. I.*

How many professed Homœopaths write out the symptoms of a case in examining a patient? They do not think it necessary and they ridicule those who do, as being “pure Hahnemanns” with an “idiotic high potency craze.” They think it beneath them to be as painstaking as a lawyer, who writes down all the facts of the case before giving a legal opinion. They think it beneath them to write out a case or use a repertory in the selection of the remedy; then find fault with a cumbrous *Materia Medica* “filled with chaff.” Well, the Allopath ridicules Dr. Terry and his friends for using the third potency, and calling themselves Homœopaths; yet they survive and cure cases with their small doses which the ridiculer cannot. But it is a miserable, insignificant argument, unworthy a medical man of any school or any belief to ridicule a matter he does not understand. Better, and far safer, to investigate

the question and put it to the test of actual experiment and then publish the failures.

* * *

The *third* great mistake which the homœopathic physician cannot too carefully avoid in the treatment of chronic diseases, is the too hasty repetition of the dose. This haste is highly indiscreet. Superficial observers are very apt to suppose that a remedy, after having favorably acted for eight or ten days, can act no more; this delusion is strengthened by the supposition that the morbid symptoms would have shown themselves again on such or such a day, if the dose had not been renewed.

If the medicine which the patient has been ordered to take, produces a good effect in the first eight or ten days, this is a sure sign that the medicine is strictly homœopathic. If, under these circumstances, an aggravation should occur, the patient need not feel uneasy about it; the desired result will be ultimately obtained, though it may take 24 or 30 days. It takes 40 and even 50 days before the medicine has completed its action. To give another remedy before the lapse of this period, would be the height of folly. Let no physician suppose that, as soon as the time fixed for the duration of the action of the remedy shall have elapsed, *another remedy must at once be administered with a view of hastening the cure*. This is contrary to experience. The surest and safest way of hastening the cure is, to let the medicine act *as long as the improvement of the patient continues*, were it even far beyond the period which is set down as the probable period of the duration of that action. He who observes this rule with the greatest care will be the most successful homœopathic practitioner.—*Chr. Dis. Vol. I.*

Does Dr. Terry or the majority of the homœopathic profession pay any attention to this all-important rule of Hahnemann, "the too hasty repetition of the dose." This is not a question of potency; it is nearly or quite as disastrous to the patient under the third as under the thirtieth or two hundredth. These principles, vital to the life of Homœopathy, and not the "idiotic high potency craze" are what the true followers of Hahnemann are trying to perpetuate and disseminate. Some professed Homœopaths, however, seem unable to distinguish the difference between a principle and a potency.

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.

DR. HALE'S DOUBLE REMEDIES.

EDITOR ADVANCE:—The editor of "The New Remedies," is fully competent to defend himself against his opponents, and does not need the assistance of a star of my magnitude where there are so many brilliant ones in the homœopathic ranks; but, I do feel, that when such men as Samuel Hahnemann, Hempel, Raue, Baehr, Gray, Dunham, Allen, Helmuth, Lippe, Cowperthwaite, and many more whom I might name, have used and are still using "double remedies," that the attack made upon E. M. Hale, as reported in your July number under "The New Homœopathy," is uncalled for and unprofessional.

Sarcasm is only allowed by the college student. No full fledged M. D. should attempt it.

Very few of our drugs are single in composition.

Chemistry has demonstrated its power to divide them; if they have a certain curative quality before being separated, and each ingredient has its own specific action, are we not led to believe that the uniting of two or more drugs may have a better and surer effect? We have combinations of Mercury with Iodine, Arsenic with Iodine, Lime with Iodine, Lime with Sulphur, Lime with Phosphorus, Phosphorus with Potassium, etc. One of our best known remedies was compounded by the Father of Homœopathy.

Now, in all fairness to the "New Remedies," give them a trial, which is nothing more than *all* other homœopathic remedies have had. We are *all* a sect of experimenters. When we are called to see the sick, and the symptoms are plainly marked, we give our indicated remedy, because

experience has taught us that it will do its work; but if the patient says, "Oh! Doctor, I'm so sick," and if asked where? and how do you feel? his answer is, "Oh! I'm so sick; sick all over." To get a symptom from him, is impossible; if you ask, have you pain in the head, stomach, back, side, chest, or any where else? the answer is, "Oh! yes, Doctor, I'm so sick; sick all over."

If "Mercury and Ipecacuanha" combined will do the work, why not give them? People wish to be relieved of their suffering; they don't care whether it is in accord with one remedy or two or more. The first duty of every physician is, relieve the patient of distress, at the same time aid nature in restoring her work.

I am fully in accord with the proving of drugs upon the healthy, of all simple and double remedies.

We are supposed to be living in an age of progress. When a man of E. M. Hale's experience, who, for more than twenty years has been experimenting, and offering new remedies to the profession, many of them among our most reliable, should we not, in all fairness, give "New Remedies" a fair and honest trial? If they are found wanting, condemn them, but not the honest, faithful disciple who has recommended them.

W. W. FRENCH.

CHATTANOOGA.

DOUBLE REMEDIES: A REPLY.

EDITOR ADVANCE:—Were you simply Dr. Henry C. Allen, a private individual practicing medicine at Ann Arbor, I should not disturb myself about Dr. F's communication; but you as editor of the ADVANCE belong to the homœopathic profession, and I as one single member of that profession desire to assert myself, for although you possess a well balanced mind, and have firm convictions of your own, your mind like mine and every one else's is plastic and every expressed thought leaves its imprint there. I have only practiced Homœopathy twelve years. Up to within two years, my buggy case contained only liquids and triturations; the liquids were composed of tinctures,

1st, 2nd and 3d potencies, and the triturations of 2x, 3x and 6x. Beside this I employed every new specific (?) upon the market.

I wasn't a Homœopath, I wasn't an Eclectic, nor was I an Allopath; but I was, what are, perhaps three-fourths of the homœopathic profession to-day, but what to call it I don't know. I hooted at the single remedy, and was as sure as mortal man can be of anything, that all reported cases of cures by the so-called high potencies were the basest fabrications. Through the earnest efforts of some of my confrères, I in a weak (?) moment promised to give high potencies and the single remedy a trial, and I did so with a vengeance. I *knew* as do ninety-five Homœopaths out of one hundred that intermittent fever could not be cured without Quinine; so chills and fever was the chosen field for my work. I was advised to procure "Therapeutics of Intermittent Fever" by H. C. Allen, M. D. I did it. I have in the past eighteen or twenty months, or perhaps for a longer time, used no Quinine and have *cured*—yes, I called it *cured*—every case of chills and fever, with the single remedy in high potency. Only this week I *cured* one case that had been taking Quinine, etc., for two weeks, with Nux vom. 1 m. (as I desired to test my 1 m. Nux vom. that came from Dr. Kent, as I had been using Nux vom. 908 m. (F), with constant success;) and another case that had been ill for six weeks under old school treatment; with Eup. perf. cm. (F). Neither case received but the single prescription. 'Now let several thousand Homœopaths "get up on their hind legs and howl: It's a — lie!!" That does not alter the facts. This experience I repeat constantly. Your repertory in places is somewhat obscure, still in no essential points. I utilize it not only in intermittent fever, but in every case that falls into my hands. It's a veritable gold mine.

This is a rather long preamble to what I am going to say. It is just because so many of our school are like Dr. F. that we do not succeed better as a distinct profession. Not criticise Dr. Hale. Then we have no right to

criticise the *big* men in the allopathic school. Allopathy can boast of more A. B.'s, A. M.'s and men of literary talent and renown, than can we, even proportionally. We must not criticise their authors, nor the leading men of their school in London, Paris, New York or Chicago. Oh, no! Dr. Skinner once thought so too. What is his opinion of polypharmaceutical practice to-day? Is his opinion not based on his many years of experience? Dr. Hale is a great man—perhaps, but he's no Homœopath, and never was aught but an Eclectic, and little me can do more with my simillimum than he can with his mixtures and instruments combined. A man's reputation often consists in the moral effect he is able to bring to bear upon students and the laity at large, and not upon his success as a practitioner from a medical standpoint. How many cases have gone to Dr. Hale, cases that have helped to establish a reputation for him, left their pocket-books and after months of treatment have come away, not benefited in the least. I am not criticising Dr. Hale individually, but many others of his stamp, whose titles of professor, etc. have brought a financial success.

If Samuel Hahnemann's shadow were to return and laugh at my cm's, I would merely invite the old gentleman's ethereal shape to watch results, and one could soon convince even a ghost of such calibre that the dynamic force never dies. If, though, the spirit of the immortal S. H. were to ridicule my cm's or mm's, that would make no difference in my practice. Criticise Dr. Hale! Yes! criticise everyone who pretends to practice Homœopathy with unproved remedies and unproven mixtures. If Dr. Hale will call his "Double Remedies" Eclectic, then my criticisms will cease, only I will still continue to differ with him as to methods.

Yours,

S. W. COHEN.

WACO, TEXAS.

MIDDLETOWN AND WESTBOROUGH INSANE ASYLUMS are troubling "our friends, the enemy," very much over the question of "recovery percentages." As they can't understand it they are trying to explain it, and this is what is giving them anxiety.

New Publications.

LECTURES ON THE DISEASES OF THE NOSE AND THROAT. By Chas. E. Sajous, M. D. Octavo, pp. 440. Philadelphia; F. A. Davis, 1889.

We must first congratulate the publisher, for the book, both in typography and illustrations, is a beautiful specimen of the printer's art. The work is well illustrated, for the author has been both anatomist and artist, "97 of the 100 illustrations are original, the great majority of the cases presented being taken from the author's private and hospital practice." The author has also taken the liberty to introduce two new medical terms, "Periodic Hyperæsthetic Rhinitis," for plain "hay fever," and "Posterior Nasal Pharyngitis," instead of "past-nasal catarrh." In a pathological sense these names are, no doubt, more nearly correct; but as the *patient*, not the *disease* is to be treated, this change will not greatly facilitate the cure of these sufferers. "Three conditions are essential factors in the production of hay fever: Firstly, an *external irritant*; secondly, a *predisposition on the part of the system to become influenced by this irritant*." This external irritant, in many cases, is *heat*—of sun, of summer, of the stove—hence, treatment by local, topical, medicated applications, the cautery, etc., can at most be only palliative, for the *fons et origo mali* lies in the second cause, the *constitutional predisposition*. This perversion of the vital force once corrected by the constitutional remedy, external irritants will no longer have any effect. This constitutional perversion of the life forces is satisfactorily explained in Vol. I of Hahnemann's Chronic Diseases, in which the author will find a solution to many, if not to all, the difficult questions he propounds as to cause and effect in the diseases of early life, on page 176. The time to treat this *opprobrium medicorum* is in the winter when the constitutional, instead of the local symptoms prevail; and if the author would carefully apply this constitutional method, he would have no use for the galvanocautery and other surgical paraphernalia, and would find to his astonishment that it was readily amenable to treatment.

ALCOHOL INSIDE OUT, FROM BOTTOM PRINCIPLES: FACTS FOR THE MILLIONS. By Elisha Chenery, M. D. Octavo: Pp. 340. Philadelphia: Records, McMullin & Co., 1889.

This work contains a very careful analysis of the question of alcoholic stimulation from the medical standpoint, and should be read by every medical man of every school of practice. The general heads under which the author discusses the question are:

“Alcohol, what and whence is it? its family relations.

“Alcohol: Its way through the system, with observations by the way.

“Alcohol as a poison, a food, a medicine.”

From an overwhelming mass of professional testimony the author demonstrates that the medicinal use of alcohol in any form is prejudicial to the best interests of the patient, and on page 323 asks and answers the pertinent question:

“In what cases is alcohol physiologically appropriate? It is certainly shut up to two classes of cases—one where an anæsthetic is required and another where a heart-excitant is temporarily needed, in both of which there would be much demand for it were it either a pure anæsthetic or a simple excitant; but it is neither and this is the rub. It is a double-edged tool which cuts opposite ways at the same time, so that the good we might hope for from its use as an anæsthetic or as an excitant is offset, and usually more than offset by its back-cut upon the blood globules whose due functions we have seen to be absolutely necessary at all times. Emphatically, then, there are no diseases where its use is clear and not attended with unavoidable drawbacks; for there are no known conditions where its special interference with the blood globules and the consequent depressive effects upon the system can be of service, but must always be harmful.”

The position here taken as to the use of alcoholic stimulation in the treatment of all forms of acute disease, will, we believe, meet the hearty approval of a very large majority of the homœopathic profession. The author has presented this vexed question in a scientific manner, and we trust that every reader of the *ADVANCE* will some day have occasion to read it as the best authority on the subject. It will, however, be very difficult for the author, no matter how logical or convincing his facts may be, to convince our brethren of the dominant school, who rely so largely upon stimulants in the treatment of acute diseases, of their injurious and deceptive effects. But “the world moves” and there is no telling what time will do.

KILMER'S PHYSICIANS' POCKET DAY-BOOK, JOURNAL AND LEDGER. Address S. L. Kilmer, M. D., South Bend, Ind. Price, \$2.00.

This is a neat, concise, Russia-bound book, not larger than a common pocket book, yet so arranged that running accounts can be kept with over 400 individuals, as well as all unsettled accounts of preceding years alphabetically classified, so that the physician is at any time prepared to settle with debtors, as he has their accounts always with him, thus saving every year many dollars. Its use saves the physician much time, labor and book-keeping, as one entry completes the work for Day Book, Journal and Ledger.

Space is arranged for keeping accounts of Corporations, such as Insurance Companies, etc. Proportionate space has also been arranged for accounts with transients, or those with whom but little business is likely to be transacted. It contains a Cash Book, Engagement Lists, Obstetrical Memoranda, List of Poisons and their Antidotes, Fee-Bill, etc. It is one of the most complete works of its kind we have seen.

ATLAS OF VENEREAL AND SKIN DISEASES. WITH ORIGINAL TEXT. By Prince A. Morrow, A. M., M. D., Clinical Professor of Venereal Diseases, formerly Clinical Lecturer on Dermatology in the University of the City of New York; Surgeon to Charity Hospital, etc. Fasciculi XIV and XV. New York: William Wood & Company.

All that has been said in previous reviews of this great work may be reiterated in italics, now that the completed work is before us. When the publishers issued the prospectus it certainly was doubted by many if they could make good the promises which the profession were led to anticipate. But we think it may be safely asserted that no work of the kind in the English language equals it either in clearness of text or fidelity of illustration. The plates are simply life-like in the portrayal of typical cases of skin and venereal diseases. It is not enough to say that every medical library is incomplete without it; but rather that no medical man who desires to be proficient in the diagnosis of these affections can afford to be without it. The medical practitioner who has not had access to a large city clinic or hospital practice will find that money invested in such a work will return a large dividend. The publishers are to be congratulated on the completeness of their great work.

INDEX CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, U. S. A. O to Pfutsch., Vol. X. Pp. 1,059. 1889.

This volume contains 7,658 author-titles, representing 2,905 volumes and 7,282 pamphlets. It also includes 14,265 subject-titles of separate books and pamphlets, and 29,421 titles of articles in periodicals; also a complete list of the medical periodicals of the world.

SAUNDERS, QUESTION-COMPENDS. ESSENTIALS OF PHYSIOLOGY. By H. A. Hale, M. D., (U. of Pa.). Philadelphia: W. B. Saunders, 1889.

These compends are not intended to supplant the larger text books, but are arranged in the form of questions and answers so as to readily facilitate a rapid review or utilize a lecture on a given subject. They are intended mainly for the student, but the busy practitioner will often find them practical aids for rapid

reference. We welcome every addition of this kind that will, in this busy age, facilitate ready reference. This publishing house now issues the following:

Essentials of Surgery, Medical Chemistry, Anatomy, Obstetrics, Pathology and Morbid Anatomy, and Gynecology.

Editor's Table.

W. D. GENTRY, M. D., removes from Kansas City to Rogers' Park, Cook County, Illinois.

THE CANADIAN INSTITUTE OF HOMŒOPATHY held a very successful meeting at Toronto, September 17 and 18.

W. H. BAKER, M. D., removes from Rochester, N. Y., to Terre Haute, Ind., forming a partnership with W. R. Elder, M. D.

THE SOUTHERN HOMŒOPATHIC ASSOCIATION meets at Memphis, Tenn., November 13, 14 and 15. A good meeting will be had.

LISTERISM, LIVING OR DEAD, WHICH? is the title of an article by W. F. Knoll, M. D., of Chicago, in reply to Dr. Bell, soon to appear in the *ADVANCE*.

J. B. S. KING, M. D., has resigned the chair of Chemistry and Toxicology in Hahnemann College, Chicago, after satisfactorily filling the position for six years.

IN DR. WEIR MITCHELL'S little book "Wear and Tear," he says, "Wear is a natural and legitimate result of lawful use. Tear comes of hard or evil usage. Wear comes of use, tear of abuse."

MICHIGAN STATE SOCIETY.—The President and Secretary have issued a stirring appeal to the profession, in which they say, "write your paper now and have it out of your way." Good advice.

CLEVELAND HOSPITAL COLLEGE.—We are greatly pleased to announce that E. R. Eggleston, M. D., of Mt. Vernon, Ohio, will deliver a course of lectures on the *ORGANON* during the coming session.

THE HOMŒOPATHIC DISPENSARY of the University of Minn., finished its first year's work on July 23rd last. During that time there were treated an even eleven hundred patients, with an average of five and a fraction prescriptions for each patient. The expense of the institution was over \$400 in cash, and donations to the value of \$75.

ON every road since railway trains to turn their wheels began,

at every station you will meet a solitary man. His brow is damp with beaded sweat, his heart with woe is cleft; most earnestly he wants to go, the man that's always left. If the train due at 1 P. M. should wait till half past eight, there'd be one man come down to go just thirty minutes late.—*R. J. Burdette.*

AN APPEAL.—*Members of the I. H. A.:* It may not be known to all of you that by the recent fire which destroyed the business portion of Spokane Falls, Wash., J. G. Gundlach, M. D., one of our members, lost a large and valuable library with all his office effects, save a drawer of potencies and a few books. This is a heavy blow to the Doctor who after years of adversity was just getting upon his feet. Dr. Gundlach is a hard working Homœopathist to whom we are indebted for that valuable remedy, *Sanicula*, hence I take the liberty of suggesting that we unite in extending our sympathy by replacing as nearly as possible the library he has lost. If this meet your appropriation I hope each one will send to me one or two dollars and I will see that the sum is used for the purpose stated. Receipts for the money will be published in a future number of the *ADVANCE*. Those sending postal money orders will save me much time and trouble by having them made, payable at Cottage Grove Station. E. A. BALLARD, 97, 37th St. Chicago.

AMERICAN PUBLIC HEALTH ASSOCIATION, BROOKLYN, 1889.
 —The Seventeenth Annual meeting of this Association will be held in the hall of the Brooklyn Institute, Washington and Concord Sts., October 22, 23, 24, 25. Addresses of welcome will be delivered by Hon. Alfred C. Chapin, Mayor, on behalf of the City, and by Alexander Hutchins, M. D., on behalf of the medical profession. The following topics have been selected for consideration at the meeting: I. The Causes and Prevention of Infant Mortality. II. Railway Sanitation: (a) Heating and ventilation of railway passenger coaches; (b) Water-supply, water-closets, etc.; (c) Carrying passengers infected with communicable diseases. III. Steamship Sanitation. IV. Methods of Scientific Cooking. V. Yellow Fever: (a) The unprotected avenues through which yellow fever is liable to be brought into the United States; (b) The Sanitary requirements necessary to render a town or city proof against an epidemic of yellow fever; (c) The course to be taken by local health authorities upon the outbreak of yellow fever. VI. The Prevention and Restriction of Tuberculosis in Man. VII. Methods of Prevention of Diphtheria, with results of such methods. VIII. How far should Health Authorities be permitted to apply known Preventive Measures for the Control of Diphtheria. IX. Compulsory Vaccination. X. Sanitation of Asylums, Prisons, Jails, and other Eleemosynary Institutions.

THE
MEDICAL ADVANCE.

VOL. XXIII. ANN ARBOR, NOVEMBER, 1889.

No. 5

Materia Medica.

ARSENICUM.

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

I invite attention to Arsenicum album. My principal object in presenting this drug for consideration is, that it is a very much abused, or rather a misused medicine. Aconite, Arsenicum, and Cinchona, are three drugs that are very frequently used when not indicated, and therefore may be said to be misused. Arsenicum is probably the chief of the misused medicines, for its abuse is not confined to the members of the homœopathic school, as in the case of beginners and those too lazy to study their *Materia Medica*, but it is much abused by the allopathic school by whom it is frequently given in the form of Fowler's solution. There are members of the homœopathic school who have a sort of inherent desire for hankering after old school things and old school methods. This we will not find possible to shake off in the present generation. Many Homœopaths do the best they can; but for want of time to study their cases thoroughly, prescribe this medicine on very insufficient indications. For instance, with them "restlessness" nearly always means Arsenic. They never stop to individualize, not seeming to think that other remedies have this symptom. Prostration and dysentery,

likewise, mean Arsenic. These remarks, of course, apply only to the routine practitioner. They do not apply to those physicians who carefully individualize their cases. But routine prescribing is a too common practice, and hence it is that Arsenic is a much misused remedy.

Arsenicum is a medicine that in its action enters deeply into life, and produces diseases that last a lifetime. It produces such peculiar disorders of the dynamis that changes in the blood follow, and these may last a lifetime. Many a subject is going through life with the peculiar pallor belonging to Arsenic, and which she will carry with her to the grave. We often observe this in young girls who are supposed to have bad complexions and do not like their appearance in the mirror; so they take Arsenic to improve the complexion. Many whom you would not suspect of this practice come under the observation of the physician. They finally succeed by this use of the drug in producing what they suppose to be beauty. It is really however, the cadaveric countenance of Arsenic which they thus acquire—so waxy is the appearance of the face—and this they carry as long as they live.

Arsenic when taken into the human body for the purposes of proving, in doses suitable for affecting the dynamis, soon produces great weakness, restlessness, and anxiety. The anxiety is wonderful and peculiar. It seems to belong to both body and mind; it is an anxious restlessness. A feverish state comes on and this gradually increases. It sometimes takes the form of a continued fever, more commonly, however, the form of a remittent; but it may be intermittent. This febrile condition of Arsenic has as characteristic, aggravation after midnight. If it is associated with delirium, the latter is worse after midnight; if with prostration, sinking spells come on at 1 A. M. There may be an aggravation of the symptoms at 1 P. M., as a symptom of Arsenic. One o'clock in the morning and one o'clock in the afternoon are the characteristic times of aggravation of Arsenic. This anxious restlessness of Arsenic is so great that the patient cannot keep still. This restlessness may mean Rhus as well as Arsenicum.

But the character of the symptom in the two remedies is entirely different. There is absolutely nothing in common between the restlessness of the two remedies, except that the patients are continually going. In *Arsenicum* it is an anxiety that seems to be in the flesh, bone, and mind. It is mixed with fear; fear of death; fear that something is going to happen. He moves constantly. He goes from the chair to the bed and from the bed to the chair; and from one room to another if he is able to be about. This anxiety and restlessness increases, taking on weakness and prostration, until finally he becomes so prostrated that he can no longer move. Then the most horrible picture of fear is on the countenance. He shows increased anxiety in every feature. You must make a distinction between the sensation of anxiety that is felt by the *Arsenic* patient and seen on his countenance, from the peculiar countenance that indicates pain. It is not usually intense pain that the *Arsenic* patient feels, and that you see depicted on his face, but it is a horror of mind and body.

In *Lycopodium* we see a wrinkled countenance, a deathly countenance which indicates chest pains, the fan-like movement of the *alæ nasi* indicating the dyspnoea, etc. *Lycopodium* has restlessness in the muscles, which causes the patient to move or to be constantly moving as in the case of *Rhus*.

Rhus has restlessness from aching, with anxiety, and the aching greatly increases the longer he keeps still, until at last it forces him to move, which gives him relief. After he gets in a new position it gives him relief. Finally the aching returns and increases until he is again forced to move. In *Arsenic* he gets no relief from motion. Anxiety compels him to be busy, but whatever aching he has is not made better thereby. *Arsenic* has bone pains, and also a great amount of suffering. It is not this suffering that makes the patient restless; it is the anxiety. Motion keeps him busy and directs his attention, but it does not relieve.

In *Arsenic* we have a great amount of burning pains, burning sensation, graduated from a mere sensation of heat

to an intense burning in the stomach; great burning in the abdomen, rectum, chest, muscles, and skin; the discharges also are excoriating and burning. The discharge from the nose in the coryza, burns and excoriates the wings of the nose and the upper lip, and there is also burning inside the nose. There is a sensation of soreness and rawness with the burning discharge from the vagina. Burning discharge from the ulcers. The discharges are so excoriating that they almost take the skin off, and produce redness of whatever surface with which they come in contact.

Weakness we find running all through the Arsenicum symptomatology, a state of prostration, amounting almost to paralytic weakness; paralysis of the limbs; weakness of both body and mind.

Paralysis of the sphincters, so that we have involuntary discharge of urine and feces; paralysis of the extremities; paralysis of single muscles. The entire muscular system becomes weak.

Arsenic is full of local anæmias. Any particular system of capillaries may take on special anæmia and cease to furnish nutrition to a particular part, so it withers and becomes paralyzed; anæmia of the brain, of the spinal cord, with sensitiveness of the vertebræ. These are associated with the general waxy condition that is nearly always present in chronic cases of Arsenic.

Arsenic in its acute symptoms always has thirst. After a while we shall see that the chronic condition of Arsenic passes into thirstlessness. So the chronic complaints of Arsenic are thirstless.

The thirst of Arsenic, when present, is peculiar. It is unquenchable. Sometimes it is an actual desire for water, but this is the exception. Dryness of the mucous membranes of the mouth and throat without actual thirst is the special feature of Arsenic, hence it is that we observe that strong clinical feature which has been confirmed over and over and again; thirst for little and often. You may often see, in the low types of fever, that he is greatly prostrated. He has passed through a period of restlessness, and is so prostrated that he cannot move. The tongue has become

brown, the teeth are covered with sordes, there are involuntary discharges of feces and urine, and the mucous discharges are black, and have a cadaveric odor. The patient has a cadaveric appearance and smell. Now thirst is present; he wants just water enough to cool his throat. I have seen these patients require the constant presence of an attendant to feed them water by the teaspoonful. As soon as he has swallowed one mouthful, the throat again becomes dry. This is not the thirst of Bryonia, in which the patient obtains relief from a large draught of water. In Arsenic there is no satisfaction from drinking, therefore, the thirst is unquenchable. Some of the provers are said to have drunk water by the bucketful. We find by the accidental use of poisons how low the body may be brought; but if you want to individualize, if you want to discover the finer details for use in the sick room, you must go to the provings, as you cannot get reliable symptoms when the patient is so low; because the conditions approximating death from various causes are so very much alike, that there is but little to see except that the patient is dying, and anyone, even though he have no special skill, can tell that. It is not that state that we want. Toxicology can only furnish us with the general action of a drug, and on that we cannot prescribe. If we relied on poisons for the symptoms in our *Materia Medica*, what would we do for the treatment of the minor ailments, as in the cases of ladies who are only slightly nervous, or in mild cases of indigestion. We could not have any such features at all. Only the finer details, or symptoms produced by doses so small that they are barely suited to the most susceptible persons; that is what we want our provings like; that is what we want to guide in the sick room.

The mental symptoms of Arsenic are made up of anxiety, fear, fear of death, exhaustion of mind, weakness of memory, determination to commit suicide he suffers so. The anxiety is so horrible that he feels like destroying himself; fears that he will have to murder some one. Arsenic has a sudden mental impetus to destroy life. For instance a barber is suddenly seized with the impulse to cut his pat-

ron's throat. A mother is suddenly seized with a desire that she must throw her child in the fire. Three prominent remedies have that impulse, Arsenic, Hepar, and Nux vom.

Sees vermin; picking at the bed clothing; sliding down to the foot of the bed in low forms of zymosis; injures his own body; fear of death when alone; he will not remain alone for fear that something will happen to him; he fears to go into a room by himself for fear he will commit suicide; he will not go to the top story of a house for fear he will jump out of the window. Phosphorus and Kali carb. have this same fear when alone. Do not get this confused with the Anacardium and Arg. nit. state of mind, which has a sudden impetus to jump from high places. The Arsenic and Phosphorus patients have all kinds of imaginations and thoughts. They do not want to do anything for fear that something will happen; in one it is an impulse, in the other it is fear.

With the mental symptoms there is often a great amount of constriction of the chest and dyspnoea associated with the anxiety. We find in zymotic conditions these disorders of breathing, covered with a cold sweat, anxiety and fear. This anxiety is really depicted on the countenance.

Arsenic is full of melancholy. He fears that he has sinned away his day of grace. It is suited to religious melancholy like Aurum, Sulphur, Melilotus, Pulsatilla, and Psorinum. In Aurum he becomes thoroughly imbued with the idea that he has sinned away his day of grace, does not want to live longer, and has suicidal thoughts. Aurum desires death and Arsenicum fears death.

Pulsatilla has all sorts of fixed ideas inconsistent with religious life. The Pulsatilla subject thinks that marriage is inconsistent with religious life; that women are injurious to his soul and avoids them; thinks they will damn his soul.

In one symptom we find much of the mental condition of Arsenicum summed up; mental anxiety; cannot find rest, and wants to change his place continually; he wants to go from one bed to another.

Child captious; wants to be carried. Clinically the word fast may well modify Arsenic, then this symptom would read: "Child captious, wants to be carried fast." The Arsenic child wants you to hurry; will make a face and cry under slow motion. It wants you to go fast.

The Pulsatilla child wants to be carried, but it wants to be carried gently. Slow motion ameliorates. If in the open air all the better. If you carry it fast in the open air it will cry. The Chamomilla child, we know, both from the mental state and the condition of the intestines and bowels, wants to be carried. If you carry it or if you keep it in motion, it will be comfortable. If it has intestinal pain, it will experience relief from motion. If the child is cross and irritable, and you carry it, it is at once made comfortable.

Arsenic is a cold medicine. The skin seems to be entirely blanched in Arsenic; it is pale and cold; the Arsenic subject is cold and chilly; so marked is this subject, I have seen the Arsenic subject sweating on the hottest day of June between woolen blankets. Pains in the body and everywhere below the head are relieved from warm things, from warm atmosphere; but the headache is relieved from cold; he wants his face washed in cold water during the headache. It is not uncommon in this wonderfully psoric age to find old chronic sufferers with rheumatism in the extremities. They are always chilly; always want to be kept in a warm room; are well bundled up. Every little cold spell and moist weather increases the rheumatism. Chronic aching in the joints and tendons are relieved from heat.

Every two weeks the Arsenicum patient notices headache and this is attended with vomiting. He cannot take cold things into his stomach, but he wants cold applied to the head, such as cold cloth or the cold hand. When the headache is on, he wants to be out in the open air. When the headache is off, he wants his head wrapped up warmly. His eyes are hot and burn, and the scalp is hot, and he wants the head uncovered. The headache is sometimes quite relieved by walking in the open air. Take that total-

ity together, the rheumatism and the headache, and you have one of the best images for Arsenic. These things modify the head symptoms of Arsenic almost regardless of the patient sufferings, even if there is throbbing in the head, pain as if bursting, and the pain in the head and face is especially severe on the left side. The conditions that modify the symptoms in general are the conditions that you must remember; the conditions that you can remember, and if you are a homœopathic physician, they are the conditions that you must remember. That condition of the head you will never forget. There is a certain part of the *Materia Medica* that every physician must carry in his head, and there are other parts that he must carry in his books; better in the books than in the head. If you attempt to memorize the finer details, the labor of so doing will crowd out more important things. Sometimes the generalities are so thoroughly striking that you can prescribe on them without further symptom hunting, but you see that this symptom hunting can never take the place of studying a remedy in general by getting its likeness as a whole.

You will see the word erysipelas, a symptom under the "outer head." That word may be everywhere found; either associated with inflammatory conditions of the mucous membranes, which will take on phlegmonous inflammation, and about the skin anywhere. We may have inflammation attended with burning, and finally even gangrene.

Erysipelas of the scalp, cannot have the hair touched, it is so sensitive; falling out of the hair; wraps the head up warmly; that is, when the headache is not on. Suppose you undertook to make use of that symptom when the headache is on; that would be a misunderstanding of Arsenic. How can you know such things? Observation settles such matters. After you have cured many patients and have seen many chronic patients, you will learn to associate things. You will look back and see why you cured that man; when he did not have the headache, he wanted the head wrapped up. After you have cured this sickness you look up Arsenic again, and you apply it to the other

totality, and you see what peculiar conditions you have discovered. That is clinical information, but not solely so, for you have ascertained it by closely applying the symptoms produced by the drug given to a healthy person. We gather this from association.

Sulphur has weekly headaches; also Silicea and Sanguinaria.

Arsenic and Calcarea are medicines that have gained a great reputation for headaches coming once in two weeks.

In its chronic states Arsenic has a periodicity of fourteen days. Many of the agues in the West have complaints that come once in fourteen days and are quickly cured by Arsenicum, when the other symptoms accord.

Arsenicum has a great many eye symptoms. These eye symptoms are mostly ameliorated by washing in cold water. All sorts of inflammatory troubles with watery discharges, and burning; granular lids; photophobia. Itching, then burning, watery discharges from the eye; burning along the margins of the lids.

I told you in going over Phosphorus, that the cold of the Phosphorus patient always settled in the chest, and the cold in the Arsenic patient always settles in the nose. It may come on with sneezing and is attended with photophobia. When the Arsenic subject has taken cold, he cannot look at the snow; it creates suffering for him to look at white objects or shining things. Sometimes this photophobia precedes sneezing; then comes sneezing with copious watery discharges; the discharges excoriate the wings of the nose. This lasts a day or two and finally creeps down into the larynx. In the provers of Arsenic these complaints did not extend down into the chest. The provers were only made sick in the nose. We have then a common coryza; then in a few days it creeps into the chest, and we have a great deal of trouble, and a corresponding paucity of medicines for such cases.

Carbo veg. is very much like Arsenic, having a cold that commences in the nose. The patient is subject to coryza, and is always sneezing. Now this coryza is one of the most troublesome things in some people, especially if you

do not get it in time to prevent it going into the chest. While it is yet in the nose it may still conform to the Arsenic.

In the study of the stomach symptoms of Arsenic, we have to take into consideration, the general characteristics. The question then naturally comes up: What are the characteristic features of Arsenic stomach symptoms? What is characteristic in the nausea and vomiting of Arsenicum? The nature of the vomited matters is not always characteristic. First, if an individual has vomited it is fair to suppose that he has vomited whatever he had in his stomach, so that the appearance of the vomited food is not so characteristic, so peculiar as is the time of the vomiting, the patient himself and the general concomitants. We may have a remedy well proven and yet it has not produced vomiting of blood. But if it is well known of that remedy that it has oozing from mucous membranes, and is a hæmorrhagic remedy, and produces vomiting, there is no reason why it should not cure vomiting of blood, although it has not produced vomiting of blood in its provings. We know that some remedies have vomiting of bile; that is peculiar, because bile is not what we would naturally find in the stomach, but it requires peculiarities outside of the stomach whereby the bile gets into the stomach, and that is why vomiting of bile is peculiar in Arsenic and Ipecac. The vomiting of bile is peculiar; but the vomiting of the contents of the stomach is not peculiar. You might as well say that there is vomiting and leave the rest unsaid.

If vomiting is attended with retching, that should be noted. If the vomiting is attended with bile or blood, or the vomited matters are sour, these things should be noted as they are peculiar, for an individual may vomit food for a considerable time without its being sour. Or the vomited matters may be so sour as to be excoriating. All these things are peculiar and we find them under Arsenic. We find in the pathogenesis of Arsenic, that the patient vomits water as soon as it touches the stomach; vomits even a teaspoonful of water; and in addition vomits everything. There is vomiting of bile and blood. There are deathly

nausea and violent retching. The Arsenic subject himself we have already described. But we know that old toppers, whisky drinkers, wine drinkers, get into the peculiar state of body, in which we find the Arsenic subject. Great prostration and cardiac weakness. We find individuals in coming out from the primary effects of whisky, in trying to get over the effects of whisky, have a condition very much like that produced by Arsenic. We find the characteristic indented, red, glossy tongue and the peculiar kind of vomiting. We find in old drunkards, this peculiar condition, he drinks all day, and while he is "full," is comfortable. He is able to get down another whisky if he does not wait too long. He drinks until he retires. He sleeps soundly but wakes in the morning stiff and nauseated. The first thing he must do is to drink whisky. As soon as the first drink touches the stomach it is vomited. Down goes another and he vomits that. I have seen these Arsenic subjects where they swallowed a half dozen drinks, and finally kept one down. They keep at it until they succeed. This trouble Arsenic will check. It will enable him to keep the whisky down. He feels the need of his drink. His state is awful. Arsenic will correct that condition. Here it is closely allied to Lachesis, which corresponds to the general bodily state of old "toppers" when they are trying to sober up, the condition of veins, the feeble, fluttering heart, the swelling of the feet, the threatening involvement of the kidneys, the urinary disorders; we find all in Lachesis. It is of the highest type of medicines corresponding to the constitution of old broken down drunkards. Occasionally Lachesis will save one. This is a hard thing to do; their will is gone, so they may relapse and take to drinking again.

Now Sulphuric acid, Arsenic and Lachesis, are among the leading remedies for old drunkards; while *Nux vomica* is a great remedy to get an individual over his first drunk. If he has been drinking too hard and his head is "too large," he can build himself up with *Nux vomica*. With *Nux* you can bridge him over many drunks, but finally the time will come when *Nux* will help him no more. Gelse-

mium is no longer of any use. Quick acting remedies are no longer of any use, and you must resort to medicines that have a deep action; to those that can act on a broken down constitution. You must resort to medicines that are decided stimulants to such constitutions.

There is a large amount of burning which extends through the whole intestinal canal accompanied with looseness of the bowels, diarrhoea, dysentery, burning with vomiting of blood. Burning with bloody feces and bloody mucus; bloody discharges from the bowels in flakes. Inky vomiting; chocolate colored mucus in dysenteric stool. With all these symptoms, the feces have a cadaveric odor; brownish, chocolate colored mucus from the intestines; sometimes vomiting of great flakes of blood, half as large as your hand; the individual himself is covered with a cold sweat. Now what is the pathology of all this? There is nothing about pathology that will lead to Arsenic. You might suppose, or you might figure it out from these discharges and the vomiting and the stool, that there was extensive inflammation going on there, or threatening gangrene, or deep seated catarrhal inflammation, and, therefore, Arsenic is indicated.

If you will look carefully over the symptomatology of *Secale*, you will find that it has the same burning, bloody discharges, dysenteric bloody fluid discharged, and the same pathology. Then what can enable you to tell them apart? Both have the same pathological manifestations. From the study of pathology in general, as now studied, you have no means of distinguishing between them. Both have cold sweat, burning in the abdomen and stomach, and both have the same kind of discharges. By entering the wilderness of symptomatology, we discover that the Arsenic patient wants to be covered up warmly, and the *Secale* patient wants the covering off. They are in this respect as far apart as cold is from heat. That point will enable you to distinguish between them. Could you thus individualize by pathology.

Now there are other pains and symptoms and sufferings that belong to Arsenic as a medicine. For instance, the

individual, whether the affection be in the stomach or bowels, is always worse after midnight. If there is any aggravation as to time, this will be the time. Amelioration from heat; great burning in the mouth; burning of the tongue actually made worse by drinking cold water and by holding water in the mouth. You would expect that if an individual burnt his mouth, that cold water would make it feel good. It increases the burning. Hot drinks feel comfortable and relieve the burning for a time; relieved by heat. That is peculiar. It is just as peculiar as to find pressing pain on the top of the head relieved by pressure. The more you press on it, the better the pain becomes. Cactus produces just such a symptom as that and it cures it.

Arsenic has gone so far in creating disorders of the stomach, that it has cured a great many supposed organic disturbances of that organ. In reality, while it has apparently cured such things, it has cured the patient; the patient has been made sufficiently strong to throw off the results of disease. While going over Phosphorus, I mentioned a symptom that I do not want you to forget: That Arsenic becomes so weak in the typhoid state that fluids gurgle down the œsophagus. They gurgle all the way through the bowels. A teaspoonful of water will be vomited up, or will create a desire to go to stool. A small quantity of fluid gurgles down the throat; as soon as it gets into the stomach, it keeps on gurgling until finally there is a desire to go to stool. Phosphorus has no gurgling going down the œsophagus; the gurgling commences in the stomach. So passive is this condition in Phosphorus, that the sensation as if the anus stood wide open, is present. That is a symptom that you will find in low typhoids. When in low typhoids you hear a swallow of water going down, place your ear to the stomach and listen. In the last form you can hear the water creating a disturbance in the stomach; pretty soon it passes out, and causes rumbling in the intestines, and pretty soon an evacuation. You can find it in a tympanitic abdomen.

The pains in the abdomen are quite violent. Arsenic

has this when it is indicated in the advanced states of typhoids. I do not like the word stages because they overlap each other. You cannot speak of the first week, etc., because the disease is so modified by homœopathic treatment, that your stages are all broken up. If the case is not treated homœopathically then I will admit that you have stages. I will state an advanced state of typhoid fever. You will find this history present: The patient has passed through a period of restlessness into a state of prostration, and he can only think of dying. The history of the restlessness will be present if it is an Arsenic case. You cannot get into a passive state without first going through the restlessness, and Arsenic still be indicated. While he is able to move, the patient is restless. You will notice that there is a great deal of talk about the recognition of typhoid fever. I have noticed that only those that have the ability to keep a typhoid case to this extreme end, are able to make a diagnosis of typhoid, strange as it may seem. Why? Because they who cannot interrupt the stages of typhoid are the only ones who declare that it cannot be done. Did you ever see an individual in medicine who would not dispute the ability of another to do something that he could not do himself.

I would make the positive assertion that typhoid fever that would run on to ulceration of the intestines and destruction of tissue, can be stopped by appropriate medication in from seven to fourteen days. The only exception that I would make is in the case of debilitated girls who have just passed puberty. Those cases are pretty sick when they go down with typhoid. But take the case of a man, previously healthy. You will cure him in seven days. You only wait until you have ascertained that the fever is continued and administer your remedy. In a few days your patient is convalescent. After treating hundreds of cases running through a number of epidemics, where all around me I have seen patients dying or running through a course of several weeks, I have seen my cases go through with mild symptoms. It really did seem that the lady who told me that I had all

the easy cases told the truth. Three cases of this disease in this hospital have been interrupted in their course; one was convalescing in eleven days, and two in seven days. The homœopathic treatment stopped the ulceration of the intestines instantly, It seems to be natural for some to dispute or disbelieve. The same thing occurs in scarlatina. They say that that disease must run its course. But wonderful to tell, that the indicated remedy given in the early state of the fever, will at once stop the symptoms in their course. These cases do not get the opportunity to be very sick.

In St. Mary's hospital many years ago, a fair test of the relative value of no treatment and the regular treatment in typhoid fever was made. They were compared for a period of six years. You will find this by consulting a book called "Chamber's Renewal of Life." This is worth looking up. As near as I can remember, regular treatment was pursued for a period of six years, and the percentage of deaths was 23. The observer becoming disheartened at such a great loss, put in operation no treatment at all. He treated about the same number of cases. He only adopted good dietary precautions. His rate of mortality was two and one-half per cent. That is worth knowing. It looks as if the physician had better stay at home, if he cannot shorten the duration of typhoid fever. Do not imagine that your treatment of this disease, is saving life, for these cases will not die if you let them alone.

If all were homœopathic physicians there would be little need of studying Arsenic in typhoid fever, for the patient rarely gets into the Arsenic condition under good treatment. Do not think that I mean to say that I can do this thing and that no one else can. I can count in a short time twenty-five physicians whose experience in the treatment of typhoid fever is just as I have related, and I have no doubt that there are as many more. Have you a right to pronounce these men deceivers? Be sure of your indications before you give Arsenic in typhoid.

There are many asthmatic symptoms under Arsenic. The Arsenic dyspnoea is attended with restlessness and

great exhaustion. It is attended with cold sweat and deathly countenance; seems to be sinking; flickering pulse. Dyspnoea is awful. The other symptoms might guide you, but the aspect of the face is the most guiding feature I have ever seen; it is cadaverous or waxy. The face that an hour or so before was normal, is now of a laden or waxy hue. This leaden hue is found on the tongue, on the face, and on the skin. Fear of death or fear, runs all through the remedy. Great dyspnoea; face cyanotic and covered with a cold sweat and great anxiety. That is a symptom that is strongly represented. Whistling respiration.

The cough that Arsenic cures is dry, with whistling respiration; sensation of dryness in chest; dry, harassing cough, night and day, worse in the afternoon and worse after midnight, compelling him to jump up suddenly from sleep. Night cough; must sit up as soon as the cough commences at 1 A. M. That is always characteristic of Arsenic.

Arsenic has many lung symptoms, but Arsenic would never be administered for the lung symptoms except for the general state, cold sweat, exhaustion, restlessness, and aggravation at 1 A. M. You could hardly individualize by the lung symptoms. Owing to the burning in the lungs, you have another strong Arsenic picture. If you see a horrible degree of anxiety, evidence of great prostration, cold sweat feeble pulse, offensive bloody watery sputum, and sensation of burning in the lungs, and you have a perfect Arsenic picture. The expectoration has a very cadaveric odor. If you ever see a gangrenous surface breaking down, you will never forget the odor. This is just as characteristic as the mercurial breath. You ought to have lived in olden times when they salivated almost everybody. Then you could remember the odor of the mercurial breath.

There is a caution concerning the use of Arsenic, and that is in the condition that we call irritable heart. You can hardly see that there is much the matter with the patient. Still there seems to be distress centering in the region of the heart. Arsenic is here sometimes a dangerous medicine to give, especially when this condition is

associated with organic lesions. I have known the symptoms of acute parenchymatous nephritis to come on as the result of the injudicious giving of Arsenic.

Arsenic has another trouble that I forgot to mention when speaking of dysentery. It is similar enough to change, but not enough to cure. The symptoms for which it was given are gone and yet the patient is no better. The symptoms have been changed or suppressed. Take an epidemic of dysentery, and Arsenic seems indicated by the restlessness. If it does not cover all the symptoms, do not give it. This has been the experience of all the followers of Hahnemann, that Arsenic is one of the most troublesome medicines with which to spoil the case.

Arsenic is frequently abused as a remedy for dysentery. It is wonderfully abused in the treatment of intermittent fever. Again some of our quasi-homœopaths in straying from Allopathy "a little bit" do not want to give Fowler's solution, so they give Quinine, and that fails and they give Arsenic. Quinine subdues the symptoms for a time, but pretty soon the patient begins to say, "I have not been well since I had the intermittent fever." The patient does not get entirely well. He has all sorts of symptoms remaining. That is the usual history of cases of intermittent fever treated by Quinine. Then Arsenic is given. An allopathic physician once said to me that he could not imagine a case of intermittent fever that would not yield to Fowler's solution given persistently for four months.

The general symptoms will guide you to the rheumatic symptoms of Arsenic. The pains are drawing and burning.

In relation to the thirst of Arsenic I want to mention one thing wherein it sustains a relation to Cinchona. I will mention this again when going over Cinchona. Arsenic has thirst and it is not thirst but a desire to moisten the lips and mouth frequently during the course of the fever. The more marked the fever, the more marked this peculiar thirst will be, if little and often it is just enough to keep the mouth and lips moist. Arsenic often has a thirst for a large drink of water at the beginning of a fever; after a while he has desire to wet his mouth only. Later he

begins to sweat, and then he drinks large quantities of water.

Cinchona comes in as a parallel. Its thirst is before the chill. There is seldom any thirst during the chill. As the chill passes off into fever there is then thirst. As the fever advances the thirst diminishes. When the fever diminishes the thirst begins. When the sweat comes on the thirst is well marked. That is so peculiar to Cinchona that when you find that symptom present, you will find all the other symptoms of the patient calling for that remedy. The sweat is of an oily character; but there is nothing so peculiar about the sweat as the times of its appearance.

Now about the skin. Arsenic has a tendency to produce ulcerations or molecular death; gangrenous ulcers; ulcers with black sloughs; edges turning black; almost constant burning in the ulcers; burning watery discharges from the ulcers; horribly offensive ulcers; dry scaly eruption with burning; scratching does not relieve. Black vesicles causing burning pain; carbuncles. Epithelioma has been cured with Arsenic.

SCOLOPENDRA MORSITANS (CENTIPEDE).

Dr. C. C. Sherman, of Riverside, Cal., reports two cases, one man and one woman, bitten by the centipede.

The following symptoms were prominent, in Mrs. M. A. Stewart:

HEAD.—Vertigo, with blindness, worse in the morning.

STOMACH.—Nausea and vomiting; unable to retain either food or liquid.

BACK.—Terrible pains in back and loins, spasmodic and irregular, at times extending down the limbs. Pains returned every few days for three weeks, commencing in the head and going out at the toes. "Resembled labor pains as nearly as any thing I ever saw."

Clinical Medicine.

THE RELATIONS OF NUTRITION TO MENTAL HEALTH AND MENTAL DISEASE.

Goethe, the German Shakespeare, once propounded a question which may be rendered into English, as follows: "Why are people so busy, and what are they roaring about?" And he answered his own question by asserting: "They want to feed themselves, to beget children, and to feed them as best they can."

Nutrition is always a matter of prime importance to the existence, development, growth and continuance of the human body, and likewise the health and activity of the human mind. In embryo, the foetus feeds upon the mother; in its primal, separate and independent existence the child likewise pastures upon the sacred mounds of motherhood. In still later development, the products and inhabitants of earth and sea and air are used for man's general nutrition. And when a ripe and sound body has been produced by the alchemy of an established evolution, then we observe not only the presence, but likewise the supreme activity of that which is highest and best in the wonderful works of God, namely, the human mind. In early life, food is the chief factor in the production of an ample and tense bony system. And it is a builder not only of bone, but of ligament, of muscle, of sinew, of cellular tissue, of fat, and of an all-enveloping derma. And when, by means of the marvelous chemistry of nature and the influence of nutrition, you have a fully outlined structure, a structure that is sustained by its internal framework of bones and ligaments; a structure that is moved or restrained by muscles and sinews; a structure that is made comely by its shapely padding of fat and its smooth covering of skin; a structure that is stirred and controlled by those electric motors called nerves, and which is animated in its supreme perfection by an immortal spark of the infinite; then you have a being that is fitted to dance in a

ladies', chamber to the bewitching breathings of an Egyptian lute.

Now, the question arises: What are the relations which exist between the function of nutrition and the health and activity of the mind, and how may these relations be best sustained by the individual? And, again, how may the forces of the mind be disturbed and turned from their normal courses by the effects of imperfect or malnutrition? And, still again, with what manner of nutrition may the exhausted forces of body and mind be recuperated?

Almost everyone recognizes the fact that the brain is the chief and most important organ of the body, because it is the seat and the center of mental activities. Almost every one recognizes also the fact that unless the brain is fully and properly nourished mental activity weakens and deteriorates. The same relationship exists between a healthful supply of blood to the brain and a high grade of mental activity that exists between a full supply of steam in the boiler and great speed of the locomotive. Again, nutrition sustains the same relation to the nervous system that the Leyden jar, with its imprisoned but all-compelling powers, sustains to the electric currents which bear their messages of peace or war in continued and active circuits around the world.

Nerve exhaustion is the antithesis of a full-charged and active nerve power. The nervous system in a state of health may be compared to a strong electric force acting upon a complete circuit and sustained and impelled by an abundance of imprisoned reserve. While such a condition exists there is a capability for active and continued work. But if the forces are diverted from their regular lines by outlying wires their energies are scattered until the primal circuit is so much impaired that action becomes feeble, intermittent and uncertain. The condition of so-called "nervousness" is a result of a too free escape of nervous energy through the divergent lines of unwise dissipation, and through an inability on the part of the function of nutrition to make good the wastes which have been too rapidly superinduced.

The effects of nutrition of various kinds may be seen both in nations and in individuals. The Chinaman eats rice, drinks tea, warms the cockles of his heart with curry, flavors his dinner with the burned souls of rats and birds' nests, and becomes a small, imitative and short-lived, yet industrious and peaceful citizen of the Flowery Kingdom.

The Italian, more luxurious, but less muscular than his Roman predecessor, eats his wheat refined and bolted and prepared in the form of maccaroni, instead of masticating it in the raw state; and from a conquering soldier he has degenerated to a lover of ease, of filth, and of hand-organ music.

The German takes kindly to cabbage and cheese, pretzels and beer, and is slow, substantial, meditative, and given to complex speculations and philosophical deductions.

The Englishman eats beef and bread and drinks beer, and under the influence of food and drink and climate he becomes both phlegmatic and irascible, both liberty-loving and domineering, both philanthropic and crusty.

The Scotchman eats oatmeal, and believes strongly in Calvinism and in the stability of the Grampian hills. Under the influence of diet, the Scotchman is strong in body, metaphysical in mind and confident in himself. The self-satisfaction of a Scotchman under the influence of his selected food was happily expressed when an English lord declared that in Scotland the men lived on oats, while in England they fed that grain to their horses; and a Scotchman retorted, "Yes, that is true, and where in the world will you find such men and such horses?"

The Irishman subsists on potatoes and "poteen," and is sanguine in temperament and sanguinary in daily practice.

The American feeds upon the collected products of every clime; and from ocean and river, from rocky hill-top and alluvial prairie, from southern slope and northern acclivity, he draws his food resources. Especially is the American addicted to the use of every variety of stimulating meat, whether it be bird or bear, sheep, hog or ox. He also takes his food in a concentrated form, using the

“active principle” preparations of grain and vegetables and fruit. The result is an activity of the body and a brilliancy of mind which surpass the developed powers of all other nations on earth. But in the wake of this rare and costly development we find thousands of hyper-sensitive beings, whose refinement of feeling is so extreme that they suffer excruciating agonies if they are touched by a breath of unfriendly air, and their brains and minds reel before the faintest shadow of earthly disappointment. In this rare-ripe throng we find thousands of broken, disgruntled, ruined wrecks, the unfortunate victims of excess in the use of hyper-stimulating nutriment.

Concentrated food stimulates the activities of the nervous system, of the brain, and the mind; and under the effects of such food a larger amount of brain work may be done in a given time than by the use of plainer and coarser foods.

But the use of concentrated and stimulating food, while it develops a lofty activity and excessive refinement, results finally in the premature wearing out of the nervous forces, and causes disintegration, disease and death. Concentrated food stimulates and develops the brain, while it shrinks and shrivels the stomach, and disturbs the action of the intestines, the liver, the kidneys, and all excretory organs. Stimulating and concentrated diet, while producing active effects at first, tends steadily to derangement of the organs of digestion and assimilation, and leads almost inevitably to malnutrition and to consequent loss of mind and nerve power. The philosophy of all this leads us to reconsider and accept the truth embodied in the old adage: “Every man must eat his peck of dirt.”

The tendency of the times has been to gratify an ambition for intellectual keenness and power. The brain, in its frantic efforts to get ahead and keep ahead, has overlooked the interests of the other members of the human United States, and has sought to rob these local communities, which have been named the heart, the lungs, the stomach, the liver, the bowels and the kidneys of their rights and prerogatives. The mind has entertained the

conceit that all roads lead to the brain, and has acted upon the principle that all must be grist that comes to its mill. But the wisdom of local self-rights, as well as the wisdom of eternal unity and general harmony, must be recognized. The hands cannot flourish without the arms, nor can the legs make progress without the feet, nor can the head maintain its imperial position without the aid of the neck and trunk. Human development must be systematic, symmetrical and cosmopolitan in order to be successful, and the rights and necessities of each organ must be conserved, or a retribution involving the entire mass will follow. Nutrition, to promote mental health, must be general, uniform, regular and appropriate for the entire system. There are two classes of individuals whose peculiarities in the matter of nutrition render them worthy of notice at this time.

(1.) We have a class of men who consume large quantities of lean and stimulating meats, who drink much coffee, and who imbibe more or less wine and stronger stimulants. These are the active workers of the great city centers. Many of them came originally from the farm, with robust health, and, as they believe, with rational habits. They enter with consuming activity upon the great projects and achievements of life. They build railroads; they dig canals, they spread their sails upon every sea of commerce, they buy and sell and get gain; they grow rich, they travel, they see the sights of every land; they dip their hands in every seething caldron of activity and accomplishment, and they often rise to sublime heights in the fields of learning and statesmanship and modern invention. They become great lawyers, statesmen, inventors, theologians and physicians. But they bring upon themselves and upon their posterity dangers which are likely to destroy the benefits which, by tireless energy they have attained.

(2.) There are individuals, oftentimes the products of the preceding class, who are light and dainty eaters, and whose food consists of too small quantities of that which has been robbed of its natural and necessary dross. Concerning this class, Dr. Fothergill says: "They are quick

ical associations, and in private and business life, ere another decade has passed.

Let us now consider some of the articles of diet which have proved beneficial to nations and to men, and which are likely to promote mental health as well as bodily vigor.

The philosophers of the olden times satisfied their appetites with "corn, wine and oil," and they lived long, enjoyed reasonable happiness, and retained a brightness of vision and a clearness of intellect till after they were 120 years old.

The Hebrews, both in bondage and freedom, grew into a lasting people upon grains, and fish, and vegetables, and very carefully selected meats. In the hour of prosperity, and in the land of promise and luxury, they remembered "the fish which they did eat in Egypt freely, the cucumbers, and the leeks, and the onions, and the garlic," and governed themselves accordingly.

Solomon, the wisest, declared: "I have eaten my honey-comb with my honey; I have drunk my wine with my milk." And his vitality, and benevolence, and greatness of soul were manifested by a comprehensive and abiding affection for 700 wives.

The Roman soldier chewed raw wheat as he marched and conquered the world. The ancient Athenian grew wise and strong in intellect so long as he partook simply of the plain diet afforded from the Mediterranean sea, his own hills of Greece, and from the pleasant pastures of his native land. Luxuries of living destroyed the inhabitants of the Roman Empire and robbed the Athenian of his mental powers.

The Spaniard, avoiding luxury, grows strong on bread and onions. The same may be said of the Englishman and his beef, coarse bread and beer; of the Scotchman and his oatmeal; of the German and his cabbage and Rhine wine or beer; of the Indian and his corn; of the Puritan and his beans with pork. The Esquimaux eats the fat of the seal and walrus, and maintains a serene mental front amid the blizzards of the ice-bound North. The inhabitants of the sunny South subsist upon the orange, the bread-fruit,

as lightning, acute, sensitive, high-strung, high-minded and quick-tempered. They are energetic and industrious. They are neat in their attire, intolerant of dirt; the sight of a cobweb is agony; their sense is highly strung, and when suffering with migraine, on the stretch it is scarcely exaggeration to say that, when lying in their bed-room they can hear the cat walking across the kitchen floor. They complain of palpitation, and also of an opposite condition of heart failure, which differs from syncope in that there is no loss of consciousness. Such persons eat sparingly and suffer intensely with neuralgia. They will take drugs freely, but seem to have an antipathy to food. In their ignorance and misery they forget the golden assertion of Romberg, that 'pain is the prayer of a nerve for healthy food.'" These small eaters of dainty food are intellectually bright and active; "they will be the soul of a party one day, ending up with a night at the theatre, the gayest of the gay. Next day is spent in bed in a darkened room, with a raging headache, the brow contracted with pain, begging to be left alone in their misery, the saddest of the sad. At other times they are wakened with a sharp headache, which improves as the day goes on, and they dine out in the evening with a sense of enjoyment. Ardent, enthusiastic, capable of great self-denial, generous and kind to others, but forgetful of their own best interests, they are a race by themselves. They have played an active part in many modern movements."

Here are two special classes of Americans—the larger eaters of stimulating food, and the smaller eaters of fine, stimulating food. One has a heavy, rotund, yet active development; the other has a petite, sensitive, finely-strung development.

These are the classes to whom nutrition of a proper sort is of prime importance. An appropriate diet for these classes should have especial medical attention. In fact the study of correct dietetics for brain-workers should become a leading study in every physician's office and in every medical college curriculum. Dietetics and reconstructives will be the leading topics of discussion in med-

ical associations, and in private and business life, ere another decade has passed.

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the banana, and fish from river and sea; and we find in them but slight development of mental disorders.

Now, if the brain-workers of the world would stop and consider their own interests they would acquire the habit of living upon a mixed and carefully selected diet. In warm weather they would eat fruits like the Southerner, rice like the Chinaman, bread and onions like the Spaniard, wheat like the Roman soldier, and milk like the healthful babe. And in winter they would eat corn like the Indian, black bread like the London porter, fat like the Esquimau, oats like the Scotchman, fish and oysters like the denizens of the sea, eggs and chickens like the happy negro; and they would take only so much lean and stimulating meats as would enable them to perform their mental tasks in an earnest and healthful manner.

Now to those who are already, by unwise habits of eating, drinking and working, the victims of nervousness or nerve exhaustion, it is proper to suggest these important facts: Lean meat stimulates; fat meat relieves nervous erethism; vegetables sustain life in a moderate and healthful manner; fruit cools and purifies the blood, and aids in making the general system pure; grain foods and milk nourish, upbuild and recuperate all the life forces.

By making a wise selection of the various foods which come within our reach, we may be able to relieve the unfortunate conditions and tendencies which exist in the brain-workers of the present time in this land. We should remember with Fothergill, and suggest to each other and to our patients the propriety of using, for the recharging and revivifying of the exhausted nervous system, such articles of food as fish and butter, oysters stewed in milk, milk pudding, cream with seltzer water, or cream without seltzer water, oil emulsions, yolks of eggs and sherry, salads with oil, stewed sweet fruit with cream. Nervous people should eat fat food. Every irritable and exhausted nerve should, if possible be coated with fat. Fat is to a tender nerve what an air cushion is to a tired invalid; it eases jolts wonderfully. With the fat should be combined grain foods and vegetables for strength, and

fruits to keep up a healthful and judicious consistency of the blood.

All foods should be garnished with the oil of good-nature, since anger and irritability tend to the production of indigestion; and the rational brain-worker will avoid the gall and wormwood of ill-temper, even as the devil shuns holy water. It is wise to remember that "a merry heart doeth good like medicine."

With regard to nutrition in the treatment of the insane, our experience has demonstrated its incalculable importance. It is thought by some that Dr. Hahnemann's success in the treatment of the sick was due to a considerable extent, to the extreme care with which he watched and directed the diet of his patients.

We find that an abundance of appropriate food is a prime necessity in the treatment and cure of the insane. Almost every mental invalid is at the outset a victim of impaired nutrition and of bodily waste, as well as mental weakness. Therefore, our first aim in the cure of such patients is to effect a bodily gain by means of suitable nutrition and the indicated homœopathic remedy. Without the proper remedy, the work of assimilation cannot be easily inaugurated, and without suitable nutrition the action of a remedy is weak and uncertain.

As an illustration of rapid gain by means of abundant nutrition, we present very briefly, the following case:

No. 747 was admitted to the Middletown Asylum December 3, 1879. The case was one of melancholia, and the record states that in May, 1877, she commenced to go to church every morning, and then suddenly stopped, and since that time she has not spoken to any one, and has done no work for the past two and a half years. When brought to the asylum, the change of scene and surroundings seemed temporarily to act as a stimulus and she conversed quite pleasantly for a short time. Then she relapsed into a sullen and apparently stupid condition. At last she refused to eat. Consequently, for about one year she was fed on milk and beef tea, with a tube, three times a day. In spite of all the liquid food that could be

pumped in, the patient lost flesh, until on the 6th of April, 1881, she weighed but sixty-four pounds. On that date she began to talk, called for food, and from that time on she ate large quantities of milk, bread, rice, baked potatoes, eggs, and such other food as her appetite seemed to crave. This patient had an enormous appetite, and as the food she took seemed to agree with her perfectly we made her diet very liberal. She would eat from five to seven pounds of bread a day, and drank three quarts of milk, and other articles of food she took in the same proportions. In one month she gained forty-seven pounds. On the 6th of April, 1881, she weighed sixty-four pounds, and on the 20th of June, when discharged as recovered both in body and mind, she weighed 144½ pounds, a gain of eighty and one-half pounds. She more than doubled her weight in two months and fourteen days. The patient has remained sound and healthy for the past seven years.

In almost every case of recovery from insanity the patient is found to have gained in bodily weight. The exceptions to this rule are cases of recurrent mania. Such cases do not lose much during the attack, and do not gain much when they recover.

The insane who are recovering should use large quantities of milk, plenty of beef tea, toasted bread, baked potatoes, eggs, fat bacon, green vegetables, such as lettuce and onions, fish, oysters, wheat, oats and rice, and such other articles as the patient seems to crave.

In pushing nutrition to its very utmost in the cure of the insane care must be taken, while the patient gains in flesh, to afford enough mental stimulus, by diversion and careful attention to the rules of mental hygiene, to prevent the patient from passing into the dull and listless apathy of dementia.

A long experience and a careful observation have convinced us of the necessity for an abundant and appropriate nourishment of the body in order to provoke anew the mental activities which have been disturbed or impaired by insanity.

In the early aristocracy of that land which has been

justly styled "the mother of presidents" the letters "F. F. V." were symbolic of the first families of Virginia. In that Arcadian land of health and happiness, to which we all aspire, there will be a new aristocracy which may be designated by the same letters as those which symbolize the old; but the letters will have a new significance. The F. F. V.'s of the rising future will be the apostles, the disciples and the advocates of fat, fun and virility. Under the new regime development will be more sure, strength of body and mind will be more lasting, and premature decay will be among the things of the past. Human life will be prolonged, human usefulness will be enlarged, and the intellectual powers of our race will rise to grander and nobler proportions. When these things come to pass by the acceptance and use of suitable nutrition for the brain-working masses, then there will be an almost universal "survival of the fittest;" then intellectual giants will be less rare than now, and the wonder excited by the presence of a few mental prodigies will subside. Then intellectual strength and vigor will become so common, and the cause for such strength will be so apparent, that Cassius will no longer ask:

"Upon what meat doth this our Cæsar feed,
That he is grown so great?"

THE PRESCRIPTION.*

S. W. COHEN, M. D., WACO, TEXAS,

'Tis not the design of this article to wrestle with the dogmatic mind of any routinist, who carries his meal in one end of a bag, and counterbalances its weight by placing a rock in the other, because his great-grandfather did so before him, but rather to jog the train of plodding thought long enough to speed it in a better direction. Many physicians by force of habit, for which false teaching in the main is responsible, alternate and often mixed drugs. The writer was once among their number; but it

* Texas State Society.

is now his pleasure to demonstrate, that the prescription of the single remedy is the only scientific and justifiable one. Prolonged skirmishes with lengthy and high-sounding words for weapons, prove nothing; a few thoughts, briefly put, will be of greater benefit.

One finds many shades of belief, among those who claim to be Homœopaths; while one permits himself to alternate two drugs, another thinks nothing of alternating or even mixing three or four, or alternating mixtures, and prescribing a narcotic intercurrently. Still his conscience pats him on the back, whispering, "well done," all the while. Again there are some practitioners who never halt between palliation and cure, and transcribe their polyglot prescriptions, *secundem artem* (?) To one not familiar with the *Materia Medica*, and who is unfortunate enough to have a lazy streak in his composition, alternation offers a great temptation, for if one remedy does not cover all symptoms two or perhaps three may (?)—at least the most prominent ones—and the concomitants are permitted to take care of themselves. The same line of reasoning that licenses one to alternate two or three drugs, permits him also to alternate five or six or even more, if he thinks such are necessary to cover a certain number of symptoms. Where will this end? From such a corruption of Hahnemann's methods, springs our combination of a medical Hermes and Aphiodite, who usually presents that portion of our practice which is continually hankering for affiliation with the old school. Two drugs or more alternated, may *seem* to cover all prominent symptoms, but will not radically *cure* the case, because many lesser symptoms still remain to prevent rapid convalescence, while the simillimum, covers not only the prominent, but *all* other symptoms, though the latter be considered but trivial, and thus restores normality of function. In alternating, one drug may be prescribed for one set of symptoms, another for a second, and yet another for a third, and these three drugs may (?) cover *all* the symptoms in a given case, but still, neither medicament fulfills its appointed task or destiny, because each symptom, or *the* symptoms which *it* is expected to

meet and conquer, are modified by all the other symptoms, and the action of each drug presented, is also modified by the action of the other drugs; and therefore one no more gets a perfect picture for any drug in the line of alternation, than for a complex orthodox mixture. In severely acute cases, drugs are often alternated at intervals of five or ten minutes; in sub-acute and chronic cases the interval is lengthened. But if drugs have any duration of action, and who will deny that they have, it is self-evident, that any one drug administered during the action of another, must affect the therapeutic action of that other drug, have its own action interfered with, and consequently the final result must be a disappointment. What is the result of an admixture of Aconite and Belladonna, Bryonia and Rhus, or Nux Vomica and Ipecac, or any other duplex, triplex or quadruplex combination?—and this means either an admixture of the drugs, or *their effects*. Let us take Aconite, for instance, and analyze it, *i. e.*, divide it into its utmost chemical constituents. Now take these component parts and accomplish a synthesis, under the identical conditions that were present when making our analysis, and we again have the Aconite with all its peculiar properties. Now analyze a second specimen of this Aconite, and then again combine the various parts, minus one. What have we—Aconite? Oh, no! What is it? Who knows? Will it produce the identical Aconite symptoms if proved? Oh, no!! May we substitute it for Aconite, in any given case? Oh, no!!! Now if the *subtraction* of any analytical portion of Aconite or any other drug changes its action, will not the *addition* of something also alter its action? If an artist with a delicate shade of color on his palette, already *proved* by its transmission to canvas, adds but the least bit of pigment to it, he cannot obtain the same result as from that *originally proved*. If then in material matters of which the eye may take cognizance, we must exercise such care, what is our duty in that more subtle sphere—the action of medicine—where no sense may follow the unknown and unknowable *How* and *Why*.

We have such chemical combinations as Hepar s. calc.,

Kali iodatus, Merc. bin. iod., but these are proved as a unit. What authority, scientific or other, have we for prescribing compounds, except they be chemically prepared, always in identical form, (so as to constitute a new preparation) and are then officinally proved as such. Is there any homœopathic college in the country, in which the professor of *Materia Medica* lectures on alternation or combination of drugs? Does not even the old school teacher of *Materia Medica*, lecture upon the action of each separate drug? Whence then a knowledge of what combinations or alternations will accomplish? In arbitrarily compounding medicines, the doctors expect each drug to work out its own end in some "hocus-pocus" sort of way, without being influenced, by even the material or power that has absorbed its identity. Expectancy cuts a large figure in such a result. In prescribing the simillimum, the result is a foregone conclusion. The same laws that hold the planets in their orbits, control the *modus operandi* of the similar remedy, as is verified in your practice daily. Without the compass of this invariable law, we are at sea—in a frail craft, without guidance, trimming our sails to every wind, not knowing whither it will blow us.

And now a parting word. While the responsibility of pseudo-homœopathic work lies at the doors of many of our institutions to a great extent, the habit of alternating and mixing is too frequently acquired in some physician's private office. Still another cause of so much Eclecticism and Allopathy, being continually paraded as Homœopathy, is, that many, too many of our journals are but poor exponents of similia. They come to us monthly, with abstracts from old school journals, glorifying one remedy for this condition, and another for that, symptoms being of no apparent consequence, as no indications whatever are noted for the remedies suggested; but the quotation of the article as reprinted, proving in itself that the homœopathic (?) editor swallows the empirical allopathic prescription, and indirectly (?) advises his readers to give it a trial. Often a Bartholow's or Ringer's *dictum* is given a place in the columns of some of our journals, when if these editors

had studied the homœopathic *Materia Medica* as well as the aforesaid named gentlemen, their own authority might have been paraded to better advantage. If our journals cannot demonstrate to the people, the difference between our practice—as it ought to be—and that of the old school, why should the “dear people” listen to us? If it’s to be but a repetition of the old physiological song, with but a few euphonious variations to make the populace believe we deserve its countenance and ear, it is a betrayal of confidence, and will only tend to eliminate our school in the race for preferment.

ANOTHER PRESCRIPTION.

R. Tr. Nux vomica..... ʒi.
 Keith’s Con. Tr. Podo..... ʒiij.
 Fl’d Ext. Cascara S..... ʒiv.

M. Sig. Take from 10 to 20 *minims* in $\frac{1}{2}$ a glassful of water, every morn’g.

* * * *

The foregoing prescription, which is a *verbatim* copy of one in my possession, has a history attached to it which I will relate in brief. Mr. D., a patient of mine, and a highly intelligent gentleman, while visiting Hot Springs, Ark., about the first of April last, desired to consult a homœopathic physician, and was directed to the office of a reputed follower of Samuel Hahnemann, who prescribed the above execrable mixture. Why, I could not discover, even after patiently listening to the recapitulation of symptoms as detailed to the Hot Springs doctor, by the gentleman in question.

Mr. D. took the medicine as directed,—what else could he do?—but concluded it was a queer homœopathic one, as it was superlatively more villainous, in looks, smell and taste, than any of its blood kin he had been accustomed to taking before he became a convert to Homœopathy. This same gentleman has frequently received but a single dose (of No. 6 medicated pellets) from me, with highly gratifying results. He and others of his family have always been subject to nephritic troubles, and *Lycopodium* has proven itself master, except at rare intervals, when perhaps an

acute attack of some minor indisposition had to be subdued. Why a physician who desires to be known as a Homœopathist, and whose very desire, conclusively proves, that he is proud of his medical company, should present the prescription quoted at the beginning of this article, to *any one*, let alone to an avowed Homœopath, I cannot even faintly imagine. Is it to parade a more profound knowledge than is supposed to be in possession of the great body of homœopathic physicians? Is it to prove the fallibility of homœopathic therapeutics? Is it to prove that the prescriber is a Homœopathist? Is it to prove that Galen and Paracelsus were wiser and better physicians than Samuel Hahnemann, and that a horrible cathartic mess is more beneficial than the similar remedy? If the prescriber so believes, why not honestly say so, and cease posing as a Homœopathist? Why not join hands with the allopathic school of medicine? There is no disgrace in that, and it would be consistent withal.

Such homœopathic (?) practice as above described, invites but derision and contempt for the very school the prescriber pleases to affiliate with, and causes *your* patients and *mine* to lose confidence in our methods. How often have they been informed that we "must resort to allopathic measures to be successful?" Do they require any more conclusive evidence that the information was correct, than the transcription just read to you? Some of you will undoubtedly deny that this is a rational conclusion—that one swallow makes neither a summer nor a drunkard; but how as to the general inference? When a professed homœopathic physician permits himself to make such a compromising prescription, as was made for Mr. D. at Hot Springs, he thereby tacitly acknowledges that he knows little or nothing of our *Materia Medica*, and is too indolent to study it, or that he has no confidence in the law of *Similia*, and is practicing under pretence.

This is no harsh animadversion, intended to reach but the one individual, but a criticism and censure for *all* such dubious practice as has been here illustrated. It is high time that the laity should learn, what homœopathy *really* is

so as to be able to distinguish between the true and the false. Then the people may go to the avowed Allopath for their big bottles of unproved nauseous and poisonous mixtures, and to the conscientious Homœopath for their potentized simillimum—tasteless and remedial. Just so long as the homœopathic physician fears that the patient will not think his medicine strong enough, just so long he (the physician) is but a poor representative of our school and its principles. *The way to make good homœopathic patients, who will never take a nasty dose of medicine, is to prove to them that small doses, and tasteless doses, do cure.* Already in the east has the ball been started rolling that will curve in and out, and separate the medical sheep from the goats—the pretenders from the true exponents of our law.* The recipe which has served me as a text for this “sermon,” was received after I had written my article, “The Prescription,” and as it (the aforementioned Hot Springs recipe) so admirably illustrated the methods to which my previous paper took exception, I could not forbear to utilize it. Pardon me, if I repeat in substance

* [Dunham says: “Nothing will gain the confidence of a patient so surely as *success*. His confidence once gained by *success*, cannot be shaken by the form of your dose! Yes; it may though! If he sees that while your doctrines require you to give small doses, you yet dissemble and juggle, and, by using large pills and lozenges and mixtures, try to make it appear that you are giving as large doses as your Old School neighbor, he will suspect that your faith in the system you profess is not really strong, and he will have doubts of both you and your system. The sick man who feels that you are *curing* him cares not a straw for the logical improbabilities of your doctrines, nor for the scientific difficulties attending the explanation of the action of your little dose. Large or small—much or nothing—if under your auspices, his health return, he will have faith equally in you, yourself and in your methods.

“Patients are like soldiers; they believe in a man who believes in himself. We say this with all humility, for in a matter of science, belief in one's self is faith in the laws one has undertaken to carry out in practice. And if the physician show confidence in his methods, his patients will yield themselves implicitly to his guidance. The prejudice in favor of large and many doses is a relic of past ages, when the practitioner was paid, not for his skill and personal services, but for the medicines he furnished.”—Ed.]

what I said in that article: I know too well that our early medical education is in the main responsible for our laxity of methods, but still Hahnemann's opportunities to acquire the true way, cannot be compared with those offered each one of us. I know that many of our school practiced for years under the baneful sway of *contraria*, and 'tis difficult for such to rid themselves of habits acquired by long years of such training, though many of the brightest minds have done so. I know too, that the students of many such practitioners, as have come to us from the so-called regular (?) profession, (but who, do what they may, remain *very* "eclectic" in their practice,) are imbued with some of the weaknesses of their preceptors, for they have every faith in the erudition and sagacity of their respective teachers. 'Tis only by hard and steady application, and a full determination to rid one's self of crude methods,—which are always uncertain methods—that success is attained. When one begins to practice pure Homœopathy—the Homœopathy of Hahnemann—in earnest, he never relapses.

[One of our patients returned from Hot Springs with this prescription and we have had a number sent us, hence we publish the name of the author, that our readers may know the treatment their patients will receive from the professed Homœopath, Charles Dake, M. D. See March Number, page 195.—ED.]

"ON THE BORDER-LAND OF INSANITY."

H. G. GLOVER, M. D., JACKSON, MICH.

Mr. L., aged 35, came into my office May 23rd last. Had known him in Chicago in '82. He was then in robust health, strong and athletic. On the morning of his visit, his physical condition seemed good. He began his statement in regard to his condition, by saying that for the past three or four months, his stomach had given him much trouble. He had taken medicine, but with little or no relief. The following is the picture as he gave it: No appetite; least mouthful fills him up. Nausea; vomiting. <, (decided) in warm room. Trembling, pale, sweats after

vomiting. Has "queer spells" come over him, during which he is tearful, anxious, apprehensive. Can't control his emotions, though a man of remarkably strong will power. At this point the patient looked up at me and said,—“Doctor, I believe there is something wrong with my head; I'm afraid I'm not right, there.” He then told me his experience for the past three or four months, which is contained in the following: Has a constant fear that he will lose his reason. Has an almost irresistible desire to steal money. Mind runs on money, money; thinks he has plenty of it, when he has but little. Thinks he has paid bills which he finds he has not. If he meets a lady with a pocket-book in her hand, can only by a great effort refrain from snatching it. Fears he will do something of the kind and be arrested, which is a constant worry to him. Imagined a bag of money was in a drawer with a lot of clean clothes. Felt compelled to empty the drawer and see, though he tried his best to resist the desire. Thinks of friends that are dead. Has visions immediately on closing his eyes. Sees rats, mice, snakes, and all sorts of crawling, running things. Worries constantly about his own condition. Anxious and fearful. Fears for his wife, his future. Tries to throw the feeling off. Wants to get into the country away from people. Fears people, —and his wife in particular—will notice him and think him crazy. This worries him greatly. Very forgetful. *No desire to go to bed. Can't get to sleep. Stays awake for hours, days.* . When he does manage to get to sleep, it is only for a few hours, and *very* troubled with the visions, etc. *Wants to be on the move all the time; can't keep still.* Relief from physical exercise. Looks forward all the week to his Saturday night's drill at the armory.

For the past three months has had a constant, severe pain in the occiput and forehead, which nothing would relieve.

Alternate constipation and diarrhoea. No thirst, only once in a great while. Always better in open air. Jerks when falling asleep.

During his "spells" his breathing is short, catchy. He

yawns constantly, and is worse lying down. Had syphilis twelve years ago; cured (?). Had a bubo in '82 before I knew him, which was lanced and healed.

Feet cold and dry.

Desire to be alone.

The reader may judge for himself as to the correctness of the heading of this article.

TREATMENT: I gave him that morning,—giving precedence to the mental symptoms—Calcarea 1 m. (B. & T.), two powders, to be taken 24 hours apart, and followed by Sac. lac.

June 6th I had a card from him, which I copy verbatim: "I am better now, the pain is nearly gone from my head. Am hungry all the time."

This was an unsatisfactory statement and I wrote for further particulars. June 9th, the following came: "In reply, I feel much better than when I saw you. Do not have the pain in my head as before. Stomach is much better, also the shortness of breath, but since that has gone, I am troubled with a terrible empty, weak feeling after eating, even after a hearty meal. Feel uneasy and restless; can't sleep. Nausea has disappeared. Bowels are constipated. Mental condition is better, but still have those miserable ideas of doing something rash. Visions on closing the eyes not gone, but better. Have taken only what you gave me. Medicine gone."

June 10th, I sent him Calcarea cm., two powders.

Several days ago I wrote him, asking for an honest statement of how he had been since the last prescription. Told him I wanted nothing but *facts*. If my prescriptions cured him, I wanted to know it. If he took any other medicine from any other physician, I wanted to know it, and also who prescribed for him. In reply I received the following, which is a verbatim copy:

CHICAGO, Sept. 22nd, 1889.

DEAR DOCTOR:

Yours at hand, and was glad to hear from you. I am all right once more, *and did not take any OTHER MEDICINE, only what you gave me*. I have not had any trouble since taking your last medicine.

Yours with LOVE,

* * *

Who would not feel proud of such a cure, and at being an exponent of a system of medicine capable of producing such results? Who will deny the truth of my diagnosis, or that the man was a candidate for the insane asylum? Where is the sceptic who when he reads this—if he *does* read it,—will “pooh! pooh!” at the infinitesimal dose used? I do not use the higher potencies to the exclusion of all other, but that I have faith in them, and that they are efficacious in grave maladies, the above cure proves. The italicized symptoms are markedly diagnostic. The patient has not used liquor for 10 years.

CONSUMPTION: CARBO VEG.

R. C. GRANT, M. D., ROCHESTER, NEW YORK.

March 5th, 1888. Was called to see a young German, Theo. S——, 25 years old, fair; by trade a painter. Had been able to work but little for a year previous; lost one brother with consumption, and he has had a number of pulmonary hæmorrhages during the winter.

I lay but little stress upon the physical diagnosis, as these are points on which we are all liable to err. But I will say that I detected a cavity beneath the third intercostal space in right lung, and the respiratory murmur was very indistinct over the whole chest. What I *do* lay stress upon however, are the symptoms, which were unmistakable, and could not by any possibility have been made out differently by any one. They were as follows: He was sitting propped up in a chair, leaning slightly forward; had become very much emaciated, his features thin and sharp; a hectic flush on both cheeks; the voice very hoarse and weak—could not be heard at all across the room. His cough was hard, hoarse and fatiguing, < talking. Expectoration thick, greenish, mixed with much blood, of a salty taste. Profuse night sweats, smelling sour. Prostration and emaciation very marked. He could not breathe well, *and wanted to be fanned*.

I gave two doses of Carbo veg. 200th dry on the tongue,

three hours apart, and this was *all* the medicine he had.

The symptoms disappeared gradually and as follows: First, blood from sputa, then hectic, night sweats, expectoration and cough, and at last shortness of breath to a great extent, and hoarseness. He gained strength and flesh, and did light work during the summer and winter of '88.

In Feb'y '89, I prescribed for him for a slight acute cold; and this past summer he has worked steadily at his trade.

DIFFICULT CASES: CURED.*

JEAN I. MACKAY, M. D., PHILADELPHIA.

CASE I. June 3, 1889. Mrs. E., age 72, very fleshy, will weigh 200 pounds or more. Had rheumatism in her knee joints for 25 years. She has spent a fortune on physicians of both schools in the hope of obtaining relief, but is now worse than at any previous period. She has no hope that her condition can be even ameliorated as she has frequently been told so by good physicians, and has not taken treatment for several years, but to satisfy a friend came to try the physicians at the Woman's Homœopathic Hospital. Her limbs are both swollen around the knee joints, red and hot to the touch. The pain is a terrible shooting through the knee joints < by heat, motion, and at night. The left knee is somewhat worse than the right. She has also a weakness or giving out in the knees, which makes her afraid to go from home as she has come near falling several times. They are also so stiff she can scarcely get out and in the street car. She is very restless at night and does not sleep until near morning on account of the pain and heat in the body. Does not perspire and notices but little difference from change of weather. She is also very much annoyed by a tremulousness over her whole body, which seems to start from her heart. This is a sensation, not perceptible to an observer, but is very annoying to the patient. It is produced by any affecting story which

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

may be told her, or if she reads an account of distress or disaster she will become ill with tremulousness for a whole day. Motion will also bring it on, as wiping the dishes or making the least attempt to sweep, or if she walks much or hurriedly. When she sits quietly does not suffer from it and her limbs feel easier. When her heart flutters badly she has to cry: Mer. sol. 600 m. (F.) one dose dry on tongue; Sac. lac. for two weeks.

June 27. Feels decidedly better, pain in knee joints not so sharp, more of a soreness now. Sleeps better, has several good naps during her former wakeful period. Can stand more motion without the fluttering about her heart. Has been reading the Johnstown disaster without bad effects. Sac. lac. for two weeks.

July 8. Trembling better, but knee worse; does not sleep so well. Mercurius sol. 600 m. (F.), one dose.

July 15. Feels better; tremulousness improved. Can work more, and when it occurs is not so distressing and does not last so long. Used to belch a good deal of wind, which is also improved. Knees not so swollen or painful. Sac. lac.

July 26. Worse; more nervous when active; comparatively comfortable when quiet. Mercurius sol. 600 m. (F.), one dose.

August 15. Sleeps well; otherwise worse. Mercurius sol. 4m., one dose. (This potency being the only other one in the case at the time).

August 29. Rheumatism much improved. Nervousness about the same. Sac. lac.

September 19. Sleeps well all night. No swelling of joints. Now and then she has a dull pain in the knee-joints, very slight, just enough to remind her she had rheumatism once. Trembling is better. The only distressing symptom she has is belching of wind whenever she moves around. She has no pain with this and no trouble as long as she keeps still. She feels weak in the morning on arising, and thinks if she had not her cup of tea before breakfast she would have one of her spells of tremulousness. She has not felt so well at any time for

the last four years, and has never had such relief from treatment. Placebo.

October 5. A few days ago had a few pains in knees and wants to keep some medicine by her. Has no nervousness—which she thinks really annoyed her more than the pains of her rheumatism. Is gaining flesh and in very good spirits. Placebo.

CASE II. M. C., age 23, Irish descent but born and reared in England. Has been in America for two years. Was admitted to the Maternity Department of the Hospital June 26, '89, being advanced to nearly the eighth month of gestation. Hair light brown, eyes blue, face sunken, pale, ashen hue; deep blue lines around the eyes, emaciated and weak. For four years she has been suffering from windy dyspepsia, has been treated for it both in England and America without relief. The physicians said it was peculiar and they could do nothing for it. She has frontal headache almost every day of her life, with nausea and frequently vertigo. The headache is severe; makes her feel as if she were going crazy. She has often thought of drowning herself in the river. She has frequent eructations of some fluid, also of gas. Vomiting has always been of more or less frequent occurrence but since she became pregnant has been almost a constant symptom. It is accompanied by sickening nausea and severe headache, neither of which it relieves. She is always worse in the evening and in the early part of the night. When she sleeps she is troubled by dreams of dead people, of worry and care, but sleeps very little. She cannot bear the sight of substantial food, especially of fats, but is fond of pastries and sweet things, although she can eat but little of it. Her feet burning hot; also the palms of her hands.

August 8. She was delivered by instruments of a male infant weighing eight pounds. The head was large and soft, being readily indented at any point by the finger. It lived 21 hours. The patient made a good recovery with the exception of weakness and her chronic condition. While in bed I had a better opportunity to observe her symptoms and found that the evening aggravation was

occasioned by a collection of gas in the abdomen. She had almost unbearable pain, of a cutting nature, before belching. The air would then rush out with such force as almost to choke her, making a loud report and relieving the pain. She noticed that she always had a worse attack after drinking tea or cold water. She is inclined to constipation. She also suffered at times from very sharp pain in the hypochondriac region. This was < by changing position or arising from bed in the morning. The pain was not affected by other motion or breathing. She has had a copious yellow acrid leucorrhœa for two or three years.

August 12. Arg. nit. cm., (Jn.) one dose dry on tongue. This produced prompt and entire relief of symptoms. There being no return up to date, October 5, 1889.

CASE III. H. J., colored, admitted to the Maternity Hospital, May 22, 1889, in the eighth month of gestation. Is perfectly healthy with the exception of some difficulty in urinating, which began about the third month. Diagnosis of old school physician, catarrh of bladder. One week before confinement she slipped and fell over a step, rupturing the bag of waters. The labor occurred June 25, was dry and tedious, but otherwise normal. No laceration.

June 27. Had sharp shooting pain on urinating.

June 28. Sore all over the body, same difficulty in urinating, not so severe. Arnica 1m, one dose.

July 2. Feels well. Bowels moved freely, is troubled by a weight in vagina and sharp pains on passing urine, bearing down seems < by being on feet or walking about. Bell. 1m, one dose. Relieved to some extent.

July 16. She went out to service with her child and became much worse. Was admitted to the Hering Building, July 20. Had received Cantharis cm. without relief, also Lyc. with no effect. The cutting pain in urethra became so severe during urination that she dreaded going to the closet. Pressing the gluteal muscles upwards and kneeling on her knees during urination seemed to give her some relief, although she would cry out while urinating with the pain. With the cutting pain during urination

she had also great bearing down in the urethra, with a constant, dull, aching pain over the bladder < upon rising from a seat. Urine flowed in a stream but dribbled away at the close of urination. She passed urine about four times during the night and about every two hours during the day. She would frequently press the hand against the vulva as if supporting the parts, said it seemed to relieve her. Examination revealed nothing abnormal in appearance in the uterine or urinary organs.

August 6. Dr. J. T. Kent was consulted and Muriatic acid was given in the 3m potency, one dose. The sharp pain was relieved in two days and the patient urinated without her former outcries. Could rest better at night.

August 10. Patient not so well. Mur. acid 3m, one dose. This improved, and on the return of symptoms, though in much lighter form, a third dose was given. The patient was worse after taking this dose, although at no time did she compare with her condition before the first dose was taken.

September 1. She took one dose Mur. acid 40m., with steady improvement.

September 8. She went out to service with her child and says the dull pain over the pubic region does not trouble her; has no bearing down on urinating, or cutting pain, but has brownish-yellow, sour leucorrhœa, which is acrid and very annoying. She says, "Doctor, I do not think of my bladder trouble any more, but come for something for the discharge." Sac. lac.

October 5. Has not returned, but hear she is still well and working.

CASE IV. Mrs. D., married, four children. Age 44 years, medium height, dark hair, eyes and complexion. Keeps boarders and is a great worker. Has had neuralgia for 10 years. The attack comes on in the morning the first thing on arising, with sharp shooting pain in left temple to vertex. After the pain subsides there is a constant dull sore ache. She rests well at night as a rule, is so seldom awakened by pain in the head she takes no account of it. She has no appetite, lives mostly on cracker

and tea. Cannot eat fats. Very bad taste in mouth in morning. Is melancholy; can not scold because she cries. Flows profusely twice a month. Has a stiff feeling in lumbar and sacral regions. Must lie with her head high. Sometimes she gets no sleep for a week at a time, because just as she is dropping off to sleep she sees faces of all colors and descriptions floating around her. The pains in head are < by motion, ever so slight, as turning, bending, or a misstep, or washing her face. She cannot bear the least touch on the left side of her head. She does not wash that side of the head or touch it for fear of bringing on the pain. Her bowels are pretty regular. She dreams a great deal of what she reads in the papers. Bryonia cm. (Jn), one dose. Sac. lac.

June 24. Very much worse, cannot move or turn in bed, but the pain awakens her. Is so severe during the day she can hardly stand it. Sac. lac.

July 8. She feels a "sight better, the medicine is doing me good." Spells do not come so hard. Has no visions, not so sad. Sac. lac.

July 15. Pain in head much better, only had one spell a day and that light. Washed her face to-day, with only slight pain. Sac. lac.

July 29. Felt worse during the week; spells come on twice a day; one upon arising, which it has not done before for some time. Bryonia cm., one dose. Sac. lac.

October 5. Has needed no medicine since.

IS CONSUMPTION CONTAGIOUS?—Dr. Herman Brehmer, an able German pathologist and physician, after the study of nearly 12,000 cases, rejects the theory of the contagiousness of pulmonary consumption altogether. He finds it to be due to deficient lung nutrition, and this may result from many causes. From the effect of the causes of deficient nutrition of the lungs on each individual he believes it may be possible years in advance, to predict with more or less certainty which members of a family will be afflicted with tuberculosis and which will remain healthy.—*Medical Times.*

Surgery.

THE SURGERY OF THE PRESENT.*

WM. TOD HELMUTH, M. D., LL. D., PROFESSOR OF SURGERY.

GENTLEMEN: There is an old adage, "Time is money." I believe it to be true. Therefore, as the majority of medical students are not overburdened with the latter commodity, I cannot find it in my conscience (taking, as I do, a friendly interest in their welfare) to be dishonest enough to spend much of their money—otherwise time—so early in the session, and therefore plunge *in medias res*, and begin the consideration of my subject, viz:

The "Surgery of the Present," or I might say the "Evolution of Surgery." It must be apparent to those who have given even passing attention to medical literature, and have observed what has been transpiring around them, that within the past twenty-five or thirty years, a *new* surgery has been evolved from the old, so different and so peculiar in many ways, that though the steps of the process have been gradual, nay, in many cases imperceptible, the results that have developed stand unrivalled in the history of medicine. The polished and shapely product of to-day can no more be compared to its rough and sturdy progenitor, than can the straight and solid bar of iron fresh from the forge, bear comparison with the artistic forms and graceful shapes into which it can be wrought by the hands of the skillful workman.

To understand and appreciate the changes to which I allude, the student must bear in mind, that there is a science and an art of *chirurgie*. It has been the reaction of these divisions, the one upon the other, aided by the improved methods of investigation which have produced the extensive changes found in modern surgery.

The exclusive cultivation of *his art* renders the surgeon

* A Lecture introductory to the Course of Surgery at the New York Homœopathic Medical College.

little better than an ordinary mechanic—the skillful handling of knives, saws, forceps, chisels and gouges characterize the artisan—therefore a good operator may be a poor surgeon. I am using the word in its broadest acceptation. On the other hand, he who cultivates the science, merely understanding the principles while ignoring the practice, may become a scholar or a pedagogue but still may be a poor surgeon. It is the science acting upon the art; the practice reacting upon the principles, that are constantly evolving new and important themes for study and experimentation, and devising novel methods of performing surgical operations.

The New Surgery of which I speak was born about the middle of the nineteenth century. Her mother is science, far reaching, fair of form, brilliant in expression, subtle, intricate, profound. Art is her father, strong, fearless, bold, dexterous and precise. The qualities of the offspring, with such a parentage, must be what they are—cleanliness and delicacy, and that love of humanity which prevents pain, relieves deformity, and prolongs human life.

In this short essay it shall be my endeavor to point out a few of the changes that have taken place in surgery within my own memory, and the better to do this let me detail two operations, one belonging to the surgery of the past, the other illustrative of the surgery of the present.

In the year 1850, thirty-nine years ago, I stood with a large concourse of medical students in the amphitheatre of the Pennsylvania Hospital to witness a surgical clinic. I need not refer to the odors which in those days permeated every square inch of space in the old institutions—noisome and familiar they are to every student of those days—but after all, in spite of their unpleasantness, they tell of bloody work bravely done, of suffering undergone in the battle for life, of mighty surgical achievements, of convalescence and health, of desolation and death. As I look back upon these times of my boyhood, the hospital odors affect me, not as disagreeable realities for all their unpleas-

antness has faded, but as mementoes of my life when all to me was "*couleur de rose*."

"When all the world was young, lad,
And all the leaves were green."

An amputation of the thigh was to be performed. The patient was an old, gray haired sailor. The disease was chronic indolent ulcers of the leg to the knee, with caries of the bone. The hospital tray with its piles of charpie, and scraped lint; its pots of precipitate and simple cerate; its regularly arranged rows of roller bandages; its rolls of diachylon plaster; its tin kettle of hot water, and its blistering plasters, seton needles, spatules and kid skin, stood near the operating table while beside it were basins, sponges and towels—all smelling hospitably—but as clean as they could be made. Ether was coming into general use, but was not so universally employed as it is at present and for some reason best known to the surgeons was to be denied this patient. The operator was Dr. Geo. Fox, the inventor of the well known apparatus for fracture of the clavicle; his assistants were Dr. Edward Peace, the first ligator of the external iliac in this country, and Dr. Geo. Norris, since famed for his exhaustive statistical tables—especially in amputation and pseudo arthroses.

The patient was brought into the amphitheatre and strapped to the table. He was a brave old man who faced his danger with a smile. While being questioned before the class as to his feelings, he made use of an expression which I have never forgotten. He was asked how his appetite had been during the morning. He laughed as he said, "poorly sir, but my *drinketite* is good," upon which the steward poured into his mouth from the spout of a tin vessel resembling an oil can, a mixture of laudanum and whiskey which he seemed to relish and which during the prolonged agony which followed was frequently repeated. Time to a patient suffering pain is intensely prolonged; minutes seem hours to the victim. It was the endeavor to shorten the time consumed in the operation that brought the flap amputation into vogue. This was the method adopted upon this occasion. I need not attempt to por-

tray to you the agony undergone by the patient; fearful writhing and dreadful distortion of features with the most distressing groans, gave sufficient evidence of the intensity of his pain. The operation was prolonged on account of the ossific deposits in the arterial coats, rendering them so brittle, that the ligatures as they were tightened cut through the vessels, the blood flowing everywhere. The loss of blood was tremendous and I well recollect that the patient having bled *ad deliquum animi*, Dr. Peace called for a large door key, of the old fashioned pattern, wrapped its handle with his pocket handkerchief and thrust it into the patient's groin, by the aid of which, after a time, the bleeding was arrested. The ends of the ligatures were then brought to the angles of the wound, the flaps were adjusted with several points of interrupted suture. Straps of adhesive plaster were drawn tightly over the stump, which was then covered by large masses of charpie, over which was placed the maltese cross which was in its turn kept in position by the roller bandage. So much for the operation. I scarcely need refer to the dressings that for days, weeks and even months had to be applied in cases of amputation. Every surgeon knows how exquisitely sensitive the margin of the wound becomes; how painful each dressing, especially when the flaps are being drawn together, and can remember how the odor of the decomposed and decomposing pus filled and contaminated the surrounding atmosphere; how the ligatures hanging out of the wound, themselves saturated with necrosed material, became sinuses and formed pockets for the further lodgment of noxious matter, and finally how after weeks and months of suffering, the patients rose from their beds probably having passed through the stages of hectic and the dangers of pyæmia, and indeed very often did not survive the ordeal, dying from exhaustion, gangrene, or multiple abscess.

There is not one word of exaggeration in this hasty report of an operation thirty-nine years ago; it is a sample, with the exception of the advanced atheroma of the vessels of what was then almost a daily occurrence. I can see the

whole performance as I write, exactly as it happened years ago, and to my dying day the picture will never be effaced. It was the first amputation I had ever witnessed, and a fair sample of the surgery of the past. Thirty-five years after, I made a similar operation at the Hahnemann Hospital in the city of New York. The point of amputation was the lower third of the thigh. The only odor perceptible in the room was the faint smell of carbolic acid. The floors and walls of the apartment had been scrubbed, and every article of bed clothing, linen and bandages had been carefully cleansed. The instruments, which had been lying over night in carbolized oil, had been wiped and were now lying in shallow pans containing a solution of bichloride of mercury 1 to 2500 of water. The sponges, which had been washed in dilute hydrochloric acid, had been rinsed, and were also in a weak solution of corrosive sublimate. Before the operation the thigh of the patient was washed with a disinfecting solution, and the hands of the operator and his assistants, and every one expected to touch the parts, were scrubbed with nail brushes and bathed in weak solutions of the disinfectant. The patient was allowed no food after breakfast, the operation being set down for half past two o'clock. Twenty minutes before that time, a hypodermic injection of ten minims of a solution containing one-sixth grain morphine and one one-hundredth grain of atropine was given. The patient was brought into the room, laid upon the bed, and ether administered. When the anæsthesia was profound, Esmarch's bandage was applied, a skin flap, oval, with convexity downward, was dissected up, the muscles were then transfixed, the knife being brought out at the juncture of the skin and the muscle, the periosteum was divided and turned back, the retractor applied, and the bone sawn through. The vessels were then ligated with carbolized whale tendon—the ends being cut short—the bandage was removed, and every bleeding point secured by antiseptic threads. I do not believe that more than two tablespoonfuls of blood were lost during the whole operation. After the hæmorrhage had been entirely checked, the entire wound was irrigated

with a hot solution of the bichloride of mercury, and thoroughly dried. The periosteum was turned down over the end of the bone and stitched. Two antiseptic decalcified bone drainage tubes were placed at the angles of the wound. Through the entire thickness of the skin and muscle, four stout, carbolized silver wires were passed, equi-distant, and were secured with leaden clamps. These I call "guys" and are effective in bringing the deeper tissues together; the ends of the muscular flap were then approximated with a number of points of gut suture, and finally the integument closed with between twenty or thirty similar stitches. Thus, it will be seen there were three flaps to be united: first, the periostial; second, the muscular; third, the integumentary; also the deep and strong wires passing entirely through the flaps, took off most of the strain from these flaps, should retraction take place. The stump was again washed, and thoroughly dried, and a stream of the weak bichloride introduced at one angle of the wound, through the upper drainage tube, and allowed to flow freely through the other. Then a small strip of protective was laid along the line of incision; over this, a few strips of antiseptic, salicylated india rubber plaster were applied; over this, a large and thick pad of borated absorbent cotton, enclosed in sublimated gauze, was laid. A second protective covering was placed upon the entire stump, and to secure the dressing an antiseptic roller was put on. The temperature of this patient never rose but once to 100; he never had one moment's suffering; he always (so soon as the anæsthesia had passed over) expressed himself as feeling "splendid," and sat up in his bed in a few days. Mark this one peculiar and important fact: The dressing was not removed for 16 days, and when it was taken off the entire wound, save an eighth of an inch, had healed by the first intention—sutures, ligatures, drainage tubes, had all disappeared. The only parts of the dressing remaining were the silver "guys" which were readily removed by a few snips of the scissors. From first to last there had been absolutely no pain, no fever, no repetition of dressing, no morphine, save for the

mixed anæsthesia, no cathartic, no tonic. This is a fair sample of the "Surgery of the Present." Statistics show for the pre-antiseptic days between 1843 and 1863 a mortality after these amputations of 43.5 per cent.; for the surgery of to-day 5.5 per cent.

We may now draw our comparison of the past with the present, and I venture the assertion that few upon reading the mere record of these cases, simple enough in themselves, would imagine the magnitude of the considerations involved in this investigation. The casual observer will certainly say "what a difference in result, how superior the new, how imperfect the old; how painful and prolonged is the former, how beneficent and painless the latter;" with this, further consideration would cease. But to the student of Surgical Science, the improved method which I have hastily detailed involves a combination of art, science and discovery, which has called forth the exertions of the best minds of the profession. The perfection and elucidation of the principles involved has only been arrived at by constant study, endless experimentation, indomitable courage, and patient investigation. The manual, or if I may so speak, the artistic parts of the operations, if dexterously performed, may be equal; but observe the difference in the results. The mere operator is satisfied that by such and such a method a given result is obtained; the scientific surgeon desires to know "the why and the wherefore." A man may propel a boat swiftly with the oar, or with the wheel and axle raise a ponderous weight, ignorant of all the laws of mechanics. A common soldier may be a good cannonier, while ignorant of the laws of trajectory or the lines of fire and aim. But it appears to me essential to the good surgeon, that he should know something of the literature and science that renders his art so brilliant and its results so incomparable.

First, in the comparison, we must give a few words to anæsthesia, the discovery of which marked the birth of New Surgery and a never-to-be-forgotten epoch in the history of the world. It is needless to speak here of the revolution occasioned by the introduction of anæsthesia—with

out exception the greatest boon given to suffering humanity—bestowed by God on man undergoing surgical operations. We who are daily accustomed to the safe abolition of pain by anæsthetics cannot begin to understand the horror with which surgical operations were regarded in the days of old surgery. Those who desire to read a graphic account of the suffering of mind and body undergone by a person previous to and during amputation, can find in the appendix of Prof. Simpson's work on Acupressure, such an account written by the patient, himself a physician.* It is an easy matter for us, to apply an ether cap, and with a knowledge of the process, its dangers, and its accidents, to carry a patient through a prolonged anæsthesia; but it is difficult for us to conceive the struggles of the experimentors, the days and months and years of toil that may have been spent in endeavoring to procure a public appreciation of this most inestimable boon, and to realize that one man at least fell a martyr in the cause of his discovery, and for years had no stone to mark the place of his burial.

To bring the comparison I am endeavoring to make more forcibly before you, let me ask a single question. What is the reason that in the one case, profuse and exhaustive suppuration took place, the wound healing by granulation, after many weeks, while in the other, in sixteen days the flaps were united? The microscope replies, "what I have seen, that will I tell. I have revolutionized the world of surgery in unfolding the pathology of the inflammatory process," and gentlemen, the answer is the truth. Consider with me for one moment the vast surgical area which is covered by and incident to inflammation. In the first case proceeding to suppuration; in the second to immediate union. This process belongs to, and follows every wound of the scalpel. No injury exists without it, because it is necessary to the repair of tissues; it is a factor in the production of nine-tenths of all diseases; it is the process adopted by nature to build up; it is an effort of disease to break down. It is a paradox,—hard to under-

* Acupressure, a new method of arresting surgical hæmorrhage and of accidents in the healing of wounds, by T. Y. Simpson, M. D., F. R. S. E., pp. 566.

stand because it kills and it cures. It is a process by which life is restored, and is a method by which death is induced. The surgery of to-day, gentlemen, understanding the process can draw the line between the inflammation which kills and the inflammation which cures. The mass of facts that have accumulated on this subject would consume for their elucidation, more time than is allowed for an entire course of lectures from October until April, and even then it appears to me from the endless diversity which has been given to the investigations, only a cursory glance could be obtained of their magnitude. Let me merely skim over a few of these facts which embrace the discoveries of Williams, Addison, and Waller, regarding the arrangement and adhesive properties of the blood corpuscles; they cover the experiments of Goodsir on the glands of Pyer, and Redfern on the endogenous germination in cartilage. They open to the astonished gaze of the student the researches of Virchow and his followers in the establishment of the school of Cellular Pathology which dazzled the surgical world with its brilliancy and held unbroken sway, till Conheim in 1867, through studies on the cornea stained with gold, denied the genesis of pus from subdivided cells, and with Recklinghausen, Stricker and Billroth stood amazed and bewildered beside their powerful lenses, as they timed by minutes and by seconds the passage of the ever restless leucocyte, as with the insinuating movement of the amœbæ, it silently, as a spiritual essence emerged from the walls of the capillaries, leaving no trace, no rent to mark the spot from whence it came, steadily and gently moving onward on its mission of repair.

Still more, the simple cases which I have related, indirectly tell of the labors of Waldeyer and Weber on the action of inflammation on muscular tissue; they show in part the researches of Lionel Beal in germinal pathology, and finally compel the student, for a proper understanding of the subject to study the movements of the blood corpuscles, acting under stimulus, as seen by Wharton Jones, Simon and others, together with the results arrived at by Bennett, Jones, Burden Sanderson and Formad. And as the stu-

dent reads and ponders on this wondrous process of healing and the different methods of repair, another explanation born from the experiments of Stricker, stands prominently before him in the retrograde metamorphoses of tissue, demonstrating the formative power of the leucocyte in the one instance, as it repairs the broken tissues, and in the other its return to its embryonic condition in the destructive processes of suppuration, ulceration and death. Nor does the study which has developed these apparently simple methods of operating, dressing and healing of wounds end here. It embraces all that is known of the mysterious action of the inhibitory nerves, and reveals the prolonged and arduous studies of Waller, Budge, Vulpian, Ludwig and Theiss, by which we are enabled to comprehend the divided stream of power belonging to the vaso motor system, and recognize those great centres which dominate the constrictors and control the blood pressure. With the rapidity of thought, through the different nerves, from periphery to centre flies the information that the body has been attacked, the head centre (in every sense of the word) taking immediate cognizance of the injury and ever mindful of the welfare of his domain, with the speed of lightning sends back by the different channels the command to expel the invader from nature's citadel. The orders to the outstanding capillaries are peremptory, and follow each other in rapid succession. They are: "contract and increase the blood flow; expand for stasis; forward leucocytes; invade the trenches made by the enemy; repair the breach; cicatrize." By nature's orders, the martialled leucocytes march on to battle with the invader, hundreds and thousands falling dead by the wayside to be carried off with the debris of the conflict.

I have thus endeavored in the briefest possible manner to point out the gradual steps of the evolution of the surgery of the present out of the famous and brave old surgery of the past, and to pass in review some of the more important changes in opinion and practice, that have been produced by the vast labors of many scientific men; but when I say to you, gentlemen, that with all this we are

but half way through the lessons taught us by the details of the two amputations I have given, I am within the bounds of moderation. What I have stated has thus far related to the processes going on in the living tissues of the stumps. We have yet to consider the methods of dressing, or the powers operating within the inanimate coverings of the wounds. You will perceive at once the new field that spreads before us. It opens up the whole system of antiseptics, disinfection and the germ theory of putrefaction; it brings before us an array of names famous in biology, bacteriology and histology; it details thousands of experiments made by distinguished scientists in all parts of the world and unfolds a page of controversy in surgical literature than which none has been more bitter, none more obstinately conducted, none more rigorously contested, and none more personal in its character.

The results thus far arrived at from the scientific understanding of that process which is present in all surgical operations necessarily render the operator of to-day a bold man indeed, and it was my intention when beginning this lecture to point out to you, at least, a portion of what modern surgery has done in the operative field, but I have even now overrun my time. I could occupy your attention for hours still with the novel surgical performances of the present, and could refer in this place to the thousands of new instruments, which have reduced almost to a state of perfection certain operative procedures. The catalogues of the instrument makers, the pages of the medical journals, and the new works on surgery bear witness to the inventive genius of the surgeons of the present century, especially those of America, in combating emergencies, and accomplishing hitherto unknown surgical exploits. To these you may refer at your leisure, but I must in simple justice to my subject, mention four appliances, introduced within my own memory, and essentially belonging to the Surgery of the Present, which as aids to diagnosis, and assistants in the practice of surgery stand superior in my judgment, to all others.

I allude first to the aspirator of Dulafoy, which, fore-

shadowed by the *pyuclon* of Galen, can and does frequently settle points of diagnosis, in which an error might involve a human life, and allow us to explore and empty and refill cavities hitherto almost beyond the reach of men.

The second appliance, is the elastic bandage of Esmarch of Kiel, that not only prevents immense blood waste, but enables the operator to clearly see what he is doing, and to observe the extent and the character of the disease on which or for which he operates, gives him time to carry to a state of completeness and perfection certain operations which would be impossible without it, and enables him to cure, by its judicious application dangerous diseases which otherwise would certainly be subjected to the knife.

The third instrument of importance is the Thermo-Cautery of Paquelin, standing foremost among artificial hæmostatics, especially in those operations in which the Esmarch cannot be applied; it is especially serviceable in cases where adhesion is desired and bleeding controlled; in opening deep abscesses, in operating for supra pubic lithotomy, in tracheotomy, in amputation of the tongue and for touching bleeding points in various exposed surfaces, it has proved efficacious in the hands of many surgeons, and has no superior in the armamentarium.

In bringing the fourth and last appliance before you, I do so with the wish to honor a great man in surgery, one whose love for his profession, whose indefatigable perseverance and manual dexterity have scarcely been equalled, and whose genial nature and tender sensibilities were scarcely fitted to sustain the continued struggle that he underwent in this city while endeavoring to erect a hospital, wherein woman, suffering from the diseases (the treatment of which he had by his own unaided originality and perseverance brought to perfection) could be sheltered and cured. I allude to J. Marion Sims, and the instrument is Sims speculum, which now is employed in every quarter of the globe, and upon which rests at least one-half of the extensive structure of the Gynecological Surgery of the present.

Men all over the world, as well as in this city to-day, who

are enjoying the advantages of great reputation, extensive and lucrative practices, and high places in the colleges, are apt to forget that without the use of the speculum they would be unable to accomplish at least one-half of those surgical exploits which place them on their present pedestal of eminence. Deprive gynecology of the speculum of Dr. Sims, take away his silver sutures, and a great portion of that mighty structure, so solid in some of its walls, so flimsy in others, so immensely overdone in one portion, and so plain and substantial in others, would crumble into dust.

With a knowledge of the use of the new instruments, with the wisdom that teaches the proper application of that knowledge, and with a self reliance engendered by experience, the question to be considered in conclusion, is not what the "Surgery of the Present" *can* do, but what it cannot accomplish. We know that by studying the convulsive action of certain muscles in the extremities, the surgeon can learn upon what spot on the calvarium to apply the crown of his trephine. This localization of power belonging to certain cerebral convolutions, will ere long rescue the operation of trephining from the distrust and disuse into which it has fallen, and restore it to the position it occupied among the ancient Peruvians. Brain tumors are now removed—and the ventricles aspirated.

The eyes of man may be enucleated and those of the inferior animals inserted into the cavity and made to grow in their new position. Noses of any shape, Grecian, Roman or æsthetic can be constructed out of foreheads and arms, and fingers and lips manufactured from chins and from cheeks.

The entire organ of voice may be cut out, and a tubular vocal box inserted in its place, in which tones metallic and resonant, flow clearly and distinctly. The entire tongue may be amputated, and yet the patient, (especially if she be a woman,) will talk on. A patient with a heart-sac full of water, struggling for life at every respiration, gradually feels himself lifted from darkness and death to light and life as the fluid is drawn from the centre of the circulation through the capillary needles of the aspirator.

You will scarcely credit the fact, when I tell you that a portion of the lung has been resected by Prof. Kroenlein of Zurich, and the patient recovered, and that from the experiments on animals, this operation is by no means fatal. Out of fifty-seven cases performed on animals thirty-five recovered; of twenty-three cases in which the right lung was removed twelve survived. In thirty-four cases in which the left lung was removed, eighteen recovered, and in the three cases in which portions only of these vitals were cut away, all got well. Here is certainly a new departure, cut away the lung, the patient recovers, and thanks God and the surgeon for the remaining air cells.

Down, like the miner's lantern into a coal shaft, goes the electric light into the stomach of man, what is seen in that mysterious cavity, where such unearthly combinations are placed, arranged and distributed three or four times in every twenty-four hours, I cannot be expected to describe, except that the processes are accomplished with order and precision. The stomach itself has been cut in half and stitched together, and digestion carried on; and four or five feet of the intestinal coil has been removed from a woman four months advanced in pregnancy, she perfectly recovering and giving birth to her baby at full term.

There is comfort for the afflicted in such cases as these, and happiness in store for the bilious and sallow complexioned swallower of "little liver pills," in the appreciation of the fact, that his gall bladder can be cut out without trouble, and his painful gall stones crushed and evacuated, and yet he may live on comfortably. Your spleen can be extirpated, and with the exception of a temporary increase in leucocytes you can enjoy good health, and your kidneys, (if they do not require removal, which little operation may be readily accomplished) may at any moment be pinned to your backbone to prevent their unseemly migration through the intricate by-ways of the abdominal cavity.

The entire uterus with both ovaries can be removed, and a woman lead a happy and *virtuous* life; indeed, both ovaries may be removed and conception take place. Does not

this upset all the old fashioned notions of menstruation and ovulation?

I need not go further on this subject. I could refer to the relation of the Y ligament to dislocation and reduction by manipulation of the hip; to nerve stretching; thyroidec-tomy, litholapaxy, excision of the rectum, the removal of bladder neoplasms and a hundred other wondrous operations, capable of performance by the Surgery of the Present.

From the little I have been able to say to you this evening, I trust you will at least begin to appreciate the magnitude of your calling, and the immensity of the study of the different departments of medical science. So mighty and colossal are these studies that they give tone and magnificence to the age in which we live, an age so resplendent with discovery and investigation in surgery, that when compared to the years that have gone rises so majestically prominent, that the institution of a comparison between the new and the old can only be accomplished by mature study and reflection, and what is more surprising is the fact that each degree upward in the scale of surgical progress is marked with increasing rapidity, that an estimate of averages will give to this age over those that have passed away an immense preponderance, and that if there be no impediment to this onward march we may most naturally suppose, that how far soever the Surgery of the Present stands in advance of the Surgery of the Past, just so much greater, in exact proportion may the Surgery of the Future, rise superior to the Surgery of the Present.

[“The Surgery of the Present” and “Listerism” by Dr. Bell are in our opinion the two most important contributions to surgical literature which have appeared in 1889. The “Surgery of the Future” will be pre-eminently the Surgery of Cleanliness—aseptic surgery—modified by a better hygiene, better dietetics and a better applied Homœopathy.—ED.]

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.

THE TEACHINGS OF THE ORGANON.—In a private communication in relation to the article “Hahnemann’s Organon” (page 273, October number) Dr. Diederich says: “If you can show the method to demonstrate all the teachings of the Organon as clearly and conclusively as we know how to demonstrate the Law of Similia, by all means do it, and you will gather the whole flock of homœopathic lambs into one fold. Facts, and only facts, are of any consideration to the true Homœopathist.”

* * *

When Hahnemann promulgated his great discovery to his medical brethren they were all allopaths together, and all he asked was to put the law of similars to the test of practical experience and publish the failures to the world. Hundreds of allopathic physicians have embraced Homœopathy, but not one in a thousand has honestly made this practical test, as directed by Hahnemann, without becoming convinced that the law was a verity.

* * *

This method, and this alone, will demonstrate the truth or falsity of similia and its claim to be a law of nature. The Organon teaches how to successfully apply the law in

the cure of the sick, and the highest success in practice cannot be obtained without the practical application of its teachings; and the practical test proposed by Hahnemann will alone demonstrate "all the teachings of the Organon clearly and conclusively."

* * *

Dr. Diederich has divided the contents of the Organon into *essentials* and *non-essentials*. The *essentials*, we infer, are the parts he has put to the test and verified by practical experiment. One half our homœopathic physicians have not verified as many as he, consequently to them many of these are not considered "essential." Every Homœopathist who has put the "non-essentials" to the practical test has found them equally true and equally "essential." All that remains is for Dr. Diederich to put the "non-essentials" to the same test, and our word for it, they will become not only "essential" but *indispensable*. Facts are what we are in search of. The doctor believes only such as he has verified by practical experiment; and so does his allopathic brother.

* * *

"AS ITERS SEE US." In the October issue of the *Medical World* (Philadelphia) the editor reads the members of the American Institute a lecture on the rejection of the resolution requiring all "applicants for membership [not all members] to be believers in and practitioners of Homœopathy." It is certainly a timely and fitting rebuke and if the pill be bitter we must swallow it like "little men and women." The board of directors of the hospital referred to, who not only "really *thought* [but actually *knew*] there was a science of Homœopathy," were honest in their belief, honorable in their action and firm in their convictions of duty. They insisted that "purely homœopathic remedies," and those only in their potentized form, should be used in a hospital devoted to Homœopathy, and a success hitherto unknown has rewarded their devotion to principle. With Henry Clay, we would rather be right than be president.

At the meeting of the National Institute of Homœopathy, held at Lake Minnetonka, Minn., a resolution was offered requiring all

members of the Institute to be believers in and practitioners of Homœopathy—in fact, to practice what they profess. This resolution was voted down by a vote of seventy-six to thirty-four.

In this city, a few years ago, the entire body of visiting physicians to one of the homœopathic hospitals revolted because the board of directors (non-professional people who really thought there was a science of Homœopathy) wanted to restrict the said physicians to the use of purely homœopathic drugs in the service of the hospital. Show this to any bright young man who wants to engage in the study of medicine in its broadest scientific aspects, and not in the study of a dogma, the disciples of which, having tried it and found it unsatisfactory, are rapidly abandoning its foundation principles.

If further proof is necessary, one has only to consult the druggists, who sell almost every article in our materia medica to homœopathic physicians; or, to go further and consult the advertising pages of homœopathic journals. If it didn't pay the manufacturers of drugs to advertise to homœopathic physicians, they would soon quit it. The sum of the whole matter is that we think, as we have so often said before, that the title "physician" is quite dignified enough for any one, without any dogmatic restriction, and that it comprehends enough to let its bearer range throughout the entire domain of medical science. We do not object to an honest, faithful homœopathic physician; but to one who poses before the people as a Homœopath and practices on his confiding patients anything he happens to pick up. We do not like to see medicine cure the patients and Homœopathy get the credit.

* * *

A SECTARIAN.—"I am a sectarian in medicine; by creed a Homœopath, and yet I hope a physician." Brave and cheering words, fitly and timely spoken. An eloquent and manly defense of the Homœopathy of our fathers was the annual address of Dr. Helmuth before the New York State Society; and it struck a responsive chord in every Homœopath and every journal of our school. But it did not please the editor of the *New York Medical Times*. Having "hauled down the flag" and taken up his position astride the fence, neither he nor his factotum could see it in that light. They have assailed the address both in "leader" and editorial, and have even tried to drag Dr. Comstock into the breach; but his vigorous reply proved that he, like Helmuth, was a sectarian.

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.

DOUBLE REMEDIES.

EDITOR ADVANCE: In a private letter to you in May it seems I rather unwittingly started the ball rolling against "Double Remedies." I have been pleased to note the feeling against such practice from a homœopathic standpoint and am glad so many are in earnest in this matter. I believe there are few who question the action or probable value of these remedies, and all who are Homœopaths at heart are opposed to having this kind of a 'pathy drafted into the grandest school of medicine ever brought to the aid of the sick and suffering.

To-day I have read an article in the October ADVANCE in defense of the author of "Double Remedies" from my friend in Chattanooga, and in the same mail came a reprint from Parke, Davis & Co., "Arsenite of Copper as a Remedial Agent." Had this paper come to me without the author's name, under its title, I should never have questioned the probability of its having originated from the same fertile brain that has given us "Double Remedies." But when we see that the paper on Arsenite of Copper is written by a professor of an old school college in Philadelphia, it is enough to make us stop and consider where we are.

There are many things in this paper on Arsenite of Copper that seem almost incredible. In the first place let us notice how it is prepared for medical use: "To one part of Arsenite of Copper in fine powder, a sufficient quantity of sugar of milk is added, and trituration begun; additions are made of sugar of milk, trituration being continued, and

sugar of milk added sufficient to make the quantity up to one hundred parts. One grain of this trituration, therefore, contains one one-hundredth grain of Cupric Arsenite (right you are, it's the first centesimal) and for all practical purposes this method of preparation is sufficient, as a single grain will readily dissolve in water, and the division into small doses is thus more conveniently secured. When desired, this form of powder may be prepared in the form of tablets, containing one grain each, by which each tablet is made to contain definitely one one-hundredth grain. * * * * A single tablet containing this amount should be dissolved in from four to six ounces of water, the dose of the solution being a teaspoonful. (!!! ??? *** ††† Now where are we?) The quantity thus prepared will be sufficient for from thirty to fifty doses."

And now let us see what this remedy is used for: It seems to be regarded as a specific for diarrhoea, with intestinal pains; great thirst; restlessness; weariness (our *Materia Medica* says *exhaustion*); skin sallow; stools yellowish and slimy; nausea and vomiting; languid; supra-orbital neuralgia, etc.,—apparently incipient typhoid fever.

What a picture this all is, and how it calls up old recollections! How long would it take one of our homœopathic medical students to prescribe for a case that presented two-thirds of the above symptoms; and what would he give? By referring to a book published many years ago by Humphrey of New York City, I find that homœopathic potencies of Arsenic, Cuprum and Veratrum are mixed together, and pellets medicated with this mixture. This preparation is labeled a specific for "cholera morbus, cholera, nausea and vomiting."

* Again let us ask, where are we? If any one can tell the difference between the authors of "homœopathic specifics," "Arsenite of Copper as a Remedial Agent," and "Double Remedies," then he has fine discrimination. And yet one was a quondom Homœopath, the other a professor in a reputable allopathic college, while the third is yet considered a peer in the homœopathic profession to-day.

H. P. HOLMES, M. D.

THE PHYSICO-CHEMICAL SCHOOL.

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

Professor Karl Ludwig of Leipsic, who lately received the high distinction of the Order *pour la merite*, is one of the most eminent physiologists living. He is the chief authority on the pressure and motion of the blood, and shares with Du Bois-Reymond, Brücke, and Helmholtz, the glory of having freed physiology from the theory of vital force, and of having founded the physico-chemical method.—*Lancet*, June 22, 1889.

This is a curious statement. Not the newly created knight of the order "*pour la merite*" alone has the merit of "freeing physiology from the theory of vital force," nor is he guilty of having "founded the physico-chemical method." But, as the *Lancet* should gratefully remember, to such men as Moleschott, Lehmann, Schiff, Valentin, Carl Vogt, and a host of other physiologists in and out of Germany who have waged a deadly warfare against that never-dying vital force on the physico-chemical method, belongs equally the glory which the *Lancet* heaps upon one and the latest celebrated head of that school.

And is poor old physiology really dead? And has the celebrated German professor really rid it of that nuisance of a vital force, which cannot be discovered even by the physico-chemical method? Dreadful! What a pity! And it is not physiology alone which is killed; for it seems, out of revenge it must necessarily kill "one of the most eminent physiologists" too, who clearly commits suicide in cold blood when freeing physiology, to which he owes his living, from the vital force. But, if his immortal spirit leaves the dead body of physiology, it survives in the glory of Pathological Anatomy, on the physico-chemical method. This is very sad to contemplate. How could he do it, knowing of what enormous value physiology had been to the allopathic brotherhood, when it despaired in view of the success of the Hahnemannian heresies? Did it not found the much renowned physiological school of nihilistic tendencies in order to be more homœopathic than Hahnemann himself, for if he recommended his infinitesimals, this school recommended to give nothing? And what will

now become of this famous school, if physiology itself, upon which it is based, is deprived of its most important element, Life?

Very simple. It also according to the shining example of one of the most eminent physiologists, commits suicide, and turns up again as the Physico-Chemical School. It, indeed, long ago has taken steps in this direction. Since they are no more hampered by the life-force, formerly playing such an important part in the physiology of man and beast and plant, the vivisections came in very handy. Such slow creatures as frogs, rabbits, dogs, cats, guinea-pigs, etc., could be cut up alive, for they were created for that learned purpose, and there being no life-force anymore acknowledged in physiology, and hence the life of the animal being of no consequence to them, why should they not do it? Nay more, vivisection is actually practiced now-a-days just as well upon man as on beast, because there is no life-force in the organism upon which the physico-chemical method could be applied to the advantage of the operator.

The doctrine of Bacterianism likewise strengthens their scientific position on the physico-chemical method. It is very clear and simple. After the body dies, according to this method, the vermin eat it and there is an end of it. Now, they have discovered that everywhere present bacteria in infinite varieties eat it already, piecemeal during the time when the body is yet subject to the physico-chemical method. Then is plainly the rejection of the theory of life-force correct, for what is the use of it if it cannot ward off the ubiquitous bacterium, one for each organ of the body?

And here we meet the first inconsistency in the theory of physico-chemicalism. For the unexpected happens, and in order to meet these enemies successfully, they use them as medicine, treating them in a similar manner as Homœopathy potentiates its remedies, and giving or inoculating them in a naturally selected attenuated form. Thus according to the homœopathic principle, like cures like, bacterium is killed by the similar bacterium in a higher genera-

tion. And here, unexpectedly, the glory comes in for the by them, utterly despised homœopathic doctrine. But, what would Hahnemann say to such Homœopathy? Would he swallow such a bacterian camel?

If the physico-chemical school will read Hahnemann's works they will find the answer to this question.

"*Difficile est Satyram non Scribere*" says the old Roman. We confess that we found it very easy in view of the ludicrous aspect of "our friends the enemy." The higher potency of the healing art and science which Hahnemann has given us lays the obligation upon us to continue his work untarnished and progress unabashed by the unphilosophical vagaries of the physico-chemical school. To be sure, its adherents are capital workmen, excellent experimenters, indefatigable searchers for all the dirty things in human and animal nature.

"In jedem Dreck begräbt er seine Nase," but they just as surely lack the skill of correct philosophical treatment of the facts which they pile up mountain high.

Glory!!! Remember John Brown who was murdered in his effort to abolish slavery. How long before the hundred thousands marched to his song against his murderers?

"John Brown's body lies mouldering in his grave,
But his soul is marching on,
Glory! Glory! Hallelujah!"

And so physiology which cannot be deprived of its soul, the life-force, is marching on to greater glory than the physico-chemical method can afford.

HOW SHALL WE DESIGNATE THE ANTI-HAHNE- MANNIANS?

A. M'NEIL, M. D., SAN FRANCISCO.

I positively disclaim any desire to affix to those with whom I differ in my medical creed any opprobrious epithet, but only to prevent confusion by giving them a name which clearly defines their views as stated by the leaders of the party and accepted by the rank and file.

It is surely unnecessary for me to quote from the writings of Hahnemann, to show that he, the inventor of the word Homœopath, never intended it for those who differed essentially in theory and practice from that which he has so clearly expressed in the Organon. But at the present time those who oppose him being in the majority assume the title of Homœopaths and his devoted followers are compelled to adopt another name, that of Hahnemannians; and however proud we may be of being thus designated, we prefer the term which Hahnemann gave only to those who believe in his precepts and adopt his practice. It is unnecessary to show all the points of difference; they are well understood by both parties. I need only say that those who are not Hahnemannians say they believe in the law of the similars, or as they prefer to express it, in the "method" of the similar; but they say that it is not the only "method," that there are others now known and that others may yet be discovered. So they believe in the homœopathic, the antipathic, the allopathic, and perhaps other methods, using those terms as they are employed in the Organon. Therefore those who believe in one law of cure, the law of the similars, I would designate Homœopaths, those who believe in more than one "method" of cure, Polypaths.

NUTS FOR THE POLYPATHS TO CRACK.

A. M'NEIL, M. D., SAN FRANCISCO.

I translate the following from Jæger's "Die homœopathische Verdünnung im Lichte der täglichen Erfahrung und der gesunden Menschenverstands." (The Homœopathic Dilutions in the Light of Daily Experience and Common Sense.) I challenge all Polypaths to refute the points made. I am of opinion that if they fail to do so they should hereafter hold their peace about the inefficacy of all potencies in which they have failed to find matter i. e. all above the 10th dec. If they want more like these, the above mentioned work is full of them.

“The essential part of the trail (spur) is something perceptible to the sense of smell, a peculiar matter belonging to the individual. And how much of it? Nothing else than an *extremely minute*, in fact a *homœopathic dose*? And how minute is the quantity of this matter which a man produces! Of it only an extremely minute portion adheres to the soles of his boots. Of this again only a much smaller part is given off to his tracks. And how small this must be when the supply on the boots suffices to give off to each step, and that to the last one, when a man walks all day. (In a day he may walk 50 kilometers containing 60,000 paces). And further, if this matter were not volatile a dog could not smell it, and in everything that is volatile there is a constant decrease of quantity. The tracking animal follows the trail not only after hours, but if rain or snow has not fallen, even after several days; that means after a time in which the first already infinitesimal quantity has lessened to an extraordinary degree. Finally, the trailer does not use all the infinitely small quantity that adheres to the steps, but that suffices which he carries off in his nose which, is only a minute portion of that which remains. If that is not a sufficiently high homœopathic dilution then I do not know what is. And again is it not a homœopathic high potency of the specific human matter, which a deer receives into his nostrils when he scents a man who is a thousand paces to the leeward? When a thirsty camel in the desert at a distance of dozens of kilometers smells the water in a well, is there not a homœopathic high potency at work?”

BEDSIDE EXPERIENCE.

EDITOR ADVANCE.—Will Dr. Noble allow me to suggest another maxim: When the low potencies fail, don't be afraid to prescribe Sac. lac.! It is very proper to appeal to clinical experience, but we must be careful about our deductions.

Dr. Noble gave us four cases (September ADVANCE) in proof of the curative power of high potencies, but none

of them (except, perhaps, the last one) proves anything of the kind.

Let me illustrate: This season we have had many cases of "malarial fever." I am called to a case and find a temperature of 103°. I give the indicated remedy every two or three hours for two or three days and find on the fourth day, perhaps, that the temperature and pulse instead of falling are rising and the other symptoms are worse. A careful review of the case convinces me that I am giving the simillimum—what shall I do?

I might give a higher potency, but I conclude to give blanks. Next day I find my patient decidedly better in almost every particular.

Now, if I had given a high potency I might have concluded that *that* did the work.

Cases I, II and III had been, apparently, over-dosed with the right remedy and very likely needed Sac. lac. more than the high potency.

Now, if you think I am a regular fault finder I will mention that about the first time I ever dared to give a prescription of the thirtieth the result made a convert of me to the belief that there was curative power in the high potencies, and yet it would not now be anything more than circumstantial evidence for the reason that I had given the third to the same case for a length of time without a sufficient interval between it and the thirtieth.

My experience in such cases leads me to value Sac. lac. very highly, and if I give a high potency immediately after discontinuing a low, generally I do not know which cured.

Abundant experience in this particular teaches me that there is such a thing as repeating the remedy too often, or giving too much, so that we can only get the curative effect by discontinuance of the remedy, or giving a high potency, (which, to some, means the same thing). Will Dr. Noble try again and give us some cases in which there is no room for doubt.

A. F. RANDALL.

PORT HURON, MICH.

New Publications.

PSYCHOLOGY AS A NATURAL SCIENCE APPLIED TO THE SOLUTION OF OCCULT PSYCHIC PHENOMENA. By C. G. Raue, M.D. Philadelphia: Porter & Coates, 1889.

Beneke's psychological work has long been known to students of psychology as very suggestive and helpful. While his work in this direction has not had the influence in Germany that Herbart's psychology has exercised, it stands in the next rank with one or two other names. Dr. Raue was his disciple, and as long ago as '47 he published, in German, a popular account of Beneke's psychology. Beneke's psychology forms the backbone of Raue's book. To it have been added two parts, one dealing with recent investigations and discoveries in physiological psychology and the other with the application of the strictly physiological principles to the elucidation of occult psychical "facts"—thought-transference, hypnotism, somnambulism, second-sight, telepathy, etc. Beneke's main views are well known, but it may be useful to sum up a few of them. All mental action is the interaction of physical stimuli, and certain primitive physical forces. These forces are not powers or faculties possessed by the soul, but are the very essence of the soul. These forces are called into activity by the physical stimuli, and from this interaction, under the government of two main principles, result all the phenomena of consciousness; neither the primitive forces nor the stimuli being conscious in themselves. The two principles, just spoken of, are retentiveness and attraction of similars. According to the former, no activity of a primitive force can occur without leaving a modification of the primitive force—a "vestige." These modifications exist in a latent state. All vestiges which are like or similar to each other so unite as to form one aggregate—this is the principle of attraction of similars. From the compounding of like vestiges consciousness arises, and the greater the number of like vestiges, the clearer the consciousness. Each new stimulus, as it arouses and modifies a primitive force, brings all like vestiges, previously acquired into a state of action like that which they had in their original formation, just as a vibrating string causes other strings of the same tension to vibrate. Consciousness is thus an excitation or motion of aggregated vestiges through new similar stimuli. The coming into consciousness of ideas without any external stimuli is accounted for as follows: The primitive forces are mobile. Like all living matter, they are constantly active. If one of them excites some modification fixed by previous action, it stirs all similar vestiges also, and thus brings an idea into con-

sciousness,—this is involuntary recollection. There is also an action on the part of those primitive forces which have never been modified by external stimuli, and these, during rest or sleep, bring new products to consciousness. This is Beneke's explanation of what Carpenter called "unconscious cerebration." Beneke goes on to account for judgment, reasoning, and willing, by further elaboration of these same principles, without calling in any new principle or force.

In the physiological portion, Dr. Raue gives an excellent popular summary of the present state of this important branch of the science of psychology. He relies quite largely upon Dr. Beale; regarding the value of whose alleged discoveries, however, the authorities do not agree. Dr. Raue's final conclusion, that the brain and nerves are *conditions* for the display of mental phenomena, while the *cause* lies in the psychical forces which constitute the soul, seems to us judicious.

The criticism that will be passed upon his application of psychological principles to occult phenomena, does not concern so much the application, as the reality of the facts themselves. Dr. Raue seems to make no doubt regarding the facts, thinking that the only point is to explain them. But most will think that there is yet one thing needful—to establish the alleged facts, as facts. The weakest portion of the book seems to lie in the uncritical and miscellaneous use of authorities who have not succeeded in establishing their authority among scientific men. When describing mesmeric phenomena—which under the modern name of hypnotism have acquired a scientific status—he refers to Mesmer, Van Helmont and Kilsner, rather than to the modern German and French investigators. It should be laid down as an axiom in this department, that nothing over ten years old should be quoted as authority, unless it has been repeated and verified by a modern scientific investigator. Dr. Raue's reliance upon magic mongers is the only defect in a book otherwise learned, suggestive, and always lucid in statement.

J. D.

A TEXT-BOOK OF ANIMAL PHYSIOLOGY. With introductory chapters on general biology and a full treatment of reproduction. By Wesley Mills, M. A., M. D., Professor of Physiology in McGill University, Montreal. With over 500 illustrations. Pp. 700. New York: D. Appleton and Company, 1889.

This work will be gladly welcomed by every student of physiology. In the consecutive order of arrangement the work is unique and original; the comparative method being for the first time introduced in a treatise on human physiology. The author says in the Preface: "The comparative method, the introduction of the teachings of embryology and the welding principles of evolution as part of the essential structure of zoölogy, may be said to

have completely revolutionized that science; and there is scarcely a text-book treating of the subject, however elementary, which has not been molded in accordance with these guiding lines of thought. So far as I am aware this cannot be said of a single book on the subject of physiology. Feeling, therefore, that the time had come for the appearance of a work, which should attempt to do, in some degree at least, for physiology what has been so well done for morphology, the present work was undertaken."

Hitherto, each physiological subject has been taught to a large extent, in a separate chapter, and the medical student unless well grounded in general biology is apt to imbibe the idea that each physiological function is carried on in a semi-independent manner. This teaching naturally leads to the consideration of independent functional derangement of organs—sick physiology or diseased organs—instead of that broader view of the absolute dependence of every part on the whole. The author takes cognizance of this faulty method of teaching for he says, "unless the absolute dependence of all parts be thoroughly infused into a student, it is impossible that he can ever understand the wide world of natural objects or the narrower one, the unnatural, as seen in the hospital ward."

Neither physiology nor pathology are recognized as sciences, fixed or perfect. They are constantly changing with every new discovery, and "until our laboratory methods become more perfected, the comparative method more extensively applied, and conclusions drawn from experiments modified by comparison with the results of pathological and all other available sources of information, I feel convinced that we are called upon to teach cautiously and modestly." Taken all in all this is one of the best and most practical works on physiology yet produced. The publishers also, have left nothing undone to make it a complete work, for it is not only well printed, but beautifully and elaborately illustrated, and nothing adds more to the usefulness of a work on physiology.

ALDEN'S MANIFOLD CYCLOPEDIA OF KNOWLEDGE AND LANGUAGE. Vol. XV. Fluctuate-Galvanism. New York: John B. Alden. Pp. 634, 1889.

This volume includes the titles from Fluctuate to Galvanism. Following the same general lines as its predecessors, it is, in some respects, a marked advance upon them in solid worth, and in the large number of practical topics which are created, as well as the thoroughness and accuracy with which they have been handled. There is also the same thorough treatment of scientific matters and of the more abstruse subjects. Other publishers have demonstrated the possibility of making costly and elaborate cyclopedias which are invaluable for professional men, but above the range of

ordinary life. Alden has shown, in the *Manifold*, how to make for a low price a cyclopedia which shall serve the needs of the great majority of scholars and also be especially suited to meet the everyday wants of the masses of reading people. The merchant, mechanic, farmer, gardener, and laborer, as well as the student and the college graduate, can here find a vast amount of valuable information. Among the thousands of topics treated in this volume, we notice that Food and Drink have 9 pages; Force, 12 pages; Fruit, 13 pages; Fuel, 6 pages; Fungi, 5 pages; Galvanism, 35 pages. There are also biographies of Rear Admiral Foote; Archibald Forbes; Benjamin Franklin; General John C. Fremont; James A. Froude; Robert Fulton; Galen; Galileo; and many other eminent men. The pronunciation of the words is another prominent and useful feature—especially in the case of proper names. It will be sent by mail *prepaid* for 60 cents a volume in cloth or 75 cents in half morocco binding, or the entire 15 vols. now ready, if ordered at once, are offered prepaid, in cloth binding for \$7.40, or, in half morocco, for \$9.65. A sample volume may be ordered and returned if not satisfactory.

DISEASES OF CHILDREN, MEDICAL AND SURGICAL. By Henry Ashby, M. D., London, and G. A. Wright, M. B., Oxon. Octavo: Pp. 681. London: Longmans, Green & Co., and New York, 15 East 16th-st. 1889.

The preface says: "The present work is intended to give to senior students and junior medical practitioners a fairly complete, though necessarily condensed account of the various morbid conditions peculiar to or chiefly found during infancy and childhood."

The work is based on hospital experience, conjointly written by a physician and surgeon and well illustrated, largely from photographs of their own cases. The history and description of disease are brief, crisp, concise, and yet sufficiently clear to be practical; but we cannot say that there is anything advanced in either medical or surgical treatment. For instance, in *Cancrum oris*, a generally acknowledged constitutional affection, "the treatment consists in the free local application of the actual cautery, or better, of pure nitric acid." This was done fifty years ago, and can scarcely be considered up to the times. The publishers have given us a handsome book, barring the uncut leaves, as on this side of the Atlantic we are too busy to take time to cut them.

SEXUAL ACTIVITY AND THE CRITICAL PERIOD IN MAN AND WOMAN. By Dr. Louis de Séré, Paris.

Dividing the term of life of man and woman into different stages, designated as the first and second infancy, adolescence, puberty, sexual activity, the critical period, old age, and decay, Dr. de Séré has supplied a scholarly treatise setting forth his theory regarding the two periods, sexual activity and the critical period,

with a view to demonstrating that although these stages in man and woman have some different characteristics, there is good reason to believe that the periods in both are equally well marked and indicate a clearly defined physiological similarity. The existence of a sexual equilibrium, and his theory regarding the method of its maintenance, is introduced as indicating the natural tendency to a physiological similarity. Believing that the existence of a critical period in man could be demonstrated in fact, as it had been in reason, the distinguished writer has been engaged for many years in seeking for characteristic evidence of it and deems the data which he offers as fully corroborating his theory. His conclusions convey a graphic description of the decline of life and the attendant phenomena connected with the waning of sexual power, and the whole brochure, which is included in thirty-two pages of the September issue of *Wood's Medical and Surgical Monographs*, is an exceedingly valuable contribution to science, and an interesting literary production, whose brilliant style has been well retained in an able translation.

THE SEPTEMBER NUMBER ALSO CONTAINS:

- Congestive Neurasthenia. By E. C. Whittle, M. D.
 The Art of Embalming. By B. W. Richardson, M. D.
 The Etiology, Diagnosis and Treatment of Tuberculosis. By Dr. H. Von Ziemssen.
 Psycho-Therapeutics, Hypnotism. By C. L. Tuckey, M. D.

THE OCTOBER NUMBER CONTAINS:

- The Influence of the Male Element upon the Female Organism. By John Brown, M. D.
 The Internal and External Temperature of the Body as Modified by Muscle Kneading. By A. S. Eccles, M. B.
 The Diseases of the Breast. By Thos. Bryant, M. D.

OPHTHALMOLOGY AND OPHTHALMOSCOPY FOR PRACTITIONERS AND STUDENTS OF MEDICINE. By Dr. Herman Schmidt-Rimpler, Professor of Ophthalmology and Director of the clinic in Marburg. Translated from the third German Revised Edition Edited by D. B. St. John Roosa, M. D. Pp. 571; with 183 wood cuts and 3 colored plates. New York: William Wood & Co., 1889.

This work originally appeared in October 1884. The second German edition in April, 1886, proved emphatically that it was appreciated by his professional specialists at home. The third German Edition in December, 1887, which was "subject to a careful revision in accordance with the constant increase of our knowledge," firmly fixed its national reputation. In June, 1889, under the editorial supervision of Dr. St. John Roosa the enterprising publishing firm of William Wood & Co., quick to perceive the merits of a popular work of this kind, have brought out the

fourth edition in a large, handsome, well illustrated volume of over 500 pages. Of the professional value of the work little else need be said; little could be added. A few illustrations have been added from Stellwag's work, the English translation of which is now out of print, by the editor, who adds: "The work is a clearly written, comprehensive and scientific treatise, that cannot fail, I think, to secure the confidence of the profession in the English speaking countries, as it has that of the Germans."

CYCLOPÆDIA OF THE DISEASES OF CHILDREN, MEDICAL AND SURGICAL. The articles written expressly for this work by American, English and Canadian authors. Edited by John M. Keating, M. D. Vol. II. Pp. 1066. Illustrated. Philadelphia: J. B. Lippencott Company, 1889.

This is a splendid companion to Vol. I and contains the following subjects: "Diseases of the Skin;" "Constitutional Diseases;" "Diseases of Nutrition;" of the "Respiratory," "Circulatory," "Hæmatopoietic" and "Glandular Systems;" and of the "Mouth, Tongue and Jaws." A more extended notice will be given in a subsequent issue.

AMERICAN INSTITUTE OF HOMŒOPATHY: Transactions of the 42d session held at Minnetonka Beach, June 24-28, 1889. Edited by General Secretary, Pemberton Dudley, M. D. Pp. 845. Philadelphia.

This volume is edited with more care than any of its predecessors and proves conclusively that proof reading is something of an art. There are some valuable articles in the bureau of Sanitary Science which every member will do well to read. We wish we could say as much for the bureau of *Materia Medica*.

RUDDOCK'S FAMILY DOCTOR. A POPULAR GUIDE FOR THE HOUSEHOLD. By E. H. Ruddock, M. D., with notes and additional chapters by James E. Gross, M. D. Pp. 772. Third Edition. Chicago: Gross & Delbridge. 1889.

This work is already so well known, that little can be added to what has heretofore been written. The additions of Dr. Gross have made this the most complete edition yet issued and probably as popular as any family work now published.

SWEDISH MOVEMENT AND MASSAGE TREATMENT. By Prof. Hartvig Nissen, Director of Swedish Health Institute, Washington, D. C., late Instructor in Physical Culture, etc., at Johns Hopkins University, Baltimore. Twenty-nine original wood engravings, 128 pages, 12mo, \$1.00. F. A. Davis, Publisher, Philadelphia and London.

In the preface the author claims that there is no other manual in the English language which gives any information *how to apply* the treatment to different diseases. He describes and illus-

trates the most useful movements and gives detailed descriptions for a number of diseases, of combinations of movements most likely to be needed in the sick-room without apparatus. With these descriptions and illustrations *massage* may be practically used as a means of physical exercise when it can be taken in no other way.

THE HAHNEMANN ADVOCATE, a four page popular monthly advocating true Homœopathy, and issued evidently in the interest of the new Hahnemann Hospital, Rochester, is just received. It is capable of doing much good and we wish it abundant success. Subscription, 50c.

Editor's Table.

REMOVAL.—Joseph T. O'Connor, M. D., removed October 1st to 51 West 47th Street.

J. D. CRAIG, M. D., removes from Chicago to Niles, Mich. Glad to have you home again, doctor.

SAMUEL MAGUIRE, M. D., Greensburg, Ind., was recently made pension examiner, and T. B. Gullifer, M. D., appointed County physician.

W. J. H. EMORY, M. D., of Toronto, has been appointed examiner on Medical Jurisprudence and Sanitary Science in the College of Physicians and Surgeons.

GEORGE B. PECK, M. D.—The *Veteran's Advocate* of Concord, N. H., (October 16th), contains a lengthy sketch of the popular secretary of the Bureau of Obstetrics, A. I. H.

MARY H. BALDWIN, M. D., has removed from Asbury Park, N. J., to become Visiting Resident Physician, for the Woman's Hospital, 20th and Susquehanna Ave., Philadelphia.

Mrs. L. P. MORTON, Mrs. Grover Cleveland and Gov. Beaver, are expected to be the bright particular stars of the Hahnemann Hospital Association's benefit ball at Philadelphia, on November 20.

GOVERNOR FLEMING has appointed Dr. T. J. Williamson, of Eustis, and Dr. H. R. Stout and Dr. C. W. Johnson, of Jacksonville, Fla., members of the State Board of Homœopathic Medical Examiners.

OHIO STATE SANITARY ASSOCIATION is to be held at Dayton,

Ohio, November 21st and 22d. President, D. H. Beckwith, M. D., of Cleveland, and Drs. Owens, Buck and Eggleston, are on the programme for papers.

SCRIBNER'S MAGAZINE for November contains a third African article—a valuable addition to the notable papers of Professor Henry Drummond and Joseph Thomson—where Emin is, by Col. Prout; a discussion of some startling problems in International Law affecting the United States in the event of another European war, by J. R. Soley U. S. Navy; the description of an old Spanish university by a well known novelist; an explanation of the relation of electricity to health, by Dr. Starr; an army surgeon's account of the modern Sanitary Corps which relieves the sick and wounded, by J. E. Pilcher, U. S. A. This last article is of especial interest to the medical fraternity and should be read by every physician. Nearly every article is well illustrated.

TENNESSEE.—The following has been issued to every Homœopath in the state:

Dear Doctor: "At a regular meeting of the Chattanooga Society held October 2d, 1889, a resolution was adopted, authorizing the Secretary to communicate with the homœopathic physicians of this State in regard to the present law regulating the practice of medicine in Tennessee."

"The avowed purpose of the Regulars (?) (See articles in the MEDICAL ADVANCE, Vol. XXIII, No. 1; *Medical Era*, Vol. VII, No. 8, and "Open Door Quackery," in the *North American Review* for October, 1889), is to "Eradicate Sects in Medicine." Are you in favor of the law as it now stands?

G. ELWYN HARRISON, Secretary.

BUREAU OF MATERIA MEDICA and general therapeutics of A. I. H. announces the subjects for 1890, as follows:

1. Symptomatology of Kali Phos.
 2. General and Special Therapeutics of Kali Phos.
 3. Clinical Reports on the use of Kali Phos.
 4. The Animal Alkaloids, Symptomatology and Therapeutics.
- E. O. KINNE, M. D., Chairman. ED. CRANCH, M. D., Sec.

Here is work for the "high privates" of the profession for the next six months; and we will be glad to send a reliable preparation for provings to any reader of the ADVANCE, who will lend a helping hand in adding another valuable remedy to our armamentarium. Send at once and we can have a good proving in July.

■■■■■■■■■■

OBITUARY.

EDWARD BAYARD, M. D., was born in Wilmington, Del., March 6th, 1806. His father was the Hon. James A. Bayard who, as one of the U. S. Commissioners negotiated the treaty of Ghent

umbilical plexus of nerves especially, and that hyperæsthesia of the spine, brain, uterus and abdominal nerves, dependent upon or resulting from reflex irritation follows. Other parts of the body remote from the field of excitation take on the same condition and this is an important feature in its provings. The chief landmark or characteristic is the peculiar pain and its place of starting—a small field embracing the umbilicus, the size possibly of a silver dollar—and from this point the pains radiate in all directions; a headache which might lead one to think of *Nux*, *Bryonia*, *Æsculus* or *Cimicifuga*, possessing this reflex feature and radiating from the abdomen in the region of the umbilicus would settle the question in favor of *Dioscorea*. So with sciatica, facial or intercostal neuralgia, pericarditis, endocarditis, pleurodynia, lumbago and neuralgia of the stomach, and some features of insanity, are cured by *Dioscorea*. Renal colic from passage of calculi, cystitis, prostatitis, pains in the testicles and spermatic cord, especially if first discomfort were felt in the region of umbilicus, *Dioscorea* will fit the case every time. It has been used and with marked success in dysmenorrhœa, uterine colic, after-pains, angina pectoris with sharp, deep cutting in region of the heart, arresting breathing and motion. Dr. Cushing—a faithful observer of the proving of the drug, in fact he proved it himself—cured a cough with pain in region of umbilicus and temples, brown-yellow tongue and weak knees. Felons and neuralgic pains and rheumatism of the extremities have yielded kindly to this drug when its peculiar characteristic suggested its use. Druggists tamper with the drug and often times furnish us with a preparation—similar in appearance but in no sense the same in effect—from the root of a species of smilax, and many failures in our supposed efforts with *Dioscorea* are due to this fault.

In comparing *Dioscorea* with *Colocynth* its peculiar characteristic helps us out. *Dioscorea* is relieved by walking or standing erect and throwing the body back, while *Colocynth* bends the patient double, and is better by lying down; moreover, the pains of *Colocynth*, are those of a twisting or grinding of the intestines, as it were, between

two stones, and as a rule the starting point of these pains is at the left side, and confine themselves for a time at least, to the left of the median line. It often happens that we are called to a case where it seems almost impossible to tell which of these two drugs is indicated most, and it is only by closely comparing them that we can decide. One physician of my acquaintance told me on one occasion that whenever he was called to a case of colic that he invariably prepared both *Dioscorea* and *Colocynth*, and alternated them every ten minutes. Sometimes he gave the two together, or put both drugs into the same glass. Said he never failed—but I happen to know that he frequently did fail.

In view of the fact that the two drugs in question are liable to become confounded in our every day practice, and that some of us at least can fix a fact by comparison better than by any other method, I have prepared a comparison of both, not in the minutia, but in some of the leading features we may find of value.

PROVINGS OF DIOSCOREA VILLOSA.

MIND. Irritable; depressed in spirits; calls things by wrong names; confusion of thought.

Colocynth has confusion of thought, but it is in left side of head with a pressing burning pain in the left orbit and temple.

The abdominal symptoms are quite different.

INNER HEAD. Dull pains worse after dinner. Sharp pains over the eyes.

Squeezing pains in head.

Temples as if in a vice.

Nausea and dry mouth.

Colocynth has similar pains in head, but they are on left side of head.

EYES. Sore, smart and weak.

Lids gummed together.

Feeling as of a round substance or as of sticks in the eyes.

Colocynth: Pressing pains in eyeballs on stooping.

Smarting in the eyes with sharp cutting pain in right eyeball.

• An acrid discharge from the eyes.

EARS. Pain in ears worse on blowing the nose. Pains, sharp or dull, squeezing, before and behind the ears, extending to the angles of the jaws.

Colocynth: Roaring and throbbing in both ears, especially the left.

Crawling, itching, sticking, cutting or aching in the ears, relieved by putting the fingers into the ears.

NOSE. Bad smell in nose, as if bilious; patient turns up the nose and says: "Doctor, I'm bilious, I know I am." Nose stopped up; dry.

Watery discharge.

Colocynth: Fluent coryza, worse in open air.

Beating, digging pains in left side of nose.

TONGUE. White, dry, yellowish-white, brown, and sore on the tip; worse in the morning.

Bites the tongue.

Spasmodic closure of the jaws.

Taste, bitter, nasty, rough.

Colocynth has much the same sensations, but the sensation on the tip of the tongue is that of having been scalded.

MOUTH. Dry, yet full of sticky mucus; no thirst.

THROAT. Fauces dry, burning, smarting, sore.

Colocynth: Dryness, roughness or scraping in throat.

EATING AND DRINKING. After excess in eating, errors in diet or in excessive tea drinkers, excessive flatulent colic.

Colocynth: Diarrhoea after the least food or drink.

Potatoes cause belly ache; coffee relieves.

NAUSEA AND VOMITING. Belching large quantities of wind, tasteless, sour, bitter, or like rotten eggs, with only partial relief of pains.

Colocynth: Nausea arising from stomach.

Vomiting of bitter tasting, yellow fluid.

STOMACH. Distress, with frequent sharp pains; must unfasten clothing.

Distress and burning in the morning; belching relieves.

Hard pain in region of stomach.

Sharp cramping pain in pit of stomach, then belching of enormous quantities of tasteless wind.

Hiccough and discharge of flatus from bowels.

Colocynth: Feeling of emptiness in the stomach.

Cramps in stomach at night relieved by belching.

Pit of stomach very sensitive to the touch.

Violent cutting, tearing pains, which from different parts of the chest and abdomen concentrate in pit of stomach.

Better from hard pressure and bending double.

Brought on by vexation or indignation.

ABDOMEN. Faintness at epigastrium. Steady twisting pains in the bowels, worse lower, constantly changing; worse lying down.

Pains begin in a small spot at or near umbilicus and radiate in all directions, extending to stomach, liver, spleen or uterus, and in the male to the testicles, involving the spermatic cord.

Often the pains jump from place to place and very likely to some distant part.

Colocynth: Abdomen distended and painful; tympanitic. Incarcerated flatulence.

Cramplike pains in both sides of abdomen, worse after pressure or leaning with belly on the table.

Worse in any but bending posture; > by pressure.

Pain in groin like from hernia.

STOOL. Sudden urging to stool, especially in the early morning.

Sensation as if the fæces were hot; hot flatus.

Profuse, thin, yellow stool in the morning; does not relieve bowels.

Stools offensive, bilious; faintness.

Colocynth: Chronic, watery diarrhœa, mornings with pain in both sides of the abdomen. Dysentery-like, < by least food or drink.

MALE SEXUAL ORGANS. Constant excitation of genitals; frequent erections.

Sexual desire diminished.

Emissions during sleep, without erections; genitals cold, relaxed; weakness, weak knees afterwards; depressed in spirits.

Pains in inguinal region extending into the testicles.

Strong smelling sweat on scrotum and pubis.

Colocynth: Sexual desire strong, with erections.

Female sexual organs: Cramplike pain in left ovarian region, as though parts were squeezed in a vice.

Suppression of menses and of lochia after confinement.

COUGH. Hacking cough, from tickling low down in throat.

Colocynth: Frequent tickling and irritation in the larynx.

Titilating cough during the night.

Asthmatic attacks at night, with slow difficult breathing, which provokes cough.

Oppression of chest; worse evenings and before midnight.

LUNGS. Pain in region of nipples.

Pains through the lungs to the back and *vice versa*.

Tightness across the upper part of chest.

Distressed feeling.

Colocynth: Stitches in right or left side of chest.

HEART. Sharp pains arresting breathing and motion, with faintness.

Colocynth: Stitches in cardiac region.

Pulse full, hard and accelerated.

NECK, BACK. Lame and stiff; weakness in small of the back.

Dull pains in lumbar region, worse upon bending the spine; sharp, extending to the testicles.

Colocynth: Feeling of stiffness in muscles of nape of neck when moving the head.

Pressures in left side of nape, worse from turning.

Tensive stitches in right loin felt only during inspiration.

LOWER LIMBS. Pain in right leg from point of exit of sciatic nerve, felt only when moving the limb or when sitting up.

Colocynth: Crampy pain in the affected hip as though the parts were screwed in a vice; lies upon the affected

side, with knee drawn up. Cramp in left calf; left foot goes to sleep.

Pain in right thigh as if psoas magnus were too short.

LIMBS IN GENERAL. Limbs feel weak, worse at knees.

Sharp pains in body and limbs darting from place to place.

Colocynth: Tearing or drawing pains in all the limbs.

POSITION. Pains, except headache, are usually relieved by motion.

Colocynth: Motion generally relieves drawing, tearing and burning pains.

TEMPERATURE AND WEATHER. Generally better in open air.

Colocynth: Warm applications, warmth of bed > co-ryza < in *open air*.

CHILL, FEVER, SWEAT. Chilliness with bitter mouth; with aching bones; backache; pains in lungs; sore throat; cold extremities; feeble pulse, but no fever with colic. Sweats easily while chilly.

Colocynth: Chilliness and coldness of the whole body, frequently with heat of face; coldness of hands and feet, rest of body warm.

External dry heat.

Sweat at night smelling like urine, causing itching.

Sweat principally on head and extremities.

SIDES. Pains spread from abdomen to distant parts.

Joints painful, weak, worse at knees.

SKIN. Nails seem unusually brittle.

Itching, burning, of various parts.

Colocynth: Itching, pricking, crawling, formication.

Desquamation over the whole body.

CLINICAL.

A few clinical cases and I am done. A woman 50 years of age became violently insane. She would spring out of bed and rush madly across the room with hand on the umbilicus saying: "I am on fire, right there." *Dioscorea* cured the case.

A man 65 years of age, with a violent attack of sciatica

with pain in the region of umbilicus. Cured with *Dioscorea*.

A maiden lady 28 years of age, a victim of self-abuse,—the most violent eructations of gas from the stomach and passing of flatus, I ever witnessed. It seemed as though the gas came from a long distance and that barrels of it came at a time; still no relief. Patient was continually walking and throwing herself back and forth. The greatest distress was in region of umbilicus at first, and she said she felt as though she was looking through the spokes of a wheel and was clinging to other spokes of the same wheel with her hands. I asked her where the hub was located, and she replied, "right there"—placing her hand on the umbilicus. She got a dose of *Dioscorea*, and though she had been that kind of an invalid for nearly four years, she began to mend from that moment, and forsook her disgusting habit. Was married a few years after and is to-day the mother of children. I had never seen the sexual manifestation of *Dioscorea* in women before, nor have I seen it since, though it is often found in the male, but I certainly saw it in that case and think I should recognize it again.

A case of renal calculi, only a short time ago, with a pain near umbilicus; pains leading down into the testicles; continuous erections and sickening pains at stomach; headache and extreme exhaustion, yielded very kindly to *Dioscorea*. *Lycopodium* was afterward indicated, and patient made speedy recovery.

LACHESIS.—I have many times observed that 14 day periodicity in Lachesis, but I object to calling it "primary." There is only one action of a drug, the tendency of which is to always make sick, while the reaction is always to return to health. You cannot avoid the conclusion if you think. The ignorant cannot see it and therefore talk like Chicago men about primary and secondary action of drugs. Woe is man when reaction does not come.—J. T. KENT, M. D.

Materia Medica.

SANICULA.

J. G. GUNDLACH, M. D., SPOKANE FALLS.

Another year has passed and *Sanicula* once more humbly knocks to be admitted to the company of that glorious galaxy of therapeutic stars, which form the *Materia Medica Pura* of Samuel Hahnemann. This remedy will when fully developed and understood, go hand in hand, rivaling the most noted of our antipsorics and polychrests. So confident am I of this, that I have come to look upon the proving of this mineral water as the work of my life. In what follows, I will endeavor to give some new symptoms which should be added to the text of the proving, with some comparative hints and clinical verifications different from any heretofore reported.

SKIN.

Eczematous eruption which first made its appearance on the outside of the first joint of the thumb of the left hand; commenced with an itching and a desire to scratch; after scratching small vesicles would appear and burst exuding a watery fluid, which, after a while became somewhat sticky. Still later the parts cracked and blood would exude with this watery substance, drying and forming a crust. At first there was not much pain, but later the parts would burn, and smart, becoming very sore, with deep, ragged, angry looking cracks. From the side it gradually spread over the ball of the thumb and around the joint, until it met on the under side, extending over the back of the hand and upon the wrists; also to the back of the right hand, which did not get so bad. It spread by the means of new pustules outside of the old eruption. These pustules would form in a circle spreading from their centers until they united with the original, the edges of which were always sore, angry and raw looking, while the

center or old part was more dry, cracked and scabby. The hands were worse during cold weather, raw looking, with large, deep cracks from which the bloody sticky fluid exuded. This condition lasted over one year. I gave at different times and at long intervals, Rhus, Hepar, Sepia, Graphites and Sulphur in the order named, except Sulphur which I gave as an intercurrent once or twice. (See Proving, I. A. H. Trans., 1887.)

Knuckles of the fingers crack and leak.

Hands are swollen, and stiff in the morning on first awaking. (2.)

Prover No. 4 is now over 16 years, has been menstruating some nine months. The periods are very irregular, attended with pain from the small of the back downward and forward until the flow becomes fully established, when the pains get better.

She is cross and irritable during the time.

Flow lasts from four to six days.

Has light feeling in the head, worse in close room, better in the open air.

Looks tired and languid.

During the first months the flow would return at three weeks, but of late always too late, six or eight weeks (4).

Prover No. 2. Flow now *always* too late, sometimes six, eight and ten weeks apart.

Comes on with grinding or dilating pain in the lower abdomen, with soreness of the womb.

Pain in the back, better when the flow is established.

Some six months ago I first noticed an enlargement or growth on the left side of the womb, just above the cervix, which has grown to the size of a hen's egg. It is smooth, round and somewhat hard to the touch; is gradually growing larger; moves with the organ. Has not had any sensations until just at this time. Her flow being six weeks late, had a slight show with the usual pain, but did not amount to much. Since then complained for a day or so of some slight burning, with sharp stitching pains going upwards. She is very nervous and easily irritated, even by the children. Can't bear a close, warm room; it

seems to smother her; feels better in the open air, *if not cold*. Can't bear the cold. Just how much *Sanicula* has to do with this growth, time and opportunity to verify, alone will tell.

COMPARISONS.

I make these comparative hints in the hope that others may follow them up, as the study will fully repay any labor or time that may be bestowed upon it, and prove at once the great importance of proving the waters of these natural mineral springs. We will take the first compound of the chemical analysis of *Sanicula*, *Natrum mur.*, of which salt the water contains some ninety-three grs. per gallon. Notice how it reproduces itself in this proving. This is also true of all its constituents as far as proven. Under the mental symptoms of *Natrum* we read:

"Difficulty of thinking; absence of mind; memory weak." (Hering).

"Can't remember what happened the day before." (Dunham).

Sanicula reads: "Great forgetfulness." "She forgets what she is going for, has to stop and think."

"Forgets the most common things of his work the day before; what remedy he gave his patients, etc."

Again *Natrum* reads: "Melancholy; sadness." "Dreads her work because she feels weak." (Farrington).

Sanicula has: "Dreads her work because she feels so weak and exhausted, with an irresistible desire to lie down."

As I did not intend to extend this comparison all through, I will only suggest to note the time of *Natrum* aggravation, or its "sun pains," with the *Sanicula* back pain; its hydroa on the lips; ulcers in the mouth and on the tongue; the craving for salt with children, along with the emaciation; going for days without even a desire for stool. Child slow in learning to talk; Prover No. 6 being over three years old before he began to make any effort in that line.

Who could fail to notice the reproduction of the *Natrum*

dreams in *Sanicula*? (verified as reported I. H. A. Trans., 1888, page 252).

In *Hepar* we have the hydroa on the lips, also rotten cheese odor of the stools. Sour stool and sour smelling baby.

The eruption spreads by means of new pimples in *Sanicula* from its *Calcareo sul.*, no doubt. In the constipation of *Sanicula* we have a whole team, four in hand as it were—*Natrum*, *Magnesia m.*, *Alumina* and *Silica*. How marked are all the *Borax* characteristics, of which the *Sanicula* has but a trace reproduced. Its aggravations from downward motion (cured by the proving in Prover No: 7), along with its mouth symptoms. It seems almost needless to proceed with this process. I trust enough has been shown to create a personal interest in the study of *Sanicula*.

CLINICAL VERIFICATIONS.

Prof. D. C. E., age 50, stout and robust looking, with a very florid complexion. Has been subject for some years to pains about the head and face of a neuralgic nature, brought on at any time by exposure to winds, cold or warm. Pain comes from the back part of the head to the face, and at times from as far down as the shoulders. Right side worse. Bowels are constipated very much, will go days without a desire for stool. Digestion not good. Food sours; at times will eructate food and water, sour. Does not sleep well, awakes often during the night. Feet cold, damp and sweaty. Is better from warmth, has to wear a fur or heavy cap even in summer to keep warm (*Psor.*).

Sanicula 10m. cured this whole case. The old gentleman would come 60 miles from Dallas to have me prescribe for his family, saying: "The Dallas doctors don't know anything."

CASE II. Mr. D., aged 50, wagon maker. Has suffered from rheumatism since the war, mostly in the shoulders and lower limbs. The joints are stiff and painful, especially in the morning; after he "gets warmed up," he does very well. The shoulder joints are the most painful. He can make the forward and backward motion, as with the

drawing knife or plane, but cannot raise his hand to his head or place it behind him, without great pain. At the time of coming to me for treatment had been sick with dengue fever. Felt weak and could not get his strength, though he had been up and about some three weeks. As this fever has many pains in the joints and bones he was suffering very much at this time. Was also having some neuralgic pains over the right eye. Was always worse in the cold or damp weather and better from warmth. Bowels constipated. *Sanicula* 10m.

A few days after taking the powders he came to the office to show me how he could use his arms. Could place his hands on his head or behind him and swing them around any way, giving full play to the joints with no pain, only a slight soreness in the left shoulder. He said after taking the medicine, he felt a sense of warmth and stimulation in his stomach and could now relish his food. On the second day, had a healthy, soft stool, something he had not had for a long time.

CASE III. Mrs. W., aged 55. Said she had taken a very violent cold two days before; had great pain in the muscles of the neck, shoulders and upper back. Pain was constant, but made sharp if she attempted to put her hands on her head or behind her. Could not look around without turning the whole body. Worse from cold or motion; better from warmth and rest, until she got tired of holding the head and body in one position, when she would have to move it. This was the first opportunity I had to verify the symptoms of my proving on my return to St. Louis, and it was with some fear and many misgivings that I gave her *Sanicula* 30. My feeling can better be imagined than described the next morning when making my call. I found her very much better in every way, and she was soon cured without any other medicine. Thus we have these shoulder pains verified in both acute and chronic conditions; have verified it a number of times.

CASE IV. Mr. A. Says he has been taking pills all his life time, so far as he can remember; will go a week at a time without having a stool if he does not take them. At

such times he gets quite sick and feels badly, then has to resort to pills. Had tried many old school doctors, who only gave him cathartics. Thought he would try a Homœopath this time. I found the following conditions: No stool, and no desire, for five days. Has dull headache in the forehead, attended with vertigo; can't stoop or get up suddenly without bringing on vertigo; when walking gets blind and dizzy; can't see for a while, has to stand still until it passes off. Has not much appetite. Yellowish coating on the tongue, which is large and flabby. Bad taste in the mouth especially in the morning; at times the stomach is full and oppressed after eating; accumulation of gas. Stool scanty and requires great effort to expel. Has a "not done" sensation after stool. *Sanicula* 10m. cured this case promptly and completely.

CASE V. Miss R., age 20. Has been constipated all her life and says she is sick of taking pills; will go a week without any desire for stool. Always has great trouble to expel the accumulation, requiring all the effort she can put forth. She has no unusual symptoms. Her appetite and digestion are good. She looks well and the only symptom I could get after long questioning was, at times, when she felt the stool would be expelled, it would slip back again. *Sanicula* 30 helped this case at once.

All the above cases are taken from my case book. *Sanicula* in each case did the work alone, and it was permanent. To me it is already a polychrest of the first class.

VERIFICATIONS OF SANICULA.

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

On looking over the paper by Dr. Gundlach, published in the Transactions of a former year, one cannot fail to note the great number of old and well known drugs that this water contains; and is rather surprised that in their combined and consequently altered state they do not (as is usual under the circumstances) lose their identity; but each drug seems to reflect its personality like a collection

of colors so grouped that the beauty of one does not mar that of its contiguous fellow, yet not so blended in continuous unity as to form a new and single shade. Unique as this fact may seem its chief beauty to us lies in the remedy being applicable to a great many cases that are partially though not thoroughly cured by any one of the drugs which it contains.

It is to be regretted that all cases that have been treated with it cannot be reported. I have used it quite frequently and with a great deal of satisfaction, but as the records are placed under the patient's names instead of that of the medicine I can only turn to the few whose names now occur to me.

CASE I. F., æt. 2½ years.

August 1. Stools greenish mucus, often smelling decayed.

Vomiting, (nothing peculiar about it).

Mouth aphthous on sides.

Some cough.

Restless, with crying.

Sweat about head.

Rubs nose on waking from sleep.

Stool turns greener on standing.

Sanicula, 10 m.

August 3. Better in every way, except an abscess which is developing under left jaw. Sac. lac.

August 8. About seven stools a day, green at times.

Knees cold.

Abscess of neck discharged.

Cries on coughing.

Six doses, *Sanicula* cm.

August 11. Has nine stools a day; yellow; pain before stool.

Hard cough.

Rumbling in abdomen.

Her mother says she seemed "so much better *while taking* the first medicine."

Sanicula 10 m. water, continuously.

August 18. Looks well and is getting fleshy. Sac. lac.

OBSERVATIONS.

1. All the symptoms first presented were covered by other drugs, but the one "stool turns greener on standing" and, so far as I know Arg. n. and China alone have this except *Sanicula*. *Sanicula* having this as well as the others was the remedy.

2. As the patient improved an abscess developed. That the formation of this was a necessity to resolution is evidenced by the fact that she grew worse while out of the medicine, which would not have occurred if the suppuration had of itself been an aggravation.

CASE II. R., æt. one month.

October 10. Sore mouth.

Jumps on waking from sleep.

Stool difficult, with straining.

Sanicula 10 m., cured in a few days.

About three months later same child.

Swelling about eyes.

Discharge of water from nose.

Rubbing nose all the time.

Wakens frightened, as before.

Five doses *Sanicula* 10 m. cured at once.

CASE III. N., æt. 25. Male.

August 13. Very costive; cannot have stool without straining very hard even if the stool is loose, and often has ineffective urging.

Sanicula 10m., every 12 hours.

October 3. Was well so long as the medicine lasted.

Sanicula 30m., every 12 hours.

November 13. Better while taking medicine. Now has return of it, with itching of anus after stool. Pricking at anus with stool, and sensation as if stool was pressed back.

Sanicula 10m., every 12 hours; cured permanently this time.

OBSERVATION.

3. The remedy seems to act best if repeated continuously.

CASE IV. B., æt. 4 months.

September 1. Stools loose; green.

Fever: Restless at night.

Losing flesh.

Eyes look very heavy.

Has had sore mouth, which the mother had removed by use of Borax.

Five doses *Sanicula* 10m.

September 3. Stools have been better, but green again this morning.

No fever now.

Sleeps all night, and looks better.

One dose *Sanicula* 50m.

September 6. Stool natural.

Slight fever last night, after 12 o'clock; first time since.

One dose *Sanicula* cm.

No more medicine needed.

CASE V. S., æt. 7 months.

September 27. Stool loose and copious.

Stool becomes pale on standing.

Fever: Worries much.

Vomits large chunks of milk.

Wakens screaming in fright.

Sanicula 10m.

All of these symptoms disappeared, but a large carbuncle appeared on right buttocks, which gave less apparent distress than its size would indicate and evacuated in five large openings, all within a little over a week. Child made a very quick recovery and has remained well ever since.

See OBSERVATION 2.

OBSERVATION.

4. The symptom "Stool becomes paler on standing," I cannot find any where, but being *directly opposite* to that of *Sanicula*, points to this drug, if an observation which I called attention to once before is correct, and which seems to be verified in the success of this prescription.

I can recall two cases of marasmus that were greatly benefited with it, yet eventually died under other medicines; possibly the *Sanicula* should have been continued.

Dr. J. V. Allen: I have had considerable experience with this remedy and many cases similar to those reported by Dr. Guernsey in which *Sanicula* was indicated in summer complaint. But it is especially to the eye symptoms of *Sanicula* I wish to refer. It has marked photophobia without much inflammation. This is so marked that the patient cannot bear the light of day. He must close the eyes constantly, and with this there is a profuse discharge of a thick, yellowish and greenish nature which excoriates the cheek or any part of the face which it touches. All of the cases which were of long standing and failed to be relieved by the old school physicians, were cured in a very short time by *Sanicula*. The photophobia was the first symptom to disappear.

Dr. Beigler: Was there any nasal affection?

Dr. J. V. Allen: In one case of a child the discharge was greenish and the nostrils and lips were excoriated, but that very quickly and entirely disappeared under the action of the remedy.—*Trans. I. H. A., 1889.*

MAGNESIA PHOSPHORICA: A FRAGMENTARY PROVING.

W. P. WESSELHÖFT, M. D., BOSTON.

Proving by Mrs. E. B. W., aged 23, brunette, very strong healthy woman. Has always enjoyed perfect health. Has had one child.

On Saturday, January 19, took a tablespoonful of a solution of two drops of the 30th in six tablespoonfuls of water, every four hours, four times.

On Sunday, January 20, took one tablespoonful on waking, another four hours later.

Felt chilly after dinner (dined at 6 p. m.) on Saturday and more so on Sunday and Monday, less on Tuesday at

the same hour, between 6 and 7 P. M. The chills ran up and down the back, with shivering; desired more clothing. No other symptoms.

January 25. Took medicine twice on rising and again four hours later. The same chilliness up and down back returned again in the evening at the theatre; chills did not appear till after dinner, as usual, although the meal was taken much later.

January 26. Sharp, shooting pains all over the body, and feeling very tired, retired at 7 P. M. Legs ached after getting in bed, and felt so chilly that extra covering had to be put over her. The chills were mainly up and down the back. On waking the next morning had sharp neuralgic pains behind right ear. These pains were intermittent, greatly aggravated by going into the cold air. Intensely aggravated by bathing face and neck in cold water.

Neuralgic pains behind ear, lasted all day and through the following night, and were intermittent and very sharp. Fell asleep towards morning and awoke free from pain. Went to dinner party in the evening and the same chills appeared *during* dinner (7 to 8 o'clock) and lasted for an hour after the meal; the sharp intermitting pains behind r. ear troubled her during the dinner and for some time after it.

No further symptoms; but declined to take any more of the medicine on account of the neuralgic pains it produced.—*Trans. I. H. A., 1889.*

PARTIAL PROVING OF MAGNESIA PHOSPHORICA.

J. A. GANN, M. D., WOOSTER, OHIO.

I herewith append a brief report of the young man to whom I referred in a former letter, and upon whom I stopped the proving on account of what I supposed an attack of genuine bilious fever. It may not be as it would have been, because, not thinking of the possible action of the *Magnesia phosphorica* I immediately treated him for the fever.

However, you may be able to glean a little wheat from the chaff.

Arthur K., aged 16, light complexion. General health very good, the only variation being headache, which troubles him constantly while attending school, morning and evening, day and night, in the house and in the open air. Appetite and habits regular. Family history one of health.

He took:

January 31. Three drops of Magnesia phos. 200.

February 1. 8:00 A. M., five drops; 12 o'clock, ten drops.

February 2. 10 A. M., fifteen drops: says his head seems clearer, can think better, and headache entirely gone.

Then stopped giving him the remedy.

Three days thereafter, on February 5, he did not feel well, yet went to school, but came home in the afternoon. When I saw him he was as near a hot fire as possible, with frequent pulse, flushed face, high fever, but very chilly and aching all over.

I sent him to bed, and further examination added the symptoms of what I diagnosed as an ordinary attack of bilious fever. The fever increased in intensity through the night and next day; there was bilious vomiting, at times streaked with blood; intense headache and some delirium at night; says he cannot sleep; no appetite, but considerable thirst.

After the third day the symptoms began to modify rapidly and by Sunday he was able to sit up and resumed his school work the middle of that week.

I am sorry that I did not realize the possibility, or probability of a proving of Magnesia phos. and proceed accordingly. One good result produced by the proving is that his headaches have entirely disappeared, and he can study with ease.

Mattie K., aged 18, sister of Arthur, light complexion, brown eyes and hair, weight about 150 lbs. Health generally good; menses not as prompt as they should be is the only irregularity.

March 26. Put six cones medicated with Magnesia phos. 200 in half a glass of water.

Gave two teaspoonfuls every two hours from early morning until bedtime.

March 27. Prepared solution similar to the above to be taken the same way. Then waited for results.

It was in the second week before the young lady complained of not feeling well; but she has no idea whatever that the medicine I gave her some days before could in any way have been the inducing cause; for when taking it she laughingly said she "could keep on taking it, for it was good, and could hurt no one."

I stopped giving it after two days, she supposing I had stopped because the medicine had failed of its intended results.

You will thus see it was a proving as far as it goes.

SYMPTOMS.

April 4. Complains of soreness of throat, especially in the muscles of the right side of neck; feels inclined to hold head to the right side, and yet cannot say that that position relieves it. The throat is very red; she feels quite indisposed.

April 5. Pain in neck and throat worse; more pain in the back part of head; pulse more frequent; general feverishness; tongue light yellowish-white. Says she feels very badly; is also quite chilly at times. Gave her Placebo every two hours.

April 6. It is with great difficulty that she could get up; feels tired and unrefreshed, did not rest well. All the former symptoms intensified. Throat very red, and just above right tonsil (and a little back) the parts seem puffy as if they contained serum.

Head aches *very bad*, face *flushed*, the pain in back part of head now extends over the whole head; says she feels sick at the stomach, aches all over. The symptoms worse from middle of the morning until towards evening when she thought she felt a little easier.

Tried to walk a little in the open air, and says she thinks it made her feel better. Continued the Placebo.

April 7. This morning feels better than for several days. Complains of some aggravation of symptoms about noon. Continued Placebo.

April 8. Is about her work as usual, says she feels well, only weak.—*Ohio State Society.*

PROVING OF MAGNESIA PHOSPHORICA.

A. P. OHLMACHER, M. D., SYCAMORE, ILL.

January 15, 1889. At 2 P. M. took a small powder of the 200th of Magnesia phosphorica. Repeated the dose at 3 P. M.

Darting pains, lightning-like, through the head and chest the same day. Slept good that night.

January 16. Dull headache front and side of head, worse in the evening. Feeling of fulness after eating. Some sharp pains in chest, more on right side.

January 17. Awoke with bad taste in mouth. Food does not taste right. Complained of coffee being tasteless. Rumbling of gas in bowels; uncomfortable feeling in the bowels as if diarrhoea were coming on. Gas passes freely upwards and downwards. Do not retire until 12 o'clock and then sleep very poorly. Awake about 3 A. M. and remain awake about an hour (very unusual.) Dull pain in head continues; all symptoms seem worse in the evening.

January 18. Bad taste in mouth, fulness in bowels and belching of gas continues. Appetite remains good. About 8 P. M. on going out of a warm room into the cold air it seemed to produce great chilliness; shaking and teeth chatter as with an ague chill. This feeling continues until entering a warm room again, when all the symptoms are better. Sleep very poorly and dream a great deal. Awake often.

January 19. Symptoms of head, bowels, etc., continue as before. A feeling of rawness in the mouth, for the first time this evening. Feels as if mouth were cankered, which is not the case. Warm food seems hot and burning. Sleep somewhat better at night.

January 20. Three evacuations of bowels to-day (unusual); some pain in bowels; darting pains in chest which radiate from pains in bowels. Rawness in mouth continues; tongue a bright red color. At dinner after getting warm from eating (oyster stew, etc.) have a great prickling over head and forehead, a feeling as if a fine brush were being rubbed over the parts; continues about fifteen minutes. Dullness in head, worse in evening, continues. Indisposition to study. Sleep fair.

January 21. Rawness in mouth still present; bad taste; fullness in bowels; gas, etc. Dull headache in morning. A drink of cold water at 9:30 A. M. starts a colicky pain in stomach which radiates to bowels, very severe; feels better on doubling up; better by walking about, by rest and sitting quiet; some belching of gas seems to ease the pain. Darting pains through the chest which radiated from the bowels. Chilliness again in the evening. After going out doors again and walking a short distance, pain in the bowels to the right of umbilicus commences, which continues until going in doors. Better from warmth. Notice the same darting pains in chest, most on right side. Oppression in breathing. Desire to take a deep inspiration. Oppression on first entering a warm room which was better after being in a short time. Sleep disturbed by troublesome dreams and awake with an impression of some one being in the room—saw some one standing over me.

January 22. Fullness in bowels not so marked; bad taste in mouth and rumbling of gas persist. Some darting pains in the chest. Dull feeling in the head more marked than ever. Felt better in the evening and slept better at night.

January 23. Feel all right to-day.

General symptoms: Dull feeling in the head, not an ache. A feeling of pressure in the head. Frontal dullness amounted at one time to a pain. Feeling of general tightness across the bowels. Indisposition to study generally. Indisposition to mental effort.

MAGNESIA PHOSPHORICA: A PROVING.

ALICE B. CAMPBELL, M. D., BROOKLYN.

FIRST PROVING: 200 POTENCY.

Mrs. M. D., a widow, about 55 years old, medium height, plump figure, weight 130. Took six powders of 200 potency two hours apart.

The last powder was taken at 7 o'clock on the morning of November 13, 1888.

On the evening of the 26th, between 7 and 8, had what seemed like a slight chill, or to make it plain, I felt as though cold water had been poured down my back, followed by a succession of little shivers.

Morning of the 27th, severe pain in the bowels, accompanied by a looseness. The pain was at the upper and middle of abdomen, and was sharp and constant, lasting about two hours. This began at 7 o'clock. Two movements of the bowels took place. The first did not relieve the pain. In quantity the first was enough for three ordinary movements. It presented the appearance of yellow clay mixed with water. The second, which followed about one hour after, was not so large nor so loose. After the second the pain began to grow less.

At 11 of the same day, the chill symptoms reappeared. The chill began in the back of the neck, and gradually crept over the whole body. About 1 o'clock there was a very vivid flush on the left cheek and ear. The flush lasted about thirty minutes. There was neither heat nor sweat.

28th. At 10 A. M., the chill symptoms again appeared. They were slight and of short duration. No thirst at any time.

29th. At night, decided symptoms of rheumatism in the right arm and shoulder, which lasted twenty-four hours. It began in the shoulder and crept down the arm. It was a steady ache and felt best when kept still. I did not get to sleep readily on account of the aching, but when asleep was not disturbed.

Nov. 30th. Everything seemed at a standstill, with the ex-

ception of a tired, languid feeling, which seemed to take my strength away. I felt as we often do in hot weather. It was an effort to walk much till the morning of the 5th of Dec. when I awoke with a headache, which began in the back of the head and steadily extended all over the head. A feeling of nausea accompanied it. At 9 A. M. a very decided chill set in which lasted three hours. I had to go to bed, and there I lay and shook. Neither sweat nor fever followed.

Dec. 6th. A slight headache, which did not last long as an ache, but left a confused light feeling for the day.

Went along all right until December 14, when the aching began early in the morning, in the back of the head at the base of the brain, I think, and gradually went over the head and settled over the eyes. There was a sick feeling with it and I felt best out in the cold air.

All right till the 20th, when, on going to bed the aching in my right arm began and every morning since the 20th, till this, January 6th, I have awakened with that steady ache in the right arm from the shoulder to the elbow. After I've been up a while it disappears. At the same time, the 20th, a bunion on my left foot which has not troubled me for some years, began its burning, stinging pain, and kept it up till the 4th, when it almost ceased.

Jan. 1st. At night a severe attack of wind colic and such vomiting, which relieved me of pain, but made me weak. Tuesday, afterwards, my mouth began to get sore on the left side, or rather its my tongue and lip. It has that cut, gnashed feeling; it's not canker, although there is one canker sore on the lip.

Since the sore mouth, I'm still suffering. It is painful eating. I rinse the mouth with hot water.

[After each powder a taste of magnesia and chalk was observed by prover. She does not know what she has been taking.—A. B. C.]

SECOND PROVING: 1000 POTENCY.

This proving was made three months after the one above. Six powders of the 1000 potency were taken two hours apart.

The last powder was taken on February 17. The same peculiar taste (like chalk and Magnesia) was observable after each, as with the former powders.

On the 23d my mouth began to be very sore, so that it was difficult to eat; confined mostly to the right side. The sores were both red and raw looking, and were on inside of cheek, gums, tongue, and lips; not in the corners of mouth at all. Very sore to touch, and particles of food, also liquids caused a smarting, burning sensation. This agreeable (?) mouth lasted a week.

Feb. 26th. A terrible headache on awaking at 7 A. M., which began in the back of head, then reached the top and gradually took in the whole head. It was a continuous, dull, ache, accompanied by slight nausea. The pain lasted till 5 P. M., when chill symptoms appeared. The symptoms were the same creepy feeling up and down the back, and gradually all over the body. There was no shaking. This lasted about an hour. Then came that warm suffocating feeling which made me feel like throwing everything off. This was distinct from the chill, spasmodic, and lasted probably half an hour. There was neither thirst nor perspiration.

Feb. 27th. Same headache on waking which lasted till 5 P. M. with same sick stomach as before. The symptoms of the previous day repeated themselves. I was so sick with these symptoms that I had to go to bed. The feeling that made me go to bed was of being worn out, and completely exhausted. The chill lasted one hour and at the end of that time the exhausted feeling left. A cold in the head and cough followed the chill, lasted about three days. It was both dry and loose. That seems contradictory; but for a while there would be such a stopped up, stuffy feeling, and then there would be a profuse discharge of a white, thin substance, not watery. The cough came on after the headache left. It was a violent, dry cough and nothing in particular excited it. I coughed whether I talked or kept still, whether I ate or refrained from it, but I lost my appetite and at last took Nux 30, as cough was too annoying.

Feb. 28th. The bad feeling in the right arm reappeared and continued by spells up to the 20th of March. It was a dull, heavy aching pain which began at the shoulder, and went down to the wrist. It began with my waking. Cold, motion and pressure aggravated. Nearly ever since I began taking the powders, a corn and bunion have been so painful and my feet have been so tender, that at times I could not bear my ordinary shoes. The corn and bunion were sore to the touch, and the pain was a stinging, burning, smarting; at times, a spasmodic lancinating pain.

March 3d. The same kind of headache came on at waking. It lasted about two hours and then disappeared. There were no chill symptoms but with it was a tired, languid feeling.

The first joint of the middle, third and little fingers of the left hand of prover, have become enlarge, through painless.

May 20th. The day after writing to you, the right side of my head broke out with what seemed like blood boils. There is a redness attending them, and a sore feeling about them, but as boils they amount to nothing; go away as they come.

June 22d. My joints remain the same. The improvement is so slight it is scarcely observable. The tingling and smarting sensation disappeared long ago. There is no unusual feeling only in my bunion, which at times burns, smarts and stings. But something else has come to the front, not my head, but the scalp. I wondered how it could be that my head was so dirty for I am so particular; but I have come to the conclusion it is not dirt at all. But what is it? Is it something more that medicine has brought out? If I should comb my head twenty times a day I would comb out just such scales as I send you. It's not a nice thing to send, but I knew if you saw it, it would be better. My scalp feels like a grater, and the fine particles combed out feel like sand. The hair is dry and coarse. I use nothing but water and vaseline.

May 31. "The first joints of fingers of both hands are still swollen, though painless. That of the little finger,

left hand, is as large as two kernels of corn in the milky stage, and transparent like the corn. The other first joints on fingers of both hands look as large but do not project so sharply, nor are they transparent. The Magnesia phos. certainly found a vulnerable point in her constitution. Why would not a higher potency cure the trouble? That is the way I use my quinine and fobacco subjects." A. B. C —*Trans. I. H. A., 1889.*

MAGNESIA PHOSPHORICA.

H. C. ALLEN, M. D.

AUTHORITIES. Hering; W. P. Wesselhœft, M. D.; H. C. Allen, M. D.; J. C. Fahnestock, M. D.; Mrs. F——, Miss B. F. L., Mrs. M. D.; L. L. Helt, M. D.; Rev. C. L. Reinke; J. B. Sullivan, M. D.; Dr. Reed; Alice B. Campbell, M. D.; J. A. Gann, M. D.; J. J. Marvin, M. D.; A. L. Monroe, M. D.; D. C. McLaren, M. D.; A. P. Ohlmacher, M. D.; H. P. Holmes, M. D.; M. Florence Taft, M. D.; F. A. Waddell, M. D.

Characteristic. *Is best adapted to lean, thin, emaciated persons of a highly nervous organization; but acts promptly in stout, fleshy people when well indicated.*

Prefers dark to light complexion.

Affections of the right side of the body: head; ear; face; chest; abdomen; ovary; sciatic nerve (Bell., Bry., Chel., Kali c., Lyc., Pod.)

Pains: sharp, cutting, piercing, stabbing, knife-like; shooting, stitching; lightning-like in coming and going (Bell.); intermittent, paroxysms becoming almost intolerable, driving the patient to frenzy; often and rapidly changing place (Kali c., Lac c., Puls.); with a squeezing constricting sensation (Cal., Iod., Sulph.); cramping, in neuralgic affections of stomach, abdomen and pelvis.

Great dread of cold air; of uncovering; of touching affected part; of washing with cold water; of moving.

Attacks are often attended with great prostration and sometimes with profuse sweat.

Languid, tired, exhausted; unable to sit up. (This is peculiar to both acute and chronic affections.)

Complaints from standing or working in cold water (Cal.).

Abdominal pains radiate from the umbilical region, and are attended by flatulent colic; relieved by heat, pressure and bending double (Col., Plumb., Pod.).

Aggravation. Motion; *cold air; a draught of air or cold wind;* COLD WASHING; TOUCH; lying on the back stretched out; when eating.

Amelioration. HEAT; WARMTH; pressure; BENDING DOUBLE.

Mind. Illusions of the senses; sobbing; crying; laments all the time about pain in affected parts, with hiccough.

Drowsiness on every attempt to study (10th day).

Very forgetful (10th day).

What I could previously memorize easily in ten minutes would take me three hours, and then I would not more than half know it.

Mental depression and anxiety.

Dullness and inability to think clearly.

Indisposition to study; to mental effort.

Mind seems clearer; can think and study easier after a few doses of Magnesia phos.

Head. Headache: pains shooting, darting, stabbing, shifting; intermittent and paroxysmal.

Headache: excruciating; spasmodic; neuralgic or rheumatic; always relieved by external application of warmth.

Nervous headaches, with sparks before the eyes; diplopia.

During the night, severe throbbing pressure on the vertex, left side, deep in the brain (2d day).

Dull headache, as if the brain were too heavy—after protracted mental effort (5th day).

Headache better towards evening but changing into a pressure above the eyebrows, especially right (5th day).

Headache: a dull drawing pain about the middle of the head, felt early on awaking; seems to be connected with dyspeptic symptoms.

Headache, begins in or is worse in occiput and *constant while attending school*; cured during proving.

Headache: a dull weight in the head after mental labor (8th day).

Head aches very bad; face flushed, red; pain began in occiput and extended over whole head; sick at the stomach; aches all over, worse from 9 or 10 A. M. till 4 or 5 P. M.

Pressive pain in the head, down through the middle of the brain (9th day).

Headache of school children; constant on school days.

Dull, throbbing pain in temples.

Pain through temples, top and back of head, with sensation of fulness, < lying down.

Sore feeling in back of head and neck.

Sharp pain through temples < at 11 A. M.

Sensation as of a strong shock of electricity, beginning in the head and extending to all parts of the body.

Pain in top and back of head extending down the spine, most severe between the shoulders.

Darting, lightning-like pains through head.

Dull headache, front and side of head, < in evening; feeling of fulness after eating.

Dull sensation, not an ache, in the head.

Sensation of pressure in the head.

Lightning-like pains shoot through the head in bi-temporal region.

Awoke with a headache which began in the occiput and gradually extended over the whole head, accompanied by a sensation of nausea.

Headache, began at base of brain, gradually extended over the head and settled over the eyes; with it constant nausea; > in open air.

Severe headache began in occiput on waking, extending over head, located over both eyes, with some nausea and terminated at 5 P. M. in a pronounced chill.

Outer Head. Severe pricking over head and forehead, as if rubbed with a fine brush (after becoming warm from eating).

Pustules or large pimples—"seemed like blood boils"—

attended with redness and rawness, appeared on the right side of the scalp, but did not suppurate.

Large, white, shining scales can be combed out in handfuls. "If I should comb the head twenty times a day, large quantities of scales would come away each time."

Scalp feels rough, like a grater, and the fine particles combed out feel like sand.

Eyes. Double vision, horizontal (Gels.); sparks (Cal. f.); rainbow colors; photophobia; diplopia.

Eyes sensitive to light.

Pupils contracted.

Dark spots float before the eyes on attempting to read.

Dullness of vision from weakness of the optic nerve.

Nystagmus; strabismus, spasmodic; ptosis; drooping of the lids, worse right side (Caust.).

Spasms or twitching of the lids.

Neuralgia: supra-orbital or orbital; intermittent, darting, lightning-like pains, worse on right side or entirely on right side, relieved by warmth, exquisitely sensitive to touch.

Increased lachrymation, with the neuralgic pain.

Itching and heat in the lower left eyelid (5th day).

Ears. Nervous otalgia, intermittent and spasmodic; > by heat.

Sharp intermittent pains behind right ear, greatly < by cold air or washing face in cold water.

Neuralgic pains behind r. ear, lasted all day and through the following night; intermittent, very sharp, < by going into cold air or *washing face and neck with cold water*.

Nose. Alternate stuffing and profuse gushing discharge, < from left side.

Smarting pain and raw feeling in left nostril.

Cold in the head was both dry and loose alternately; for a time a stopped up, stuffy feeling, then a profuse discharge of a white, thin substance, not watery.

Face. Neuralgia: supra and infra-orbital; of right side; intermittent, spasmodic, darting, cutting, lightning-like pains, < by touch and pressure and > by warmth.

Neuralgia of upper jaw and teeth, r. side, begins every

day at 2 P. M. with the greatest precision and continues until I get warm in bed; pain sharp, lightning-like, < by cold, > by heat; face swelled until it looked as if stung with bees.

Boring, pinching, "nipping" pains, driving out of bed and soon spreading over entire right side of face.

Neuralgic pains of right side, from infra-orbital foramen to incisor tooth, gradually radiating over the entire right side of face, < by touch, opening the mouth to eat or drink, cold air, walking or riding in a cold wind.

Faceache, worse when body gets cold.

Face distorted from pains and weakness; crampy colic.

Lockjaw.

Hydroa on the upper lip (7th day).

Convulsive twitchings of the angles of the mouth.

Neuralgia; from washing or standing in cold water (Cal.).

Sensation of painful contraction at articulation of lower jaw, for several days, with a nervous backward jerking.

CASE I. Mr. J. M., a gentleman aged 72, spare and thin, of medium height, by occupation an architect, was attacked in September, 1885, by violent neuralgia of the infra-orbital nerve of right side. He is a plain liver, using neither coffee, tobacco, nor stimulants of any kind, very regular and methodical in all his habits, and had for years enjoyed most excellent health, hence was at a loss to account for this attack. He felt as well as usual, no inconvenience or pain whatever, until on opening his mouth to take the first mouthful of breakfast, he was suddenly attacked by severe lightning-like pain extending from the right infra-orbital foramen to the bi-cuspid tooth. On closing the mouth and applying hot water, the severity of the pain was mitigated and he was soon comparatively free unless he attempted to eat or speak. Under Belladonna 200 the pains gradually decreased in severity and he could partake of liquid food, but for several weeks was unable to chew solid food. His teeth (at 72) are sound, and have never troubled him, and a careful inspection by the dentist failed to detect the cause of the pain, in a disease of fang or alveolus.

In February, 1886, as a result of facing a severe cold wind while walking he had another attack of neuralgia of right side of face, worse when attempting to eat, from touch, cold water and when walking against the wind — could not bear the least cold air. Aconite 30 now gave very prompt relief and in a few days he was himself again.

A few weeks later another attack on same side of face appeared, decidedly intermittent in character, coming on promptly at 6, and gradually disappearing about 10 A. M. This was attended by great aggravation from touch, could not wash the right side of the face, even the slightest touch of the whiskers was sufficient to bring on severe, lightning-like, lancinating, stabbing, or as he expressed it, "nipping" pains. From the early morning aggravation, the periodicity and the extreme sensitiveness to touch, I gave him Chininum sulph. 200, with gradual relief. But as the severity of the pain in the face disappeared the right deltoid muscle became affected; not only was it very painful, with entire inability to raise the arm, but nearly paralyzed the arm; could neither feed nor dress himself. Rhus, Sanguinaria, Plumbum, Ferrum and Tarantula, as the indications appeared to call for, were successively exhibited, with only partial relief. The shoulder was still very lame and painful and the face more than occasionally grumbled.

The next attack a few weeks later had the following peculiar symptoms: Pains, supra and infra-orbital, extending to all the front teeth of right side; intermittent, stabbing, "nipping," lightning-like, and extremely sensitive to touch; relieved by heat and pressure; coming and going suddenly and attended by marked prostration and profuse night sweats. When the pains in face were most severe the shoulder was comparatively free, and *vice versa*. No thirst, appetite and thirst normal, but obstinate constipation; stool hard, small balls, difficult to expel and no inclination whatever. Here was a totally different picture, and evidently a difficult totality to cover. Magnesia phos. 200, promptly gave relief; not only the terrible neuralgic pains but the lame shoulder as well have remained entirely free to date. The doctor was relieved as well as the patient, at the happy termination of the case. It was one of the worst cases I have met for years. A slight "nipping" returned in March, 1888. He came in and asked for another dose of the same medicine, remarking "make it as strong as you can, Doctor." Dr. Tyrrell, of Toronto, had in the meantime potentized it for me so I gave him a dose of the cm., the "strongest" I had and he has had no pains since.

CASE II. A lady aged 26, of dark complexion, dark hair and eyes, seven months advanced in her first pregnancy, had suffered terribly for four months from neuralgia of right supra-orbital region. When she came under my observation the pains were pressing, drawing, band-like, at times extending into jaws and teeth, worse at night and confined entirely to the right side of face. A few doses of Chelidonium gave relief for three weeks, when it returned in the following manner:

Pains darting, lightning-like, intermittent, suddenly appearing and disappearing, relieved by hot cloths and pressing or lying on

the affected side. Magnesia phos. 200, now gave prompt and permanent relief; and with it disappeared an obstinate and annoying constipation, which, despite several well-selected remedies, had persistently followed her during her entire gestation.

Dr. W. P. Wesselhœft in June, 1887, reported a brilliant cure of a case of neuralgia.

"An old lady of 66, thin, spare. I saw her for the first time about six years ago, the pains were excruciating and had lasted for weeks, were entirely on the right side of the face, intermittent, spasmodic, lightning-like, and relieved by heat. Magnesia phos. gave prompt relief and effected a wonderful cure."

Teeth. Toothache; worse after going to bed; changes place rapidly; worse eating or drinking, especially cold things, > by heat (> by cold, Fer. phos., Bry., Coff.). Teeth sensitive to touch or cold air.

Severe, pinching, stabbing neuralgic pain over root of bi-cuspid tooth, r. side; can be covered by point of finger; < by cold washing, cold air, > by heat; could not brush the teeth with cold water for months.

Neuralgic pain in a filled tooth which had never ached before.

Complaints of teething children; *spasms during dentition without febrile symptoms* (with febrile symptoms, hot skin, hot head and rapid pulse, Bell.).

Ulceration of tooth with swelling of the glands of face, throat and neck and swelling of tongue.

Severe pains in decayed teeth or in teeth which had been filled and given no trouble for years (occurred in seven provers, three of whom "discontinued proving on account of pain in teeth and had the teeth treated by dentist").

Tongue. Tongue coated slightly yellow; crampy colic; clean or slight coating with pain in stomach; coated white, with diarrhœa. Tongue, a bright red; rawness in mouth.

Taste as of sour bread; slightly bitter; as of bananas, although not a whole one had been eaten at dinner the day before.

Tongue coated white all over (third day), was clean when I began proving.

Heavily coated tongue.

Sticky and coated a dirty yellow.

Left side of tongue sore; biting, burning, smarting like a canker sore; eating is painful.

Mouth. Bad taste in the mouth on awaking. Rawness in the mouth; feels as if cankered; warm food seems hot and burning.

Bad taste in mouth; food does not taste right; coffee tasteless; fulness in bowels; belching of gas.

Very sore; difficult to eat; sores red and raw looking on the inside of cheeks, gums, lips, tongue, not in corners of mouth; < *by touch*, particles of food or liquids caused smarting and burning; lasted a week (six days after taking last powder of 1000).

Foul taste in the mouth in morning.

Feels as if scalded—as if had been smoking strong, hot cigars which had burnt the mouth.

Warm food seems unusually hot to the mouth.

Sour taste in the mouth on waking in the night.

Mouth coated with a sticky substance that rolls up in little shreds.

Mouth full of water, tasting like potato water.

Taste of Magnesia and chalk after each powder of 200 and 1000, (prover does not know what she has been taking).

Mouth sore like canker sores.

Canker sore on inside of lip, left side.

Throat. Spasms of the glottis, with suffocative sensation.

Spasmodic constriction of throat on attempting to swallow liquids, with sensation of choking.

Throat is very red and sore, muscles of r. side of neck especially sore, must hold head to r. side without relief.

Throat very red, and just above r. tonsil (and a little back), parts seem puffy as if they contained serum; tongue light yellowish-white; severe pain in throat and neck; frequent pulse; chilly at times and aches all over; feverish, sick, tired, unable to sit up; swallowing painful; severe pain in back of head. Attack lasted four days.

Flow of mucus through the posterior nares into the

throat, accompanied by sneezing and tingling in the nose and on the tongue.

Sore, no objective symptoms, but a sensation of soreness and stiffness of the whole neck (third day after cm. by inhalation).

Sensation of a corn husk lodged in upper part of throat, with constant inclination to swallow (continued two weeks).

Desires: Aversions. Little appetite; faceache.

Appetite; unusually good, but food disagreed leaving an uncomfortable feeling all the forenoon (10 P. M., third dose).

No appetite; with pain in stomach and colic.

Great aversion to coffee.

Acids taste stronger than usual (5th day).

Appetite is improved, notwithstanding the great heat which had diminished it (5th day).

Appetite variable; could hardly wait for breakfast and yet was not disposed to eat much.

Appetite remains good, though food does not taste right: bad taste in mouth.

Stomach. Spasmodic sobbing (like a hiccough) for three days, ceased with the second dose in water.

Singultus thirty times in a minute; for sixty days life in danger. Magnesia phos. soon restored health.

Hiccough with retching, day and night continually for three days; ejected matter was coagulated milk, bile and mucus with great pain, so that she had to lament all the time.

Distension of stomach; very restless.

Spasmodic pains in stomach, with clean tongue.

Pinching pain in the stomach with slight gaseous eructations, very little at a time which afforded no relief.

Intermitting, shooting, cramping pains in region of stomach and epigastrium, extending sometimes toward the back or abdomen.

Flatulent distension of stomach with constrictive pain, relieved by warmth and bending double.

Eructation of food tasting of the ingesta.

Burning, tasteless, eructations come on about three hours after eating and in the evening; < by physical exertion, > by drinking hot water. Heartburn.

Sensation of fulness after eating.

A drink of cold water starts a colicky pain in stomach, which radiates to bowels, very severe, > by doubling up, walking about, by rest; belching seems to > the pain.

Constant nausea; was sick at stomach all day (third day).

Bilious vomiting, at times streaked with blood.

Nausea and vomiting attend headache and flatulent colic.

Gastralgia: Soreness and extreme sensitiveness of epigastrium to touch; sour eructation and sour vomiting; at 12 m. every day > by eating.

Cancer of the stomach; intolerable, burning pain; vomiting; singultus; after Arsenicum and other well selected remedies failed, patient was relieved and made comfortable for six months by Magnesia phos. (Frank Powell).

Hypochondrium. Sharp twinges in r. hypochondrium, on border of lower ribs.

Constrictive, aching pain around body at lower margin of ribs, as of a lameness from lifting.

Abdomen. Severe, griping colic pain, at times shooting upwards towards the stomach, > by hot applications.

Abdominal pains caused great restlessness; walked about hurriedly, said he must have relief; lying on stomach gave short relief, but in a few minutes the pains compelled him to walk again.

Abdominal muscles sore with tendency to constipation (fifth day).

Colic pain; generally radiating from the navel, lessened by bending double or from pressure of hand (Col., Plumb., Pod.); often accompanied by a watery diarrhoea.

Colic pains; spasmodic, intermittent, lessened by bending double.

Colic in region of navel, has to double up. Has to scream out with cramps in abdomen.

Colic; is relieved by bending double, rubbing, external warmth and eructating.

Wind colic of small children, with drawing up the legs, with or without diarrhoea, especially if associated with acidity.

Incarcerated flatulence; unable to pass it down or up (Fischer.)

Cramps in abdomen, pains around the navel and above it toward the stomach and from thence radiating to both sides, towards the back; now violent, cutting, so that she has to scream out, then shooting and violent contracting like a spasm. She cannot bear to lie on the back stretched out, has to lie bent over (Koeck).

Much wind in the bowels, with disposition to stool but relieved by the passage of flatus (3d dose).

Colic pain in lower bowels and moving as for stool (three-quarters of an hour after 6th dose).

Pain in bowels immediately after rising, recurring at short intervals.

Swelling of right abdomen over ascending colon; on lying down a marked ridge became prominent, painful on pressure, continued nearly four weeks (fifth week; prover had severe inflammation of bowels in childhood).

Rumbling of gas in bowels, uncomfortable sensation as if a diarrhoea were coming on.

Flatulence; gas passes freely upwards and downwards.

Fulness in bowels and belching of gas.

Pain commences in bowels to right of umbilicus while walking in cold open air, > by warmth of room.

Sensation of general tightness across the bowels.

Abdominal repletion; sensation of fulness in the abdomen.

Sharp cutting pain in right abdominal ring as if a hernia would protrude, when sitting, > by hard pressure.

Sharp burning pain, a spot about an inch in diameter.

Bloated, full sensation in abdomen (after second day), must loosen clothing, < sitting, > by walking about.

Much flatus in bowels, passing off freely on walking.

Constantly passing flatus when walking; worse after evening meal.

Sharp pains all through the bowels, with fulness, bloating and great flatulence.

Lame pain in upper and middle bowels, accompanied by a looseness, which finally relieved the pain.

Severe attack of flatulent colic; with distressing vomiting, which prostrated, but > pain.

Cramps and wind colic in horses; wind colic of cattle; meteorism of cows.

Stool. Immediately after breakfast, sudden diarrhœa; stools frequent; at first, thick, dark brown, mushy; then lighter, almost white and watery, finally mixed with blood.

Next day at 9 A. M., same diarrhœa returned, but in milder form; relief of pain while at stool, followed by chilliness; stools light-brown, then lighter and more watery.

At 5 P. M. return of pain in bowels and diarrhœa, stools brown, thick, bronze-like and pasty.

Constant sensation in rectum as if bowels would move.

Desire for stool after drinking sweetened Coffee.

Stools loose, watery, with urging and pain in stomach.

Dysentery: with cramp-like pains, relieved by pressure or bending double; with spasmodic retention of urine; cutting, darting, lightning-like pains in hæmorrhoids.

Pains so severe as to cause fainting; pain *very severe* in abdomen and rectum, especially the latter; pain like a prolonged spasm of abdominal muscles.

Constipation of infants, with spasmodic pain at every attempt at stool, indicated by a sharp, shrill cry; accumulation of gas in alimentary canal and much rumbling and flatulent colic.

Afternoon stool, very tedious, but profuse, with some pain in the rectum.

Itching and scratchy feeling in the anus (9th day).

Tedious stool, hard at first, soft afterwards followed by burning in the anus (9th day).

At 7 A. M., *profuse*, like yellow clay mixed with water (enough for three ordinary movements), followed an hour later by one neither so large nor so loose, which > the pain in bowels.

Urine. Spasm of the bladder; spasmodic urinary com-

plaints; spasmodic retention; spasm of neck of bladder; spasmodic tenesmus vesicæ, with constant and painful urging.

Nocturnal enuresis from nervous irritation; spasmodic retention.

When urinating, violent, shooting, burning pains; mucous discharge from the urethra.

Vesical neuralgia after use of catheter, sensation as if no muscular contraction.

A bright shiny discharge from the urethra for three years, in an old man.

Deficiency or excess of phosphates.

Gravel.

Restless sleep, from urging to urinate; the discharge scanty.

Cutting pain in the bladder before urinating (7th day).

Male. Almost constant sexual desire since beginning the proving, with no bad effects from indulgence (which is unusual with me.)

Female Sexual Organs. Menstrual colic; ever since I began taking the medicine I have menstruated from six to nine days too soon—the usual period being twenty-eight days from time it ceases until it begins again. The second was accompanied with great weakness and an intensely sore, bruised feeling all through abdomen, so that I could hardly be up at all, but was much worse lying down. This continued for two days (At this time I had not taken any of the medicine for a month).

Painful swelling of the external genitalia began the second week of proving and continued with varying degrees of intensity for six weeks; labiæ swollen and at times intensely painful.

Menstrual colic; pain precedes the flow.

Menses a week early, with a dark, fibrous, stringy flow.

Dysmenorrhœa; pains severe, intermittent, worse on right side, great relief from heat. (I have twice confirmed these symptoms, in patients who had always been in the habit of receiving monthly relief from morphine. Taft).

Menses: pain > by flow (Lach.—always feels best during menstrual flow, Zinc.)

The menstrual pains are cutting, drawing, pressing, cramping, intermittent, resembling the menstrual and labor pains of Pulsatilla, but, unlike Pulsatilla, are > by heat.

Membranous dysmenorrhœa: At each menstrual nisis severe, sharp, shooting pains in lower abdomen after the flow began, followed by discharge of a membrane from one to two inches long. Mag. p. in the cm potency > the pains and after a relapse brought on by getting the feet wet the dm. cured the case.—Dr. Kimball.

Has cured many cases of membranous dysmenorrhœa; in fact, some physicians prescribe it empirically for all forms of painful menstruation.

Cough dry, spasmodic, violent; constant, unable to speak from the cough; face crimson from violence of cough; uncontrollable, seemed she would choke; retching, choking < in a warm room > in the open air. From a repetition of a high potency given for neuralgia.—Kent.

Dr. A. P. Davis, Dallas, Texas, thus compares Magnesia phos. and *Actea racemosa* according to his clinical experience:

“There seems to be a similarity between the characteristic indications for the use of *Cimicifuga* and Magnesia phos.

“In *Cimicifuga* there is more of a *steady pain* and in Magnesia phos. a *shooting, spasmodic, darting ‘like lightning pain,’* which comes and goes *suddenly*, yet at the same time *not an entire cessation of the pain.*

“The pain of Magnesia phos. seems to be in the ovaries and not in the “broad ligaments,” nor so much in the cervix as in the fundus of the uterus, and seems to be more in the deeper structure, the muscular than the ligamentous, as in the case with *Cimicifuga*.

“The action of Magnesia phos. is quicker than *Cimicifuga*. The experience I have had with Magnesia phos. is that the pains that come on several hours before the menses, are controlled better and sooner by the use of Magnesia phos.

than any other remedy. They affect principally the lower abdominal region and have a peculiarly indescribable character nearly all the time, and frequent shocking, darting paroxysms until the flow starts, then they cease. I subjoin a few clinical cases giving a general idea of the uses of the Magnesia phos. that may be valuable to those unacquainted with, or unused to this remedy.

Case I. Miss S., æt. 22, brunette, short, plump, round body, large, active brain, intellectual; was since puberty troubled every month with dysmenorrhœa, beginning several hours previous, and during the first day of flow, with severe pains in the uterus, back and lower limbs, and these so severe that they seemed unbearable and hysteria seemed threatening. In one of these attacks I was sent for. Found the patient in bed; the feet had been bathed in hot water and hot cloths applied for hours to the lower abdomen; pains no better. I immediately gave her a large dose of Magnesia phos. 6x. In less than half an hour the pains lessened; I repeated the dose, in a few moments the patient was easy, the flow began, and went on the usual time.

Next month I advised patient to begin the day before period and take three doses, and on the day period was to come on, take a dose every two hours. No pains this month. This procees was repeated the third month; no more trouble and patient is now well and no return of pain for over three years.

“The effect of Magnesia phos. in relieving menstrual pains are decidedly satisfactory—I regard it as superior to Cimicifuga, even in neuralgia of the uterus. Ovaritis seems to be controlled by it from its effect, not only in relief of the pain, but curatively from its mechanical action on the walls of the blood vessels—contracting them, and thus relieving the congestion. What particular nerve influence it has, I am not able to comprehend, therefore to explain; but know that it must affect all those nerve centers from which the nerves are derived which control the sensation and nutrition of the female generative organs.

“It affects materially, uterine engorgement resulting in induration.

“CASE II. Married lady, having one child, had every month menorrhagia; twice the flow was so excessive as to cause fears of death. Upon examination found the uterus low down, swollen, the whole vagina filled with indurated uterus; tender, red orifice (os uteri) stretched open about half an inch, inside filled up, out-

side congested. I began treatment with Magnesia phos. 6x., three to four doses a day. No hæmorrhage next month. No pain, and in three months the organ was reduced to its normal size and dismissed patient cured."

Chest. Darting pains in chest, more on right side, which radiate from pain in bowels.

Oppression of chest; desire to take a deep inspiration.

Oppression on first entering a warm room > after being in a short time.

Sharp pains in chest < on r. side.

Dull pains through the chest which radiated from the bowels.

Difficult to take a deep breath on account of muscular lameness.

Shortness of breath increased by walking and by being in a warm room.

Repeated desire to take a long breath; as from a sense of suffocation.

A violent, dry cough came on after the headache left; not excited by anything in particular.

Dysmenorrhœa: At each menstrual period a membrane, varying in size from one to two inches in length, was discharged. Her symptoms were, after the flow began, severe, sharp, shooting pains low down in the abdomen, > by lying curled up in bed with a hot water bag on the abdomen. When the severe pains were > a dull aching for a day or two followed, and the next or the following day a membrane passed. With this exception was in very good health. After one of her periods I gave her Mag. phos. cm. in water, a dose night and morning, for two days.

The next menstrual period was nearly free from pain and the succeeding ones were painless, but the usual membrane was passed. Before this she had always stayed in bed without any relief. Painless menstruation went on for six or eight months, when she got her feet wet just before her menses, and received Mag. phos. dm. It relieved her and she has had no trouble since. (S. A. Kimball).

Neck and Back. Sore pain in head, back of neck and lower part of back. A sore ache in lower part of back; sensation as if a section of vertebra were missing.

Soreness and lameness in lower part of back.

Aching pain in neck and back.

Hard aching in small of back.

Dorsal spine, for about six inches, very painful and sensitive to touch for weeks (after repeated doses of 50m. for neuralgia.—Kent).

Upper Limbs. Rheumatic pain in the left forearm from the elbow to the hand, most severe from the wrist to the knuckles. Darting pain in arms. The skin of the fingers feeling as if stretched too tightly; followed by pain in the elbow joint and then in the wrist (after 2d dose).

Throbbing pain in the right wrist in the vicinity of the ulna (3d dose).

Right shoulder joint lame.

Rheumatic pains in right arm and shoulder; began in the shoulder and crept down the arm; a steady ache, > by heat, < by motion.

On retiring a steady aching pain in r. arm from shoulder to elbow, disturbing sleep, lasting all night, and gradually disappearing in the morning after moving about (constant every night for three weeks.)

A dull, heavy, aching pain began at the shoulder and extended to the wrist < by cold, motion and pressure.

The first joint of middle, third and little fingers of left hand, became enlarged, though painless.

Tingling in the fingers of the left hand (after 5th dose).

Stinging pain in the first joint of the left thumb, extending to the nail, like that of a paronychia.

The first joints of fingers of both hands are still swollen, though painless. That of the little finger, left hand, is as large as two kernels of corn in the milky stage, and transparent like the corn. The other first joints on fingers of both hands look as large but do not project so sharply, nor are they transparent.

Lower Limbs. Every night neuralgia, now in the lower limbs, in tibia or in thighs, now on the left, now on the right side, mostly with spasmodic muscular contractions; during the day perfectly well.

Joint of r. hip lame, < on walking.

Sharp pain in l. knee, followed by numbness of joint.

Tingling in toes of left foot (5th dose).

A slight bruise below the knee becomes very painful about ten hours after, as if rheumatism had set in.

Legs ached after getting into bed.

Sensation in limbs like a shock of electricity followed by a soreness of the muscles.

Aching feeling in arms and legs; weak and trembling.

Rheumatic drawing in the muscles between the right tibia and fibula, extending from near the knee to the ankle; painful on pressure (4th day).

Nerves. Chorea; epilepsy; tetanus.

Convulsions: with pertussis.

Spasms: without fever; of teething children.

Crampy contraction of fingers; staring, open eyes, fifteen to thirty minutes duration.

Every twenty-three days spasms, fifteen to thirty minutes duration.

Sleep. Drowsiness; fall asleep and awake as from an electric shock, and then become drowsy again.

When it was time to rise (6:30 A. M.), felt very dull, unrefreshed and drowsy (4th day).

Awaken dull and unrefreshed, with uneasiness and bloated feeling in the bowels (5th day).

Sleep disturbed by troublesome dreams, awake with an impression of some one being in the room—saw some one standing over me.

Restless sleep from pain in occiput and back of neck.

Awoke at 3 A. M. and remained awake about an hour.

Sleep poorly; dreams a great deal.

Very drowsy; sleepy when attempting to study.

Spasmodic yawning, severe, as though it would dislocate the jaw; caused tears to flow.

Chill. Fever. Sweat. Chilly *after dinner* in evening, at 7 P. M.; *chills run up and down the back with shivering*, desired more clothing.

Chills every evening at 7 o'clock, after dinner; legs ache; must be covered.

Chilliness in evening when going from a warm room into open air; shaking and chattering of teeth as with an ague chill, > by entering a warm room.

One of my provers discontinued the drug "owing to a crop of boils that took possession of him, which terminated in a five week's attack of remittent fever."

Chilliness with chattering of the teeth < by motion and cold air; so violent was compelled to take her bed for half a day.

Slight chill between 7 and 8 P. M., felt as though cold water had been poured down the back followed by a succession of little shivers (13th day after taking last dose of 200).

Chill at 11 A. M. began in back of neck and gradually crept down the back and over whole body, followed by very vivid flush on left cheek and left ear for 30 minutes, no thirst (14th day).

Severe chill at 9 a. m., which lasted three hours; was compelled to go to bed where I lay and shook; neither heat nor sweat followed (21st day).

Creeping chills up and down the spine, followed by a suffocating sensation; must throw off all covering; distinct from chill and comes in spasmodic attacks and lasts about half an hour, no thirst.

Sensation of being worn out and completely exhausted, made me go to bed. Chill lasted one hour at end of which exhausted feeling passed off. Cough and catarrhal symptoms followed chill, no fever.

Bilious fever—diagnosed a genuine attack—cold, chilly and aching all over, sat near a hot fire, face flushed, high fever, rapid pulse. The fever increased in intensity through the night and next day; bilious vomiting, at times streaked with blood; intense headache and some delirium at night; no appetite and much thirst (5th day).

Burning, stinging pain in a bunion on left foot which had given no trouble for years; painful for fifteen days when it gradually ceased.

Feet so tender and corn so painful was unable to wear her ordinary shoes.

Burning, stinging, smarting lancinating pain in corns.

Skin. Barber's itch; herpetic eruption, with white scales.

General. Tires very easily, even from talking, which is unusual.

Fells sick and prostrated on waking in the night.

A tired, languid feeling which seemed to take away my strength.

Shooting pains all over the body.

Tingling sensation in all parts of the body, more noticeable in the extremities, like an electric shock.

Languid as in hot weather; required an effort to walk.

Antidotes. *Bell., Gels., Lach.* (for the cough).

MELILOTUS ALBA.

In the introduction to *Veratrum album*, *Materia Medica Pura*, Hahnemann says: "Physicians have not known, heretofore, that *Veratrum* facilitates the cure of at least one-third of the cases of insanity generally occurring in lunatic asylums, inasmuch as they did not know to what special kind of insanity *Veratrum* corresponds, or in what dose it ought to be administered." This observation corresponds with my experience with *Melilotus*.

A few years ago we made a proving of *Melilotus Alba*, and since that I have been paying much attention to its mental symptoms, having made four brilliant cures, which are generally of a very severe type. In three of the four cases the papers had been made out to send the patients to an asylum. *Melilotus* completely restored them.

Dr. Bowen says he is in the habit of prescribing it for all cases of insanity, to reduce the hyperæmic condition of the brain, thinking he would use the indicated remedy as soon as the acute congestion was removed, but found that the *Melilotus* cured the entire train of mental symptoms and restored the patient to health. By a strict individualization I have obtained the same results and verified this statement in a number of cases. The following are the

MENTAL SYMPTOMS OF MELILOTUS.

Great mental confusion; unable to fix the mind on any subject.

Extremely suspicious, thinks an officer is on his track seeking to arrest him.

Capacity for business entirely gone; memory and judgment greatly impaired.

Constantly making mistakes, not only as to what had been done but as to what ought to be done.

The Latin proverb "*quos Deus vult perdere prius dementat*"—those whom God would destroy he first makes mad—was constantly in his mind.

Thought there was something *supernatural* in always awakening a few minutes before 3 A. M.

Insomnia, unable to sleep after 3 A. M.; wakes regularly every night a few minutes before.

Stricken with a "panic" fear; thought the business of the country had gone to ruin.

Apprehensive that personal financial disaster had overtaken him; that he was going to the alms house; roast beef, white bread, strawberries, were too expensive, would not use them.

Taciturn, would not speak except in monosyllables, although a fine conversationalist when well; constantly on the *qui vive* for fear of being arrested, locking the doors and fastening the windows.

Was positive he was *not at home*, did not know his own house or familiar houses in the street, but recognized the members of his family. Thought he had been brought to a house at the cemetery preparatory to being buried the next morning.

Great nervous and mental prostration: "I tried to exert my *will* against this prostration and to dissemble, as well as I could, the loss of faculties of which I was conscious; but there was no use, the mental prostration was too complete and by turns I struggled, and then again in order to stimulate to action reproached myself for doing this, as if I had been feigning the loss of power which was only too real."

I call the attention of members to these mental symptoms of Melilotus because there are few remedies that may

be more useful in the treatment of insanity and mental affections.

Dr. Nash says: I have had some experience with Melilotus and one characteristic symptom is the excessive redness of the face, which always in my experience, attends these mental troubles and often precedes nose bleed, which is apt to occur in those cases.

SYMPTOMS OF THE INSANE: REMOVED BY MELILOTUS.

G. W. BOWEN, M. D., FORT WAYNE, IND.

Wants to run away.

Wants to kill himself.

Very vicious; threatened to kill me, or any one else that touched him.

Thinks and believes there is a Devil in his stomach that contradicts all he says.

This patient got well after he had been a monomaniac for three months. He took nothing but Melilotus.

She wants to run away and hide, for she insists that every one is looking at her. She is very nervous and timid.

She says she dare not talk loud as it would kill her, so she talks to me in a whisper.

MELILOTUS IN INSANITY.

February 2d, 1889, I was called to see (with Dr. S. of Berne), Mr. Chas. Yager, a farmer, aged 36, who had been insane for ten days. His wife would not consent to have him sent to an Insane Asylum until I had seen him, as several cases of insanity in that vicinity had been restored to health by my assistance.

He was carefully guarded by a stout man that never left his side for a moment. His mania was to escape or kill himself.

He did not and could not sleep; could not be induced to eat or keep still. It was evidently caused by the loss of sleep and the loss of a sister who had recently died.

Realizing that from the loss of sleep, the circulation through the brain must be defective, I gave him with much difficulty, a dose of *Melilotus* 1st cent. pills. They were chewed up viciously.

In less than thirty minutes by the clock (that was in plain view of all) he took a chair and sat down by the stove. In forty-five minutes after he took the dose, I went to him, felt him all over and asked him how he felt. He said he felt pretty well, except very tired and sore and a little headache.

Fifteen minutes later he was sweating, took a drink of water from his wife, and talked nearly natural and rational. It was decided to continue the same remedy as long as it acted well.

It was given every two or three hours apart for a few days, then every six hours apart. Dose ten pellets 1st cent.

His guard was dismissed after a few days, and he took an interest in, and looked after his stock. Yet he continued to be a little nervous at night.

His wife and Dr. S. promised to bring him over to see me, but, as he seemed to be so well, they did not deem it necessary to do so.

Some two weeks after my visit, on Sunday, many of his neighbors and friends called to see him, and they talked of his affliction, loss of time, and expense. It of course interfered with his sleep that night, and made him worse Monday and Monday night. Tuesday he secured his gun and shot himself.

When he appeared to be restored they discontinued the medicine.

I did not have a chance to review the case and see if anything else might be needed.

Nothing but *Melilotus* was given, except two or three doses of *Nux vomica* to regulate his digestion.

[A few doses of a higher potency would no doubt have acted more deeply and entirely removed the mental affection.—Ed.]

Societies.

CANADIAN INSTITUTE OF HOMŒOPATHY.

PRESIDENT'S ADDRESS.

J. N. ANDERSON, M. D., TORONTO.

GENTLEMEN: In behalf of the Canadian Institute I extend to all a hearty greeting; and to those not citizens of this Queen City, a most cordial welcome.

We have met, I trust, as members of one family around the common hearth-stone laid by Samuel Hahnemann and with one watch-word, *Similia Similibus Curantur*. Some of us are toiling in lonely fields, separated from all congenial spirits and helping hands, when often friendly aid and divided responsibility would be most gladly sought. Not only are you alone but you are in an enemy's country, an enemy ever ready to take advantage of whatever will tend to your injury and his advantage. Ever remember that the eyes of your brethren are upon you, watching your gallant fight and rejoicing with you in your victories. Also let us bear in mind that when one member fails in his fidelity to our watch-word, all the others suffer thereby. Eternal hostility to Homœopathy is written on the banners of our adversaries; and though it may be hidden at times and in places, yet if favoring breezes blow, it will strike the eyes of all beholders. There are those in our school, I am sorry to say, who favor tearing down the walls of separation between the schools of medicine. This can never be done, while we remain true to our principles unless they of the old school adopt Homœopathy in toto as taught by its founder. We have nothing in common with Allopathy (I mean in respect of the law of therapeutics) and the more we can make this manifest by our method of cure and its superior results in healing the sick *cito tuto et jucunde*, the more the laity will appreciate our work and the sooner, I believe, we will win the battle. If we have only the grossest ideas of success, I believe we

will much sooner attain to it by making our method of cure as far as possible removed from that of the old school.

The men that introduced Homœopathy into this country and bore the brunt of the battle for our legal rights, are most of them with us yet. All honor to these who remain as well as to those who have passed to their reward. And now that the "standard" has been placed in our keeping, let us guard the precious trust shoulder to shoulder, with shield over-lapping shield like Cæsar's invincible hosts.

We have on the register in Ontario eighty physicians. Of this number only fifty-five are in practice in Ontario. Of our present legal status you are aware. Of the wisdom of those of our school who amalgamated us with the allopathic school and thereby formed the present College of Physicians and Surgeons of Ontario, some of us stand in doubt. We believe that it has had the effect of causing many of our students to remain in the United States where they graduated, because of the additional time and expense and for fear that justice would not be meted to each alike by the examiners of the college. We have many towns in Ontario with a population of from three to twelve thousand where our school has no representation and where its friends, in some of these towns, are asking the Homœopathic Colleges of the United States to send them a physician of their faith. What can be done to answer this macedonian cry, is a question I ask you to consider. The question as to whether we shall seek for a chair in our Provincial University for the purpose of teaching Homœopathy to our students there, has been under the consideration of our Association for some time.

The difficulty has been, I understand, in the past to find a man willing and competent to accept the position and at the same time receive the unanimous support and co-operation of our practitioners. This difficulty I believe now exists no longer. I hope at this meeting, definite steps will be taken in this direction.

I am glad also to state that for nearly or quite two years we have had a homœopathic free dispensary in Toronto

which has been very successful in all respects, and reflects great credit on the physicians that have given their time for the benefit of the poor.

There is one other matter of interest to us as Homœopaths to which I wish to call attention. When the Ontario Board of Health was organized by the government, one of our school, I think it was Dr. John Hall, was very properly given a place therein. For some reason, unknown to me, Dr. Hall resigned and we have had no representative there from our school since. I would suggest that steps be taken by our Association to have our former status in the Board of Health renewed. Gentlemen, I thank you for your patient hearing.

HOMŒOPATHY AND THE HIGHER POTENCIES.

R. HEARN, M. D., C. M., TORONTO, ONT.

This "vexata questio" of high potency and the single dose has been, and is still, an arrow rankling in the breasts of the true followers of Hahnemann, as well as of many pseudo-homœopaths. Our object is to remove the foreign shaft from the former, and heal up the gaping wound, but let us do so with a gentle hand and in a kindly manner.

High potency has long been made a scapegoat for the evil practices of a false Homœopathy, but let it be such no longer. It has been wrongly judged to be the watchword of those who strive to practice the principles of Homœopathy as set forth by Hahnemann.

However, this is not the real point at issue, since the employment of the higher potencies is not an essential requisite to the practice of pure Homœopathy as given to us by the Master, as he knew nothing of them himself; notwithstanding this, it is eminently desirable to use the higher potencies, as results most fully justify such an assertion. It is no *ignis fatuus*—that will flee as we pursue; no mere phantasm of a disordered mind; but a convincing, living fact that results may be obtained in the

treatment of diseases by the higher potencies that are more prompt, more satisfactory, more lasting, than by any other. But there should be no contention on this point, since there is no ground for it whatever. Where, then, does the real difference lie between the professed followers of Hahnemann? Why this talk of "pure Homœopathy" and Hahnemannianism?

Well, gentleman, I will endeavor to assign you the reason for it in a very few words. It is this: some of us have proved the principles of Homœopathy adequate to cover all cases of diseases of dynamic origin; but others have not, and hence must resort to accessory means of relief, such as Morphia, Quinine, purgatives, tonics, counterirritants, or medicated topical applications.

Now, let us look this matter squarely in the face and enquire:

First, as to the objections brought forward to the use of these so-called accessories (I say so-called because they in reality have not part or lot in true homœopathic practice). What are they?

Second, why should the Homœopathist's liberty of action be thus curtailed, and he be condemned for using such means of relief—not cure, for that is impossible?

The first question may be answered somewhat as follows: the foundation truth of Homœopathy, our fundamental law of cure, *similia similibus curantur*, is thereby practically set aside, and as a necessary sequence to such a course the patient's recovery is delayed, or, perchance, rendered impossible. Well, you may reply: there is another side to the question. The case demanded active and prompt interference for relief. The remedies used—and they were many in rapid succession, mixed and alternated—had no appreciable effect in ameliorating the condition, and something had to be done; relief must be obtained somehow, or the case would have passed into the hands of another physician.

Now, the point here, is this: was Homœopathy capable of affording relief of the symptoms (and curing the case) provided it was properly applied by the selection of the

similar remedy, in the minimum dose, and according to the totality of symptoms?

I answer, yes, decidedly; prompt and permanent relief followed by a complete cure, where such is possible. And this has been proved in numberless cases, even where there was an irritating mechanical cause present, such as in biliary and nephritic colic or intestinal obstruction where the action of the simillimum has been repeatedly verified beyond the shadow of a doubt.

Let me cite a single case by way of practical illustration:

Mr. O., bilious temperament, had eaten a hearty meal, went down town and drank several glasses of bad beer, and was taken about 4 P. M. with severe, griping, colicky pains in abdomen, principally around the region of the umbilicus, of a clutching character, forcing him to bend almost double for relief, with knees drawn up and his face pressed firmly into the pillows. These symptoms were soon followed by severe retching and vomiting, with constant nausea, pale face and blue circles around the eyes. He was so dreadfully sick that he could scarcely utter a word, and the pain was becoming more intense each hour. Nothing gave any relief, and he tossed and rolled in agony, vomiting every few minutes. I could ascertain very little in the way of subjective symptoms because of the intense pain he was suffering and continued nausea, so I took the objective which were evidently the characteristic ones, viz.: almost incessant nausea and vomiting, pale face, blue circles around eyes, and with what others I could gather, I prescribed Ipecac. 200, one dose dissolved in a little water, two teaspoonfuls every few minutes until relieved. He was free from pain and nausea in less than five minutes after taking the first dose, though that attack had lasted then for five hours. It was 9 P. M. when I first saw him—he required no other medicine; the one dose cured the case and he was as well as ever next day.

Now, gentlemen, when the indicated remedy will do that sort of work, we certainly do not require to resort to the use of hypodermics of morphia, or other palliative measures. I might enumerate many cases of a like character

where the similar remedy has relieved very painful affections with remarkable rapidity, and the most cheering aspect of this mode of treatment consists in the fact that the relief so quickly afforded is permanent and not followed by tedious complications requiring further prolonged treatment. The totality of symptoms are removed and this, according to Hahnemann, constitutes the entire disease; though Hufeland declares to the contrary and says that though Homœopathy may remove all the symptoms, yet the disease remains. Experience, as well as Hahnemann, teaches the former to be the correct view.

True there are failures amongst all of us, even the closest prescribers, but yet they are comparatively few with the men who study their cases closely and give the similar remedy; under any circumstances, even where the disease is incurable, it is the very best possible treatment that can be adopted, and secures for the patient more rest and comfort than is possible to be attained by any other means which might be adopted; and this is still being proved, thus adding daily incontrovertible testimony to the infallible truth of Homœopathy.

But, when failures do take place, as they will do more or less in the practices of all of us, don't be too ready to put the responsibility of such failures upon the already burdened shoulders of the law of similars, but pause for a moment and perchance a further study of the *Materia Medica* would reveal the fact that we have not properly selected our remedy, *i. e.*, the "similar," not the "palliative." Because, immediately we use palliatives or repressants we are off the track of curing our patient and he stands a very fair chance of rushing down grade into the trammels of the old school, or even into the grave itself.

"Oh what a tangled net we weave,
When first we practice to deceive."

And there is no doubt that we are deceiving both ourselves and our patients when we depart from that unerring law of cure which has withstood the storms of a hundred years and must still abide unalterable so long as the world lasts.

If we desire to obtain satisfactory results under this law, we must necessarily act in compliance with its requirements. If we wish *it* to be subservient to our interests and to those of our fellow-men, we must act in accordance with its demands; we cannot mould it to suit our varying caprices or lack of knowledge and sound judgment, we must frame our principles in accordance with its standard of perfectness, and then, but not till then, shall we reap the reward of our labor, and be ready to take a stand in the maintenance and defence of the true art of healing.

Let me cite another case, which may perchance prove of interest to you as indicative of the prompt and very marked action of the similar remedy after repeated failures, or but partial successes in the treatment of this case, during a period of about three years. But when I did find the *simillimum* after long and careful study, there was a row in the camp, or rather in the economy of the patient, between the dynamis of the disease and that of the remedy; the latter, however, came off victorious, greatly to my own and the patient's satisfaction.

The history of the case is as follows: Miss M., age about 33, dark complexion, nervous temperament, has suffered ever since she was a girl about ten years of age, from very severe neuralgic headache, involving principally the left side of the head, beginning in the back of neck and occipital region, passing upwards over the top of head to the left half of temporal and parietal portions, as far as the zygomatic process and the left eye. Sometimes the pain would begin or pass over to the right side of head involving the same parts, but this was very rare. It was most generally limited entirely to the left side. These paroxysms of pain recurred periodically, about a week before the menstrual flow which was regular, and followed by relief of all the symptoms. The first warning of an attack coming on is a tenderness over the region of the left ovary, with a sort of dragging pain, and feeling as if something was drawn tightly around that side, has to loosen her clothes; pressure directly over the region of ovary relieves; has to lie on her closed fists sometimes in order to get ease;

chilliness accompanies this pain, the chills running up and down the spine, feeling as if some one were pouring cold water over her, with cold feet; relieved by heat; wants to get close to the stove; cannot get warm for a time. The chills pass off gradually and then the pain begins, getting gradually more severe until reaching a climax and leaving in the same way.

These ovarian and general symptoms last from two to four days and gradually disappear giving place to those of the head which are as follows: She wakes in the morning with pain of a burning, throbbing character, beginning in the back of neck (sometimes between the shoulders) and occipital region, extending over the left half of the head as far forward as the zygomatic process; but sometimes the pain begins over the left eyebrow and travels backwards behind the ear to the occiput and back of neck. There is a pressive pain outwards, in a small spot about the center of the left parietal bone, which she said felt as if steam was trying to escape; also a burning of the left ear. The pain gradually grows more severe until the second day, with heaviness of the left eyelid, vertigo, and vanishing of sight; everything seems a blur; then nausea and vomiting set in accompanied by severe retching, nothing but glairy mucus coming up. By this time the pain is so severe as almost to put the patient out of her mind and she feels as if she must go crazy. Amelioration of the symptoms by moderate pressure and heat. About the third day, as soon as the flow appears, the symptoms quickly give way, and she feels better, her face and head being left slightly swollen, red lened and very tender.

The remedies that gave partial relief were Arsenic 6x and 15x, Belladonna 3x and 15x, Gelsemium 6x and 15x and Ipecec 200. Other remedies tried were Natrum mur. 200, Argentum nit. 200, and last but not least, Lachesis 200 and 75m.

She had of course tried various means for relief both by drugs and electricity during a period of twenty-three years, and her father said he had spent the price of a farm in trying to get her cured, but all had failed. I had failed

for three years, except to afford temporary relief, and she had long given up all hope of ever being cured. Possibly, she may be right there, but I think not from the way the case has progressed to the present.

One day she entered my office, during one of these severe attacks, in a sort of despairing effort to obtain some relief. I gave her, with but slight prospect of being able to render much service in what had proved such a difficult case to handle, one dose each of *Argentum nit.* 200 and *Lachesis* 200, telling her to take the first powder at once and should she experience no effect from it in two or three hours' time to take the second powder. The first remedy had no effect whatever, but on taking the second remedy—*Lachesis*—she said it seemed to her as though a hand passed over her and she was relieved of pain almost immediately. The attack did not return for nearly two months and then she had a slight one for a few hours, when a dose of *Lachesis* 200 again relieved her. The attacks now became irregular, affecting only the head, and lasting but a few hours instead of three days as before. Her general health has improved and she feels better in every respect.

Two weeks after giving the second dose of *Lachesis* 200 it was again repeated for a slight attack and failing to render marked relief of the symptoms the 75m was given which worked well at the time but produced a serious aggravation in the subsequent paroxysm which was as bad as any she ever had. I gave an antidote (*Sepia*) and there has been no further return of the trouble except an occasional threatening, and it promises to prove the similitimum by requiring, as I hope, no other remedy to complete the cure. During twenty-three years time *Lachesis* was the only remedy that ever cut short an attack, and it acted in such a marked way as to leave no doubt as to its specific action. If the similar remedy is not given in accordance with the totality of the symptoms, then the means employed, and which give temporary relief in some cases, must be allopathic i. e. antipathic or enantiopathic, or in other words repressant or palliative, and we all know

or ought to know, that these methods are, and have been proved to be highly injurious to the patient sooner or later, and sometimes very embarrassing to the physician, and even harassing to the friends and relatives of the patient, who in turn often harass the patient to get another doctor.

The various drugs employed in allopathic practice by their crude or toxic action on the various parts of the economy, either repress, or suppress the disease, that which is manifest by the totality of symptoms, the deranged vital forces. These are driven back upon themselves, locked up as it were in the system where the perverted vital energies become latent for a time, and the dynamic powers of the system are prevented from manifesting their disturbed condition through the ordinary channels. Thus the disease enters the economy more deeply, the natural safety valve having been effectually closed for the time being by the powerful action of dissimilar drugs, but as soon as these effects pass off and the vital force reacts from under their influence, the disease bursts forth with greatly increased violence, either through the same channels as before, or by others far more destructive to life than those previously chosen by nature in her efforts to throw off the malady. It is very like closing down a "Jack in the box." You shut him down out of sight for a time, but he is by no means abolished, or destroyed; he is only gathering strength to show his head again, and immediately the pressure or power that keeps him in is removed, up he pops as lively as ever. The *disease* has not been weakened, *but the patient has*, and sad to relate, is too often cut off before the disease is subdued. Nevertheless "a banner with this strange device" is still borne along, *Miseris succurrere disco. O tempora, O mores.*

Let us take a few practical illustrations in support of this argument from Hahnemann's brief description of one hundred authenticated cases of suppressed Psora in Vol. I of his "Chronic Diseases." They speak for themselves, in unmistakable language, requiring no comment thereupon, and demonstrate to all who are willing to hear, what are

the terrible results following the suppression of this chronic eruption; death even, and speedy death too, being in several instances the sad sequence to this hazardous and unscientific method of treatment. Take malarial fever, as suppressed by quinine in massive doses, and note carefully the far reaching, almost innumerable complications of disease of a much more serious and fatal character accruing from this mode of procedure, so called scientific medicine, the science of war against innocent victims. Take ordinary diarrhœa and dysentery suppressed by the use of Opium, Chloral, Camphor, Catechu, Hydrag. cum creta, &c., and note the many fatal results that follow in the wake of such treatment. How many little sufferers have succumbed to meningitis encephalitis, paresis and phthisis abdominalis brought about by such a false and ignorant course of medication?

Take the vast number of chronic and incurable sufferers whose miseries can be traced back to the healing over of old ulcers or the drying up and disappearance of various forms of dermatoid eruptions by the application of Zinc, Mercurial or resinoid ointments; or mark some of the evil effects consequent upon local suppressant treatment in catarrh, otorrhœa, fistula in ano, hemorrhoids, vaginitis, cervicitis, endo-cervicitis, etc., etc. Time would fail me to particularize the multitudinous forms of suppression by allopathic, toxic or crude drug treatment, and the long list of incurable and chronic diseases derived therefrom directly or indirectly. Suffice it to say that hundreds of homœopathic physicians, should I say thousands? I hope I may ere long be able so to state it, and perchance some allopathic physicians also, have been convinced both by teaching and experience—which is the greatest of all teachers—that drugs, if used to combat disease in any other way than according to the law of similars—promulgated and practically demonstrated by the illustrious Hahnemann, such procedure is fraught, sooner or later, with the direst consequences to the vast majority of the unfortunate patients. "*Verbum sat sapienti.*"

I will illustrate my remarks on suppressant treatment

by a single case, which will show the *modus operandi* very clearly. Mrs. I., a stout apparently healthy lady, æt. about 45, consulted me about June 1, for the following symptoms: She had had a severe attack of diarrhœa, which set in about the middle of August of the previous year and abated somewhat after a few weeks, but she did not get rid of it until Christmas at which time she consulted an Allopath who gave her some medicine that soon checked the diarrhœa, and the conclusion arrived at was, of course, that a cure had been effected. But wait a little and let us see what the sequel was. About four months afterwards, owing to the obstinate constipation that resulted from the, previously suppressed diarrhœa, the case terminated in the appearance of very painfully inflamed varices which continually grew worse until at the time she consulted me, she was unable to go around without experiencing very acute suffering, and there is no doubt at all that in the course of time this case would have resulted in probably incurable fistula and ulceration of the bowel, as has been the deplorable results in many similar ones.

The hemorrhoids were intensely painful, with great heat and burning; worse at night and on moving, protruding and extremely painful and tender, relieved by heat or hot water, worse by cold. These symptoms subside for a time and then return with increasing severity and are accompanied by great restlessness and irritation, a feeling of languor and depression, all symptoms worse before stool and at night; drowsiness after meals, headache across the forehead and over the eyes. The hemorrhoids did not bleed, but burned like fire and were so painful she could neither sit, stand, nor lie down in any position to obtain relief. I prefaced my treatment by a few doses of *Nux vom.*, since I surmised that Opium had been given in some form, along with probably chalk mixture or other astringent, and gave her *Arsenicum 15x*, which evidently covered the case since its administration was followed by prompt and permanent relief of all the symptoms, and she was apparently quite well in the course of a few days.

Now comes the confirmatory part of the case: She

returned a month after, saying that there was complete disappearance of all the former distressing trouble, but the diarrhœa had returned just like it was the previous summer and she was afraid to allow it to run on again. She had to jump out of bed early in the morning and rush to the closet, when there would be a copious, loose stool, which was repeated after breakfast and in the evening. I gave her a dose of Sulphur 200 and there was no further trouble and no consequent constipation. The disease was not suppressed, and I am confident that had this been given in the first instance she would have been saved many months of acute suffering.

There are numberless cases on record just as clearly marked as this one was, and perchance more so, which go far in showing the evil results accruing from suppressant treatment.

Palliation is somewhat similar, but not the same, though none the less injurious in the long run. But oh! how subtle is this form of treatment. No wonder the patient requests it for himself, and the physician who knows of nothing better, readily accedes to the request. But while the primary effect is both charming to the patient and satisfactory to the physician, so soon as the system has reacted from the influence of the drug, the symptoms, which were relieved for the time, instead of disappearing altogether—as they would have done under the simillimum—only return in a still more aggravated form, requiring a repetition of the dose increased in quantity for each successive attack until the unfortunate patient becomes habituated to the use of these measures for relief and cannot live without them. And oft times the vital forces give way beneath the continued onslaught and the victim becomes a helpless invalid or finds a premature grave.

Have I overdrawn the picture? No, by no means. Let the many unfortunates who have become slaves to the continued abuse of Opium and Morphia, answer. Let the many incurable cases of cancer and phthisis who have been fed upon this drug for many months and ask them to depict their sufferings; there is only one word to express it—

untold. And this is only one instance of the deplorable effects of palliative treatment; need we go farther? The mind shrinks from traversing this field of carnage; let us draw the curtain here and proceed to our

Second question, viz.:—Why should the physician's liberty of action be curtailed or limited, and why should other means of relief, (in diseases of a dynamic nature) than by the homœopathic remedy, be condemned?

If a physician styles himself a "Homœopathist" he is in duty and honor bound to *practice* according to the principles of Homœopathy. If he does not do so, then he should be satisfied to take some other title suitable to his methods of practice.

His patients may not object to the use of Morphia, Quinine, Chloral, Bromides, purgatives, tonics, counterirritants, medicated topical applications, etc., according to the usages of the old school. But, I ask you candidly, is such treatment "homœopathic"? No! Well, what is "homœopathic treatment"? It is the use of the single remedy, and the similar remedy in the minimum dose, and given in accordance with the totality of the symptoms—simplex, simile, minimum. This is all we are contending for, and you will notice I have not enumerated "high potency" here at all. And why? Simply because "potency" is a matter of *experience*, not a *principle*; though we do say, fellow practitioners, try the higher potencies. They have given us great satisfaction and splendid results; shall I say even marvellous? Yes, and they will accomplish the same for you, if given a fair, honest and impartial trial. As Hahnemann said in reference to Homœopathy, "put it to the test and then publish your failures to the world."

Eclecticism is condemnatory if practiced under the garb of Homœopathy, not only because it is vastly inferior to purely homœopathic treatment and produces more complicated and difficult cases to unravel than even those that have been drugged by the Old school; but also from the fact that the public and patients who do not discriminate between what is, and what is not homœopathic, attribute all the evil result of Eclecticism to Homœopathy, and

thus the system is unjustly brought into disrepute. If a physician is not content to abide by the principles of Hahnemann in the treatment of his patients, he is at perfect liberty to resort to any other methods or means he may deem advisable, only do not designate such by the term homœopathic. Let us be honest and straight forward in our course, and if we are ashamed of the old flag; if we do not wish to sail further under its protection; if we think it incapable of outriding tempestuous seas when lashed into fury by the whirlwinds of disease, then haul it down and run up the usurper's flag in its stead if you will, but don't let us float the white banner of truth and loyalty over a pirate craft.

Let us give honor where honor is due; let us have a clear understanding of the principles upon which our practice is based; let us know well the course we are pursuing, and let us practice what we profess, and dissensions will then become a thing of the past; our ranks will be undivided; union will be our strength, truth and liberty will prevail, and we shall press forward under one standard, similia, no longer a "strange device" but a loved and honored emblem. Thus we shall find ourselves established upon a solid foundation from which all the bitter enmity and calumnies of our foes; all the wiles and intrigues of our enemies; all the sneers and jealous hatred of our opponents, will not be able to dislodge us, and we may thus secure a place in the hearts of the people, the afflicted and the suffering, dearer to them than their patriotism to their country or their allegiance to their sovereign—that of a faithful succorer in the hour of deepest need. *Veritas vincit et prævalebit.*

THE THERAPEUTICS OF TUBERCULOUS AFFECTIONS will be found as useful in the treatment of all chronic diseases of the respiratory tract as Bell's "Diarrhea and Dysentery" is in those of the intestinal. It teaches how to cure all those catarrhal affections, which, neglected, are prone to lead to organic lesions. Sent free by the author on receipt of price. See notice in November ADVANCE.

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.

SECTARIANISM IN MEDICINE.—Under the above caption in the November issue of the *N. Y. Medical Times*, Dr. J. P. Dake offers the following valid reasons for the establishment of the homœopathic school of medicine by Hahnemann:

In some cases, however, where the new idea and the method based upon it had genuine vitality, and where its author had the courage to stand alone against persecution, a new measure or plan of treatment was shown to the world. Those following after the new light, cut off from the fellowship of societies and colleges and subjected to abuse, found it necessary to band together for their common defense and the furtherance of that which they esteemed as a great advance in the healing art. It could not seem strange if they earnestly criticised the methods of their conservative orthodox brethren, and tried to show wherein they were wrong; nor could it seem unnatural if they sharply retorted when branded as ignoramuses and quacks simply for adding to their own knowledge and means of cure. Denied a social status among their old associates, nothing remained but for them to organize societies and colleges of their own. With orthodox journals closed against their reports and discussions, with no channels open through which to reach the medical mind, they were obliged to establish medical journals of their own."

The reasons for the establishment of homœopathic colleges, journals, the A. I. H. and other societies so well given by Dr. Dake, apply with even more force, as a justi-

fication for the establishment of the I. H. A. Members of the A. I. H. who had graduated in allopathic colleges and had put in practice their empirical teachings became dissatisfied with the unsatisfactory guessing, and upon investigation decided to adopt the law of similars as their guide in therapeutics, yet were unable to entirely dispense with polypharmacy or allopathic palliatives. They were conversant with the best Allopathy could offer and preferred to rely on the homœopathic method as they were taught it and understood it.

Nearly every member of the I. H. A. has gone through the same trials, travelled the same thorny pathway, used the same crude methods in Homœopathy and even the cruder methods of Allopathy, before studying the Organon and applying its teaching in the cure of the sick. They have experienced the bitter failure of the best directed efforts of Allopathy and also the alternating and mixing plan of treating *diseases* of Homœopathy and have only adopted the strict inductive method of Hahnemann because of its superior success. We firmly believe that the entire homœopathic world would do the same if they only knew how to put it to the test. It is "a great advance in the healing art," and that is what every honest man and woman is after.

* * *

TREATMENT OF DISEASES.—The Southern Homœopathic Association has just held a very successful meeting at Memphis, in which President Green in his annual address lamented the tardy spread of Homœopathy in the South. He said:

The diseases met with in many parts of the South are of a character differing from and of a type more malignant than those found in the Northern and Eastern States. These do not especially interest the major part of the profession, and consequently are neither taught in the colleges nor discussed in the society meeting. * * * It should be the aim and effort of this society to establish a college and hospital in one of our large cities, in which our students can be taught the treatment of diseases that prevail in our section. As it is they have to go to the Northern colleges and receive instructions at the hands of men who know nothing of our climate or of the diseases that are peculiar to it.

What balderdash! And this too from the President of the Association. If our students are properly taught the *Materia Medica* and the way to apply it after the principles of the *Organon*, they are prepared to meet any disease, even the most malignant. Hahnemann had never seen a case of Asiatic Cholera when he selected the remedies which proved curative. And it is the same with yellow fever. The patient, not the disease, must be treated. It is this treating diseases which has retarded the progress of Homeopathy both in the north and the south, and if our men in high places do not know it they should learn.

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.

WHO ARE THE REGULARS ?

S. E. CHAPMAN, M. D., WATSONVILLE, CAL.

EDITOR ADVANCE: The President of the American Institute in his annual address in 1881, thus defines the term:

"A Regular Physician.—A graduate of a regularly chartered medical college. The term also applies to a person practicing the healing art in accordance with the laws of the country in which he resides."

Webster defines the word "regular" as: "conformed to a rule; agreeable to an established rule, law or principle; to a prescribed mode as a regular practice of law or medicine; governed by rule or rules; steady or uniform in course; not subject to unexplained or irrational variation; instituted or initiated according to established forms or discipline as a regular physician."

The old school has for years arrogated unto itself the word "Regular," and I have been at considerable trouble, labor and expense, to demonstrate the fact that such arrogation is the most absurdly ridiculous claim possible. In what are they regular? Certainly not in therapeutics, as this article will most clearly prove. About two months

since I sent to twenty physicians, ten of each school, a case. As far as possible teachers in their respective schools were selected. I represented myself as a patient, and after detailing the symptoms, subscribed the name of my father-in-law, Samuel Boyer. This is the case:

DEAR DOCTOR:

I am a great sufferer from indigestion, and apply to you for a prescription. My appetite is usually good, but a few mouthfuls cause a sense of fullness and repletion, as if I had really eaten a hearty meal. I cannot eat enough to keep me strong. There is more or less soreness in the region of the liver. Bowels usually constipated, with much flatulence of stomach and bowels.

I don't know but my kidneys are badly affected, for I have soreness and aching in that region, and I pass a good deal of red sand in my urine.

Naturally I am of a lively temperament, fond of society, but am now often low spirited. One thing about my case strikes me as being peculiar: I am always worse from 4 to 5 or from 8 to 9 o'clock P. M. This I have noticed for years, and it is not imagination.

I am a married man, aged 42; fair complexion; weight 135 lbs.; height 5 ft. 6 in.; occupation, book keeper.

Please send prescription by return mail, and find within P. O. order for \$2.00. Very Respectfully,

SAMUEL BOYER, Box 26.

To the Homœopaths I was obliged to add in addition to the above, the following in postscript:

Doctor, I am studying Homœopathy with a view to fitting myself for practice if my health permits. I am exceedingly anxious to know the name of the remedy indicated in my case. Will you be kind enough to tell me it? I shall be greatly disappointed if you do not comply with my request.

What college would you recommend me to attend?

Names of physicians to whom above case was sent:

HOMŒOPATHIC.

J. B. Bell, Boston.
 J. C. Sanders, Cleveland.
 J. T. Kent, Philadelphia.
 W. J. Hawkes, Chicago.
 J. W. Dowling, New York.
 A. McNeil, San Francisco.
 Sam'l Lillienthal, San Francisco.
 Wm. Boericke, San Francisco.
 W. L. Reed, St. Louis.
 C. E. Walton, Cincinnati.

ALLOPATHIC.

H. I. Bowditch, Boston.
 J. E. Darby, Cleveland.
 R. Bartholow, Philadelphia.
 Chas. T. Parks, Chicago.
 Austin Flint, New York.
 W. R. Cluness, Sacramento.
 W. F. McNutt, San Francisco.
 S. O. L. Potter, San Francisco.
 Isaac N. Love, St. Louis.
 J. T. Whitaker, Cincinnati.

To a suffering world I now submit the prescriptions which I received from these representative medical men; and I ask in the name of God and humanity, which is the REGULAR school.

I will simply give the prescription of each, as many of them wrote long, good letters, which would make too lengthy an article for publication.

PRESCRIPTIONS.

HOMŒOPATHIC.

J. B. Bell:
R. Lycopodium.

J. C. Sanders:
R. Lycopodium.

J. T. Kent:
R. Lycopodium.

ALLOPATHIC.

H. I. Bowditch:
R. Harrison's Peristaltic Lozenges.

Sig. One or two at bedtime.

J. E. Darby:

(1) R. Tr. Cinchona Co.
Tr. Gentian Co.ãã. ʒjss.
Ac. hydrochlor. dil.
Syrup simp.ãã. ʒjv.
M. Sig. Teaspoonful half an hour before each meal in wineglassful sweetened water.

(2) R. Pepsin ʒij.
Bismuth submit. . . . ʒiij.
M. ft. Chart. No. xxiv.
Sig. Take one after each meal.
In case a gentle laxative were needed I could use one of the following:

(4) R. Pulv. Glycyrrh. Co. ʒiij.
Sig. Take a teaspoonful at bedtime.

(4) R. Aloe socotrine. . . . ʒj.
Podophyllin. gr. x.
Ipecacuanha pulv. . . . gr. x.
Ext. Nux vom. gr. viij.
Ext. Hyocyami. gr. xv.
Ext. Colocynth. gr. xxx.
M. ft. pilulæ No. xxx.
Sig. Take one pill at bedtime.

Roberts Bartholow:
Refused to prescribe without personal examination.

HOMŒOPATHIC.

- W. J. Hawkes:
R. Lycopodium.
- J. W. Dowling:
R. Lycopodium.
- A. McNeil:
R. Lycopodium.
- Samuel Lilienthal:
R. Lycopodium.
- William Bœricke:
R. Lycopodium.
- W. L. Reed:
R. Lycopodium.

ALLOPATHIC.

- Chas. T. Parks:
R. Tr. Nux vom.
Ac. Muriatic dil. āā. ʒij.
Tr. Cinchona Co.... ʒj.
Syrup aurantii ʒjss.
M. Sig. Take a teaspoonful
after meals.
R. Lady Webster's Dinner Pill.
Sig. Take one pill at bedtime
until bowels are regu-
lated.
- Austin Flint:
R. Salicin..... ʒj.
Sig. 10 gr. before meals.
- W. R. Cluness:
R. Quin. sulph..... ʒj.
Aloin..... gr. ij.
Ext. Hyoscyamus.. q. s.
M. ft. pill. No. xxx.
Sig. Four every night at bed-
time.
R. Lactopeptine..... ʒiv.
Acid hydrochloric.. ʒj.
Syrup aurantii..... ʒj.
Aqua cinnamon, ad. ʒiv.
Sig. Shake and take a teaspoon-
ful before meals in water.
- W. F. McNutt:
R. Strychnia sulph.... gr. j.
Quinine sulph..... ʒi.
Pil. Rhei Co..... gr. xv.
Podophyllin..... gr. j.
M. ft. pill. No. xxx.
Sig. One after each meal.
- S. O. L. Potter:
R. Potassii cit. pulv... ʒij.
Sig. A teaspoonful in a large
glass of water before
meals for a week.
R. Sodii phos. pulv.... ʒij.
Sig. A teaspoonful in a large
glass of water before
meals for a week.
- Isaac N. Love:
No answer.

HOMŒOPATHIC.

C. E. Walton:
R. Lycopodium.

ALLOPATHIC.

J. T. Whitaker:
R. Dilute hydrochl. ac. ʒj.
Sig. 10 drops in water before
meals.

I have treated each school with the utmost fairness, and if there be anything REGULAR in the above prescriptions, in which column do you find it? My friends, in the left hand column is a prescription founded upon law, truth, and science; and any Homœopath on earth, worthy of the name, would have sent the same prescription—Lycopodium. In the right hand column we have prescriptions, no two of which are alike. Why this unanimity in one column, and utter lack of it in the other?

Editor's Table.

DON'T fail to read the prospectus for 1890 in the present issue. F. E. WATTS, M. D., Port Allyany, Pa., and Miss Aria A. Bickford were married at Olean, N. Y., October 16.

F. W. PAYNE, M. D., oculist, of Boston, has opened a New York office at 42 West 34th-st., for Saturdays only, from 9 to 3.

S. J. HENDERSON, M. D. has been appointed a member of the Bad Axe Board of Pension Examiners, and is President of the Board.

PHIL PORTER, M. D., after months of serious illness, is "on deck again," satisfactorily filling his chair in Pulte College. His address is 104 Garfield Place, Cincinnati.

FREDERICK W. RICH, M. D. has located at Savannah, Ga., and will take pleasure in giving professional attention to any patients who may wish to avail themselves of the southern climate during the winter months.

THE CINCINNATI HOMŒOPATHIC LYCEUM was organized October 28; meetings bi-monthly. President, Dr. Walton; Vice-Presidents, Drs. Geohegan and Mackintosh; Treasurer, Dr. Ehrman; Secretary, Dr. Stewart. This is a good name, and the members should now see to it that some good work is done.

J. H. BIEGLER, M. D., on account of professional engagements, has resigned as chief of staff of Hahnemann Hospital, Rochester, and is succeeded by Dr. Carr. But he is still on the consulting staff, and before taking this step secured the ultimate ownership of the property and the permanency of the hospital.

PHILLIPS' DIGESTIBLE COCOA,

As furnishing a reliable ARTICLE OF DIET for the sick and convalescing, and a suitable SUBSTITUTE FOR TEA AND COFFEE for every day use.

The fat of the Cocoa (usually the disturbing element) is herein digested by means of Pancreatine, producing a DELICIOUS FOOD BEVERAGE, which is NOURISHING TO A HIGH DEGREE and ASSIMILATED WITH EASE when other nutrients and even Milk cause distress. CORRESPONDENCE SOLICITED.

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Vol. XXIII.

DECEMBER, 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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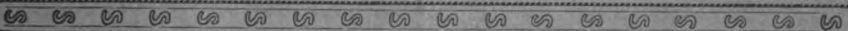
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Publication Office, Nos. 19-23 Huron Street, Ann Arbor, Michigan., U. S. A.
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“ of Women in Boston,	-	-	-	29.00	“ “
“ in Murdock's Free Surgical Hospital	-	-	-	5.00	“ “
“ “ New York,	-	-	-	26.32	“ “
“ “ Philadelphia,	-	-	-	20.00	“ “
“ “ Chicago,	-	-	-	20.90	“ “
“ “ St. Louis,	-	-	-	20.49	“ “

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		PHOSPHATES of LIME added,...	½ "	
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Entered at Postoffice at Ann Arbor, Mich., as second class mail matter, Jan. 1, 1889.

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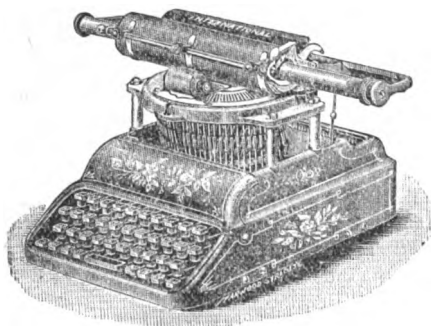
(Continued from Page 20.)

represented by a beautiful maiden who is returning through the fields, her hands filled with trailing arbutus—that delicate spring flower which grows so plentifully in many localities. On the companion page, the farmer's daughter is pictured coming through the harvest grain, carrying a well-filled pitcher and basket. The bearer of the noon-day lunch is a welcome sight to the hungry reapers. The interior of the card contains an array of

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(Continued on Page 26.)

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THE HAHNEMANNIAN MONTHLY

FOR 1890

Will be even better than that for 1889. Among the original articles promised for the new volume will be a series of papers by Dr. Aug. Korndorfer in which will be given the genius of a number of remedies of the homœopathic materia medica. Dr. Clifford Mitchell, of Chicago, will also present three papers on the albuminurias of pregnancy. Other original articles have been promised.

The Gleanings will aim to present monthly, all the important advances made in medicine and surgery. During the coming year these will be classified as follows:

General Medicine, conducted by Drs. S. Lilienthal, W. W. Van Baun, E. M. Gramm, and Clarence Bartlett.

Obstetrics and Gynecology, by Drs. Geo. R. Southwick and E. M. Mercer.

Ophthalmology, Otology and Laryngology, by Chas. M. Thomas.

General Surgery, by Drs. W. B. Van Lennep and Carl Vischer.

In the preparation of these gleanings, the editors will have at their disposal all the important medical journals published. It will be their aim to present these gleanings while they are yet new.

The Monthly Retrospect of Homœopathic Materia Medica and Therapeutics will continue to present all confirmations of symptoms, new therapeutic hints, and new provings. The editors of this department, Drs. E. R. Snader and Chas. Mohr, will have the assistance in foreign homœopathic literature of Drs. S. Lilienthal, H. F. Ivins, and E. Fornias.

To who the immense fund of information contained in the yearly volumes of the Hahnemannian Monthly, it is only necessary to state that during the first eight months of 1889, there appeared within its pages 60 original articles, 329 gleanings, and 280 materia medica items.

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Edited by CLARENCE BARTLETT, M. D., and W. B. VAN LENNEP, A. M., M. D.

(Continued from Page 24.)

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1890

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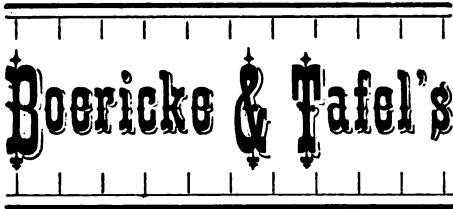
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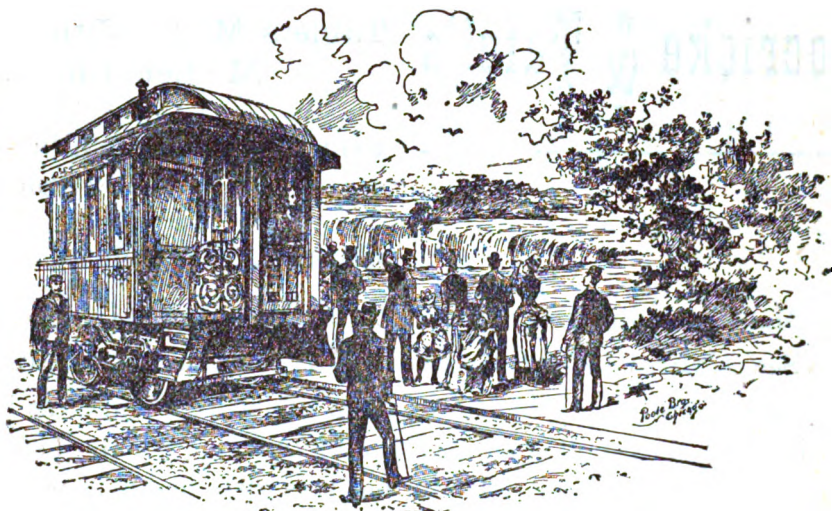
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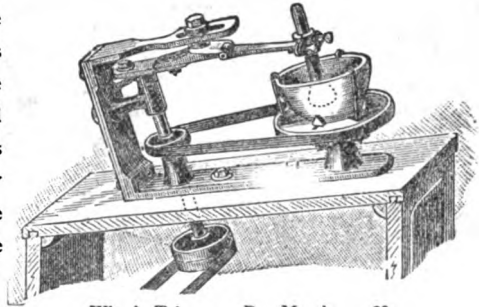
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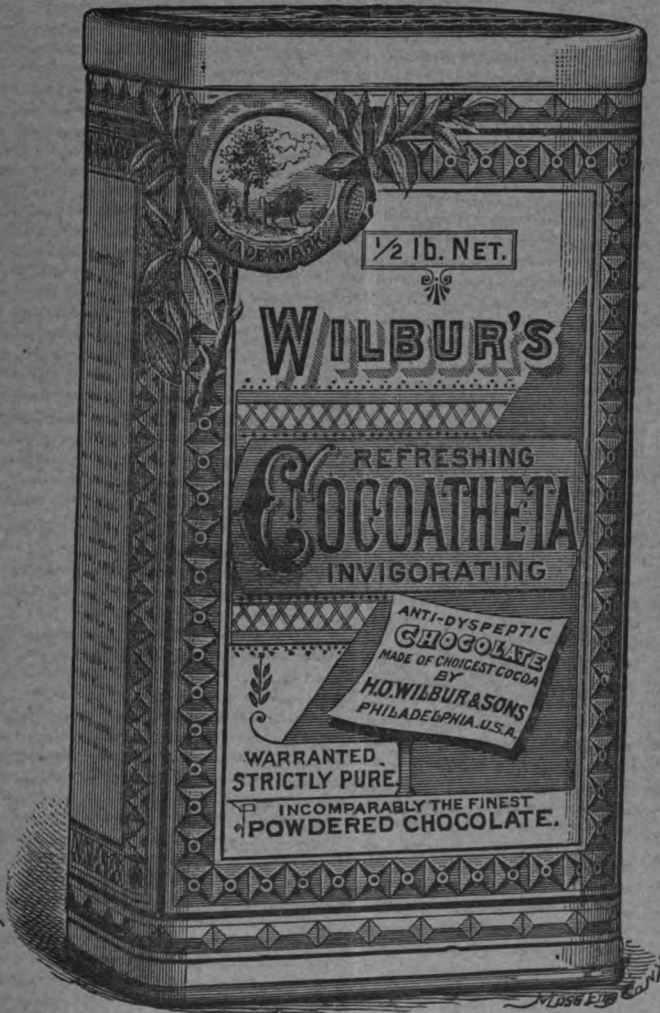
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