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HENRY C. ALLEN, M. D.,
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WILLIAM S. GEE, M. D.,
ASSOCIATE EDITOR.

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THE
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VOL. XXV.

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No. 1.

AMERICAN INSTITUTE OF HOMEOPATHY.

PRESIDENT'S ADDRESS.

Ladies and Gentlemen:

I find myself in a peculiar and somewhat embarrassing position. One month ago I was notified by the executive committee of the Institute that they desired to present my name, at the opening session of the present meeting, as their choice for "President *de facto*" of the present session of the Institute. It was also intimated that there would probably be no opposition to their nomination, and that, if I accepted their nomination, I had better get ready an address as President, according to custom with former Presidents. As you are all aware, this arrangement had become necessary by reason of the severe and hopeless illness of the President-elect, and of the absence in Europe of the Vice-president, so that the Institute would be without a presiding officer. Had I been ambitious for fame, I should hardly have accepted a position, the offices and opportunities of which would be confined to the brief session of the Institute; but, coming spontaneously as did the letter of the executive committee, and being couched in such cordial and flattering terms, I felt it a duty I owed to my colleagues, no less than to the profession at large, to accept their kindly offices.

No one can more sincerely regret and deplore the misfortune that has brought about this result than myself. I had expected to be present at the present session, and to see in the Presidential chair one whom we all honor, and to whom Homeopathy owes an everlasting debt of gratitude. No man,

living or dead, better deserves our tribute of praise for loyalty to our cause; for unflinching warfare in its defense; and for a championship for truth and justice extending over a third of a century. If this battle has been confined to a single State, its beneficent and far-reaching results are for every country and for all time.

The annals of Homeopathy will contain no name more deserving of grateful remembrance than that of Alfred I. Sawyer; and what more fitting time and place than the present, in which to give honor to whom honor is due, while we unite as a body in extending to his bereaved family and friends our sincere sympathy. Their affliction is ours; their misfortune is also ours. May a beneficent Providence comfort them in their affliction, and a common sympathy lighten their grief. I would recommend to the Institute that its expression of sorrow and sympathy be sent by telegram or otherwise to the family of Doctor Sawyer. I would also recommend that in future the officers of the Institute include a second Vice-president.

But, my friends, my perplexities do not end here. Article III of the by-laws requires that the President's annual address shall embody a résumé of the progress of Homeopathy during the year past, and make such suggestions as he may deem necessary for the Institute to take action upon during the session. I trust it will be apparant to every member of the Institute that no such résumé could be prepared with only a month's notice, in the few hours which a busy practitioner could gather from his many obligations to patients, to other societies, and to family cares. I trust, however, that I may have something to say regarding both the past and the future progress of Homeopathy, that shall not be entirely void of both interest and value. Statistical it will not be, but there may be other things which quite as intimately concern the progress of our cause as the founding of colleges, hospitals, dispensaries, or medical journals; or even the enactment of laws defining the rights and privileges of the homeopathic practitioner. These are all necessary and beneficent, and they no doubt indicate progress, but they largely depend on the recognition of the principle of justice and fair play, and on the spread of intelligence and liberality among the people. These are the signs of progress; they

are also the results of progress. But the principles that have thus made progress possible, and that have enabled Homeopathy to hold its own in an age of criticism, where principles are continually tested by results, lie deeper by far than statistics or any mere tabulated result.

The press, the pulpit, and the politician, generally claim to lead public opinion. Yet we seldom find them advocating unpopular doctrines. These are rather the strongholds of conservatism, and they usually offer an organized opposition to the new idea which finds lodgement in the breast of the individual reformer, whose institutions are far in advance of his age, and whose loyalty to truth is invulnerable, even in the face of persecution and ostracism. It is thus that every new discovery has to run the gauntlet of old prejudice, organized ignorance, and entrenched authority. The discovery of Homeopathy offered no exception to this rule. Hahnemann was more than a century in advance of his age. The age is even yet progressing toward Samuel Hahnemann. The name of Hahnemann stands for the reign of law, and the recognition of dynamics in modern life, and in all that concerns the nature of man or the apprehension of nature. The entire progress of the past century has been toward the recognition of the finer forces in nature; and this progress necessitates a recognition of Homeopathy. The entire progress of the age is away from superstition, away from blind chance or caprice, away from unsupported authority; and toward the recognition of universal law as underlying all phenomena, and as determining all results. This progress necessitated a recognition of Homeopathy, as the one principle of practice, the one law of therapeutics which repudiated both precedent and empiricism. Strictly speaking, the progress of Homeopathy has been largely in its application and recognition. Its method was from the first strictly scientific, and its foundations were laid in absolute law.

It may at first seem strange that I should dwell for a few moments upon the "Law of Cure," as it is called, and which is supposed to be familiar to even the tyro in Homeopathy. It is too often conceived that this law applies only to the action of drugs on the sick, or to remedial agents for the cure of disease. I hold that the law is universal; that it is the principle of all action, and commensurate with all life; and

that the future progress of Homeopathy largely depends on this larger recognition of the basis and application of the law. It may, indeed, seem a strange paradox, to say, that while Homeopathy is based on law, it is often practiced empirically; and yet that is the real meaning of what is sometimes called "routine practice."

It may not have occurred to many persons that there is any very direct connection between the law of gravitation and the law of cure; yet such is the case.

Newton's first proposition in regard to force declared that action and re-action are equal and opposite. This equation, or the problem of the parallelogram of force, is by no means confined to the sun and planets; to cosmic movement, and terrestrial phenomena; but it obtains in all life, and lies at the basis of every molecule of protoplasm, of every tissue cell, and of every drop of blood in man. Drugs, whether medicines, or poisons, act on man according to this principle; for in man it is the basis of all action, the law of all life.

Similar action implies opposite action; or else all action must cease. Between these opposite actions the sum of energy, or vital force, maintains an equilibrium. This equilibrium is what we call health. Disease results when action and re-action, though still opposite, are not equal; and it is the province of the remedy to restore the lost equilibrium. It was formerly held that in electricity there were two fluids, one positive and one negative. Then it was held that there was one fluid acting in opposite directions; and finally the idea of a special fluid called electrical was abandoned, and an electrical or magnetic condition of all substance was conceived, in which tension, or polarity, is manifest by two poles.

Similar theories have been held in regard to the human body, and its condition in health and disease; and such theories are still held by even those who call themselves homeopaths. Empirical prescriptions and blood purifiers are often the result. Losing sight of the dynamic action of drugs in accordance with exact law, the most speedy and beneficent effects are also often unrealized, for they do not uniformly occur. There is in man a tendency to health, and a tendency to disease; a tendency to life and a tendency to death; and the only beneficent effect a drug can have is to give direction

to this tendency. This action is dynamic; one of adjustment, not of quantities or equivalents of force.

Homeopathy has to-day two rivals in the realm of dynamics with whom it can not blindly contend and hope to maintain its position. These are, so-called Hypnotism, and Christian Science. Both of these proceed empirically. Names count for nothing. Each is dominated by an idea, but neither discerns clearly an underlying law. Believing as I do in the reign of law and the survival of the fittest, I think it desirable that we re-examine our foundations, to see whether or not they are secure and commensurate with our present need, and sufficient for future progress. In the new age now dawning, Homeopathy is being put to a new test. It thrived under old-school opposition and abuse, but how will it fare in the presence of these new rivals that meet it on its own ground in the realm of dynamics? Empiricism under the homeopathic garb may be less harmful than many other forms of empiricism, but there is nothing to show that it can be more enduring, nor is there any reason why it should be so. Nothing short of science based on law will stand the test. The law must be universal, and the science must be applicable to, and commensurate with, the trend of the age. It is true that no one can obtain letters patent on a law of nature; but it is precisely for the discovery of a law of nature as a basis of cure that we give credit to Hahnemann. The application of this law to the cure of disease by no means confines itself to drugs. It is the law, the principle of action, the method of application, that is covered by the homeopathic claim for recognition; and this law, this method, this application, is as broad as human nature, and commensurate with the life of man. We have wrangled over potencies till we have lost sight of principles. We can, indeed, afford to smile complaisantly at the ridicule and opposition of the old-school doctor, for he has often persecuted us into popularity, and cursed us into a competency! Denial and abuse count for very little in this age, in the presence of demonstrable results. But are we ready to change places with the old-school doctor and become abusers and deniers while others demonstrate results?

For one, I am as complaisant in the presence of Hypnotism and Christian Science, as before the Rip Van Winkles of a gen-

eration ago, with their boluses and their blood letting. For the first time since the advent of Homeopathy it meets a rival in its own domain; viz., dynamics.

So far as under any name the practice of medicine consists in drugging the sick, I am in favor of anything that opposes drugging. Beyond this point, I am in favor of law as opposed to empiricism, even though empiricism may hide under the name of Homeopathy.

The progress of Homeopathy does not depend on the repetition of a formulary, and the practice of empiricism. It depends solely on the apprehension of the universality of the law, and its intelligent application to every departure from health, whether of body or mind. This law is involved in every physiological process, in all hygiene and dietetics, no less than in the administration of remedies for disease. Applications under the law must vary according to the realm involved, but the principle of application remains the same. In the use of electricity, and of hot and cold water, for example, the principle is clearly shown. But I need not particularize here.

If the practice of medicine in its application to the body, and on the physical plane, is by no means confined exclusively to medicinal substances, so on the sensuous and mental planes does it necessarily include many things beside drugs. What these adjuncts may be and how they should be applied, is a question now pressing for consideration. Having a guiding law, applicable to every department of man's being, we ought to be able to discover the hygiene and dietetics of the mind as well as of the body. This is precisely what Dr. Talcott is doing at Middletown, and he is simply overwhelmed with patients, though he is as one man against an army. When, merely for sport or pastime, people are thrown into syncope or catalepsy by persons entirely ignorant of physiology and the laws of life, when a glance of the eye, or the shimmer of a coin, or a mere "suggestion" is shown to act as powerfully as the strongest drug, it is high time for those who know something beyond mere empiricism, to discern and apply both mental and moral hygiene.

Hitherto the progress of Homeopathy has been the progress of an idea. This idea has been to apply potencies rather than ponderables, dynamics rather than drugs, to the cure

of disease; and this application has been based on natural law. Through this application the law has been demonstrated times without number. Something more is necessary to constitute real progress. We have all the elements of progress within our grasp, and these are the elements of a science as far reaching as the nature and the needs of man. That a homeopath may also be an empiric would, perhaps, generally be denied; and yet one may be a homeopathist without being a scientist; but no one can be a scientist in therapeutics and ignore or be ignorant of the basic law to which I refer, and which stands as the foundation of Homeopathy. It is no doubt true that if the practitioner of medicine must be an empiric, he will do more good and less harm as a homeopathist; but the real progress of medicine as a science, and therefore the true progress of Homeopathy is not to be secured through empiricism in any form.

It would be out of place at this time to enter into any lengthy argument to show that the action of similars under our law of cure is by no means an action restricted to the administration of drugs to the sick; and yet this is just the procedure that in my humble judgment is so necessary to the progress of Homeopathy, *per se*. In noting carefully the symptoms in a case of disease, our method is that of all exact science. The process is one of careful observation and exact analysis. A true picture of the diseased condition is formed from the totality of the symptoms. The process by which we derive this picture is one of synthesis, and is the exact opposite of scientific analysis. In other words, it is philosophical. These are complementary processes in the application of the law of cure, and induction and deduction here go hand in hand. The terms, science and philosophy, be it observed, refer to processes or methods of procedure, not to formulated results. The results are true just in proportion to the range and number of facts involved, and the correctness of our methods of using these facts by induction and deduction.

There is a further value to these exact methods, viz.: they point unmistakably to the real nature of disease, and thus offer a logical and exact basis for pathology. The various forms of energy and modes of motion observable in the organism, may be synthesized as vital force. Every so-called

disease, with all its varying symptoms, may thus be regarded as a disturbance of vital equilibrium.

In the normal manifestation of vital energy, we observe an ebb and flow of energy, action and re-action, systole and diastole. In other words, to use Newton's formulary, action and re-action are equal and opposite. There is an in-coming tide of food, and an out-going tide of effete matter. There is the process of assimilation, and the process of disintegration, the process of decay and the process of continual rejuvenescence. While both matter and force are thus constantly re-distributed, and the balance of power is thus constantly being adjusted and maintained, an ideal equilibrium is, nevertheless, to be preserved.

From this standpoint must arise our concept of disease. The idea that there are many diseases with a multiplicity of symptoms, is not consonant with the well known operation of our law of cure. As the one vital energy of the body is the motor back of all varied physiological process, and as any disturbance of this vital energy manifests as symptoms and constitutes disease, so may we conclude that there are not many diseases, but rather one disease manifesting in a great variety of forms. Innumerable immediate causes may promote disease through localized effects within narrow areas; but before these effects can manifest themselves, the vitality in parts or as a whole must be disturbed or disarmed. Add to these considerations the phenomena of all physiological action, viz: hyperaemia and its concomitants, which local disturbance of equilibrium is permissible with a return of normal equilibrium through the fund of vitality, and we have the basis of all pathology. All diseases have a common root in disturbed vitality, however various their manifestations or symptoms. All restoration to health depends on the restoration of equilibrium. Every disturbance of equilibrium manifests itself as disturbed function, disturbed nutrition or decreased vitality.

Returning now to our basic proposition, viz: That action and re-action are equal and opposite, we find that as a result we have a normal tension and an equilibrium incident to health. The life force, or vitality *per se*, is thus consonant with magnetism, for it manifests as polarity. Polar tension with general equilibrium, or an organized system of vital

magnetic areas, gives a comprehensive idea of the animal body. Here then we have a complete philosophy of the law of cure; not based on the theory, but logically deduced from the phenomena of life. That disturbance of equilibrium which we call disease, whether in tissue, in organ, or in organism, is a disturbance of polarity. Bearing in mind now the well known law of magnetic attraction and repulsion, viz: That likes repel, and unlikes attract, we can readily see why a remedy will both cause and cure a given disease manifesting as a group or totality of symptoms. The drug remaining unchanged and the polarity of organ or body being reversed, the effects are also reversed.

It may thus be seen that what we call our law of cure, is not confined solely to the action of drugs, but that it has its basis in the one law of life; that all manifestations of life, health, and disease, operate under this law; and that its adequate apprehension will furnish us with a key to both pathology and progress.

In thus claiming for Homeopathy its full birth-right, and demonstrating its basis as founded in exact science and the soundest philosophy, lies the future progress of our school. These foundations are invulnerable; they are always open to investigation; they are demonstrated ten thousand times a day by the action of remedies under the law, and we can rest securely in their everlasting verity.

In the further progress of dynamics as now foreshadowed by every form of hypnotism, Homeopathy is not to be superannuated and left behind. We are almost wholly ignorant of man's nature in the higher aspects of his being; but unless we admit an ideal and unalterable disharmony as man's normal condition, we must conclude that the law of action discerned in the lower realms of man's nature equally obtains throughout his entire being. Otherwise man would be hopelessly at war with himself, and disharmony and disease his normal condition.

Few individuals are ready to deny their own identity. This identity presents itself as self-consciousness. Consciousness is the supreme condition of man. As a fact, it is unconditioned, though depending on conditions for its manifestations. All conditions below the mere fact of consciousness, that is, all motions, sensations, feelings and mental processes

depend upon the law already pointed out; that is, they consist of actions and re-actions, regulated by the general principle of normal equilibrium. Passing by all these lower manifestations, though involving them more or less as results, hypnotism directly modifies our states of consciousness. In doing this it reveals the nature of consciousness itself. Under hypnotic suggestion the will is in abeyance, dominated by an idea, without motive, and hence irresponsible. In other words, reason and judgment are dethroned, and the individual is to all intents and purposes obsessed.

It could easily be shown that this is the condition of many insane persons, and in the inception of the disease whenever hypnotism has occurred most beneficial results have followed. Did time and opportunity permit, it could easily be shown that here, also, is the operation of our law of cure; but in order to do this, it would be necessary to examine in detail that which we call mind, thought, or intellection; and, still further, the relation of mind to the laws of physiology, to mathematics, and to consciousness. This would involve a volume, rather than form a part of an hour's talk.

In the so-called "mind cure," "metaphysics" and "Christian Science," we have various forms and degrees of hypnotic suggestion, however stoutly this may be denied by the advocates of these methods. They one and all aim directly to modify states of consciousness, or, as they term it, modes of thought and belief. These processes are not altogether void of good results. We can not ignore them, for they are too numerous and too well authenticated. We can not put them down by denial or ridicule. Would it not rather be the part of wisdom to apprehend them by a larger apprehension of the law under which all verifiable results in man occur? I am aware that this is claiming a good deal for our one law of cure; but if it is the law of all life, and if it thus underlies the entire nature of man, then that which appears as breaks in the operation of the law is really only the gaps in our own knowledge. Our own ignorance is the missing link.

Avoid it as we may, these are the fields into which we must enter with a science based on facts, and a philosophy guided by reason and analogy, or else we must submit to be superseded by those who can and will enter the field thus armed and equipped.

As already pointed out, the entire progress of the age has been in the realm of dynamics, and toward the genius of Homeopathy. Step by step, as progress has occurred, Homeopathy has stood the test and shone with clearer light. Even in the manufacture of steel, the force of projectiles and the resistance of iron-clads, our "potencies" have been recognized. The 10,000th of one per cent. of carbon used in the manufacture of steel represents our "6th potency."

I trust I have presented a picture of progress possible for Homeopathy other than the mere extension of our boundaries and public recognition of our methods. Valuable and desirable as is all this, Homeopathy may move to still higher ground and invite the age to follow, if we but magnify our calling and improve our opportunities.

I am no stickler for creeds, either in medicine or elsewhere. A creed may be called a general average of inference in the absence of any real knowledge. The less the knowledge, the greater the inference, and the denser the ignorance, the more iron clad the creed. The apprehension of nature's laws, verified by experience, attested by facts, warranted by analogy, and confirmed by a far reaching and comprehensive philosophy, is a very different thing, indeed. Real knowledge draws inferences no less than does ignorance, and these inferences, like all forces in nature, follow the line of least resistance. They are in the trend of facts, along which brighten the illuminating rays of human reason, that beacon light of man's intelligence. Contrast the therapeutics of to-day with that of half a century ago, and blind, indeed, is he who fails to see that progress has been but a climbing toward homeopathic principles and methods—the proving of drugs, the single remedy, and the minimum dose. Was it a mere lucky guess, a bright empiricism that gave Homeopathy a century's advance over the therapeutics of the world? If it was, then let us, by all means, hasten to amalgamate with the scientific empiricism of the nineteenth century, and trail our banner in the dust. Does it follow because our old school brethren have minimized their doses that our work is ended? The age has but just advanced to a plane when it is capable of apprehending not only the subtlety and power of dynamics, but the universality of law in therapeutics. Our grandest achievements lie before us, not in our past of trial and persecution.

Insanity is the crying evil, the accumulating curse of the age. The whole realm of mental therapeutics is to-day, in spite of Homeopathy, and in spite of all our boasted progress, in even a more deplorable condition than was physical therapeutics at the advent of Homeopathy. Curable cases of mental alienation are daily drugged into the hopelessly incurable, and while every asylum, both private and public, is over crowded, the advancing army of the bewildered and deranged comes marching on. We have wrangled over potencies till we have forgotten our law. The whole question of potencies is but the application of the principle of the primary and secondary action of the drug, for every proven drug shows opposite groups of symptoms, and only the primary or secondary action of the group can determine the high or the low potency. This is but one phase of the operation of our law. Nor can the susceptibility or idiosyncrasy of the individual change the law, though it may determine our potency. Homeopaths and Hahnemanites we may indeed have been, but have we been progressive and scientific physicians in any large degree? Is the single formula that "likes are cured by likes," all there is of this universal law of nature? Did Hahnemann discover the last secret and exhaust the possibilities of man? Against such a supposition stands every insane asylum of the land, while the discordant cries of thousands upon thousands of bewildered souls, of demented and raving human beings, protest against our lack of zeal and our ignorance of the nature and the needs of man. How many physicians pay the least attention to the habits of thought, the mental hygiene of their patients? We prescribe drugs for incipient insanity due to lust, greed, envy, jealousy and hatred, just as a barber surgeon might prescribe cathartics for gluttony. Is there any good reason why we should be at such pains to regulate the bodily habits of our patients, and see to their food, dress, bathing and exercise, and entirely ignore the higher and more important realm of man's being? Shall laws be applied to the welfare of the body, and ignorance and caprice only govern the mind? One half of man's nature, and that the highest and most important, is habitually neglected by the average physician.

There is, moreover, a most glaring inconsistency in our methods. While openly advocating dynamics, and claiming

to recognize the potencies of nature's finer forces, we have allowed ourselves to become engulfed in the crass materialism of the age. Man is neither all mind nor all body; he is a complex being, made up of many powers and potencies. We have indeed made great progress in apprehending and controlling his bodily infirmities, but the extent and increase of mental diseases prove, beyond all controversy and all denial, that we have made no progress in the apprehension and control of mental states.

When we are ready to apply the same exact scientific methods to the study and control of mental states that we have used in regard to bodily disease and physical therapeutics, then, and then only, may we hope for similar results here as elsewhere.

Modern hypnotism has entered the field empirically after wasting a century or two in reviling earlier discoverers like Meuser and Von Reichenbach; and less than a decade of careful experiment and observation has already created a literature and promised to lay the foundation of a mental science.

Our law of cure is applicable here as elsewhere, but our method of study and of application are at fault; and at the risk of being misunderstood I shall venture to point out wherein I think our methods are wrong. I may even be accused of taking advantage of my temporary opportunity to propagate heresy. Had such considerations had final weight with Hahnemann we should never have heard of Homeopathy.

We are practically in the habit of regarding the human body with its functions and manifestations as really constituting man. More than a quarter of a century ago, Dr. Draper in his *Human Physiology* pointed out this defect in our methods, and outlined the better method. This was the very method that in astronomy had resulted in the most wonderful discoveries, and Dr. Draper could see no reason then why the same scientific method should not be applied to the study of man; neither can I now. In mistaking the manifestation for the man, we not only fail to understand man, but we also misinterpret the manifestation as well. I do not care at this time and place to advocate the existence or speculate upon the qualities of the human soul, though in the absence of much exact knowledge the assumption of its existence is quite as scientific as its denial. I do not care to

assume anything beyond what every intelligent man and woman will admit, viz: Our own consciousness and individuality—just what we mean when we use the personal pronoun “I.” This “I” exists, and is conscious. This, then, is the beginning and end of my offense. This conscious “I” manifests through the bodily mechanism and functions the varied phenomena of life. The persistency of this “I” or ego, and some form of consciousness, continues until the death of the body. The ego and its consciousness, then, is the point on which I insist.

If, now, we look on all so-called mental alienation, whether arising from change of tissue or function, as a perversion of the consciousness of the ego, we shall find that they all have a logical sequence, and that we have grasped a central fact of incalculable value in all our investigations.

This is merely making a different use of facts which we all know, and of experiences which we all share. This is the point at which hypnotism strikes, and so modifies and controls our states of consciousness; and it is for this reason, and because our previous methods failed exactly here, that the new craze has made such marvellous strides of late. Not only anesthetics, but many drugs, like hashish and opium, modify our states of consciousness, but we have observed these modifications far less than the bodily changes and sensations that accompany them.

Here, then, is the realm, and, I believe, the true method of future research. Let us enter this realm in the name of law, with the exact methods of science, and prove beneficent ministers, not only to bodily ills, but to minds diseased, and so help to stay the tide of insanity that threatens to engulf the human race.

And now, ladies and gentlemen of the Institute, appealing to your consideration and forbearance no less than to your co-operation, may I not hope that the present session of the American Institute of Homeopathy may not prove less efficient or interesting than the many that have preceded it? Together, we can make it a success. Individually, I shall fail, even without the cloud of sorrow and disappointment under which we convene. I assure you that I appreciate the honor which contentment, void of ambition, has never led me to covet. I appreciate it all the more because it came

unsought. If I can not return an equal honor to each of you, I can vie with you in fraternal regard, and in all good wishes for your earthly prosperity and your everlasting happiness.

SPONGIA TOSTA.*

Spongia is a deep and long acting medicine and an anti-psoric. It is capable of producing tissue changes, and curing tissue changes; of both producing and curing blood changes. It creates and removes indurations of glands, making such changes in the activity of the vital energies, as to cause the hypertrophied glands to return to their normal size and normal function.

Spongia produces a marked impression upon the skin, with itching, which changes place by scratching.

It also produces a peculiar condition of the mucous membrane, in which dryness is a characteristic. This is one of the most important conditions in its sphere of action. The dryness of mucous membranes of the air passages, may be connected with the laryngeal, tracheal or pharyngeal membranes, and points to a sphere in that direction, hardly attained by any other remedy.

The cough caused by this dryness is said to be whistling, barking or crowing. The respiratory sounds are dry, reminding you of the saying, "as dry as a horn," accompanied by a ringing sound.

Croup is one of its common features, with a croupy, rasping, ringing cough, "dry as a horn;" no mucous in the bronchi, no rattling, none but dry, whistling sounds. In such conditions Spongia leads all other medicines. There is no rattling in cough or breathing when Spongia is indicated, still we must have all other symptoms in harmony when it is prescribed.

Beginning with the tongue and throat, we find the dryness of *Nux moschata*, but in the latter, the dryness is confined to tongue and fauces, while in Spongia it spreads into the larynx, trachea and bronchi, giving it a croupy character.

I mentioned "induration and enlargement" of the glands. In some countries the thyroid gland becomes greatly enlarged,

*Notes from lectures by J. T. Kent, M. D.

and *Spongia* has been a most useful remedy in these cases; we have also enlargement of other glands of the neck, and frequently induration. The lymphatics of various portions of the body become indurated or enlarged. Induration of the testicles, following gonorrhoea has been cured with *Spongia*.

The *Spongia* patient rouses up in sleep, as if in great fright, something like *Lycopodium* (which has sudden waking), and it is sometime before he can rationalize his surroundings. *Spongia* rouses up in the asthmatic attacks, likely to be after midnight, with fear of death and suffocation. One bound will bring him to his feet, and he will stand there for a moment and look, before he knows where he is. (Compare *Phosphorus*, *Sambucus*, *Lachesis*, *Carbo v.* and *Lycopodium*.) The dyspnea is increased after sleeping a-while like *Lachesis*, and again like *Lachesis* there is deathly sinking. With this terrible dyspnea he seems to be sinking down in a pit. This you will also find in *Lachesis*.

The dyspnea, cough and asthma of *Spongia*, are ameliorated by eating warm food; it is the only remedy I know relieved by eating warm food. Many remedies are ameliorated by drinking warm drinks, but *Spongia* is relieved by eating warm food.

Like *Lachesis*, many of the asthmatic attacks and constitutional conditions are associated with heart troubles. *Spongia* produces a very weak heart, and cures certain forms of endocarditis. It has cured, most remarkably, hypertrophy of the heart; here it is compared with *Naja*, *Sepia* and *Kalmia*; they each have enlargement of the heart associated with asthmatic troubles. The venous side of the heart has been cured of hypertrophy. *Spongia* has much to do with the venous system; it cures varicose veins, here and there in the lower extremities, also hemorrhoids.

It corresponds to the stage of dryness in asthmatic attacks. Watch an asthma, and in the beginning, during the first few hours, there is whistling, rasping, and the "dry as a horn" condition; then it is that *Spongia* is indicated. Now, in an ordinary dyspnea, the patient is compelled to rise quickly, but in asthma it is not a characteristic symptom. An asthmatic patient wants to lean forward, to get more breathing space; it is peculiar to asthma, therefore common to asthma, and the peculiar indication for prescribing would be to have

it absent, and relief found in some other position. Should you find an asthmatic patient, who sprang upon his feet from his sleep, or who found relief from lying flat upon his back (Psor.), you should consider that a peculiarity upon which to prescribe.

The text says: "In larynx, hoarseness, cough, coryza, laryngismus stridulous." Here we have the dry, whistling, rasping breathing. Rattling is not a characteristic. Contraction of the larynx, as if suddenly grasped. Dyspnea runs through this remedy in high degree. The cough is aggravated by sweets; it is quite common to find a cough that is ameliorated by sweets; many of the complaints are aggravated by sweets. Like Iodine, all the complaints of *Spongia* are aggravated in a warm room; ameliorated from eating and drinking warm things. We find *Ars.*, *Alum.*, *Eup.*, *Lyc.*, *Nux v.* and *Rhus*, all having a cough ameliorated from warm drinks. *Veratrum* is commonly relieved by cold drinks, but has cured a cough that was ameliorated by warm drinks.

Another peculiarity about the cough of *Spongia*, the patient must swallow the sputa; if not, the irritation to cough continues; swallowing seems to ameliorate. *Arn.*, *Caust.*, *Lach.*, *Kali.*, *Nux m.*, *Sep.*, *Spong.* and *Staph.*, are compelled to swallow the sputa.

Spongia is indicated in tubercular disease, with sensation of rawness in the chest. The tubercles spread from above downward, rasping cough ameliorated from swallowing sputa, etc. *Spongia* has actually checked the disease, cured the night sweats, and restored the patient to health. Tuberculosis, beginning in the apex of the lung; aneurism of the aorta; rheumatic fever after having been overheated, with arising heart complications; *Spongia* is one remedy frequently indicated. *Abrotanum* is one of the most appropriate remedies known to the usual symptoms. *Lach.*, *Abrot.*, *Spong.*, *Sep.*, *Kalm.*, are the principal remedies you will need to compare carefully in the acute attack of endocarditis.

It may be the changes have been coming a long time. You may receive a patient, who has gone through a struggle with rheumatism, and it has left him with disease of the valves of the heart; very commonly *Naja* corresponds with this condition. *Naja* cures valvular changes of the heart as a result of rheumatism, and is one of the most prominent remedies

in the *Materia Medica* and most frequently indicated in structural changes of the heart.

Spongia is prominently indicated after the inflammatory conditions of the joints have gone away. There is enlargement and thickening of the joints to the knee, some soreness and stiffness.

Night sweats, belonging to hectics are found in Spongia. Compare with Aconite and Hepar in croup. Where Aconite has not been quite sufficient, and it appears again the second night, Hepar is often indicated. Aconite, Spongia, Hepar follow in croup, Aconite coming first.

S. L. G. L.

RHUS POISONING.

In reading Dr. J. W. Hawley's article with the above heading, it naturally occurs to one why all this difference of opinion? He cites sixteen answers to the question "what will cure," and then proceeds to add another. I am of opinion that in nearly all cases, both professional and lay, in which it is claimed that certain drugs are specifics for any disease, is that they are based on truth, but that the conclusion is fallacious. I answer the doctor's paper with better grace, as I recognize my own reply in the one which said that Graphites 200 was the remedy, but my memory failed in giving the credit to Prof. Carroll Dunham. I should have given it to Prof. John C. Morgan. Dunham recommended Sepia. I can best illustrate this by a case on my own person, reported in a paper I have just read before the California Homeopathic Society.

September 29, 1889, I was exposed to the poison. October 1, I discovered a small, erythematous patch on my left wrist. It soon after appeared on my forehead and around my left eye.

I then took one dose of *Rhus tox* 75m. It did no good, for the itching continued to increase and also the other symptoms of redness, swelling and the like. In thirty-six hours after taking the *Rhus* I took Graphites 200, one dose, which appeared to do good for two days. Then as itching increased I took another. This also was followed by improvement for a short time, viz.: one day. I took *Rhus tox* again in the cm. potency, which, like the first, did no good. Then *Anacardium* (Hering's recommendation) 3m, one dose, and still no better.

I was by this time almost frantic with the itching and burning. My face was swollen to a considerable extent. Feeling that something must be done, I sat down with Bönninghausen's Pocket-book, after having made a record of my symptoms, which were: Intense itching, ameliorated by scratching, so that after rubbing with a great deal of force with a rough towel I could have a short cessation of the distress; aggravated by water, so that to wash my hands became something to be dreaded. For by this time the eruption had extended to both of them, while still retaining possession of my face. Warmth also increased the itching, and I had become extremely irritable from the suffering.

I found that itching relieved by scratching belonged to the following remedies:

Agar, alum,² am. carb.,² am. mur., anac.,² ang., ant. crud., ant. tart., arn.,³ asaf.,⁴ bar., bell., bor., boy., bry.,² cal.,⁴ camph., canns., canth.,³ caps.,² carbo an., caust.,² chel.,² chin., cic.,² cina, clem., col., creos., cyc., dig., dros., guaj.,² hep., ign.,² kali c., laur.,² led.,² m. arct., maust., magn.,² magnm., mang.,³ mer.,² mez., mosch.,² murac.,⁴ nat. c.,² nit.,² nit. ac., nux v., oleand.,² phosph.,⁴ phos. ac., plat., plumb.,³ ran. b., rhus.,² ruta,³ sabad., sab., samb. sars., scill.,² sec., sel.,² sen., spig.,² spong., stann., staph., sulph.,² sulph. ac., tar.,² thuja,³ val., viol. tr., vit.,² zinc.²

It is necessary to get rid of some of these eighty-one drugs, so we will proceed to eliminate. Permit me to mention that, on the score of convenience, I have used exponents instead of the different kinds of type; the exponent 4 meaning the cap letters, 3 the small caps, 2 the italics.

Of the drugs I have mentioned, aggravated by washing, remain adding to the exponents, am. c.,⁶ am. m.,² ant. c.,⁴ bar.,² bell.,³ bor.,³ bry.,⁵ cal.,⁸ canth.,⁶ caust.,⁴ clem.,⁵ kali c.,³ laur.,³ magn.,² mang.,⁴ mer.,⁵ mez.,³ mur. ac.,⁵ nat. c.,⁴ nitr.,⁵ nit. ac.,⁴ nux.,² phosph.,⁷ rhus.,⁵ sars.,⁴ spig.,⁵ stann.,² staph.,³ sulph.,⁷ sulph. ac.,² zinc.⁵

We will now continue to eliminate, by rejecting all of the above not aggravated by warmth, as before; there remain, ant. c.,⁵ bar.,³ bell.,⁴ bry.,⁵ cal.,⁹ caust.,⁵ kali c.,⁴ laur.,⁴ mer.,⁵ mez.,⁴ mur. ac.,⁶ nat. c.,⁵ nit. ac.,⁵ nux v.,³ phosph.,⁵ rhus.,⁷ spig.,⁶ staph.,⁴ sulph.⁶

By again striking out those not attended by mental irritability, we have, ant. c.,⁷ bar.,⁴ bell.,⁵ bry.,⁹ cal.,¹¹ canth.,⁷ caust.,⁵ laur.,⁴ mer.,⁸ nit. ac.,⁶ nux v.,⁷ phosph.,¹¹ sulph.¹²

Three remedies now lead all the others, namely, Cal.,¹¹ Phosph.,¹¹ Sulph.¹² I am not of the leucophlegmatic constitution of Cal., nor of the tuberculous diathesis of Phosph., and, moreover, Sulphur had an exponent of 12 to that of 11 of the other two, as well as bearing a greater resemblance to my constitution. I accordingly took Sulphur in two doses immediately after the worst paroxysm of itching I had yet had. The result was that I did not have afterwards anything more than a slight itching; the redness passed away rapidly, the swelling ceased and I was well.

The one great lesson to be drawn from this case is the danger of generalization. I took three remedies, without benefit, which have established a reputation, and, I doubt not, deservedly, as curative of the poisoning by Poison oak. The consensus of opinion of our school in this State is that *Rhus tox* is the specific. Graphites was recommended by John C. Morgan, M. D., and in the east it cured many cases for me without a failure. *Anacardium* has the authority of Constantine Hering's great name. But they all failed, and a remedy that covered all the symptoms of my case cured. I might mention in this connection that the lamented Adolph Lippe, related that he cured four brothers of the bad effects of alcoholic drinks, all of whom were lawyers, and to no two of them did he give the same remedies, and to none of them did he give *Nux*. So that even when a disease arises from a definite cause or poison, will specifics cure, but only that drug that covers the symptoms of the case.

Permit me to mention Bönninghausen's Pocket-book in the studying out of cases. The longer I practice the more frequently do I use it. Of course there are many cases, particularly acute ones, where the remedy may be discovered from the characteristics I carry in my head, but in many others I confess my inability to select the indicated drug off-hand. In those I find that work indispensable. I would not do without it.

Prof. T. F. Allen has promised a new edition, with additions containing all the new remedies and the later experience of the old ones. If he carry out the work with the

thoroughness we are justified in expecting from his ability, he will be instrumental in saving many lives and in alleviating much suffering.

I conclude, from my experience in this case, that the reason so many remedies have been extolled as specific in Poison oak poisoning, is that each of them has met the symptoms of the cases in which they were prescribed, and not because any of them is a specific.

A. McNEIL.

SAN FRANCISCO.

[Dr. McNeil is undoubtedly correct in his conclusions. In antidoting the effects of Rhus poisoning, we must take into consideration the constitutional peculiarity of the poisoned patient, and here, as everywhere, it is the totality simillimum that cures. No two patients are alike, hence the same poison can not and does not produce the same symptoms in each case, and the ability to select the simillimum marks the line between success and failure. We sincerely trust that Dr. T. F. Allen will give us an edition of Bönninghausen, with the new remedies added; but the inducement for a publisher to undertake it is not very flattering. Dr. Guernsey's Bönninghausen, the most valuable edition which has yet appeared, and the greatest time saver in the selection of the remedy which has ever been produced in our school, secured less than 200 subscribers; and many who now own this invaluable work have never used it. Many do not know how to use it and do not try to learn. And so we fear it will be with a new edition, even when brought up to date. It is so much easier to *guess* and fail, than to *know* and cure. Homeopathy is often weighed in the balance and found wanting by a guessing, haphazard prescription.—ED.]

IN ITS BIRTH PLACE.

In Saxony the laity by thousands are expressing confidence in our system. During the past year a homeopathic hospital has been successfully established in Leipsic—Leipsic, the city from which Hahnemann was once driven as a fugitive and vagabond because of his belief in similars. From Russia, Spain, India, and even from the Isles of the Sea, we have encouraging reports relative to the progress of our cause.

VERATRUM—SCIATICA.

Mrs. J. M. L.—age 43, widow, has suffered with sciatica for four years.

Pains, sharp, transient, darting upwards and downwards and from both sides to center.

Heat makes pain worse—"the cooler the better."

Attacks with cold perspiration.

Headache from both temples to base of brain aggravated by heat, vertex itches during attacks.

Pain compels her to move about, but motion does not relieve. *Veratrum album* 200, one dose, promptly cured.

W. S. GEE.

CHICAGO.

A SINGLE DOSE OF KREOSOTUM.

A lady, aged 45, was brought from Peabody, Kansas, to Kansas City, for treatment by a leading allopathist. She failed rapidly under the treatment, and two other allopaths, the best in the city, were called in consultation. For three weeks everything was done for her that they could do, and at last they told her, one Saturday morning, that they could do nothing more for her; that she could not possibly last longer than the following Sunday, and advised her to send for her children and friends at once that they might see her once more. After they were gone she called her husband to her, and requested him to employ the best homeopath he could find. Although he was prejudiced against Homeopathy—one of the physicians who had been treating his wife being a cousin—he reluctantly went out to enquire for the best homeopath. A prominent citizen directed him to me. I was called.

On entering the gloomy chamber, the scene I beheld was one of the most distressing. One nurse was holding the patient up so that she could vomit, and the other was supporting the patient's head and holding a pan for her to vomit in; and thus, they told me, she had been for more than three weeks. She could not vomit, but was constantly retching and trying to vomit. She had not retained a morsel of food or a spoonful of water in all that time. All the nourishment she had taken was beef tea per rectum. She was very much emaciated. I at once saw that *Kreosotum* was the remedy,

and gave her one dose of the two-hundredth potency, dry on the tongue, and sent to the drug store for some aqua distillata, of which I directed the nurses to give her a teaspoonful every half hour until she ceased to retch, and if she did not cease retching in three hours to let me know. No attempt to nourish was to be made until directed by me, and I was not to see the patient again for twelve hours, unless sent for. I told the husband that there was barely a chance for his wife to live, but that I was going to take that chance, and would be able to tell him definitely when I called again.

I received no word from the patient and on my next visit I found that she had ceased to retch in twenty minutes after I gave her the Kreosote, and that she had had the only perfectly natural rest during her sickness. I procured some malted milk and prepared some food for her. She received the nourishment without any return of the trouble, and was directed to partake of a small quantity every two hours while awake. I visited her next morning and found her stronger and as happy as I ever saw anybody. The one dose of Kreosote did the work, and afterwards all she wanted was rest and nourishment. I received one hundred dollars for that one dose of medicine, and the everlasting thanks and friendship of the patient. Had I repeated the dose I am certain that the patient would have died. The lady has just come all the way from Peabody, Kansas, to Chicago, a distance of seven hundred miles, to consult me. I prescribed for her; she was well and happy in a few days and returned to her home. I enquired why she came so far to obtain one prescription from me. She said she "had tried others, but nobody else's medicine acted like mine." The only difference is I give my medicine in high potency, and others give the same remedy low.

[Others repeat a well selected remedy, high or low, so often that what would have been a brilliant cure becomes a brilliant failure.—ED.]

There is an interesting circumstance connected with the above case which shows the cause of it, and proves, I think, pretty conclusively, that there is a germ even in dysentery, which contaminates the air and causes contagion, propagating a like disease or symptoms in persons of a similar constitution, and a different symptom in persons of a different

constitution and temperament. The lady referred to was well, in June, previous to her long sickness. She visited a lady friend, a neighbor, who had been suffering for many days with dysentery. As soon as my patient entered the room, she smelled the odor from the dejections, and it made her so sick she was compelled to hurry home. She soon commenced vomiting. Her home physician was called in, but nothing could be done that he or any one else knew. At last, after many weeks suffering, she was taken to Kansas City, and the best multiplied allopathic skill failed to benefit her. After three weeks "doping," they gave her up to die, and then like a drowning man clutching at a straw, so her husband thought, homeopathic treatment was called in. Kreosotum was indicated at the first, as at the last; and one dose at the first would have saved her nearly four months of suffering. Why is it that the "old-timers" will not learn from such cases as this?

WM. D. GENTRY.

ROGERS PARK, ILL.

TWO PULSATILLA CASES.

CASE 1. Minnie L.—, aged fourteen years, was brought to me on the 15th day of January, 1890. She was a plump girl, of light complexion and lymphatic type, slow of speech, and not of brilliant intellect. History of antecedents somewhat shady.

She presented a dry, scaly, eczema covering the arms and thighs, accompanied with violent itching, which had been gradually increasing for some months. The first appearance was said to have been noticed after the girl had been undergoing a course of "Hood's Sarsaparilla" treatment for some supposed disorder. The above were all the symptoms of importance which could be elicited, with the exception of a slightly inflamed condition of the eyelids, and the fact that she had had styes in the past. The latter appearance, together with the general type of the patient, led me to think of Pulsatilla, of which she was given two powders of the 200, with a two weeks' allowance of blanks.

Nothing more was heard or thought of the case until the 24th of April, when she appeared at the office, stating that since she had taken my medicine there had been absolutely no appearance of her menses, whereas, she had always been perfectly regular before for two years. But the eczema had

gradually diminished in area and intensity until, at that time, only a few small patches remained on her legs. General health perfectly good, eyelids all right. She was counseled that no ill result would follow, and that probably her flow would return in due time if she took nothing to interfere with the natural condition.

May 23rd she reported that on the 11th of the current month the menstrual flow made its appearance and continued five days, the usual time. The eruption had entirely disappeared.

CASE II. Mrs. S——, aged forty-seven years; plump form; very dark complexioned. Had been suffering for some time with shifting pains of rheumatic character which often were very severe. They were located particularly in the right arm and fingers of right hand and also in the ovarian region, of both sides. Pains sharp and intermittent, better after rising in the morning until she became tired when they would increase in severity. The patient had lost her mother recently from Bright's disease, and a sister from cancer of the uterus, hence was very apprehensive of her own condition. Her face was slightly tinged with yellow and the cornea presented a bluish cast. Palpitation or violent exercise with sharp pains in the region of the apex of heart. In other respects her health was excellent. Menses regular, appetite good, pulse regular and normal, no thirst but a marked craving for sugar and sweet food.

Bryonia 3x was prescribed without any modification of the symptoms, after four days; as might be expected, it was not well indicated. At the expiration of that time she received Pulsatilla 3x and at the end of a few hours the pain ceased and did not again return. The symptom of craving for sweets has been present in several cases where Pulsatilla has been the beneficial remedy, and yet it does not appear in the proving, according to Hering; on the contrary the Pulsatilla patient is said to crave beer and sour articles.

The above cases are not particularly rare or interesting, except as all similar things are interesting to those seeking confirmation of the wonderful power of pure Homeopathy in mitigating disease.

The above illustrations help show in a minute degree the immense scope of a single remedy, and that a simple and

common substance. The patients were of entirely different types, one light and the other dark; one stolidly quiet, the other voluble; the first young, the second advanced in years. The same difference was noticeable in the diseased condition, and yet each patient presented certain symptoms found also under the proving of Pulsatilla, and hence, a few particles of the attenuation of this harmless "wind flower" proved to be the specific agent of health for these sufferers. What a beautiful illustration of the teachings of Hahnemann; yet the majority of physicians of to-day are searching for health-giving specifics in every department of philosophy, *except* that of Nature herself.

F. W. PATCH.

SOUTH FRAMINGHAM, MASS.

VERIFICATIONS AND CLINICAL SYMPTOMS.*

The question as to the advisability of condensing the *Materia Medica* by elimination of useless symptoms is one of great importance, for who is to sit in judgment and decide what symptom is useless. The fact that hundreds have prescribed a given remedy successfully without ever having met with some apparently absurd or simple symptom, which may appear in the provings, can not rightfully be held out as a reason for expunging that symptom, for there may, at some time, come a patient who presents that absurd symptom.

Perhaps on account of its peculiarity the attention of the prescriber is called to a remedy which he would otherwise have passed by. This absurd symptom thus stands out as a "key note" and "the stone which the builders refused is become the head stone of the corner." Neither should the toxicological symptoms alone remain, because very many of our most reliable guides are the result of clinical observation so often verified as to be of greater value than those of original provings.

Therefore let us aim at *verification* rather than elimination, and not cast aside a single symptom as useless.

Dozens, aye hundreds even, of remedies, have some symptoms in common, hence let us heed the injunction of Hahnemann and seek for those which are peculiar and characteristic in the individual, setting aside those common to the general

* California State Homeopathic Medical Society, May 15, 1890.

condition simply as a sort of balance wheel, or as going to make up a homogeneity.

The verification, by three careful observers, of one clinical symptom is of far greater value than the slurs of a thousand who theorize upon the absurdity of such a symptom.

It not infrequently happens that, in the treatment of a case, some symptom, which we have failed to find in our researches, gives way to a remedy chosen on account of its similarity to other symptoms. Should such an one occur a number of times with like results it may be classed as a clinical symptom, and more or less value be placed upon it.

I will note a few remedies with symptoms not commonly found, if indeed at all, in our text books.

In Epilepsy, where the patient has a tendency *to fall to the left*, Belladonna has frequently proved a valuable remedy. We are led to consider this a decidedly right sided remedy, and it may still be so considered without conflicting with the symptom of falling to the left, for the right may be the affected side; indeed this theory is emphasized, the possible condition of congestion existing upon the right side gives it more stimulation or tone, while the left being less tense and consequently less resistant, allows the fall to the left.

During an epidemic of diphtheria some years ago, I noticed numbers of cases in which *bleeding from the buccal cavity* took place. The remedy which I considered well chosen for other symptoms was Phytolacca. Not alone were the more common symptoms cured but the bleeding was checked at once. This was observed a number of times, and finally seemed as if diagnostic of Phytolacca. Several cases later did not present very clear indications, but as the bleeding was prominent they were given this remedy and cured.

There are a few other remedies which have a bloody discharge, or discharge tinged with blood, but I am not familiar with any other which has so clearly marked a disposition to hemorrhage, and when this symptom is present it is quite likely that other important indications for Phytolacca will also be found.

Among women who complain of dyspepsia, there is frequently mentioned a symptom of an "all gone" feeling at the stomach, or as if the "bottom of the stomach had dropped out." A similar symptom is found among tea-

drinkers, and appears under the provings of Thea. I have found Pulsatilla to relieve these symptoms very quickly, whether in tea drinkers or not. Pulsatilla may be found beneficial in relieving the bad effects from tea drinking.

In Intermittent fever, as in other diseases, there sometimes occurs an eruption of hydroa, or fever blisters. Two very prominent remedies have this symptom, viz.: Rhus tox and Natrum mur. There is a slight difference in the appearance of these hydroa, which I consider diagnostic. The Rhus blister is at first clearer, with a tendency to yellow or amber color, while the Natrum blister is whiter or more of a pearly color. The Natrum hydroa are more likely to be single and the Rhus in clusters.

Thuja has urinary symptoms which seem peculiar to it. Patient has a sudden desire for urination, so sudden and urgent that it seems as if he could not make the necessary preliminary preparations quickly enough, and yet, if compelled by surroundings, can overcome the desire for a time.

Thuja has also cured the severe cutting pain at close of micturition, the knife like pain which occurs with closure of the sphincter vesicae after the passage of the last drop.

In addition to its being a verification, an experience of some years ago will show the value of what might seem an absurd symptom. A gentleman had been a sufferer for fifteen years from intermittent fever. He had tried several physicians of both schools without the slightest benefit, and, although he had been pronounced incurable, he had hope to the contrary. Great care was taken in writing out his case that no point should be lost in its study. After six months no improvement was manifest, and, losing courage, I felt obliged to acknowledge defeat, but he insisted upon further trial.

He had been closely questioned many times with the hope that some new and perhaps guiding symptom might be found. Now it was proposed to regard him as if seen for the first time. I suggested that he begin a recital at the head and go down to his toes. At the mention of toes he was reminded of what he thought was of no account, though the symptom had existed for years. When he took off his boots at night the ball of the right great toe invariably itched. This peculiar symptom I remembered to have seen somewhere in some of my readings, and without further delay a search was begun, which resulted

in finding it under *Natrum sulfuricum*. Nearly every other symptom of his case was pictured under this remedy, and a rapid cure resulted.

This happy man would surely not cast his vote for eliminating so absurd a symptom from the *Materia Medica*.

G. M. PEASE.

SAN FRANCISCO.

NEW REMEDIES.*

In the preface to Guernsey's "*Bönninghausen*" we read "Would it not be well for the profession of to-day to see whether the few remedies with which he (*Bönninghausen*) and *Hahnemann* and his contemporaries did all their work are not overlooked for the newer and less thoroughly proven ones." This remark can not be repeated often enough in order to warn against the danger of giving too easy credit to the eloquent recommendations wherewith, at present, so-called homeopathic journals and publications extol new remedies, not as a result of "provings," but in consequence of their empirical use in one case or another, just as the new allopathic medicines, which, after having had a run—which proves "it was a mistake"—give room to a new, also short-lived, fashion. Every new remedy, if thoroughly proven, and in its proving manifesting a nuance, which gives it such a differential character that its usefulness above its analogues in certain symptom complexes is established, is a blessing. But the manner in which new remedies, as a rule, are extolled for such or such a case is a curse. I, who have suffered from this curse, say so, for there are few remedies, highly praised and recommended, which I have not at the first opportunity, tried, strictly following the indication—if that kind of recommendation deserves the name of "indication"—and I have not found one which did not disappoint me. If the remedy did good in one case, in ten cases it would fail. Now, speaking of disappointment, I must state that this is only meant for such new remedies which, from the manner in which they were recommended, must give one confidence. Others were given for a trial, but when unsuccessful, could not be said to have disappointed any expectancy. The first ones, however, were all administered with assurance, but proved to be no good.

*Texas State Society.

If it were not that the space of a paper to be laid before you, and the time which judicially can be claimed for it prevented, I should unfold a list which would astonish you. I shall therefore only mention two instances.

Some years ago *Equisetum hyemale* had become the rage in the different journals. I kept reading of the miraculous cures, and believing in them, I soon let it be known that now I had an infallible cure for enuresis; eight days, or, by all means, not more than fourteen days, was all I required, when I guaranteed my patients should be well. I can not remember how many cases I treated, but it was a great many, and if two of them were cured by *Equisetum hyemale*, the rest were not. I tried every way in which the administration had been recommended—tincture, watery solution, dilutions, but all in vain. I had to go back to standard prescriptions (totality of symptoms), and then I cured.

The second drug is Mullein oil. At first I wrote for it to every pharmacy I knew, but they did not have it. I wrote to Dr. Cushing, but he too had none. At last my eyes were gladdened. The pharmacies advertised it, and I sent for the miracle. And now I tried to get hold of everybody who suffered from hard hearing and deafness and who could be induced to try my panacea. I prescribed it in the manner it had been recommended at first—no good. I then tried it as it is lately trumpeted, from month to month, in advertisements found in the journals and the pharmacy bulletins. There is not one successful case to report; the highest success may have been some ephemeral relief in a few cases, but cure there was no

But, speaking of new remedies, how could I forego mentioning the greatest imposition on "Homeopathy"—"Schüsslerism?" Why do people call this Homeopathy? Because the medicines are given in the 3x, 6x, 12x trituration? Just as well call the administration of medicines in, for instance, McKesson's globules, containing only a very small fraction of medicine, Homeopathy. If the salts administered according to Schüssler's theory, help, they do not do it in consequence of his theory; for many proofs have I had where following his theory I failed ignominiously, and only succeeded by going back to pure Homeopathy. Where his salts help, they do it, not from Biochemistry, but because they are homeopathic to

the case. And this is what we always must look out for. We must only prescribe the remedy which is homeopathic to the case, and the old, staunch fellows we may depend upon; the new remedies only known as explained above, are not to be relied upon. In conclusion, let me state the purport of this paper. New remedies are a blessing if we have a proving thereof, which can be trusted. But new remedies are a curse if prescribed according to the empirical advertisement, which brings them to our notice. And better than using any new remedy is it to know the old established ones so well that we may be able to get along with them as our fathers did, they are always to be preferred to any new remedy, except such a one is the real simillimum. M. A. A. WOLFF.

GAINESVILLE, TEX.

CONSTIPATION.

ITS CAUSES, ITS EFFECTS AND HOMEOPATHIC TREATMENT.*

The literal meaning of the word "constipation" is a crowding or cramming together. In a medical sense we do not understand by the term "constipation" that the fecal movements shall be compressed or crowded together, but that they are of such unfrequent or irregular periods as to make them unnatural in that sense of the word. In many cases of constipation, and some of the most rebellious, the feces are not hard, but are soft and compressed. In this paper I shall consider constipation as that disease or symptom of disease in which the movements of the bowels are so infrequent as to be unnatural.

Constipation may be due to a variety of causes, hence is usually a symptom of some other abnormal condition of the system. Few cases of constipation *per se* are brought to our notice. Many cases are due to a mechanical obstruction to the natural expulsion of the feces; in women to a retroverted or hyperplastic uterus; in men to an enlarged prostate; in both to rectal troubles or tumors. A chronic peritonitis may be the direct cause of a constipation, and, like many other conditions, as well as drug actions, also produces the opposite condition or diarrhea. Atony of the colon, perhaps, produces more cases of constipation than any other cause outside of mechanical pressure. Intense mental application,

* Illinois Homeopathic Association.

sedentary habits, carelessness in regard to attending to the calls of Nature, the use of intoxicants as well as dietary errors, the morphine habit and the promiscuous use of cathartics combine to produce constipation. Unfortunate is the patient, and the physician, where nearly all of these causes combine in the production of a chronic constipation, for little else than a complete rejuvenation of the patient, both mentally and physically, will remove the difficulty.

The effects of a chronic constipation may be know as *immediate* or *local* and *remote* or *general*. Among the former we may note impaction of the colon, either partial or complete; intestinal irritations produced by the accumulation of fecal matter and producing colic or inflammatory actions; various abnormal conditions due to pressure on the intrapelvic nerves, such as seminal emissions, uterine troubles, hemorrhoids, cold limbs and feet, while sciatic troubles are usually aggravated by an overloaded colon or rectum. Among the *remote* or *general effects* are lassitude of mind and body; poor circulation; headaches; vertigo; anemia and wasting of flesh. These effects combined produce the condition known as *copremia* which is due to the absorption of the moisture or juices of the fecal matter. Its effects are most pernicious. As a rule we can at once detect a case of chronic constipation by the copremic complexion. This complexion, by the way, will wash out in a Turkish bath and is thus in contradistinction to the cancer complexion. Other general effects of chronic constipation are poor digestion, bad breath, foul tongue, obstructed hepatic circulation and kidney derangements.

Although a firm believer in the positive action of a Hahnemannian prescription for chronic constipation, I believe it should be our first endeavor to ascertain the cause or causes which are at work producing this abnormal condition. "*Sublata causa, tollitur effectus*" is as true here as in any part of the field of medicine. Bad habits must be overcome, mechanical interferences must be removed and the road to a cure left untrammelled. It would be of little use, in my estimation, to attempt to cure a case of constipation where a retroverted womb pressed the rectum so closely that defecation could only be accomplished with the most violent pains, unless the mechanical obstruction was first removed. But even in such cases it is a stubborn fact that the homeopathic

prescription will go far towards relieving the case and placing the patient in a more comfortable condition if it does not produce a permanent cure. Simple relief, however, should not satisfy us, as the patient seeks a permanent cure, and we will rarely accomplish this without first removing all obstructions to a cure. Teaching our patients to give themselves proper and regular care in these directions is of the greatest benefit.

A plan I have followed for years, though not in all cases, is to thoroughly flush the colon in the beginning of the treatment. According to several authorities this act alone will result in restoring the patient to perfect health no matter what the disease. The late Dr. Jewell, of Chicago, became quite an enthusiast in the good effects brought about by flushing the colon, and a less noted man is now advertising this method broadcast, for which simple prescription he asks the modest sum of four dollars. I have recently learned of parties in this city disposing of this "secret" to their patients for twenty-five dollars. The method is not without its advantages. When we realize that the colon is some five feet in length and may be from three to fifteen inches in diameter, will readily contain a gallon of water, and has been emptied of a twelve-quart pailful of feces, we can understand something of its absorptive power in producing copremia, as well as appreciate the benefit of getting this clogged sewer emptied and cleansed. But that this method goes very far in the cure of diseased conditions, or will even produce a cure of constipation, I very much doubt.

Mechanical interferences are, fortunately, not the principal producers of constipation and for all other cases we must look to the homeopathic remedy for the cure of this condition. One of the greatest victories of our school has been our record in the treatment of the inveterate constipations. In the March number of the *Medical Visitor*, Dr. Hoyne reports the homeopathic cure of an allopathic physician who had suffered for years from constipation. He wished to know if our school had anything outside of the usual cathartic methods. The homeopathic remedy cured him *cito, tuto et jocunde*. In chronic constipation the potentiated remedy has made a splendid record. Perhaps it is owing to the fact that we have more time in which to work and can hold our

patients longer. I have recently made several firm converts to our faith through the action of remedies in the 200th and 1000th potencies given for constipation. The principal remedies used in these cases were alumina, bryonia and sepia. In one of the patients, who had been treated by two eminent homeopaths with almost no permanent benefit, sepia seemed to be the indicated remedy. I gave it in the 30th and later the 3x potencies without result. Other remedies were tried and still no action. Feeling certain it was a sepia case I prescribed the 1000th, three powders to be taken an hour apart and then to be followed by placebo. The bowels moved naturally the next day and under the action of Sepia in the same potency, infrequent doses, the bowels are still moving normally now four months after the prescription. In the above case flushing the colon and several forms of cathartics were used in the previous treatment. A retroverted womb hindered the case and yet sepia did its work. The uterus was replaced later and the improvement was still more marked.

In the beginning of our treatment with homeopathic remedies the best work will be done with a good repertory. It is impossible for one to keep the characteristics of our materia medica under such perfect demand as to be able to prescribe correctly for the average case of chronic constipation. As a rule, too, few remedies are thought of; the mere fact that nux vomica, bryonia, or some other remedy meets so many cases is no reason why we should seek no farther. A careful analysis of the case with the aid of a good repertory will reveal remedies unthought of and bring to light the key to the position.

When the true similia has been found I would caution the prescriber in regard to the too frequent repetition of the dose and to remember that, as a rule, a low potency can be repeated with less risk than a high one. I believe it to be a fact that, where a few doses of a high potency will act favorably in a case of obstinate constipation, the constant repetition of the same remedy and potency will either amount to nothing or will make the case worse than ever. This belief is the result of observation and is not an empty theory. I would ask you to experiment and observe in the same line if your opinion differs from mine.

REMEDIES.

Among the many remedies useful in the treatment of constipation I will give what I consider the twelve principal ones : Aesculus, Alumina, Bryonia, Calcarea, Causticum, Graphites, Lycopodium, Natrum mur., Nux vomica, Opium, Sepia and Silicea.

AESCULUS is useful in those cases attended with piles, prolapsus ani and pruritus. Constant, ineffectual urging to stool ; the stools are large, hard, dry and dark ; dryness, heat and constriction in the rectum, which *feels as if full of sharp sticks*. The last of the stool may be of the proper consistency, followed by burning and constriction of the rectum. Severe *lumbo-sacral backache*.

ALUMINA. The keynote of this remedy is *torpor*. *Atony of the colon and rectum*. Inactivity of the rectum, *even a soft stool requires great straining*. There is no desire for a stool nor an ability to pass one until the bowel is loaded full. Stools hard and like putty, sticking to the rectum. The passage from the rectum may be accompanied by blood while the straining at stool causes a flow of urine. Longlasting pains in the rectum after stool. Alumina is useful in the constipation of *old people* and in our most stubborn cases where *torpor* or *atony* of the parts is the principal symptom.

BRYONIA has for its key-note *no desire for stool*. Constipation during hot weather. The stools are infrequent and large in size, or may be in *hard, dry balls as if burnt*. Disposition to headaches and irritability.

CALCAREA. The stools are dry, knotty, difficult, of a *chalky* appearance. Frequently indicated in children, *especially during dentition*. Hard, large, partially undigested stools. There is, at times, an oozing of fluid from the rectum smelling like herring-brine. Useful in *leuco-phlegmatic people* ; tissues flabby, white complexion or very fat people. [Always feels best when constipated.]

CAUSTICUM is of great service in the *constipation of children* accompanied by enuresis nocturna. The stool is *tough, greasy* or *shiny* accompanied by a greasy taste in the mouth. Dryness of the rectum ; the *stool passes better standing*. Frequent, ineffectual efforts to stool ; anxiety and redness of the face.

GRAPHITES.—Hard, *knotty stool, united by strings of mucus* or covered with mucus. Dryness of the rectal mucus mem-

brane with fissure of the anus. A quantity of white mucus is discharged (like aloë). *Herpetic diathesis*.

LYCOPodium has its characteristics in small stool with sensation, as if much remained behind, with large accumulation of gas in the bowels. Desire for stool with inability. Useful in the constipation of elderly people. Abdominal plethora. There is the characteristic backache of lycopodium, accompanied by brickdust sediment in the urine.

NATRUM MUR.—Obstinate constipation, with troublesome perspiration on slight movement. The stools are hard, difficult and crumbling; difficult expulsion of feces, leaving a sensation of great soreness at the anus. It tones up the intestinal mucous membrane.

NUX VOMICA is the great remedy for constipation. It has its keynote in *frequent ineffectual desire for stool*. The patient goes often enough, but accomplishes nothing, or with great difficulty. Stool black and hard, often streaked with blood. Hemorrhoidal diathesis, and in dyspeptics. Useful in those cases that have been much drugged, addicted to the use of stimulants or to abuse of highly seasoned foods. It is a good remedy with which to begin a case coming from old school treatment. There is an obstructed portal circulation and great relief from stool.

OPIUM will occasionally be called for. The stools are *small, hard, round, black balls*. In such cases we usually find the copremic complexion as the moisture is all absorbed from the feces. Useful in higher potencies in cases where there is a *history of opium drugging*. Constipation causes very little inconvenience. Is indicated in the *constipation of good humored, corpulent women*. Also useful in obstruction of the colon.

SEPIA.—Stools *hard and small, like sheep's dung*. Ineffectual urging with tenesmus. *Earthy complexion*, bilious looking. The best remedy in cases of copremia. Constipation during pregnancy. Difficult to pass even a soft stool. Prolapsus ani during stool [compare ignatia]. Useful in women where there is inactivity of the colon and rectum.

SILICEA finds its keynote in constipation where the *stool, when partly passed, recedes into the rectum*. Even a soft stool is passed with difficulty. Stools of hard lumps, which remain long in the rectum. Much rumbling in the abdomen.

SYCAMORE, ILL.

H. P. HOLMES.

IS HAHNEMANN'S PSORA THEORY AN IDLE PHANTOM?*

In the year 1847 I treated a well preserved widow, mother of three grown children, for these symptoms: two or three days before menstruation appears she feels a heaviness in the chest and short breathing, so that she can hardly walk, with a dry, painless cough and itching in the larynx, followed by expectoration of a clear, colorless mucus, which gradually becomes tinged with blood, and, finally, pure blood is expectorated for five days, decreasing for the last two days, just as it was when she used to menstruate. Otherwise, she feels perfectly well, eats and sleeps well; perhaps, she is a little more irritable, more from fear to become consumptive. During infancy and adolescence she always enjoyed good health, menstruated at sixteen, married at eighteen, had five children, which she nursed, and can not imagine the cause of her present ailment, though blaming a cold which attacked her during menstruation, the flow stopped and the cough set in. She was treated by eminent gynecologists for a whole year without any result, and, finally, the professor considered it a mere anomaly of climaxes, and sent her home, where the same state remained for the last three years. The most exact examination of chest and heart revealed nothing abnormal, only during the cough some mucous râles could be detected, though percussion showed not the least dullness; examination of the genital organs was refused. She received Lachesis 30 at intervals, the menses returned and the hemoptoe ceased for five months, when the old state returned as bad as ever, and renewed examination, rousing up her memory for all the ailments she passed through during her life, finally revealed that, as a child, she had the itch. This was a usual occurrence at her paternal home, which her father considered beneficial as a purificator of the blood, but the mother anointed her several times with a salve containing flores sulphuris and potash, and the eruption disappeared. Sulphur 30, and later again, Lachesis; but at intervals, when the menses stopped, the hemoptoe returned. Now, Jenichen's 1,500 potency of Sulphur was ordered, sixteen pellets dissolved in four ounces of distilled water, with the addition of two drachms alcohol, and a teaspoonful ordered morning and

* Translated from the A. H. Z. 12, 90, by S. L.

evening. After a week I was called in a hurry, for the widow complained of most fearful itching, hands and fingers swollen, and on the flexor side of the joints of the arms a fine vesicular eruption. She must have an external application, and to appease her anguish oleum amygdaline was permitted to her. After a week swelling of the fingers and eruption disappeared, but furuncles formed over the whole body for about six weeks, but which she bore more patiently than the itching. During these two months neither hemoptoe nor menstruation set in. She received placebos, with the expectation of a return of the old trouble. Three weeks afterwards menses reappeared, and when she reached her fiftieth year the menses stopped, but she never had any more cough or hemoptoe.

2. Nicolai Bernisoff, one year old, was attacked with a dry itch and at the policlinic was treated with low potencies of sulphur. A year afterwards his mother brought the child back, blind in both eyes, and the mother acknowledged that as the powders failed to remove the eruption, external means, especially aqua Goulardi was used and the itch passed off rapidly. Soon afterwards they found out that the child ran against everything when walking, and they again asked for medicine. Sulphur 30 one powder and placebos. After a few weeks the child was covered with furuncles, but with their appearance, vision gradually returned. For several months the child received one dose Sulphur, till every trace of disease had gone, and though several years have passed, the child grows up nicely and enjoys good health.

3. Prof. Koebner reports in the *Berliner Klinische Wochenschrift*, No. 21, 1887, a case of lichen ruber and assumes its nervous origin, and thinks to be the first who promulgated this idea, though Bojanus in the 2d part of his dermatological studies, 1887, already came to the same conclusion: (1) by reason of a strict analysis of the subjective and objective manifestations in relation to the nervous system. (2) Anamnesis showed that in a large majority of cases the disturbances in the nervous system, which cause these cutaneous eruptions, originate on a hereditary basis; though they may also be acquired in consequence of well known causes, as infectious diseases; chronic alcoholism, syphilis, trauma. (3) The anatomical changes of the skin of the nervous system and

of the cerebral centers. (4) The course of the disease and the treatment. He gives then 99 observations, 68 of which were cases of psoriasis and 7 of lichen ruber, whose nervous origin is acknowledged by many authors. Berlin in the B. K. W. 17, 1889, says: the question on the aetiology of alopecia areata is now better understood. Poathophedae of Copenhagen, leads our attention to the experiments made on the second cervical nerve of cats which proved the trophoneurotic origin. A girl of ten years was operated on account of a glandular tumor in the region of the left carotid. The deep part of the tumor was adherent to the vena jugulares externa and during its ablation a copious hemorrhage took place from the torn vein. By tamponing with Iodoform gauze soaked in a sublimate solution and bandaging, the hemorrhage was stopped. Three weeks afterwards there could be seen at the occiput two symmetrical spots, round, of the size of a dollar, denuded of all hair. These spots rapidly increased and new ones appeared behind the ears and on the vertex, which became confluent. After seven weeks they had reached their greatest extent and the symmetrical baldness corresponded to the region supplied by the nervus occipitalis major and minor with the posterior branch of the nervus auriculares magnus. The skin was smooth and normal, sensibility undisturbed, and after five weeks new lanugo tried to cover the denuded parts. Here we have thus a typical alopecia areata, probably produced by compression of the original parts of the cervical nerves, which caused a neuritis, and in consequence thereof the falling out of the hair. The symmetrical spread of the baldness, may be perhaps explained by the neuritis spreading to the corresponding nerves of the other side. Stepp also observed alopecia areata after railroad accidents. A conductor lost all the hair of his beard and partly of his scalp after such an accident, and what remained turned gray. In a similar case the engineer lost nearly every particle of hair on head and beard, and Stepp blames atrophy for it on the skin, caused by pathological changes on the tropic nerves of the central organs.

In his remarks on psora, Dr. Bojanus fails to solve the riddle when he says, that there can be no more local affection without affecting the unity of the organism, except a slight trauma, for a severe one certainly shows general symptoms, and in relation to syphilis, the prodromal stage of several

weeks, till the syphilitic poison has contaminated the whole body, shows that no chancre is ever a mere local affection—hence all local treatment must be injurious—but all this does not tell us what psora is, for notwithstanding his first case the acarus is not the universal representative of the psora theory, and for its understanding the old school offers us the best solution. Clinicians and bacteriologists acknowledge that the different micro-organisms, of whom we read now ad nauseum, would fail to be of any detriment to humanity, if there were not so many human beings, who in their constitutional building up, in their vital power, are below par and the cells are unable to resist the strong attack of the invading enemy. Let the old school call it morbid disposition, we call it psora, and we agree with Bojanus, that such a morbid disposition or psora may be an unfortunate heirloom or acquired. Syphilis, scrofulosis, tuberculosis, neurasthenia; here we have a vicious circle, poisoning blood and nerve, and the sins of the parents shall be punished in the third and fourth generation. Let us thank Providence that there will be no fifth generation to suffer any more. But can psora, this morbid disposition, ever be eradicated? Non possumus, as long as vice and greed rule the world. The medicine of the age must be conservative and preventive, but doctors, the true priests of suffering humanity, may preach from morning till night, in the houses and in the by-ways, and though the listeners may be many, the followers are few. Away with that charity which builds hospitals and lunatic asylums, but hoards up its millions gained by the labors of the multitude. Do not give them stones, but good food, good homes, plenty of fresh air in God's highest and greatest temple, and we will have hardier men, more healthy women, rosy cheeked children and far more contentment than can be found in that worrying strife for subsistence. This is the charity which humanity has a right to demand, and psora will be a thing of the past. Looking backward we see a suffering, sinful world; will looking forward offer a better prospect? *Quien sabe!*

DR. BOJANUS.

ASTACUS FLUVIATILIS.—Cough did not molest him while walking, but returned as soon as he sat down.

LETTER FROM INDIA.

At the New York Ophthalmic College, session of '88 and '89, which I had the privilege of attending, Dr. Deady, professor of refraction, stated that with the advance of civilization myopia increased in frequency, and that Germany has at present the greatest number of myopes in proportion to the population.

Going downward in the scale of civilization the Professor had no statistics of refraction.

I have examined the eyes of many of the natives of India in different parts of the country, and I have only found one case of myopia, and that of one eye, the other being emmetropic, while hyperopia is very common.

Convergent strabismus from hyperopia, among children in school as well as among adults, is more prevalent here than in any country about which we have any knowledge on the subject.

The following case is worthy of careful study to the thoughtful homœopath.

Mr. N—, about 45 years of age, was attacked with (probably) bilious fever. I was not in Hurda at the time the fever began, but arrived and was called after the man had been treated about eight days by a native doctor. The case, as I first saw it, presented the following symptoms:

Great restlessness—*was not still one second at a time.*

Intense headache in forehead and vertex—so severe that he had sent 400 miles for ice which he kept on constantly for relief.

Mouth so dry that he said, "If I touch my tongue with my finger I feel no more moisture than if I touch the bedstead." Indeed, the saliva seemed absolutely suppressed.

Thirst—every minute or two taking no more than a spoonful of ice water.

Burning of the esophagus, stomach and intestines so severe that he described it by saying, "My whole insides seem to be on fire."

Intense anxiety, amounting almost to despair.

Any one who reads this report will not hesitate longer than I did, when I saw the patient, to pronounce it a case of arsenical poisoning.

Mr. N. told me he was taking large doses of quinine and some other medicine, the name of which he did not know.

It had been some hours since he had taken the last dose, so a chemical antidote was not to be thought of. I gave *nux vom.*, 2 m., in water, to be taken at intervals of two hours, until he should go to sleep. The next morning he was better. Gave a few doses of *nux* every day for four days, with constant improvement. Now he began to have chills in the afternoon, followed by fever in the early part of the night. No medicine. One night at 10 o'clock he sent for me in great haste. I found him in an agony of fear because in his hands and feet was a sensation of coldness, though they were warm to the touch. His condition suggested arsenicum, which I questioned the propriety of giving, because he had been so recently poisoned with it. Seeing indications for no other remedy, I gave *ars.* 30, and assured the patient that he was in no danger. The next morning he was much better.

The headache, though less severe, the dryness of the mouth and nightly restlessness continued for several days, in spite of several remedies carefully selected. Finally, the symptoms all pointing to arsenicum, I gave it, with the same misgiving as before. But the result proved the correctness of the prescription. Three or four doses in the 8m and 90m potencies, quickly cured.

Queries. Was not Arsenicum probably indicated in the beginning of the sickness? Was not the Arsenic given by the native too coarse and crude to affect the vital force except toxically? What 'pathy is this? C. S. DURAND.

HURDA, C. P., INDIA.

INTERMITTENT FEVER.—ARSENICUM.

CASE I.—February 23, 1890. Miss B—, age 14, had been having chills for about a year, all the time under the treatment of a prominent allopath; quinine being the principal remedy used, which she has taken almost continuously.

Before chill comes on, great debility, weary, wants to lie down.

Chill and fever every day of late.

Heat and chill intermingle.

External heat, internal chill.

Thirsty during chill, only drinks a little at a time.

Heat, accompanied with sensation of heat in blood vessels.
Sweat cold and clammy; does not sweat with each paroxysm.

Pains leave as sweat begins.

Great debility after sweat.

During apyrexia, face pale and sunken.

Water tastes bitter.

Arsenicum, 22 cent.

Next chill was more severe than any previous one, but she did not not have any more; and began to gain in strength and flesh. Appetite became ravenous.

This patient was from a family that had no faith in Homoeopathy. It took an hour and a half to write down her symptoms, and I looked up the remedy in her presence. I make a practice of consulting my repertories in presence of patients, both in the office and at the bedside, and I am sure I hold my patrons much better than though I failed to give the proper remedy. If you can use a repertory intelligently when alone, there is no reason why you should not use it at the bedside, when the case demands it.

CASE II.—January 7, 1890, was called to see Mr. ———, about forty-eight years of age, some three miles from my office; messenger said he was dying of some kidney trouble. On my arrival found the patient propped up in almost a sitting posture, could not breathe in any other position.

He was sure he would die, and had given up hope, and, seemingly, all desire for life.

Full of anguish, weak and prostrated, wanted to get up and lie down somewhere else, but was too weak to do so.

Chilly sensation and heat intermingled; cold, clammy night-sweats; liver and spleen tender to touch; urine scanty and cloudy.

There had been atrophy of left testicle for years, which since present attack had swollen and was more than three times larger than the other; tender and hot to touch.

Intense pain in the lumbar region.

As my time was limited I did not take all his symptoms. Arsenicum 40x, a powder on his tongue, and I left six powders, to be given two hours apart, with instructions to send for me if necessary the next day, Sunday, as I would not call until Monday if not sent for.

Monday morning found the patient sitting in a chair, feeling like a different man, although very weak and still a pain in lumbar region. Improvement began two hours after first dose. Middle of week he was able to come to town. I believe Arsenicum would have saved this man had he been much nearer death. It was purely an Arsenicum case, and had I been tempted to give large doses of quinine, my patient would have kept his bed for many days and been a walking sick man until he was again prostrated. I am not surprised that our *off hand* prescribers should give quinine when they have a dangerous case, and they seem to take pride in teaching their methods in our State Associations. I see no help for their patients until they purchase "Allen's Intermittent Fever," and record their cases as taught by the founder of Homeopathy. I have treated a large number of intermittent cases since purchasing that work in the spring of 1889. Since then I have not resorted to quinine or crude drugs, and I cure my cases with much more satisfaction when using the 40x or 8m. than when using the 3x or 6x.

GOSSYPIMUM.

CASE I. July 21, 1889. Mrs. M—, age twenty-seven years, had a child eleven years ago.

She is weak mornings, fretful and nervous.

Vertigo when stooping or standing; when rising from stooping everything turns black before her eyes; when sight returns spots float before eyes; light hurts the eyes.

Headache beginning in back of neck and going up right side of head usually, sometimes up left side, <from jarring; pains always sharp, darting; at times throbbing in temples.

For the past two weeks sharp pain has been constant, in the morning.

Just before menses she will have an attack of sick headache, lasting until flow ceases.

Face, heat flashes. At times they go all over the body.

Tongue coated white, edges red, bitter taste, mouth dry, thirsty for large quantities.

Abdomen and stomach bloat, some belching, eating water-melon causes colic.

Arms go to sleep when lying on them; palms of hands burn. Hands swell at times.

Pains in the leg with ovarian pains.

Dull pain in the heart, lasting half hour, causing her to be cross, don't want to be spoken to, must lie down, pain from deep respiration, has a constricting feeling at the heart at times.

Respiration short during heart pain.

Sharp pain in right lung when taking a long breath.

Dull, throbbing, weakening pain in left scapula.

Dull pain in lumbar region during ovarian pains.

Menses regular; continue only two days, scanty; dull, intermitting pains in the womb, at the beginning of menses; flow dark, small, thready, clots first day; labor like pains when clots are passing.

For the past thirteen years has been troubled with a continuous intermitting pain in left ovary, going through to back, is present during all her waking hours.

Worse lying down; lying on right side a day or two before menses, until a week after; during the night and in the morning when getting up.

When trying to raise from a lying position there is a pulling sensation in left ovary causing the pains; when lying on the right side it seems as though left ovary was being pulled down; pains are from walking or reaching with the hands higher than the head; urine offensive, dark yellow sediment adhering to the vessel.

Leucorrhœa, like milk, acrid, worse after menses, causes pruritus vulvæ, > by scratching.

Feet cold and clammy at night.

Sleep restless, has vivid dreams, talks in her sleep, gets up and crawls around on the floor, as though looking for something, and knows nothing of what she is doing until wakened.

Gossypium 5x, three doses daily.

July 27th.—Reports that all of her troublesome symptoms, excepting the ovarian pains, have disappeared, and they are better. Two doses a day.

August 30th.—Reports the pains in the ovary gone into the left shoulder, and down the arm into the fingers; this pain is so intense that she said she must have relief, but I persuaded her that it was best to allow this medicine to work. Has a raw feeling in the throat. About 4 or 5 p. m. a cold feeling will come in the left shoulder, arm and hand, sometimes intermitting, cold feet at the same time.

September 11th.—Has an herby taste in mouth, some of the original symptoms have returned in a modified form, among them the ovarian pain; was confined to the bed the last time during menses. *Gossypium 6x*.

September 30th.—Only one slight attack of ovarian pain since the last visit. It came after dinner, and lasted half an hour. Had stitches once in her back, not permitting her to stoop. Still troubled with somnambulism. Continued the remedy.

October 26th.—She has been on a visit to friends, and they hardly knew her, she had improved so much in her general appearance; has had no further symptoms except a sensation like a pricking of a needle in the lower left scapula, and a raw sore pain in both sides of the chest, sharp in the right side. Pain in the region of right kidney every night. Has an uneasy, sore sensation when lying on right side. Cramping in left foot when walking. Somnambulism is not of frequent occurrence. *Gossypium*, one dose.

December 4th.—Reports that she has had none of the symptoms since the last visit, and up to this time (May 19, 1890) I have had no further occasion to prescribe for the case. This patient had been treated by many different physicians; was discouraged and gloomy; did not believe I could do her any good when she came to me. Less medicine would have been better, I believe. This was prepared from the fresh plant.

CASE II.—March, 1889.—Miss B——, age 17. Menstruation has never been regular, sometimes will go two and three months without a show.

She is a blonde, rather stout, has pimples all over her face, pains in the legs and lumbar region, vertigo and headache, little appetite and weary feeling at the time menses should come on. *Gossypium 3x*. Improvement began and continued until all the above symptoms disappeared.

In April menses came on at regular time; also in May, June, July and August. During latter part of summer she went into the country, and in September took a cold that caused a cessation of the menses again. *Gossypium* proved of no use the second time.

CASE III.—Mrs. G——, a mulatto, short, thick set, nervous and impetuous.

Claims to have been pregnant for the last twelve months, and has all the outward appearances of a full term of pregnancy, even to the size of the mammae; womb seemed to be about three times the natural size.

Vertigo on rising from stooping, with momentary loss of sight; dull frontal headache, pains in small of back and legs, heat flashes over the face, shortness of breath on ascending.

June 24, 1889. Gossypium 5x.

July 2d. She returned with all her symptoms cured excepting the outward manifestations of pregnancy and feeling as though she had something alive inside her abdomen. This symptom has been present for a long time.

August 8th. She returned to the office with no change since last visit.

August 14th. She came again and seemed determined to have me decide if she was pregnant or otherwise. I did not dare to give Gossypium any longer, fearing the patient would seek other treatment. I had decided that it was a Puls. case and gave it in 32x. She came to my office once or twice a month for the next five months, each time reduced very much in size.

January 17, 1890. She was reduced to her natural size and has had no return of her troublesome symptoms up to this time, June, 1890. It is possible that Gossypium would have done more for this case had I been permitted to continue it.

P. S.—The only characteristic indication for Gossypium that I know of is the intermitting pain in the ovaries. The remedy deserves a proving in the potencies so that we may have some reliable subjective symptoms.

AUSTIN, TEX.

W. D. GORTON.

PATHOLOGICALLY CONSIDERED.

On Saturday, May 31, 1890, I was telegraphed to visit Holland, Ohio, where a little child, a member of one of my former families, was lying critically ill with a throat trouble. On reaching there I learned that a week before the little girl, aged eighteen months, had seemed to grow ill, refused nurse, cried a great deal, very little sleep, bowels "causative," great quantities of wind, both ways, always eager to take breast, but a few mouthfuls seemed to gag it. Some-

body's Little Liver pellets were given, and the bowels changed a little; then there was so much colic; for this Castoria internally, turpentine externally, gave a little relief. The nearest doctor, an old school gentleman, was called in, who diagnosed laryngeal trouble, cold on the lungs and incipient meningitis. Swabs, gargles and lotions became the order of the day. No improvement following these, a second old school physician was summoned, and he having learned what his confrère had found, promptly diagnosed the same, only worse; doubted whether the child could recover. This alarmed the mother, who then insisted on telegraphing for their former family physician—myself.

I found a puny, white faced little girl; eyes sunken, dull, lusterless; hungry, but unable to nurse. Bowels confined, yielding a little to a glycerine enemata; handling the child extorted cries that were pitiful to hear. I touched the throat, found no tenderness, no swelling, no fetor oris, nothing, in fact, except the statement of the mother that the child could not swallow. I took the child on my lap, and while fresh water and spoon were brought me, I examined the diaper, found unmistakable uric acid deposit—the usual rust stain. Pressure over the region of the kidneys caused flinching; lying on the abdomen was not resisted. When the water was brought, I gave the child a teaspoonful, rather gingerly, fearing a suffocating spell, but instead it smacked its lips and wanted more. No obstruction to the swallowing whatever. The mother, who was watching, evidently caught my intent, saying: “But she can't nurse; I will show you, Doctor.” She bared her left breast, put the child on its right side, and gave it the nipple. Sure enough the little one took two or three draws, then let go and cried. “Try it on the other breast,” I said. “She won't take that breast at all.” But she did, and, what was more, she held on, got her “dinner,” and keeled over asleep.

“Now,” I said, “lay her on her left side, gently.” This was done and the child continued asleep for twenty minutes. Then it began to fret and moan, and worry, kick its little feet, give little screams and bite its gums. “That's the way she always does, Doctor, just before she wets her didy.”

Is it necessary for me to give any more Lycopodium “chestnuts” to the reader? I think not. I put one powder

high on her tongue, left two more of a lower number, and a half dozen blanks. Child went to sleep as if under an opiate. I waited one hour, then went home, leaving directions to give the Lycopodium powders directly after the two next succeeding if painful urinations. But if the urinations were not painful, then instead use the other powders. During the night apply a hot compress to the back. "What shall we do about its throat?" "Let it alone, please; there is nothing the matter with the throat; your baby has trouble with the right kidney. If we can quiet that, it will be all right again in a few days."

On my return the next afternoon it was very evident that the child was better; the mother had used nothing but the Sac. lac. powders, the occasion not calling for anything else.

I am not a pathological prescriber; I confess my ignorance of much that goes for science now-a-days in our school; perhaps if I had been versed in this highly interesting branch of medicine, I might have done equally as well. But this I know: I knew the moment I had the mother's story, and examined my baby and found the red sand on the diaper, that I had a Lycopodium case—I mean by that, a case that Lycopodium, properly administered, would cure. I went *first* on the symptoms; then to satisfy the parents and neighbors I made the various tests which I have recounted. The old school practitioners took a surface indication for the trouble, constructed pathological data, treated the patient pathologically, and in a few days would have placed the little one beyond recall, when all this while it was the right kidney, and not the throat at all, and a single dose of "baby powder" cured it—for the child is well to-day.

FRANK KRAFT.

SYLVANIA, OHIO.

DRUNKENNESS A CRIME.—The Minnesota legislature has enacted a law punishing drunkenness, for the first offense with a fine of not less than \$10 nor more than \$40, or imprisonment for not less than ten nor more than 40 days; for the second offense, a fine of not less than \$20 nor more than \$50, or imprisonment for not less than thirty days nor more than sixty; for the third and later offenses, imprisonment for not less than sixty nor more than ninety days.

A FEW WORDS FOR HOMEOPATHY.

My article in the June number of the *Southern Journal* was admitted to its columns, not, as its editor says, "because we are in sympathy with it, for just the opposite is true." He terms the article a "complaint," which it is not, but only a defense of the Homeopathy I imagined the Journal was proud to represent. The reason that is advanced for publishing the "complaint" is, "because it is our policy to be liberal, and allow all sides a hearing in the matter of theory in medicine, and in practice at the bedside." I *fondly* imagined that Homeopathy had but one side, that "theories" were the sole property of the allopathic school, and that practice at the bedside was guided ONLY by the law of Similia.

Among other reasons advanced by the editor, for giving Dr. Holcombe's article—"La Grippe"—the "post of honor" in the May number, is the one that "it was written by one of our greatest men * * * * * a man capable of teaching the very alphabet of REAL Homeopathy to a great many who loudly claim to be its true exponents." Dr. Holcombe is, and I have heard so from multiplied sources, what our French cousins would term *un homme comme il faut*, and 'tis therefore not his private person that I attack, but his homeopathic methods. I have never, as ye editor asserts, attempted to "read" any one "out of the party," but one of those *other kind* of homeopaths, in the November 1888 number of the *Southern Journal* vents his little spite at "we uns," by scribbling: "The sooner we * * * * * sever our connections with a superstitious fancy of Hahnemann, the better it will be for scientific medicine."

After criticising Dr. Hale's article of "Double Remedies," under the *nom de plume* of E. M. Hearty, in the July, '89 number of the *Advance*, I was taken severely to task by a Tennessee doctor, for daring to attack such a man as E. M. Hale, M. D., the great double and triple remedy homeopath and originator of the none-such headache or neuralgia pill. I never attack the man, let it again be understood, but only attempt to pull the mask from that which comes to us in the guise of Homeopathy, to show the allopathic or eclectic features of the pretense.

Dr. Holcombe's signature, nor Dr. Hale's nor Dr. Dake's—and by the way I have an *original* prescription from one of the Drs. Dake in my possession, prescribing Tr. Nux Vom. Fld. Ext. Podophyl. and Concent. Ext. Cascara Sagrada—all to be mixed *secundem artem* and to be taken in twenty minim doses—I repeat, neither of these gentlemen's signatures would make it a homeopathic one, save only, if that prescription contained but the single remedy, and *it*, the simillimum.

Tannite of Quinine, Syrup of Tolu, Sulfonyl, Codeine, and a “nice little cup of coffee”—should the last named drug and opiate disagree with the patient, are not known to be homeopathic to La Grippe, as such per name or to any totality of symptoms observed under this empiric designation, even though a Holcombe says so. If Quinine must be used, why present the Tannite, in preference to the Valerianate, Sulphate, Bisulphide or some other preparation. Where are our provings of the Tannite? What were the—*yes*, homeopathic indications for its special use? La Grippe, by Wm. Jefferson Guernsey, in the February 1890 number of the *ADVANCE*, is a better homeopathic guide to the treatment of the symptoms enumerated under that head, and he utilized none of the above empirically prescribed articles. And right here I desire to thank our editor for emphasizing the *now*, while referring to the “kind of Homeopathy Dr. Cohen *now* believes in.”

There was a time when I studiously copied such “adjuvant treatment” as the following, in the most precious of my note books. I made a memorandum of this “auxiliary” treatment, only, because I understood it originated with a Holcombe.

No. 1. In obstinate cases of after pains.

R. Chloral Hydrate.
 Brattley's sedative.
 Glycerine.
 Aqua dist.

No. 2. Anemia.

R. Cit. Iron and Quinine.

or

R. Cit. Iron and Strych.

or

R. Sanguin. Draconis pulv. in port wine.

3. Biliousness.
R. Podophyl.
 Ext. Nux Vom.
 Ext. Bell.
 Soda Bicarb.
 Syrup.
4. Chronic Coughs.
R. Hypophosphite of Lime.
 Nitric acid.
 Glyc. or Srp. Tolu.
 Aqua dist.
- No. 5. Chronic Diarrhœa.
 Anvil scales.
 Sinaruba Bark.
 Rased Buck Horn.
 White wine.
 Water.
- or
- R.* Sanguin. Draconis pulv.
 Pulverized Charcoal.
 Best old port wine.

I give no dose to save time and printers' ink.

The editor's little shaft for Doctor Sherbino did not touch pure Homeopathy, for it is not the fault of Homeopathy if Dr. Sherbino fails—and we all fail at times—but the doctor did not resort to an opiate and other “adjuvant” treatment, just because the simillimum did not immediately present itself to his mind. He might have given Sac. lac. until it did, it is true, but he only presented the medicines, for no doubt each time he felt sure he covered the totality; and who has not been in just such a position. That the doctor has the ability to cure the severest cases with the single remedy in the highest potency, and with *but a single dose*, we have the unquestioned testimony of Dr. H. B. Stiles, a friend and former student of the editor. (See—Violent Renal Colic; Berberis p. 271, September, 1888, *S. J. H.*) “The Sherbinos, Morrows and Cohens” are not shining luminaries in the homeopathic firmament, and the intended little fling when comparing them with the Holcombes, Dakes, et al., is certainly a compliment, at least to me, for it was only after years of polypharmaceutical eclecticism, taught me as Home-

opathy, that I plodded my way up to range alongside of such men named, and others like the Kents, Finckes, Skinners, Herings, Lippes, Bönninghausens and Hahnemanns. Not in intelligence, mean I, nor in ability to select the homeopathic remedy, but in the endeavor to *find* the single remedy, covering a totality of symptoms and therefore homeopathic to a given case, by diligent repertory work.

“The kind of Homeopathy Dr. Cohen *now* believes in”—the assertion of the editor to the contrary notwithstanding—is not the rapid following of one highly potentized remedy by another, nor has Dr. Cohen in *any* article ever expressed himself to the effect that only high potencies mean Homeopathy. I prefer the high potencies, because after several years trial my experience with them teaches me that they are the most reliable, curing more rapidly than the low, though knowing full well that each individual’s experience must be his or her guide in this matter. In substantiation of the foregoing, permit me to refer the editor to p. 385 of his December 1888 Journal, and he will discover what I consider the homeopathic prescription to be. I say:

1st. “That the drug” (I ought have said medicine) covering the totality of symptoms is the simillimum.

2d. That the drug, *as known by name*, without reference to its strength, is the simillimum.

In years gone by, I have observed excellent results from the tinctures and low potencies, but I am using the higher potencies now, and am observing *most* excellent results. But the potency question really has no bearing upon our present subject, and I only refer to it because of our editor’s *innuendoes*. The only fight I am making is for *pure Homeopathy*, as understood by the master, and that is the prescription of a similar remedy for a totality of symptoms, and not an empiric *palliative*, followed by an antidote or other *palliative* to *palliate* the disagreeable effects of the *palliative* first administered. If, as our editor remarks, “the *Journal* will be what the contributors make it,” and not a homeopathic journal, without reference to the opinion of its contributors, it is best that all should know it, and I approve the editor’s course in showing his colors and standing by them. It is manly and honest, if nothing more. It will suit *some* homeopaths, but not others, though even the latter will continue

to subscribe to the *Journal*, out of good personal feeling for its editor, and I hope I may be counted first among those whose kindly regards he is assured of, and who appreciates him as a man and brother. Now, as to the *Journal's* last little paragraph: If the editor will go over his back numbers, and can find time to also look up a few back numbers of the *ADVANCE* and *Homeopathic Physician*, he will find that, if I have criticised, I have also offered something that may be measured by the true standard of Homeopathy, and have thus anticipated his suggestion. In a comparatively recent number of the *Homeopathic Physician*, an article on La Grippe appears under my name. I am not egotistical enough to compare it with any other on the same subject, but one may observe that I presented the homeopathic remedies, as I thought them indicated, and in but one case, or possibly two, was I required to make a second visit. All cases recovered entirely in less than forty-eight hours, and in none were there any sequelle. The above article was not written with any desire of contention or want of respect for any of the gentlemen mentioned, for while our ideas of what Homeopathy ought to be, and *is*, differ, I freely admit that I believe the gentlemen are doing their duty conscientiously, as they understand it (as are also the allopaths, and all other paths), and as I shall ever endeavor to do mine.

S. W. COHEN,

WACO, TEXAS.

THE AMERICAN INSTITUTE.

The Forty-third session was called to order by the secretary, who announced that in the absence of the president and vice-president the first business in order was the election of a president. Dr. E. M. Kellogg nominated Dr. J. D. Buck of Cincinnati who was unanimously elected, and who not only made an excellent presiding officer, but delivered a most thoughtful address—one of the ablest presented to the Institute in years. It is to be found on another page and will repay a careful reading.

T. Y. KINNE, M. D., was elected president. As the next meeting is to be in connection with the International Congress, it is to be hoped he will preside, as without doubt he is the ablest parliamentarian in the Institute.

J. H. McCLELLAND, M. D., was elected vice-president. PENNSYLVANIA has the vice-president and secretary, New York the treasurer, and New Jersey the president and next place of meeting. Eastern members had nothing to do with it, just happened so.

THE BUREAU OF MATERIA MEDICA, as usual, had about the most meagre and barren report of any Bureau in the Institute.

T. C. COMSTOCK, M. D., in his report of the Bureau of obstetrics said: "If specialists in the profession paid more attention to the branch of the science under discussion, the specialty which they were so fond of harping upon, viz., gynecology, would almost be a thing of the past; because if obstetricians thoroughly understood their business in all its ramifications there would be scarcely any diseases for the gynecologist to treat."

If Dr. Comstock does not hear from the gynecologists we much mistake their spirit; and yet we believe he is correct in the statement, especially in the use of instruments and ergot.

ATLANTIC CITY, N. J., is to have the next meeting of the Institute, and the International Congress is to be held at the same time and place.

THE disciples of Isaac Walton will have cause to long remember the finny denizens of Lake Pewaukee.

They cast and cast their flies
But never had a rise.

G. F. SHEARS, M. D., in the Bureau of Surgery reported a hydatid tumor of the thigh said to be one of the first in our literature. The preserved tumor and microscopic photographs were presented to verify the diagnosis.

H. M. PAINE, M. D., chairman of the committee on medical legislation, has worked hard for a year on a series of resolutions in favor of separate boards for each State. But the best laid plans often miscarry, for the Institute, so to speak, sat upon them very heavy. The doctor is an old campaigner, and at the banquet, in the wittiest speech of the evening, gracefully accepted the defeat of his pet resolutions and heaped coals of fire on the heads of those who did it.

The attendance was good, the discussions interesting, and taken all in all the meeting was a social success. About 700 sat down to the banquet. The Chicago doctors were the only ones present with sufficiently attractive physiognomies to be represented in illustrated daily reports. We trust our Eastern colleagues will make a note of this for 1891.

E. M. HALE, M. D., in his article on the cactus family stated that there were over one thousand species and some of them very poisonous and deserved a thorough proving.

TAENIA SOLIUM.—In the discussions in the sectional meetings of the Bureau of Materia Medica, Dr. Comstock asked: “Does any one pretend to say that he or she can cure tape-worm with the homeopathic remedy?” We have the temerity to assert our belief that any one can who can properly apply the simillimum; for we believe when the patient is restored to health the habitat of taenia and all other intestinal eutozoa will become so uncongenial that they will be constrained to vacate. And this is equally true of acarus scabei. Hahnemann says if we destroy them by violent means, the sickness may return in some other form.

THE HAHNEMANNIAN ASSOCIATION.

The eleventh annual session was called to order at 11 A. M. June 24, by President Biegler who proceeded to read his annual address, in which he recommended the formation of a junior membership and a body of honorable seniors. But as this would require an amendment to the by-laws, it was laid over for a year under the rules.

The officers elected for the ensuing year were: President, C. W. Butler, M. D.; Vice-president, E. W. Sawyer, M. D.; Secretary, S. A. Kimball, M. D.; Treasurer, Franklin Powel, M. D. J. A. Biegler, M. D., was elected chairman of the Board of Censors.

The next meeting will be held at Cresson, Pa., or Atlantic City in the discretion of the Executive Committee.

There was no log-rolling or wire-pulling. The business of the meeting was the reading and discussion of papers, in which there is a visible improvement in tone and character each year. The papers are more carefully prepared and of a better quality scientifically. Without exception, it was the most instructive medical meeting we ever attended.

ÆSCULUS HIPPOCASTINUM.

“A straw may tell which way the wind blows.”

CASE.—Mr. D. W. C., aged 56, had been under my care for some weeks troubled with chronic otorrhea and diarrhea; when the latter was better the ears were worse, etc. Treatment thus far had been unsatisfactory to me though the patient seemed satisfied. It transpired that in taking a new “photo” of the case, he said to me, “Doctor you may laugh at me, but the only relief I get from the aching in joints of my hands and wrists, and in my arms, is from tightly holding this buckeye in one or other hand; always in from five to twenty minutes the aching or pain will gradually leave.” Now, I did *not* laugh at him, but went into his history and found that eleven years before he had had an operation for hemorrhoids, (injections of carbolic acid and oil), and that ever since his hearing had troubled him, and that the diarrhea also had begun not long after, although the piles had only at long intervals troubled him.

I further learned that the piles themselves had been Æsculus piles, and I also further learned from “Guiding Symptoms” that that remedy had many of my patient’s symptoms which he now had, and had had years ago. I gave him in the order named asculus, 1 m. (SK.), 200 (B & T.), C M. (SK.) and my patient’s otorrhea, diarrhea, rheumatic stiffness in hips, aches in hands, arms and deafness have disappeared, as also the severe case of piles which developed soon after giving the remedy which I treated industriously and successfully with Sac lac.

COMMENTS.

What *potency* did my patient get from *contact* with the buckeye? Certainly *some* power was manifested by the nut held in his hands.

The “straw” was quite *apropos* and I certainly could not laugh at so relevant a suggestion as this so-called legendary influence or charm for rheumatism which the buckeye enjoys.

The experience teaches also that nothing is too small or of so little moment as to have no bearing on the cases we are called upon to treat; and also that the single remedy works better, I believe, if given in varying potencies.

F. O. PEASE.

CHICAGO, June 1890.

REMARKABLE FECUNDITY.

I was called to see Mrs. E. T. Page, Jan. 10, 1890, about 4 o'clock A. M.; found her in labor and at full time, although she assured me that her "time" was six weeks ahead. At 8 o'clock A. M. I delivered her of a girl baby. I found there were triplets, and so informed her. At 11 A. M. I delivered her of the second girl, after having rectified presentation, which was singular, face, hands and feet, all presented. I placed in proper position, and performed version. This child was still-born, and after considerable effort by artificial respiration it breathed and came around "all right." The third girl was born at 11:40 A. M. This was the smallest one of the four. In attempting to take away placenta, to my astonishment I found the feet of another child. At 1 P. M. this one was born; the head of this child got firmly impacted at lower strait, and it was with a great deal of difficulty and much patient effort that it was finally disengaged; it was blocked by a mass of placenta and cords. The first child had its own placenta; the second and third had their placenta; the fourth had also a placenta. They weighed at birth in the aggregate nineteen and a half pounds without clothing; first weighed six pounds; second, five pounds; third, four and a half pounds; fourth, four pounds. In the country, and backwoods at that, it was impossible to procure a wet nurse, so with the little help we could control, and feeding the babies on Reed & Carnrick's Infant Food, they thrived well. From using all the foods on the market, I long since found that the above food possessed some qualities that I failed to find in the others. Mrs. Page is a blonde, about thirty-six years old, has given birth to fourteen children, twins three times before this; one pair by her first husband. She has been married to Page three years, and has had eight children in that time. I have attended her each time.

Page is an Englishman, small, dark hair, age about twenty-six, weighs about 115 pounds. There was quite an amusing incident occurred when I informed him that his wife would give birth to four children; he fell across the bed by his wife's side, threw his heels away up in the air, clasped his legs with both hands, and with a long wail of despair, cried, "Lord, God, Doctor! what shall I do?"

They are in St. Joseph, Mo., now, having contracted with

Mr. Uffner, of New York, to travel and exhibit themselves in Denver, St. Joseph, Omaha and Nebraska City, then on to Boston, Mass., where they will spend the summer.

The birth of quadruplets is not so remarkable, but that they should live and thrive as these have done, is. In about 375,000 births there are quadruplets, and it is a remarkable fact that they always die. Will some of my brother M. D.'s give us their experience with quadruplets? All in good health, June 10, 1890.

J. DE LEON, M. D., Ingersoll, Texas.

—*Dietetic Gazette.*

A CARBO VEG. CASE.

While the attempt to apply the homeopathic remedy is often discouraging, it is pleasant during moments of retrospection to recall many cases in which pain has been alleviated, human lives saved, and our reputation, too, by close prescribing. Recollections of the following case are not entirely pleasant, however. I shudder to think how near to the grave I allowed it to go; but I am profoundly grateful to the law and the remedy that saved us. The case was a very sick one. The circumstances were such that I was very anxious to effect a rapid cure. In my over anxiety and uncertainty of the proper remedy, I resorted to bad treatment. The symptoms were alarming—profound depression, dyspnea, frequent, involuntary, black, putrid stools, with burning in the anus and fetid flatus. There was fever, and last, but not least, a severe chill.

Arsenic and Mercury had done no good. Opium had done nothing but mischief. Some of the symptoms reminded me of Carbo veg., but I dared not put my trust in it. A study, however, convinced me that it was the right remedy if the materia medica were to be relied upon. Carbo veg. 30 alone was given, and the wonderfully rapid recovery that followed brought me some of the much coveted, though scarcely deserved, glory. I hardly know whether it was the remedy from the beginning. Bell says that this remedy is frequently indicated in cases coming from allopathic hands, but does not say whether it is because of the bad treatment or because the patients are so low from the disease.

H. W. CHAMPLIN.

TOWANDA, PA.

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.

REPETITION OF THE DOSE.—Hahnemann tells us in the *Organon* that there are three conditions necessary for the cure of the sick :

First: The investigation of the disease.

Second: The investigation of the effects of medicines.

Third: Their appropriate application.

We unhesitatingly affirm our belief in the honesty of purpose of the large majority of our practitioners. They are just as anxious as we to make a rapid and permanent cure; but they have never been taught how, and many positively decline to learn. They diligently study the latest pathological fad, but neglect or ignore the teachings of Hahnemann on the selection and application of the simillimum, which alone can help them reach the goal of every honest homeopath—the speedy and permanent cure of his patient. The first duty is the selection of the remedy; but the second, its correct application, is no less essential to the highest success. To know when to *repeat* and when to *wait*, is often more essential than to select the remedy; yet this factor in the cure is practically ignored by the majority. It is the secret of success. Our colleges, as a rule, do not teach it. If our practitioners would learn this vital point they must not only *read* but *study* the *Organon*.

* * *

After the remedy has been properly selected, it must be properly administered, for a senseless and foolish repetition may not only retard the cure but spoil the case. We firmly believe that many a curable case has been made practically incurable by the continued repetition of the simillimum. And the more similar the remedy, the more certain to spoil. This repeated dosing is an allopathic heirloom which the homeopath should shun if he would reap the highest reward.

It is the natural outcome of the materialistic theory of disease, for which no true homeopath has any use. In § 245 of the *Organon* Hahnemann has given us a rule that we can safely follow:

Perceptible and continued progress of improvement in an acute or chronic disease, is a condition which as long as it lasts, invariably counterindicates the repetition of any medicine whatever, because the beneficial effect which the medicine continues to exert is rapidly approaching its perfection. Under these circumstances every new dose of any medicine, even of the last one that proved beneficial, would disturb the process of recovery.

* * *

In our June issue, page 344, Dr. C. W. Butler in a concise, yet comprehensive manner, beautifully expresses the teachings of Hahnemann, so that he who runs may read: "After all, gentlemen, the drug does not cure. That unknown, indefinable *something* which Hahnemann calls the 'vital force' is the true healer; the drug is but the switch which turns this powerful energy to a right direction of action. And this accomplished, we do but complicate our cases, hampering nature's honest efforts even when we do not render them unavailable, with our needless and senseless repetitions in dosing."

How many of us ever think that it is not the remedy that cures. And yet this is the emphatic teaching of Hahnemann from the beginning to the end of the *Organon*.

In § 9 he says that during health the organism is animated by a spirit-like force, a *dynamis*, which maintains every function in perfect harmony.

§ 10. Without this *dynamis*, this spirit-like force (life force, vital force), the organism is dead.

§ 11. In disease it is the vital force which is primarily affected and expresses its sufferings, its abnormal functional derangement in sensations—symptoms. And in a foot note he adds, that for the purpose of treatment it is not necessary to know *how* the deranged vital force, the abnormally acting *dynamis*, produces symptoms. Hence, it is not literally correct to say that a medicine acts so many hours or days. In reality it is the organism that acts in its efforts to expel the intruder.

Very few of us ever stop to consider the meaning of a spoiled case. The Organon, § 75, gives a very vivid and graphic picture of such a case coming from the other school, and we meet them almost every day:

Instances of ruined health, resulting from allopathic treatment, are very common in modern times. They constitute the most pitiable and incurable of chronic diseases, and it is to be feared that remedies will probably never be found, or invented, for the cure of such conditions when they have reached a certain degree of severity.

Every word in this may, with equal justice, be applied to cases in which remedies, either singly or in alternation, are given many times a day for days and weeks in succession, until the overpowered vital force succumbs to the repeated assaults; and this irrespective of potency. In the alternation of remedies in acute diseases the patient is generally saved from the baneful effects of vicious methods by the imperfect selection of the remedy. Instead of the *simillimum*, it is often not even the similar that is given; and there is very little hope for Homeopathy until our colleges teach the student how to select the single remedy and how to apply it after selection. How can teachers teach what they do not know and do not practice?

* * *

A COMPARATIVE MATERIA MEDICA, four specimen pages of which appeared in December, 1889, issue, to be published as an appendix to the *ADVANCE*, beginning with the July number on the completion of Vol. 1 of Hahnemann's Chronic Diseases, is unavoidably delayed. On account of the illness of the associate editor we must ask the indulgence of our readers for a time, assuring them that the work will appear as soon as possible.

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?

Several months ago we received a reprint of an article published in *THE MEDICAL ADVANCE* under the above title, by Dr. S. E. Chapman, a homeopathic practitioner, of Watsonville, Cal.

This communication was sent to ten homeopathic practitioners, as well as to the following well known physicians: H. I. Bowditch, J. E. Darby, Roberts Bartholow, Chas. T. Parks, Austin Flint, I. N. Love, W. R. Clunes, W. F. McNutt, Sam'l O. L. Potter, J. T. Whittaker. The homeopaths, without exception, replied "Lycopodium." The different physicians ordered prescriptions obviously for a case of indigestion with constipation. Dr. Bartholow refused to prescribe, without a personal examination, and Dr. Love, did not reply. Deeming it of interest to elicit the opinions of the different medical men involved, we addressed the following circular to each of them, the portions alluded to as marked being those italicized in the reprint:

Please read the enclosed reprint, particularly the parts marked. (1) What is your general opinion of it? (2) What do you consider that it proves? (3) What explanation do you offer of the divergence or of the general similarity of the treatment? No criticism is suggested as regards the homeopathic side of the question.

No reply was received from Dr. Darby or from Dr. Parks. Dr. Bartholow's reply, though promised, is unfortunately not yet at hand. Dr. Whittaker's brief note appears to imply that he was laboring under some misconception. The other letters are self-explanatory.

Dear Sir: The courtesy which is due from one gentleman to another alone induces me to reply, as you wish, to what I deem a foolish communication from S. E. Chapman, M. D., as published in the *MEDICAL ADVANCE*. All that his table proves is this, viz.: That a certain number of men, *calling* themselves homeopaths (whatever that term may mean at the present day), have but *one* remedy for indigestion, liver pains, flatulence, costiveness, and possibly some urinary difficulty, with general "good-for-nothingness," whereas ten others, whom Dr. C. styles the "regulars," though he doubts the propriety of so calling them, have a variety of remedies for the same series of symptoms. Now, if Dr. Chapman wants to call professors of homeopathy the "regulars," I certainly do not object. I have never called myself or my associates "regulars," or took any other title than the honorable one of "physician," without any prefix or nickname attached thereto. As for my own recipe, I hold that it was a good one, although the sender of the letter acted falsely in writing his fictitious case; but I

would respectfully inform Dr. Chapman, that in all probability I should try the peristaltic lozenges, if any patient should *honestly* appeal to me with the same symptoms, about which he admits that, in his letter to me, he falsified greatly in regard to himself. The lozenges, as I learn from an old apothecary, are composed of carbonate of iron and powdered senna leaves. From an experience of over fifty years, I can recommend them most cordially to Dr. Chapman and his homeopathic friends. They are not disagreeable to the taste, and produce soft-molded dejections—very rarely real looseness of the bowels. They have enough sugar in them to make them palatable. They do not leave one constipated, and may be used for months, either daily or every other day without injury. A worthy and shrewd Boston apothecary, named Harrison, composed them originally. They seem destined to make his name immortal in New England, as that of one who has given to New England families an “*invaluable domestic remedy.*” I would fain hope that my high praises of the lozenges (containing, too, as I have stated, the Q. S. of “sugar!”) will induce some of my worthy “regular” homeopathic friends in our western territory to use them (after first “proving” them on their own persons), for I feel sure that the remedy will give satisfaction to their patients and fame to the prescriber of them. I also hope that the information I have thus freely given will amply repay the doctor for the two dollars he sent to me originally. I confess that I think Dr. Bartholow alone treated the doctor properly, in refusing to prescribe “without a personal interview,” and, of course, he refunded the two dollars. Probably I felt poor at the time of receiving the letter, and as I was sure that my lozenges would not only do no harm, but I had great faith, cure a patient apparently wholly ignorant of the common rules of health, I therefore put the money in my pocket and sent the recipe!

Yours truly,
HENRY I. BOWDITCH.

Dear Sir: I think that the publication by S. E. Chapman which you sent me proves nothing except that he has succeeded in putting certain members of the profession, including myself, in what would appear to some persons as a false position, by stating a case which had no existence, the symptoms of which, I imagine, would call for “*lycoperidium,*” according to the homeopathic books. As far as I am concerned, I freely admit that I thought the case to be one of fermentative dyspepsia, and suggested a remedy which often arrests undue gastric fermentation. Of course I did not suspect the fraud that was practiced on me.

Yours truly,
AUSTIN FLINT.

Dear Sir: Your letter of recent date received promptly; also the reprint headed “Who Are the Regulars?” In this connection permit me to say that some months ago I received a letter signed by Samuel Boyer, of Watsonville, California, giving me his symptoms, and asking my advice; also enclosing \$2 in the form of a money order, in payment for the same. I gave the matter only a momentary consideration. I was very busy, and on general principles I would not pre-

scribe for a patient whom I could not see. Occasionally I might get my own consent to send a prescription through the mail to a patient whom I had previously had under my care, and regarding whose personality and disease I might have some definite knowledge, but a letter such as the one received from the said Boyer would receive from me no attention, as I could not give intelligent advice under such conditions. The money order I knew was not valid unless presented by the proper party, so the whole thing was thrown in the waste basket. Mr. Samuel Boyer, of Watsonville, will ascertain on inquiry that his money order was never paid in St. Louis, and there is therefore \$2 to his credit in Watsonville. So much for this side of the question. The reprint which you enclose indicates that Mr. Samuel Boyer was a physician by the name of Chapman in disguise. I think that for a physician his energies are misdirected. I am not surprised that he received so many diverging opinions from the members of the regular profession, as the disease which he attempted to portray depends much upon the individuality of the patient, and there are various ways of relieving the symptoms as given by him. Fortunately, for the regular profession and humanity, there are more ways than one in our ranks of skinning a cat or relieving a disturbed stomach. There are no two persons alike, nor are there any two diseased stomachs of any two persons alike, and very properly the treatment varies according to the symptoms and the experience of the individual physician in charge of the case. I think it is fortunate for humanity that we are not limited as regards remedies for relief. The fact that ten homeopathic physicians in ten different cities in America, when called upon to prescribe for a patient a thousand miles away, all prescribed one remedy—and that remedy lycopodium. If this be what regular means, then indeed are these gentlemen regular. They are regular in being limited to only one poor little drug which acts in no way save mechanically. What is surprising to me, however, is the fact that so many good men should have assumed the responsibility of prescribing, all for the paltry sum of \$2. The criticism may be passed upon the undersigned that the postoffice order should have been returned, but that would have taken time, and the waste basket terminated the matter more promptly. The reprint of Dr. Chapman is interesting, but it proves nothing save and except that he has more leisure than some men have, and more misdirected energy than some, all to prove to himself that medical men may sometimes be taken in by other medical men.

Yours truly, I. N. LOVE.

Dear Sir: In compliance with your request, I will make a few observations on the article entitled "Who Are the Regulars?" The writer of the article objects to the assumption of this term of distinction by the non-sectarian body of medical practitioners, and the reason alleged is, that there is a great want of uniformity in the remedies selected by a number of them, when called upon to prescribe for a given case. Evidently he fancies regular and uniform to be synonymous in medical matters. For myself, the only use of the term

"regular" practitioners, is for convenience to distinguish them from others who profess to practice according to some exclusive dogma. For example, the adherents of a certain double-headed dogma style themselves "homeopaths," and we are satisfied to allow them exclusive use of their chosen appellation; but when they undertake to call us "allopaths," we object. They have no right to call us by objectionable names. *Allopathy* would imply a peculiar system of pathology and therapeutics, and would, therefore, be sectarian; but we are not bound by any dogmas which can hamper us in the selection of remedies. We enjoy perfect liberty to use anything in homeopathy, hydropathy, or any other *'pathy* that can be named, if we see fit. But when any one asserts that his peculiar *'pathy* monopolizes medical truth, he becomes a medical sectarian, and we say he is not regular. Our homeopathic friend, Dr. Chapman, makes an hypothetical case of dyspepsia, with impaired hepatic and renal function, and constipation. He praises the homeopathic system, because its ten prescribers direct lycopodium uniformly and solely as the specific for so complex a disorder, involving three sets of organs. In my judgment, this single answer proves either the poverty of their *materia medica*, or their ignorance of its resources. On the other hand, we claim credit for regular medicine, that it has a great variety of remedies for this complication, and more than one for each separate functional derangement. The homeopaths were all true to their faith in prescribing lycopodium; if one had varied he would have been a heretic. We can differ as much as we like in our choice, and no one of us shall challenge the right of the others. In this supposed case, there was as much agreement in remedies as would usually be found among eight regular practitioners. Persecution has undoubtedly contributed largely to the vitality of religious sects, which, let alone, would have died of neglect. This principle is not peculiar, and the homeopaths have found advantage in posing as martyrs. We should never be impolitic enough to provoke controversy. In the present instance we only strive to follow Polonius' advice: "Beware of entrance to a quarrel; but, being in, bear it that the opposer may beware of thee." Yours truly, W. R. CLUNESS.

Dear Sir: Your note with the enclosed "Who are the Regulars?" is at hand. In answer to your inquiry I cannot see why our homeopathic friend should have any trouble in understanding that the unqualified term physician means a regular physician, and that the homeopathic or eclectic physician is termed an irregular. Regular means symmetrical, complete, a whole; while homeopath, as applied to a physician, qualifies the term and means part of or incomplete. One often hears the expression, "he is only a homeopathic physician," which means to express the idea that he is an incomplete or irregular physician. As to question 2, "What does it prove?" It very clearly proves that the writer was dishonest and lied when he addressed the letters to the different parties and may or may not be telling the truth

when he states that every homeopathic physician prescribed lycopodium. Inasmuch as lycopodium is, in my works on homeopathy, recommended for everything, from suppressed catamenia to apoplexy, I was at a loss to know how they all hit on lycopodium for this particular case. At first I thought it was because the writer quoted almost word for word from a homeopathic book—the indications for lycopodium—but as this would have indicated dishonesty on his part, I abandoned the idea. Upon further research of homeopathic literature I have probably found their secret. One homeopathic author recommends lycopodium for parsimoniousness, and as Mr. Samuel Boyer only sent me \$2 (two dollars), and as I inclosed him with my prescription a bill for the remainder of my fee, and it has not been paid, I am inclined to think he played the same two dollar trick on the homeopaths, and every one of them sent him lycopodium. It served him exactly right, and had I known about this therapeutic action of lycopodium you may depend upon it I would have sent him lycopodium too. The very next man who sends me \$2 for advice and a prescription, will get lycopodium, the mother tincture. I will give it to him strong.

Yours truly,

W. F. McNUTT.

Dear Sir: I am in receipt of your letter calling attention to a published statement from Watsonville, in which I am mentioned (with several other physicians) as having prescribed for a supposititious morbid condition, *falsely described* to me by letter as a genuine case of disease. My prescription, with those of other regular physicians, is compared with the unvarying prescription, "lycopodium," of several similarly-consulted homeopaths, and the inference is drawn that because the latter all made the same prescription, and we various ones, their system must be the true one and ours a false system of medicine. You first ask what is the general similarity of the homeopathic treatment of this supposititious case. I reply, nothing. The question propounded was, to the homeopaths, a very simple one, which could only bring forth one reply, being so constructed that no other reply was possible from them. The propounder went to a homeopathic materia medica, and took from the article "Lycopodium" all its characteristic symptoms, which he incorporated in his letter. In this shape, he was asking his homeopathic correspondents a very simple question, viz.: What drug is indicated by this symptom-picture? Just as though I asked what drug it is that causes itching of the nose and eyes, a running from the nostrils (coryza), with smarting pain, etc., therein; an acne-form eruption, etc., on the skin, etc., etc. Every educated physician would at once reply, iodide of potassium. So in this case, any homeopath, posted in the least on his materia medica, would at once recognize lycopodium in the picture given. The proof is plain. I take up one of their text-books, Burt's Characteristic Materia Medica. On pages 73-75, under Lycopodium, I find the following: (Compare with the letter of the man from Watsonville.) "Has a constant sensation of satiety, the least morsel causes a sensa-

tion of fulness. Pain across the hypogastrium from right to left. Old hepatic congestions. Obstinate constipation, great accumulation of flatulence, borborygmi. Terrific pain in the back previous to every urination; renal colic, right side. Much red sand in the urine. Aggravation of the disease at 4 P. M.; better after 8 or 9 in the evening, etc., etc." Now, to men who are constantly keeping these things in mind, especially teachers, there is nothing simpler than to reply, lycopodium, as soon as such a letter was received. But the man confessedly lied to all those he wrote to. The case was not a true one, and he signed a false name. He also confesses to having sent an extra memorandum to every homeopath, which he did not send to the others, plainly calling on them for the name of *one remedy*. Is there anything against the supposition that he inserted still another memorandum, to make sure of absolute agreement on their part in their replies? A man who would lower his mind to such a piece of trickery, would do almost anything to secure the winning of his side. But such a helper would not be needed. There could be only one homeopathic reply to his question. Let me show you how, by taking up a simpler, yet perfectly analogous case. Suppose that our Watsonville propounder should propound another question to six regular physicians and six homeopaths in the following terms: "I have had five children, all of them having presented breech in front. What can I take to produce a head presentation next time? I am now in my eighth month again." To this every homeopath would unhesitatingly reply "*Pulsatilla*," because they are taught to associate this drug with the production of spontaneous version of the *fetus in utero*. But from the six regular physicians she would get a variety of prescriptions. One man would prescribe for her supposed mental condition, another might write for a *placebo*, like a seltzer aperient, to make her rest easy, in the idea that something was being done; another, perhaps, would advise her to keep the lower bowel well evacuated and the abdomen supported, etc. Now, would the similarity of the one set, contrasted with the variety of the other, prove anything as to the power of the drug named to so act, or as to the truth of the medical theory on which it was prescribed? Of course not, and only those accustomed to false reasoning would ever draw any such conclusion therefrom. It is on just such false logic that homeopathy bases its arguments. As to our treatment, I can only say that I prescribed for the pathological condition supposed to be present. I have no recollection of the matter, and presume it occurred when I was particularly busy. The recipe is my usual one for lithiasis, based on the idea of increasing the oxygenation process, by the citrate of potassium, and then gently stimulating the liver by the phosphate of sodium, from a clinical experience that the liver is usually at fault in such cases. Dr. Darby's recipe I think indefensible; it has too much of the shotgun about it. That of Dr. Whittaker is based also on the idea of improving oxygenation. The others are general recipes for indigestion, and the authors had better defend them. This trick is so low and mean that

I would never reply to its author. When I submit my work to criticism in contrast with others, it must be to a fair and square body of judges or jurors, not to a self-constituted court like this trickster from Watsonville. If such a test were to be put fairly, a genuine case of disease would be selected, and its symptoms and physical signs would be carefully noted by a committee on which both sects were represented. The letter should be drawn up in such language that each person consulted received precisely the same information as the others, so that the men of one party would have no private clue as to the object of the correspondence. Then the diagnosis of the pathology should be asked for, as well as the treatment, for no fair comparison could be made in the absence of the pathological views of the prescribers. Finally, the comments should be made by *gentlemen* who are known to be above trickery—known to be competent judges of the professional questions involved, and of as little sectarian bias as is possible to obtain. Certainly no one would think of submitting his work to an unknown, who begins his investigation with four deliberate falsehoods and a false signature.

Yours truly,

SAM'L O. L. POTTER.

[Every homeopath would *not* unhesitatingly reply Pulsatilla. There are many remedies besides Pulsatilla which, if indicated, will produce "version of fetus in utero." The true homeopath will prescribe for his patient, not for breech presentation. It is "The Milwaukee Test" kind of Homeopathy which teaches the latter.—ED.]

Dear Sir: I would as soon contend with Uncle Jasper, who maintains that the sun goes round the earth, as discuss with you the relative merits of regular and irregular medicine.

Yours truly,

J. T. WHITTAKER.

In presenting these replies from eminent members of the profession in various parts of the Union, we desire to say that we believe good will result to rational and scientific medication from this discussion of a question originally introduced to bring into prominence irregular methods. The main point is the development of the fact that ten men calling themselves homeopathic physicians are found to have simultaneously ordered a well known inert remedy like lycopodium, for the cure of a supposed complication of gastric and hepatic disease. Upon the other hand, almost an equal number of the regular profession prescribe a variety of plans of treatment selected from the immense resources of our *materia medica*, any one of which, if faithfully carried out, would no doubt relieve such a case or accomplish a cure.

The paucity of the methods in vogue by the disciples of Hahnemann has here an apt illustration, and regular medicine need have no fear of the judgment of intelligent men in this connection. As to the use of the prefix "Regular," we must confess we like it, and, while agreeing with the distinguished Bowditch "that all prefixes are, in

most instances, unnecessary when attached to the terms physicians and surgeons," we yet believe that this word conveys a correct meaning to the public ear, unattainable in any other way. By common consent, the title of "Irregular Physician" is made to include all who adopt or advertise a prefix of such a nature as to convey to the people their faith in special dogmas. The list, therefore, covers homeopaths, hydropaths, motorpaths, eclectic and faith-cure physicians, and should include allopaths were there any class of doctors that allowed such a name to be attached to their purely professional titles.

WATSONVILLE, Cal., June 19, 1890.

Editor Advance: The *Medical Times* man has done the right thing at the right time. The replies of these allopathic gentlemen demonstrate the fact that we have found a joint in their armor. They have not met the issue, for they can not do so. The only explanation they offer for the agreement as to the remedy on the part of the Homeopaths is that we are guilty of collusion, or have but one remedy for indigestion. All Homeopaths know this to be silly twaddle. The case was so exceedingly simple as to obviate all necessity for collusion, and we have a long list of remedies, any one of which might be indicated in indigestion. They have not solved the problem, and never will until they investigate similia.

They meet in conventions, and declare medicine a total, blank failure. This is *rational* medicine.

I turn with disgust from this two-thousand-years-old croaking raven, and contemplate with admiration our beautiful system of medicine—Homeopathy. Here is law, system and order. Here is hope for earth's suffering millions. Thank God for this beautiful law of cure, as unerring in its action, and as universal in its application as that of gravity. I know that to this all true Homeopaths will respond, Amen!

When I consider the blind folly of these men, and the ghastly death-rate attendant upon their treatment, I have no apologies to offer for the method I adopted to bring them "into court."

It is evident that they are chagrined, confused, and some of them slightly abusive. I wish to correct one or two misstatements. Dr. McNutt says he sent me a bill for the balance of his fee, and I have paid no attention to it. I have the papers to prove he never sent any such thing, but pocketed my two dollars, and sent me a prescription of which he

is now ashamed. His profound ignorance of the true genius of that grand remedy, lycopodium, is exhibited when he talks of giving "lycopodium tincture, and giving it strong!"

Dr. Love struts and straddles about like a gentleman turkey, and tells us he *knew* my case was written over a false signature, and hence my postoffice order valueless, therefore consigned to the wastebasket. The other physicians drew their money. Dr. Love could not have known that the signature was false, and I am convinced that my letter never reached him, and he saw no postoffice order. But enough of this.

At least this much good has been accomplished. All these gentlemen have read a little homeopathic materia medica since "Who are the Regulars?" appeared, and I hope they will find something more of interest there. No doubt some of them will ere long *discover* that Lycopodium is a good remedy for indigestion. I feel inspired to so prophesy.

S. E. CHAPMAN.

MORE ABOUT THE "REGULARS."

Editor Advance:—From the accompanying newspaper you will see that I have obtained local republication of your December article, "Who are the Regulars," by Dr. Chapman, and have added a few remarks that seemed to me suited to the occasion. I now write to point out what seems to me a grave error—of omission rather than commission—in which the entire homeopathic profession figures, namely, hiding our light under a bushel. In other words, we do not utilize our editors' work enough. Scattered through our journals are many articles which should see the light of day; that is, be put where they would do the most good, in the daily or weekly paper. Many a doctor peruses his journal, serenely lays it away, perhaps proudly conscious that he knows all the homeopathic facts therein elucidated or freshly dressed—and how much is the *cause of Homeopathy* benefited thereby? Little, or none! What shall it profit us if we save our homeopathic soul but lose the whole world? We know these things already, and it should be our main object along the journalistic line to teach them to those who do not know them, and who will never know them until taught in this

way. Put them into a newspaper, and then there will be some hope that even a few of the Regular (?) allopathic moss-backs will learn them, too, for they will then, in sheer self-defense, be compelled to read them in order to be able to talk intelligently about them to questioning patients. I never miss an opportunity to make a bull's eye of this kind in aid of the cause of Homeopathy. Take this very "Regular" article, for instance: Can any one doubt that representatives of our cherished similia possess influence enough to insure its republication in one thousand daily or weekly secular newspapers? And is it not reasonable enough to assume that each publication will make, at least, one convert? I have been all the more strongly convinced that this is the proper course to pursue ever since I received the following from Dr. Hughes, of England, anent a newspaper contribution I wrote regarding Hahnemann (see *Medical Vistor*, Sept., 1889, and *Medical Current*, Oct., 1889): "It is by thus keeping the claims of Hahnemann before men's eyes that, sooner or later they will come to give him and his methods the place that belongs to them."

WM. B. CLARKE.

INDIANAPOLIS.

THE USE OF QUININE IN INTERMITTENT FEVER.

Editor Advance:—I don't like your reply to my letter, which appeared in your issue for May, on "The Use of Quinine by Southern Homeopaths." It is evasive, its inferences are not fair nor hardly courteous to a correspondent, and its language is calculated to mislead the young and the unwary practitioner who comes South to live.

You say it is unhomeopathic and unscientific to treat the *name* of a disease; only an idiot would hold otherwise. Then why imply that I would so practice or teach? I use the term "pernicious" to describe a condition, just as you use the term "Intermittent Fever" on the title page of the book you wrote on the subject of malarial fevers. It is puerile to harp about treating the *name* of any disease.

In the second paragraph of your reply, you say it is unworthy a follower of Hahnemann to abandon law for empirical methods because he does not know his *Materia Medica*. I claim that the application of Quinine in those intense cases of intermittent fever, characterized by conges-

tion and threatened paralysis of the brain and spinal cord, and for convenience sake termed "pernicious" or "congestive," is in exact accord with the law *similia similibus curantur*, and, therefore, is strictly homeopathic or scientific. The dose is governed by no law, and its application is *always* an exhibition of empiricism, whether the agent be given in the ten millionth attenuation or crude, whether given by you or by myself.

True, I may not know my *Materia Medica* sufficiently well to justify me in charging my fellows a fee for naming the exact simillimum to them, but I do know enough about the homeopathic law to know that *Cinchona sulphuricum* is the simillimum to most pernicious cases of intermittent fever, just as *Bryonia* is to most cases of pleuritic stitch, as *Sulphur* is to most cases of itch and as *Belladonna* is to most cases of congestive headache. Your "third" and "fourth" have nothing to require answer.

Your fifth says, "Where Quinine is indicated by its characteristic symptoms, it will cure in the 6, 12, 30, 200 or 1,000 potency." I beg your pardon, but it won't do anything of the kind. I know whereof I speak and I will be supported by hundreds of conscientious and intelligent practitioners, who, as I have done, have tried the attenuations faithfully and well, without result in these especially intense cases. And why won't they cure here as in ordinary cases? I answer, simply because the dose is not the simillimum—it is not capable of offsetting or neutralizing the profound effect of the malarial poison upon the nerve centers. The full dose does this and saves the patient *in strict accord with the law of similars*.

You quote Drs. Cohen, Thatcher, Morrow and Sherbino at me. Since my letter was written, Dr. Cohen has admitted to me, in person, that he had never seen a pernicious case of intermittent. I know he has in the past used a great deal of *Quinine*. So with Dr. Thatcher. Dr. Sherbino doesn't practice in the malarious part of our State, and I will venture has never seen a case of that which is classed by Loomis, Kippax, Bartholow, Reynolds and others as "pernicious." Of Dr. Morrow I can't speak, but I stand ready to ship the chromo to him or any other man who will present reports of authentic cases of the type of disease under discussion cured by the attenuations, low, medium or high.

The editor of the *Advance* clearly shows that he has never met with a case and his reference to his book for indications is poor comfort when the condition described is not mentioned within its covers.

Now the milk in the cocoanut of this discussion lies in the application of it. I hold that it is the utmost folly to place *Quinine*, or any other remedial agent for that matter, outside the pale of similia. *It is homeopathic* to thousands upon thousands of cases of intermittent fever of intense variety. Its pathogenesis as laid down by Hahnemann and other men who knew their *materia medicas*, even if I don't know mine, and its toxicological effects as recorded by Wood, Ringer and others, indicate that it should be a veritable wheel-horse exemplification of the truth of similia.

The curative sphere of *similia, similibus curantur* is not limited by longitude nor by latitude, but the successful application of extreme or even moderate attenuations is. Experience has taught those homeopaths who live in intensely hot and malarious districts, along the sluggish bayous, that high attenuations will not cure intermittent fever of the pernicious type; that the lower attenuations—even to the crude drug at times—are the simillimum that give to Homeopathy a name as lasting as time itself.

We need more homeopaths in the South. We want help in our combat with the old school and with the diseases of the Southern latitude. We want the "purest of the pure," who, by the way, need not be, necessarily, the "highest of the high"—to come and help us and fill the numerous unoccupied locations open to them. But we don't want them to do as I have done, and as other conscientious, faithful and competent prescribers have done, lose a half-dozen or a dozen cases, men, women and children, whom the *proper* application of the *true simillimum* would have saved in almost every instance.

C. E. FISHER,

SAN ANTONIO, TEXAS.

[This is not a personal matter. For Dr. Fisher we entertain only the highest respect and esteem, but with his homeopathic teaching we cannot agree.]

He affirms that "it is peurile to harp about treating the *name* of any disease," yet in the next sentence declares that, "the application of quinine in these intense cases of inter-

mittent fever characterized by congestion and threatened paralysis of the brain and spinal cord, is in exact accord with the law *similia*." This is generalization; *similia* teaches individualization. The same statement, may, with equal truth, be made of *Nux*, *Natrum m.* or *Veratrum*.

In the following sentence he says: "I do know enough about the homeopathic law to know that *Cinchona sulphuricum* is the *simillimum* to most cases of pernicious intermittent, just as *Bryonia* is to most cases of pleuritic stitch, as sulphur is to most cases of itch and as *Belladonna* is to most cases of congestive headache." Here again it is not "most cases" that the homeopath should treat; it is the individual cases. What about the other cases? It is just such loose generalization, such reckless apologetic teaching as this that "is calculated to mislead the young and unwary" whether they practice in the North, South, East or West; and it is against such teaching and practice that we protest. *Similia* teaches no such thing.

We further claim that there is not a homeopath living who knows enough either of his *Materia Medica* or the homeopathic law to pronounce, *ex cathedra*, that *Cinchona sulphuricum* is the *simillimum* for a case of pernicious intermittent, or any other intermittent, until he knows the symptoms presented by the patient. Neither can he tell whether *Bryonia* be the *simillimum* for pleuritic stitch, until he knows the character of the stitch, its modalities, etc. And moreover we have the temerity to assert that if Dr. Fisher and his Southern colleagues will apply the *simillimum* after the method of Hahnemann—provided the patient has not already been drugged with Quinine—neither he nor they will ever see a case of "pernicious intermittent." They will cure the patient before the fever becomes pernicious, for without Quinine or other suppressive treatment, the "pernicious" character would rarely be seen except in the diagnostic imagination of the physician.

That Quinine, when indicated by its characteristic symptoms, will cure in the potencies as well as Arsenic or any other remedy, we re-affirm. And that the reverse "is supported by hundreds of conscientious and intelligent practitioners," even the entire body of the allopathic profession, we do not deny; but it is because of improper selection, not

“the profound effect upon the nerve centres.” “The dose is not the simillimum,” and *massive doses* of the crude drug can neither make it such nor atone for imperfect selection.

That Quinine “is homeopathic to thousands upon thousands of cases of intermittent fever of intense variety” we positively deny; but that it is empirically given to thousands of cases we readily admit. To the homeopath, however, its pathogenesis both defines and limits its application, to whom “its toxicological effects,” as recorded by Wood, Ringer and others, are of very little value. Instead of being “a veritable wheel-horse exemplification of the truth of similia,” its indiscriminate use for intermittent fever, simple or pernicious, has done more to retard the progress of our school and subject its practitioners to the charge of dishonesty than anything else, morphine alone excepted. If the allopath cannot cure intermittents with crude doses of Quinine, how can we? If the people can see no difference in the practice, either in dose or results, when both use the same drug and in the same dose for the name of a disease, why should we ask them to employ Homeopathy?

Hahnemann settled this question before either of us was born, for he gives the true reason in *Organon*,

§ 244. Intermittent fevers, which are indigenous to marshy regions, or places subject to inundations, try the patience of the old school physician; and yet young and healthy persons may become accustomed to marshy regions, and remain healthy if their habits are temperate, and if they are not weakened by want, fatigue or excesses. Endemic intermittents will attack such persons only as new comers; but one or two of the smallest doses of highly potentiated Cinchona will easily rid him of the fever, provided his mode of life is simple. However, if persons accustomed to proper physical exercise, and to wholesome bodily and mental habits, are not relieved of marsh intermittents by one or two of such small doses of Cinchona, they are always based upon psora ready to be developed. And hence such persons can not be cured of intermittents in a marshy region without antipsoric treatment. [125.] Occasionally patients of this kind, if they speedily move from a marshy district to a dry, mountainous locality, will apparently recover, provided the disease is not too deeply seated; i. e., if psora is not yet fully developed, so that it might again assume its latent state; such patients, however, will never be restored to perfect health without antipsoric treatment.—ED.]

New Publications.

THE GUIDING SYMPTOMS OF THE MATERIA MEDICA.

By C. Hering, M. D., Vol. VIII. Natrum phos.—Pulsatilla.
Pp. 658. Philadelphia: F. A. Davis. 1890.

This grand work is rapidly nearing completion; and the present volume, which contains many of our most valuable polychrests, is one of the best yet issued. It is the most valuable work on *Materia Medica* which has yet appeared, because it gives *all the symptoms*—pathogenetic, toxicological and clinical—leaving the prescriber free to make his own selection. It is sometimes very helpful to know what a remedy has done, as well as what it can do. We append an explanatory note from the publisher.

PHILADELPHIA, PA., June 2, 1890.

DEAR DOCTOR.—“ We send you for review Vol. VIII of *Guiding Symptoms*. It is very late, and we can only offer in excuse the fact that it became necessary to republish Vols. I, II, III and IV, owing to an unexpected call, which exhausted the copies on hand. The original plates had been destroyed, hence it became necessary to go through with the usual process of composition, proof reading, etc. After this came the present volume, which we think you will pronounce good. We hope to have Vol. IX ready within nine months.”

Very truly yours,

F. A. DAVIS.

Per A. G. Crandall.

We heartily recommend this work to every young man and woman in our ranks. Its study will make them stronger in the faith, and enable them to cure many cases which they now find incurable.

THE CYCLOPEDIA OF DRUG PATHOGENESY. Part XII.

Phosphorus—Sabadilla.

In the Preface the Editors say:

“ With this third volume we begin to see the end of our task. As far as we can estimate, vol. IV. will not only complete our alphabetical series of drugs, but will leave space for the Index. How this shall be framed is a subject closely occupying our thoughts; and we invite regarding it the suggestions of our colleagues.”

This is a vital question, for on the arrangement of the Index depends the value of the work over which so much time and money has been expended. Without a good working Index or Repertory the labor will be lost, for as at present arranged the volumes are utterly worthless as aids in finding the simillimum.

CYCLOPEDIA OF THE DISEASES OF CHILDREN, MEDICAL
AND SURGICAL. Edited by John M. Keating, M. D. Vol. III.
Illustrated. Pp. 1,371. Philadelphia: J. B. Lippincott Company,
1890. Cloth, \$5.00.

As mentioned in the notices of former volumes, this work is the joint efforts of some of the ablest medical authors of the present day, and, as a consequence, each individual essay possesses more or less of individual merit. Some of these essays are alone worth the price of the entire volume, when a physician, in some special case, needs all the reference that is obtainable on a certain disease or the diseases or malformations of certain organs. In etiology and differential diagnosis this work is co-extensive with the advanced medical knowledge of the day, and no physician, ambitious to be abreast of the times in the diagnosis of the diseases of children, can afford to be without it. This is especially true of this class of diseases, for here he is compelled to rely on the objective symptoms alone.

In its mechanical execution the work has few equals and no superiors. It is well and profusely illustrated, neither expense nor pains being spared to make it as complete in all respects as the printer's art can make it. The publishers will receive the thanks of the profession for these handsome volumes.

UTILITARIANISM. By John Stuart Mill. Humboldt Library, No. 121. Price, 15 cents. The Humboldt Publishing Co., 28 Lafayette Place, New York.

There could be no better evidence of the good work being done by the publishers of "The Humboldt Library" than the present volume. They publish "Utilitarianism" at the modest price of 15 cents, whereas the imported edition costs \$1.75. And yet this 15-cent edition is fully the equal of the London edition in type, paper and presswork. As to the merits of the book, it is enough to state that John Stuart Mill is the author.

REGIONAL ANATOMY, IN ITS RELATION TO MEDICINE AND SURGERY. By George McClellan, M. D., Lecturer on Descriptive and Regional Anatomy at the Pennsylvania School of Anatomy; Professor of Anatomy at the Pennsylvania Academy of Fine Arts.

With about 100 full page *fac simile* illustrations reproduced from photographs taken by the author of his own dissections, expressly designed and prepared for this work, and colored by him after nature. To be complete in two volumes of 250 pages each. Large quarto. The object of the work is to convey a practical knowledge of Regional Anatomy of the entire body. The text to embrace, besides a clear description of the part in systematic order, the most recent and reliable information regarding anatomy in its medical and surgical relations. The illustrations are intended to verify the text and to bring before the reader the parts under consideration in as realistic a manner as possible. Vol. I. will be ready for publication about December 1st, and the second volume is expected to appear shortly thereafter. The work will be sold by subscription only, and salesmen will begin an active canvass the coming October.

THE CONCORDANCE REPERTORY OF THE MORE CHARACTERISTIC SYMPTOMS OF THE MATERIA MEDICA. By William D. Gentry, M. D. Vol. II, pp. 900. New York: A. L. Chatterton Company.

We congratulate the publishers of this repertory on the prompt appearance of Volume II. It is a fitting companion to the first volume, and embraces the symptoms of the mouth, throat, stomach and hypochondrium. The more we see of this work the more convinced we are that it will greatly aid in the finding of any desired symptom.

THE NORTH AMERICAN REVIEW for July has an article by the Right Hon. Arthur J. Balfour, in rebuttal of the criticism of Irish land reform, by Mr. Parnell in the June number. From this, the American reader may obtain the views of the author.

SCRIBNER'S MAGAZINE for June contains, as a leading article, "The Emin Pasha Relief Expedition," by H. M. Stanley, with a frontispiece of the author for which every reader of this sterling monthly will thank the publishers. It is well illustrated.

THE JULY WIDE AWAKE has an article on "Indian Base-Ball Players" by one of the Indians graduating from Hampton, Mr. Thomas L. Sloan of the Omaha Reservation. It gives an account of several Indian ball-clubs, with photographs of the "Hampton Indian Nine," and "Ten Little Indians" of Hampton; the article is worth reading for the young author's progressive ideas in regard to his race.

MAGAZINE OF AMERICAN HISTORY is one of the most popular and entertaining exchanges that come to our table.

THE ATLANTIC MONTHLY, for July, has an article by Bushnell Hart, on "The status of Athletics in American Colleges," which should be read by every American college student. Oliver Wendell Holmes' "Prescription for Longevity" is characteristic of the author.

Editor's Table.

E. W. SAWYER, M. D., of Kokomo, was elected president of the Indiana Institute of Homeopathy, and vice-president of the I. H. A.

QUININE is claimed by Dr. W. B. Clarke, of Indianapolis, to be the cause of insanity, suicide and murder, and he proves it from its symptomatology.

DRS. BOERICKE & DEWEY have removed to 824 Sutter street.

OREGON. "The farmer never waits till harvest-time before sowing his wheat. The ocean beach is vast, yet grains of sand compose it. Then remember it will be unwise in you, should you wait till next April before preparing the paper we expect you to present at our next annual meeting." This is the way Doctors Wigg and Royal, president and secretary of the State Society open up the first gun of 1891. Next.

H. E. BEEBE, M. D., has returned from a tour to the hospitals of Europe, reinvigorated in health, and thinks American surgical methods and American Homeopathy good enough for him.

E. A. PRATT, M. D. had the pleasure of demonstrating the latest official surgical methods at the clinic of Dr. Verneuil in Paris.

MARRIED.—G. F. Martin, M. D., and Miss Gertrude Hunter, at Lowell, Mass., on Wednesday, May 21, 1890. Congratulations.

DRS. LE FEVRE & HALLMAN is the name of a new firm at Hot Springs, Ark.

F. H. CONGER, M. D., of Hahnemann College, has located at Galveston, Tex.; an able addition to our Southern colleagues.

CLEVELAND COLLEGE is agitating the question of a new college building. It is one of the oldest in the country and deserves a better edifice.

MEDICAL EXAMINERS.—At the recent meeting of the Eastern Ohio Society a committee, consisting of Drs. A. E. Stepfield, C. H. Lee and K. B. Carter, were appointed to ascertain the names of life insurance companies doing business in Ohio which refuse to appoint homeopathic physicians as examiners. The committee recommended its members to use all honorable means to discourage our patrons from patronizing companies making such unjust discrimination. The resolutions were unanimously adopted, and the names of the following companies posted:

The Mutual Life, New York; Connecticut Mutual, Hartford; Washington, New York; John Hancock Mutual, Boston; Provident Life and Trust, Philadelphia; Equitable, New York; Northwestern Mutual, Milwaukee; Prudential, Newark; Ætna, Hartford; Union Central, Cincinnati; Provident Savings, New York; State Mutual, Worcester, Mass.; Germania, New York; Hartford, Life and Annuity, Hartford; Massachusetts Mutual, Springfield, Mass.; New England Mutual, Boston; New York Life, New York; United States Life, New York.

[The medical examiner at the home office is generally responsible for this unjust and bigoted discrimination.—Ed.]

MARRIED.—At the Presbyterian Church, at Batavia, N. Y., Saturday evening, June 21, John W. Dowling, M. D., and Miss Edith Williams.

T. M. STRONG, M. D., late chief of staff of Ward's Island Hospital, has pitched his tent at Macon, Ga.

THE
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A HOMEOPATHIC MAGAZINE.

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No. 2.

WHAT HOMEOPATHY HAS SAVED US FROM*.

Those who are only familiar with the practice of the official medicine of the last quarter of a century have no experience of its treatment of diseases before Homeopathy exerted its modifying influence on the whole practice of medicine. Up to the time of Hahnemann's promulgation of the Homeopathic therapeutic rule in 1796, and for a good third of the present century, the medical practice of even the most illustrious physicians consisted mainly of the employment of irritating drugs, which added to the natural disease artificial maladies often more painful and more dangerous than the original ailment they were intended to cure. The success of Hahnemann's method has gradually taught the medical world that diseases could be cured without the employment of the painful, disgusting and perilous means which had hitherto been considered necessary in order to combat disease. Where are now the bleedings by leeches, lancets and cupping-glasses; the blisters, the issues, the setons, the moxas, the actual and potential canteries, the drastic purgatives, the mercurial salivations, the diaphoretics, the emetics, which up to a generation ago were universally employed in the treatment of all serious diseases, and were actually believed to be essential to their cure? It is doubtful if any of these practices still survive in remote corners of the civilized world. Many medical men who have been in practice for a score of years have never employed or witnessed the employment of those methods which used to be considered indispensable by the previous generation of doctors.

*Homeopathic League tracts, No. 28.

Hahnemann was born in 1755. In 1770 he would be fifteen years of age and just commencing his medical studies. In that year was published the third edition of a work which was deservedly regarded as an authoritative statement of the most scientific and orthodox medical treatment of the day—Home's *Principia Medicinæ*. The author, besides being physician to the king, was professor of medicine and materia medica in the University of Edinburgh—then and still the most renowned medical school in Britain. In this work, written in Latin according to the fashion of those days, we find a succinct account of the treatment current at the period when Hahnemann was entering on his medical career. It would be impossible in the limits of a tract to set forth the treatment of all the diseases enumerated in this work, and besides it would be wearisome to the reader, so we will content ourselves with a glance at the treatment of a few of the most important maladies.

Inflammatory fever.—Venesection (*i.e.* blood-letting) repeated until the pulse returns to its proper strength. Large draughts of tepid watery drinks. Potions of vegetable acids and nitre. Blisters. Meagre diet. Fresh air frequently renewed.

Inflammation of the brain and its membranes.—Bleeding from the jugular vein or temporal artery, repeated as often as the strength admits; if the pulse will not allow this generally after the third day, then blood must be taken by means of cupping or leeches to the temples or scarification of the inside of the nose. Purgatives and clysters. Warm compresses or poultices to the feet. Nitre and camphor internally. Vegetable acids. Blisters to the shaved head. Diluent drinks and meagre diet.

Ophthalmia.—Bleeding, especially from the jugular vein. Cupping on the nape of the neck. Leeches to the temples and below the eye, frequently repeated. Purgative and anti-phlogistic medicines. Blisters applied to the neck, behind the ears, on the head and temples. Hot foot baths. Setons and issues in obstinate cases. Diluent drinks. Steaming the eyes. Poultices of white bread and milk. Abstinence from food at first, afterwards very light diet.

Sore throat.—Large and repeated blood-letting, especially from the jugular vein. Purgatives and clysters. Blisters

around the neck. Nitre and gum guaiac internally. Steaming the throat with vinegar, gargles, etc.

Whooping cough.—Copious blood-letting. Emetics frequently repeated. Purging with rhubarb and calomel. Blisters.

Inflammation of the lungs—pneumonia.—Large and repeated blood-letting; when the strength does not admit of further venesection, cupping should be performed betwixt the shoulders. Clysters. Blisters. Copious warm draught. Inhalation of steam. Nitre and camphor. Low diet.

Rheumatism.—Large and repeated blood-letting. Diluent drinks. Clysters. Sudorifics. Low diet.

Scarlet-fever.—Venesections, purgatives, diluent drinks.

Small-pox.—Venesections, emetics, purgatives, acid drinks, etc.

Apoplexy.—Copious abstraction of blood from the jugular veins or temporal arteries. Cupping at the back of the head. Blisters. Repeated purgatives. Clysters.

Toothache.—Venesection. Mercurial purgatives. Sudorifics. Emetics. Scarifying the gums. Leeches to gums. Blisters behind ears, etc.

Jaundice.—Venesection. Emetics. Rhubarb and soap pills. Fomentations and poultices.

Measles.—Venesection proportionate to age and strength. Emetics. Low diet. Acidulated drinks. Professor Home recommended and practised inoculation of measles by means of the blood of a measly patient, which he said caused a mild attack of the disease and prevented its occurrence in the natural and more severe form.

From the above specimens of the accredited practice in Hahnemann's youth it will be seen that it closely resembled the treatment ridiculed by Molière, which for all diseases was *seignare, purgare, clysterium donare*.

That the irrational treatment laid down in Home's *Principia* continued to be prescribed long after the date of his work we see from an inspection of that very popular work, the *Domestic Medicine* of Dr. William Buchan, the first edition of which was published in 1769, about the time when Hahnemann was leaving school, and the twenty-first edition in 1813, three years after the appearance of Hahnemann's *Organon*, with precisely the same treatment for the diseases

mentioned below. According to Dr. Buchan, the appropriate treatment for *inflammation of the eyes* is: Bleeding to ten or twelve ounces from the jugular vein or from the arm, repeated, if necessary; leeches to the temples and under eyes; Glauber's salt and cream of tartar, tamarinds and senna, rhubarb and nitre, lenitive electuary, water gruel, feet and legs bathed in warm water, head shaved two or three times a week, blisters behind ears, to temples or neck. For *quinsy* the treatment recommended is: Bleeding from arm or jugular vein, rhubarb and nitre, sal prunel to suck, hartshorn liniment, blisters on neck or behind ears. In the twenty-first edition a blister is directed to be laid right across the throat from ear to ear. For *colic* the remedy is bleeding. For *chincough* (what we now call whooping-cough), bleeding—a second or third bleeding may be required. For *measles* bleeding is commonly necessary—and so on, in wearisome iteration. And this in a *domestic* medicine for the guidance of non-medical folk! Imagine an amateur practitioner attempting to bleed from the jugular vein for sore throat! Burns in his immortal poem tells us of Dr. Hornbook,

“He's grown sae well acquaint wi' Buchan;”

and if he practiced according to the instructions of his teacher, we can well understand that his nameless rival was not far wrong when he complained—

“Whare I kill'd ane, a fair strae death,
By loss o' blood or want o' breath,
This night I'm free to tak my aith,
That Hornbook's skill
Has clad a score i' their last claieth.
By drap and pill.”

Dr. Buchan's book, which seems to have been founded on Home's *Principia*, and which deals as liberally in sanguinary treatment, was one of the most popular works of the kind ever published—witness its twenty-one editions up to 1813, and we know not how many afterwards. It was the standard medical authority of our grandmothers, and, with the Bible and Mrs. Glass's *Cookery Book*, often constituted the whole library of country dames. Its popularity was maintained till far on in the present century. Fortunately for the health and happiness of later generations it has now been superseded by less dangerous guides, chief among which are the excellent works on Domestic Homeopathy, by following the

instructions of which babes and grown people are no longer tortured by blisters or even bled to death when they happen to get measles, sore throat or inflamed eyes; and human longevity has been materially promoted.

In *Harper's Monthly Magazine* for February, 1890, Mark Twain gives some illustrations of the treatment recommended in the famous *Medicinal Dictionary* of Dr. Robert James, published some years earlier than Home's *Principia*, viz., in 1745. He mentions a case of "head-ach" treated by "the celebrated Bonetus," which is a delightful specimen of "scientific medicine":—"A certain Merchant, about forty years of age, of a Melancholic Habit, was during the Dog-days seized with a violent pain of his Head, which some time after oblig'd him to keep his Bed. I, being call'd, ordered Venesection in the Arms, the Application of Leeches to the Vessels of his Nostrils, Forehead and Temples, as also to those behind his Ears; I likewise prescribed the Application of Cupping-glasses with Scarification to his Back. But, notwithstanding these Precautions, he dy'd. If any Surgeon, skill'd in Arteriotomy, had been present, I should have ordered that Operation" (presumably, in order to hasten the catastrophe, as that is the only effect it could have had). Bonetus gives eleven more cases of "Head-ach," which resembled this one so far that they all "dy'd."*

* This *Medicinal Dictionary*, a vast cyclopaedia of medical lore in three folio volumes, contains many queer prescriptions, and give us an insight into the strange beliefs of the medical faculty regarding the remedial powers of substances which we moderns do not regard as possessing any medicinal virtues. Here is a formula for an *Ointment for Rickets*: "Take of Human Fat and Expressed Oil of Nutmeg each half an ounce, of Peruvian Balsam one dram, and of the oils of Rue, Lavender and Cloves each thirty drops." It gives us a shudder to think that human fat should ever have been a common article kept in store in the apothecaries' shops. How was it obtained, we wonder? Perhaps the battle of Colloden, which was fought about the time of the publication of Dr. James' *Dictionary*, enabled the apothecaries to replenish their stores, for of course it would never have done to take the fat from persons who had died of disease, but only from healthy persons killed *ad hoc* or in battle. Nowadays we eat larks on toast without a thought of the wonderful healing virtues attributed to them by our grandfathers. "The Lark," says Dr. James, "is a most effectual remedy in all pains of the colon and other intestines, both for men and cattle, whether it be roasted and eaten or burnt to ashes, and three spoonfuls thereof carefully pulverized given in warm water for three days together." Modern medical sceptics might probably imagine that the warm water without the admixture of the ashes of a lark would be equally efficacious in relieving the colic of men and cattle, and that even less than three days would suffice for a cure in most cases. On the whole, however, if we ever had the misfortune to suffer from colic, we should prefer the *lark-cure*, especially the roasted lark-cure, to the blood-letting recommended by Dr. James' successors, Drs. Home and Buchan.

We could give any number of similar examples of the orthodox treatment from celebrated authors before and after this period. But the reader might object that this is ancient history, that the medical profession is more enlightened now, and that no such treatment as the above sanguinary cure for headache has ever been pursued, say, in the latter half of the present century. But quite modern examples of this irrational treatment might be quoted in refutation of this opinion. It is not so very long since the great Cavour died, and the account of his last illness, given by his biographer, *Masari*, will show that the sanguinary doctrines of the illustrious *Sangrado* still prevailed, at all events in Italy. The following is a condensed account of the medical treatment of the renowned Italian statesman:

“ After a stormy sitting of Parliament on May 29th, 1861, in Turin, Cavour was seized with slight febrile rigor, to which in the following night ‘ violent pains in the bowels ’ and vomiting were added. Blood was drawn, ‘ which relieved the patient ’ On the following morning, May 30th, he was bled a second time, and again in the afternoon of the same day, at 5 o’clock, a third time—that is, three bleedings in twenty-four hours! Violent fever succeeded; the patient was ‘ very weak and suffering. ’ He passed a good night! Friday, the 31st, the fever disappeared, so that Cavour was able to hold a Council, which assembled round his bedside for two hours. In the evening he became very feverish. Quinine did no good. On June 1st he was again bled twice—a quiet night followed. On the following day, June 2nd, he was pale and weak, his left hand and forearm cold as marble. On attempting to leave his bed the wound in the vein re-opened, and the profuse bleeding could not be stopped till a surgeon was called in. Some hours later violent fever, shortness of breath, confusion of ideas. The night was very bad, and the next morning his excitement increased, his breathing became shorter, and severe thirst set in. Cavour begged that a vein might be opened—this alone, he thought, could save him. The physician was quickly summoned, he consented, and a surgeon was sent for who made a new incision, but no blood flowed; by pressing the vein he succeeded in drawing off two or three ounces of thick blood. The incisions of the veins made on the first day were not healed. The consulting phy-

sicians prescribed a solution of sulphate of quinine. Cavour begged it might be administered in the form of a pill, because he knew that the taste of the quinine would cause him to vomit. The doctors refused; they thought a solution better. He took the medicine with great repugnance, vomiting followed, and was renewed each time he attempted to take the drug, which he would only do at the persuasion of the friends who surrounded him. In the following night high fever and delirium. Ice compresses on the head, and mustard plasters on the legs. The next night he was very bad again. Next morning cupping-glasses were applied to the nape, and again blisters to the legs. But the blisters would not rise, and the painful application of the cupping-glasses was not felt by the patient. Victor Emmanuel, who visited his Minister just before his death, proposed to the doctors to open a vein in his neck. The doctors promised to take the proposal into consideration, but death prevented them. Cavour died suffering from unquenchable thirst." In fact he died with all the symptoms of a person bled to death. Evidently the teachings of Homeopathy were lost on the eminent doctors who thus ignorantly abstracted the vital fluid from the veins of the great statesman.

In 1790, that is six years before his enunciation of the homeopathic rule, Hahnemann inveighed against the ordinary method of treating disease. He wrote: "Bleeding, antiphlogistics, tepid baths, diluent drinks, low diet, blood-purifiers, and everlasting purgatives and enemata are the vicious circle in which the ordinary run of physicians are always revolving."

Two years later, in 1792, he attacked the treatment of the physicians of the Emperor Leopold II. of Austria, in these terms: "The report [of the Emperor's last illness] states, 'his physician, Lagusius, observed high fever and swelling of the abdomen early on February 28th.' He combated the malady by venesection, and as this produced no amelioration, three more venesections were performed without relief. Science must ask why a second venesection was ordered when the first had produced no amelioration? How could he order a third, and, good heavens! how a fourth when there had been no amelioration after the preceding ones? How could he tap the vital fluid four times in twenty-four hours, always

without relief, from a debilitated man who had been worn out by anxiety of mind and long continued diarrhœa? Science is aghast!" The treatment of Cavour by his physicians, seventy years later, was precisely similar to that of the unfortunate Emperor. If faithful clinical records were to be published of the illustrious and obscure patients who have been done to death by bleeding and other senseless debilitating treatment, in the period of time between the Emperor Leopold and Cavour, not science only, but all mankind would stand aghast at the terrible muster roll of slaughter *secundum artem*.

Hahnemann was severely blamed by contemporary physicians for presuming to find fault with the treatment of the Emperor Leopold's physicians, but the exactly similar treatment of Cavour's doctors was denounced by many of their orthodox colleagues, and never a word was spoken in approval of their sanguinary proceedings by any of their professional brethren in Europe, which shows that the general medical opinion with regard to the treatment by blood-letting had undergone a complete change, and probably the general disapprobation of Cavour's treatment expressed by the chief organs of medical opinion has not been without its effect, even on the blood-shedding propensities of Italian physicians. In this country venesection has almost become a lost art, and the only relics of it to be met with are the bloody bandage and brass bleeding vessel of the barbers' shops and the title of the oldest medical periodical—the *Lancet*. For this salutary change in medical practice the patient world are indebted to the teachings and practice of Hahnemann. So chary indeed have even surgeons become of loss of blood, that the ingenious device of Esmarch for driving back into the body and thus saving all the blood in a limb to be amputated, has become quite popular among them.

Hahnemann was not the first to denounce the treatment of diseases by blood-letting. One of the greatest physicians and anatomists of antiquity, Erasistratus, who flourished about 300 years before the Christian era, treated all the diseases for which his contemporaries and predecessors employed bleeding without shedding a drop of blood. In his works he only once mentions bleeding, in connection with vomiting or spitting of blood, and then only to condemn it.

He applied ligatures to the limbs instead of bleeding his patients, thereby showing that he had an inkling of the mode of circulation of the blood. He was equally opposed to the use of purgative medicines in the treatment of disease. If the medical profession had listened to the teachings of Erasistratus, what an incalculable number of worthy people would have been permitted to live out their normal length of days! His plan of applying ligatures to the limbs to arrest the flow of blood towards more central parts, still survives in the popular method of arresting bleeding from the nose and blood-spitting, by tying a tape tightly round the arms, and in a more scientific form in the air exhausted boot of the late Dr. Junod.

Erasistratus is a name that has always been held in high honor by the medical profession, not on account of (perhaps it would be more correct to say in spite of) his opposition to blood-letting and purgatives, but because he received the largest fee on record for one case, viz., one hundred talents, equal to £24,375 of our money. Had it not been for these talents, his memory would probably have been held accursed by the whole medical faculty, as that of one who had basely endeavored to deprive them of blood-letting and purgatives, their chief weapons in their combat against disease—to abolish, indeed, their *raison d'être*. To show the intimate connection of doctors and blood-letting, it suffices to recall the fact that in ancient times the name for a doctor was *leech*, and that when an animal was discovered which was clever at drawing blood, it was naturally dubbed *leech*, as possessing the chief characteristic of the doctor—to wit, the power of bleeding.

The combination of several or many medicines in one mixture has from time immemorial been practiced by physicians. However it may have originated in the early ages of medicine, in the course of time compounding medicines became an art or craft, which required a special guild to carry it out. Had doctors confined themselves to administering or prescribing simples only, the apothecary's aid would not have been required, for doctors could have given their own uncombined drugs, or could have directed their patients to buy them at drug stores. But the art of compounding medicines was elaborated into a recondite affair, requiring time, labor and

skill, so that artisans, specially educated, were needed for its due performance. No prescription was held to be *secundum artem*, unless it contained a number of ingredients pedantically, but capriciously, termed *base, excipient, constituent, dirigent, corrigent, adjuvant*. In addition to the labor of compounding the ever varying prescriptions of physicians, the apothecaries had to keep in store many compounds of fixed composition, called *alexipharmics, mithridates, theriacs*, and so forth, some of which contained an enormous number of ingredients often of the most fantastic and absurd character. As a specimen of these curious preparations, read the composition of one called "Alexander's Golden Antidote," as it is set forth in Dr. James's *Dictionary*:—

"Take of Afarabocca, Henbane, Carpobalsamum, each two Drams and a half; of Cloves, Opium, Myrrh, Cyperus, each two Drams; of Opobalsamum, Indian Leaf, Cinamon, Zedoary, Ginger, Coftus, Coral, Cassia, Euphorbium, Gum Tragacanth, Frankincense, Styrax Calaamita, Celtic, Nard, Spignel, Hartwort, Mustard, Saxifrage, Dill, Anise, each one Dram; of Xylaloes, Rheum Ponticum, Alipta Moschata, Castor, Spikenard, Galangals, Opoponax, Anacardium, Mastich, Brimstone, Peony, Eringo, Pulp of Dates, red and white Hermodactyls, Roses, Thyme, Acorns, Penroyal, Gentian, the Bark of the Root of Mandrake, Germander, Valerian, Bishops Weed, Bay-Berries, long and white Pepper, Xylobalsamum, Carnabadium, Macodonian, Parsley-seeds, Lovage, the seeds of Rue, and Sinon, of each a Dram and a half; of pure Gold, pure Silver, Pearls, not perforated, the Blatta Byzantina, the Bone of the Stag's Heart, of each the Quantity of fourteen Grains of Wheat; of Sapphire, Emerald, and Jasper Stones, each one Dram; of Hasle-nut, two drams; of Pellitory of Spain, Shavings of Ivory, Calamus Odoratus, each the Quantity of twenty-nine Grains of Wheat; of Honey or Sugar a sufficient Quantity."

As early as the sixteenth century Paracelsus inveighed against the complex prescriptions of his contemporaries. In his quaint way he says: "It is a desperate hope and opinion to prescribe a number of simplicia in one receipt. Compounding medicines is poor work. They do not perceive that one ingredient destroys and renders useless another." "A whole pair of breeches is much better than a pair that is patched." But Paracelsus was too far in advance of his period, so he was denounced by his tradition bound contemporaries as a rogue or a madman. His doctrines and practice were rejected with scorn, and complex formulæ continued to be regarded as the only scientific therapeutics.

Hahnemann early exposed the folly of mixing a number of powerful medicines, whose effects singly were little, and whose action in combination was quite unknown. "To prescribe many drugs mixed together, and sometimes even several prescriptions daily, is the height of empiricism; to give single medicines and not to change them till the period of their action has expired—this is to take the straight road towards the inner holy place of art." "If the compound remedy consists, say, of five ingredients, how little is the true action of each one of these ingredients known! What effect do we expect from them when they act simultaneously on the body? How can we obtain the knowledge of single drugs when we only give them mixed?" Hahnemann produced a greater effect on the mixture-giving propensities of the medical world than Paracelsus did on the practice of the profession in his day. The reason probably is that Paracelsus's wise words were obscured and smothered by a fog of incomprehensible theories and fantastic practice, whereas Hahnemann propounded no theories, laid down simple rules of practice founded on nature and experience, and suggested a rational method for ascertaining the effects of drugs and utilizing these effects for remedial purposes.

The old extravagant mixtures, like the "Golden Antidote" above described, have been abandoned, and the modern school of official medicine may say with Sangarelle: "Oui, cela était autrefois ainsi; mais nous avons changé tout cela, et nous faisons maintenant la médecine d'une méthode toute nouvelle;" but the renunciation of composite formulas is not yet complete, for one seldom sees a prescription, even from the most exalted authorities in medicine, that does not contain at least five or six different ingredients. So physicians are still a long way from adopting the single medicine of Paracelsus and Hahnemann. The change in medical practice has been recognized as due to Hahnemann's teachings by intelligent non medical observers. Thus Mark Twain in the article above alluded to, after describing the filthy and heterogeneous mixtures of the pre-Hahnemannian age, concludes in these significant words:

"When you reflect that your own father had to take such medicines as the above, and that you would be taking them to day yourself but for the introduction of Homeopathy, which forced the old school doctor to stir around and learn something of a rational nature about his

business, you may honestly feel grateful that Homeopathy survived the attempts of the allopathists to destroy it, even though you may never employ any physician but an allopathist while you live."

Of late years some of the leaders of medical opinion have largely adopted the single medicine practice. Drs. Brunton and Ringer are conspicuous among the reformers in this direction. Their books are filled with therapeutics of this sort taken without acknowledgement from homeopathic sources, but as they studiously refuse to recognize the guiding rule of Homeopathy, their recommendations of our single medicines for certain diseases assume the character of pure empiricism. To say that we should give aconite in inflammatory fever, belladonna in sore throat, corrosive sublimate in dysentery, ipecacuanha in vomiting and so forth, without giving any reason for the selection of those drugs in these diseases, is not scientific or rational—it is crude empiricism. Those remedies for these diseases were discovered by Homeopathy, as these authors well know, but to say so would be to testify to the truth of Hahnemann's teachings, which no professor in our established medical schools could ever bring himself to do.

An observation of the superior results obtained by Homeopathy, as compared with the old school, led those who regarded Homeopathy as being equivalent to no treatment at all to believe that it was better to leave diseases to the healing power of Nature than to thwart her efforts by giving medicines. Hence the widely spread expectant or do nothing method—if that can be called method which was the mere negation of medicinal treatment. This medical nihilism still prevails extensively on the continent of Europe, and even in this country it has its advocates, conspicuous among whom was the late Sir William Gull.

But as belief in therapeutics has declined, belief in the power of surgery to cure many diseases has risen. The adoption of anesthetics and antiseptics has given a great impetus to daring surgical manoeuvres. As the patient feels no pain during his artificial narcosis, the surgeon can prolong his operations for hours; and as the employment of antiseptics—or, as some say, the punctilious observance of the utmost cleanliness—diminishes their danger, operations which our grandfathers would never have dreamed of undertaking have now become the common events of surgery. No doubt the

attractions of surgery are greatly increased by the discovery of the means to render its operations painless and less dangerous, and many have in consequence neglected therapeutics and sought to cure, by surgical means only, diseases which might be far better cured by appropriate medicines, without the hideous mutilations which often attend surgical operations. In tract No. 26 we have given a striking instance of this operating mania, or *folie opératoire* as our French neighbors call it, and many similar examples might be quoted from the records of our medical periodical literature. I am, of course, far from denying the great advances that have been made in the art of surgery and in the operative skill of its practitioners, whereby many lives have been saved or prolonged, but at the same time it is undeniable that many useless and hazardous operations are performed, and that there seems to be a sort of rivalry among operating surgeons as to who shall perform the most novel and risky operations—less with a view to cure the patient than to display their own inventive faculty and operative skill without actually killing their unfortunate victims.

Homeopathy has still much to do to teach surgeons that many diseases for which the knife is now looked upon as the only salvation can be cured more readily, more pleasantly, and more certainly by what in all ages has been held to be the chief object of physicians' study—viz., a knowledge of the action of the medicines which Nature provides in such ample store, and which will generally prove remedial if we know how to use them intelligently.

THE SINGLE DOSE.*

CASE I.—*Lachesis*—March 2, 1890, at 2 A. M., Master J. S.—, aged 13, had a severe chill, followed by sore throat and high fever. Saw him the following morning at 8 o'clock. Pulse 130; temp. 104.7; delirious, and had been since 4 A. M.

Objective.—Tonsils swollen, dark red, purplish, and a membranous patch on left tonsil as large as a twenty-five cent piece; uvula elongated.

Offensive odor of the breath.

Tongue thickly coated, yellowish-white.

Cervical glands swollen; very sensitive to touch.

* Illinois State Society.

Subjective.—Ate oat meal for breakfast without much pain; but swallowing saliva or liquids very painful; worse from hot drinks.

Pain extending to left ear when swallowing.

Constant hawking to clear the throat of mucus.

Face burns, thinks it red, feels so hot; severe frontal headache before delirium appeared.

Lachesis 1 m. (Boericke) in water; a teaspoonful every hour until better. No gargles.

Saw him at 12:30. Throat worse; membrane had extended to right side; swallowing saliva more painful, yet must swallow constantly; all objective symptoms worse. But his delirium had disappeared and he was much more quiet. Sac. lac.

9. P. M. The entire throat and posterior surface of soft palate and uvula covered with membrane, and the odor from the mouth very offensive. The subjective symptoms, however were decidedly improved and the remedy was allowed to act undisturbed. Sac. lac.

March 3. Had some sleep during the night and looked and felt better this morning. The throat was not much improved in appearance, but the swallowing was less frequent and less painful, and in every other respect patient was improving. Placebo; a few drops of alcohol in water.

March 4. Had a good night, slept well and feels better in in every way. Membrane not extending and fetor oris not so pronounced. Enjoyed his breakfast. Placebo.

March 5. Membrane becoming thinner, has disappeared from uvula and soft palate. Placebo. The membrane rapidly disappeared, improvement was uninterrupted, and he was discharged on the 10th, though practically well on the 6th.

CASE II.—*Lycopodium*—February 24th, at 9 P. M., Miss Neva C—, aged fifteen, a scrofulous patient, had a sharp chill, with bone pains, backache and a severe sore throat. Dr. Gee found a temperature of $104\frac{1}{2}$, pulse 130 and a pronounced case of diphtheria. The membrane appeared on the right side, and, spreading to the left rapidly covered the throat and fauces. All the symptoms pointed to *Lycopodium* as the remedy, and it was given in water (B. & T. 1 m.) every hour until she received six teaspoonfuls, and then Sac. lac. every two hours.

For the next two days the objective symptoms were severe, but, as the subjective were improving, no change was made. On the 27th consultation was asked for by the family, and Dr. Fellows saw the patient. He pronounced it a severe case of diphtheria, and recommended Mer. cyan. 6x, in case she did not improve. But as the pulse and temperature were decidedly lower, and all the symptoms, objective and subjective, rapidly improving, no change was made, and recovery was prompt and improvement uninterrupted. The membrane had entirely disappeared on the sixth day.

There is nothing remarkable in these cases, and they are only reported to show that the recommendations of Hahnemann on the repetition of the dose, hold as good to-day as when first promulgated. Neither is there any necessity of harping about the potency. Use any potency you are in the habit of using, but as soon as improvement sets in, especially in the mental and subjective symptoms, let it continue. Repeating can do no good, and may do immense harm.

H. C. ALLEN.

THE SINGLE DOSE.*

My partner, Dr. Allen, has reported two cases which have recently come under our care as illustrating the efficacy of the single remedy, and even the single dose, when applied in strict compliance with the law of similars.

Our opportunity for the united observation and study of difficult cases gives us an undaunted courage to trust the suitable remedy even in apparently incurable and hopeless conditions, and the reward has abundantly justified the efforts.

Courage to do the right in the management of a case of so serious a disease as diphtheria, can only come from careful observation of the effects of such treatment as appeals with greatest force to the physician through so-called "rational," "scientific," and "common sense" methods and their failure, and then such a thorough study of principles to apply *with exactitude* the proper remedy and to clearly interpret the succeeding course of the disease.

The *natural* and almost uncontrollable inclination is to give much medicine and give it uninterruptedly, and it is

* Illinois State Society.

only through an *educated* courage that the physician is able to "act thoroughly as a true master of the art of healing."

We are aware of the number of physicians who have a "favorite method of treating diphtheria," as they also have of treating every other disease, and their statistics of experience are not wanting to make the showing good; but such dogmatic statements are akin to the list of so-called cures adduced in favor of many other methods, and of even the much advertised proprietary compounds.

A method is valueless unless it produces the same results in the hands of another, where all requirements are understood.

The *only* array of evidence showing a uniformity of results and methods comes from the strict follower of Hahnemann, and when his recommendations are followed there is no temptation to try some other way, for he alone has told us how we may "alleviate and obliterate disease in its entire extent, in the shortest, most reliable, and safest manner, according to clearly intelligible reasons." (Organon, §II.)

CASE I. Carl B—, aged seventeen, had been quite ill four days, and supposing he had an ordinary sore throat, his mother had treated him. Membrane on both tonsils and uvula, extended into posterior nares so that the breathing was quite difficult.

Tongue coated with thick fur of a yellowish tinge.

Odor quite decided. Disease had apparently begun on left side. Pain to left ear when swallowing.

Blond; light hair; grew rapidly.

Gave Kali bi. 30 in water, repeated once in two hours. Improvement was manifest within twenty-four hours. The remedy was discontinued and Sac. lac substituted, and the patient discharged after about ten days *without further* medication. An examination was made at once of the drainage connections of the house, and the whole system was so defective that the street connection was severed at once. The poison, however, had so permeated the house (and the possible contact with the air from the room of this case may have contributed), that a younger brother was found to be quite ill next morning.

CASE II. Claude B—, aged fifteen, complains of soreness of left side of throat.

Throat swollen outside and sensitive to touch.

Left tonsil much swollen, bluish red, membrane size of three-cent piece, swelling extending toward right side.

Lach. 200 in water every two hours. Next day membrane on uvula and right side and extending into posterior nares. Continued remedy.

Next day fever less, throat about same in appearance, Sac. lac.

Patient made a complete recovery without further medication.

WILLIAM S. GEE.

CHICAGO.

ASTHMA.

CASE I.—*Nux, Kali bi.*—N. E. H., age fifty-two, pale and thin, eyes and hair dark, called me February 11, 1890, he being prostrated by a severe attack of asthma. After considerable difficulty, I elicited the following symptoms:

Irritable; wishes to be alone; noise or conversation aggravates; splitting headache, with vomiting < in the morning when lying down; aversion to food.

Bitter eructations; stomach sensitive to touch.

Stool with difficulty every third day, large and hard.

Can not sleep after three A. M.

Wheezing; breathing slow and labored.

Is a silver plater; sits at his work all day. Great coffee drinker. Attacks always last for two or three days; has had them for thirty years, two or three a month.

Nux vomica, cm. (Jn.), dry on his tongue, and Sac. lac. to be taken every two hours.

February 12. Passed a fair night. Went to work this morning, but had to return home. A number of the symptoms being improved, the Sac. lac. solution was continued.

April 6. Has had a number of attacks since my last visit, not as severe as formerly. Is in much better health. I now learned that for years he has been troubled with an eruption, which is always worse at night in bed, the itching compelling him to scratch till the blood flows. Palms of hands always sweaty. Cystic tumor on the right upper eyelid. I also noticed a peculiar, disagreeable odor from his body. For these symptoms, also his psoric history, and the partial result

only from the *Nux vomica*, I gave *Psorinum*, cm. (Sn.), one dose and *Sac. lac.*

April 13. Just recovering from a mild asthmatic attack. He now told me, for the first time, *that they are caused by and always follow coitus.*

During the last attack the expectoration was very stringy; it would hang from his mouth to the floor without breaking; raising is very difficult, and at times must take it from his mouth; at other times, this failing, he must swallow it. These symptoms of expectoration, being characteristic of *Kali bi.*, a few pellets in the cm. potency (Jn.) were dropped on his tongue, and *Sac. lac.* continued.

April 14. Great improvement, cough and expectoration stopped at once. Breathing perfectly free. Appetite has returned. Continue *Sac. lac.*

May 18. No attack since April 13th; is gaining in strength. Says he has not felt as well in thirty years. No medicine.

July 3. No attacks to date.

I know of no remedy that has "asthma caused by and always following coitus." *Kali bi.* certainly relieved the symptom, and I have copied it in my *Materia Medica* and repertory, hoping for future verification; also, among the remedies having "aggravation after coitus," I fail to find *Kali bi.*

CASE II.—*Calcareo*.—Willie D——, five years old. I was called the night of May 6, 1890, and found him suffering most severely with Asthma, to which he has been subject for the last three years at the approach of every storm. Has had treatment from both schools in vain. I obtained the following symptoms: Did not walk or have his first teeth until nearly two years of age.

Head sweats profusely, wetting the pillow far around.

Arms and legs thin.

Feet cold, stockings often damp.

Abdomen distended; appetite poor; craves eggs.

No desire to play; will not exert himself.

Takes cold easily. Respiration loud, difficult and labored; rattling over both lungs.

Kicks off the bed clothing.

Such a perfect picture of *Calcareo* and so many of the key-

notes. One dose was given in the cm. potency (Jn.), and Sac. lac. every two hours.

May 7. Symptoms >; soon dropped to sleep and passed a good night. On auscultation, improvement was noticeable. Sac. lac. for one week, then to report.

May 14. Much >. Appetite and sleep good; no more sweating; plays some. Is stronger. On auscultation, the sounds are improved, but rattling still very noticeable. Sac. lac.

May 21. Continues to improve. Auscultation reveals nothing abnormal. Sac. lac.

May 27. Mother says no symptoms; he now acts as a healthy boy should. No medicine.

July 3. No return to date.

This case verifies characteristic symptoms only, and shows the necessity of getting the constitutional symptoms, rather than those for which the physician is called. A large number of remedies have his respiratory symptoms more prominently and I fear had the concomitant symptoms not been looked for, the relief would have been longer delayed, for without them, the simillimum would rarely have been selected.

CASE III.—*Lachesis, Nux.*—W. E. W., age 30, blonde; called me February 21, 1890, just getting over an attack of asthma. From the long list of symptoms in my note book, I copy the following:

Had the attacks every four to six weeks, since he was six months old. Has had all sorts of treatment without benefit.

Attacks usually occur Sunday P. M., he thinks from over-eating.

Begins with a feeling of a heavy load or fullness within chest. Deep inspiration does not satisfy.

Headache. Now goes to bed and to sleep, knowing full well that soon he will need all his strength; wakes in two hours, throat full of phlegm, necessitating constant hawking. Nausea, sensation of knives running through brain.

Headache > by eating.

Breathing labored, wheezing, is compelled to sit in a chair leaning forward; can inspire easily, but expiration is almost impossible.

Respiration some better by smoking, by hot applications to chest and by vomiting.

Headache < by smoking.

Restlessness; wants nothing about the neck, nor anybody to pass in front of him during an attack, as it aggravates his breathing.

Dyspnea < by any motion.

Heart palpitates; < after sleeping.

Gets to sleep at 4 A. M. and wakes at eight, very weak with a severe headache, which is > by eating.

Chest sore and tired.

The above is reiterated for two succeeding nights, when there is full relief except of the cough, which lasts five days and is very painful; yellow expectoration. Dyspnea at once on going up stairs or a hill; always turns and goes up backwards with immediate relief.

Profuse sweat during, and constipated before an attack.

Family history of asthma.

Never has the disease when on salt water and can be immediately relieved during an attack, by going on the water.

Lachesis, cm. (Jn.) one dose and Sac. lac. to keep up the action of the medicine. The following symptoms *in particular* pointed me to Lachesis. Wants nothing about the neck, or anybody to pass in front of him during an attack, as it makes his breathing worse; also on any motion dyspnea worse; aggravation after sleep. Heart palpitation.

March 8, 1890: Cough stopped within three hours after taking first medicine; feels much better in every way. No symptoms, no medicine.

May 1, 8 A. M. Another attack is developing.

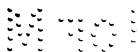
Wheezing, same symptoms as before. Lachesis, cm. (Jn.) one dose and Sac. lac. Told him to report in the evening.

This is the first attack he has had since February 18th. Has gained 20 pounds. Never felt so well.

May 1st, 5 P. M. Symptoms much worse. Giving Lachesis was a mistake and the probable cause of this aggravation. Should have taken the case again in writing, inquiring for the cause, etc.

The following symptoms were now obtained:

Had returned from New York the day before. While there had kept late hours, also drank coffee, which he has not done before in years, as it would *always* bring on an attack of asthma. While in New York he thought he would



indulge in the coffee as he was feeling so well and been free from the trouble for so long.

Face bathed in perspiration.

Cyanosis.

Breathing slow, labored, worse on any exertion.

Very irritable, constipated.

Asthma woke him at 4 A. M.; got to sleep again at six and when was called at seven was more tired than when went to bed.

Feels miserably; splitting headache.

Must sit up, leaning forward, in order to breathe. Getting so many well known symptoms of *Nux vomica*, one dose cm. (Jn.) was given. Within five minutes he leaned back in his chair, breathing much easier, and within ten minutes all wheezing had stopped, every symptom left and his breathing perfect.

July 3d. No return to date.

The first dose of *Lachesis* certainly relieved, he was better than for years. The second dose of *Lachesis* either had no effect or aggravated the conditions, which were at once relieved by the *Nux vomica*, and there has been no return. Are we justified in crediting the difficult expiration, the amelioration on salt water and the relief of the dyspnea by ascending backwards, to *Lachesis*, or to *Nux* which antidoted the coffee, the cause of the second attack; or shall we include the symptoms under both remedies for future confirmation.

A more experienced head than mine must decide.

These three cases only again prove what the homeopathically indicated remedy in the high potency, is capable of doing when let alone.

JOHN STORER.

JAMAICA PLAINS, MASS.

IS HAHNEMANN'S PSORA REALLY A CHIMERA?

Permit me to refer to what I have already written on this subject in the *Zeitschrift des Berliner Veriens hom, Aergti Bund VII*, pages 213 to 223. I will, however, select some cases from the current literature of the hostile school, which will serve as a foundation to prove that the views of Hahnemann and of others before his time, that skin diseases are

related to the inner, nobler organs, were correct, and, therefore, it is not rational to look at them as purely local affections to be driven away by local applications. But before I proceed to these cases permit me to report a couple out of my own practice which occurred to me decades ago.

CASE I.—*Sulphur*.—In 1847 when I was a country physician on the estates of Countess Penorosky in the government of Tschernigow I became acquainted with the proprietor of a neighboring estate, Frau von Staroselskya, widow, of good constitution in the climacteric period. She was a healthy, energetic, active lady and the mother of three grown children. She consulted me on account of an unusual complaint. Two or three days before the beginning of her menses she began to feel a heaviness in her chest and difficulty of breathing so that walking was difficult, and at the same time a dry painless cough with tickling in the larynx set in, and afterward expectoration of clear, colorless mucus which, by degrees, became tinged with blood, and finally clear blood was thrown off. This continued five days, the first three the blood was more copious and the last two less so, just as her menses had flowed and just as long as they had lasted, but now there was no trace of them. With all of this she felt perfectly well, neither sleep nor appetite failed.

The only thing discovered abnormal was a bad, irritable humor which chiefly arose from the idea that consumption would occur.

As a child and young woman she had always had good health. Of the diseases of children, she had had very mild attacks of scarlet fever and measles. Menstruated at sixteen, married when eighteen; had five children, who were delivered without any morbid conditions or any puerperal trouble. She had nursed all of them, and during those periods felt well. The cause of her condition is unknown, but she ascribes it to a cold she had five years ago, as when the cough then occurred her menses stopped.

She has received much treatment. She spent an entire year in Kief, where she was treated by the professor of gynecology at that time, and other celebrities in consultation, and, in spite of irritating foot baths, venesection from the feet, and the many drugs she swallowed, she received not the least benefit. Finally, when she could remain no longer, it

was decided that it was nothing but an anomaly of the climaxis, and that she might rest assured that when her menses ceased all would be well. With that *comforting* message, she returned and awaited that happy time, but, nevertheless, three years had passed since then, and it had not arrived.

The most careful examination of heart and lungs gave a negative result; only while coughing, here and there, mucous râles were heard; percussion revealed not the slightest dullness. Heart sounds normal. An examination of the pelvic organs was not granted.

I gave Lachesis 30 at long intervals, and soon the menses returned and the spitting of blood ceased. But this favorable change only continued five months, with rare repetition of the Lachesis, and then, without any discoverable cause, the former condition reappeared. This circumstance excited a fear in my mind that a strong psoric condition was at the bottom of the disease, as I openly said at that time; where now, as we are *more enlightened*, we avoid such heresies, and boldly speak of "painful points," "abridged therapeutics," "discoloration of the iris," "compounds of two remedies"—or, speaking plainly, mixtures—and such sublime attainments with enthusiasm.

I re-examined her most carefully, and learned, after a long cross-examination, that when a child she had the itch. When I inquired why she had not previously told me that, she replied that she did not consider the itch a disease, for, at her home, her father did not allow it to be treated, for he asserted that it was an indication of a refining and purifying of the blood. But her mother secretly, several times, anointed her with a salve of flowers of sulphur and potash, which caused the eruption to disappear.

I now gave Sulphur 30 at long intervals. The menses reappeared and the spitting of blood ceased, but this only continued two months, for then the former condition returned, in spite of Sulphur 30 and afterwards of Lachesis 30.

At this time articles by Stapf appeared in the *Archiv* of the wonderful effects of the high potencies. I immediately wrote to Liepsic for Sulphur 1500. After a time I received an envelope containing a carefully wrapped package marked Sulphur 1500 (Jenichen). With the greatest care bordering on awe I placed the poppy seed like pellets in a glass vial

and preserved them in the desk. After a couple of days I prepared for the patient a solution of sixteen of these pellets in four ounces of distilled water, and added two drachms of pure spirits to prevent the water becoming musty, and directed a dessert spoonful to be taken night and morning. Ten days were scarcely passed when I received an urgent message from the patient to come and see her. On my arrival I found her in despair. Her hands and fingers were swollen, painful and itching, and on her body, particularly on the flexor side of her arms, a fine, terribly itching vesicular eruption. I comforted her by assuring her that it was the effect of the medicine and that it would soon pass off, and that it was of great importance, as her future health depended on it, and that she must religiously abstain from the use of ointments. But as I wished to appear to do something I permitted her to rub on oil of almonds. In a week the swelling of the fingers and the eruption were dried up and disappeared. But over the entire body there appeared a crop of boils which continued for about six weeks, during which time as some healed others came. This was borne the more patiently than the itching, as the furuncles were not large. During this period of about two months neither spitting of blood nor menses appeared. I did not repeat the medicine, but gave placebos. About three weeks afterwards her menses appeared without any complaints and an entire absence of the hemoptysis, and it did not show itself again, although her menses did not stop till four years after in 1851, when she was fifty years old. During all of this time she was perfectly well and so remained till July, 1852, when I settled in *Kassan*.

CASE II.—Nikolai Remisoff, one year old, the son of a citizen of *Nishi Novgorod*, was brought to the clinic on the 23d of December, 1859, with dry itch over the entire surface of the body, and was given Sulphur in a low potency.

March 14, 1860, his mother brought him the second time with amaurosis of both eyes.* The child was perfectly blind, which was sufficiently demonstrated by the many tests we made with him. On my questioning for the cause and mode of the origin of the disease, she told me that as the itch had not

* As at that time I was unacquainted with the ophthalmoscope, as no other physician in the city was, I must, as a matter of necessity, give the old collective name of amaurosis.

disappeared after taking the powders prescribed in December they took refuge in other things, and among others in lead water (sugar of lead) washes after which the eruption very soon disappeared. But they soon observed that when walking about the room he ran into everything in his way and by close observation they were convinced of his complete blindness, therefore, there could be no doubt that the amaurosis had arisen from the suppression of the itch, and I consequently gave Sulphur 30 one dose, followed by 15 placebos.

April 13. The mother again brought her child to the clinic. He was strewn with boils over his entire body; but the sight had returned in perfection, which was proven by many tests. The Sulphur was again given in one dose as before, and soon after the formation of new furuncles ceased and those formed healed by degrees, and he has at this date, December, 1863, his full vision without even a third dose of Sulphur.

DR. BOJANUS, Russia.

It would take too much of your space to give, in full, quotations from the allopathic authorities. I will only mention that a distinguished authority on dermatology, Prof. Polotnow of St. Petersburg, says, that "lichen ruber, psoriasis, ichthiosis, prurigo, pemphigus, scleroderma and some forms of eeczma belong in the strictest sense to nervous diseases of the skin, i. e. *I hold all these diseases to be nothing but symptoms of different diseases of the brain centres.*" And in another passage he says: "Careful anamnestic data show that *in an immense majority of cases, the disorders of the nervous system which are the cause of the above mentioned skin diseases, rest on a hereditary basis.*" How will it suit the polypaths to learn that the fundamental principle of the psoric theory of Hahnemann has been accepted by this and many other distinguished allopathic pathologists as I have shown by previous translations?

There has been so much sneering at the view of Hahnemann that scabies was the cause of seven-eighths of all chronic disease, and these sneerers say that the *acarus scabei* is the cause of itch. It is now shown that syphilis is caused by a bacillus. Does that make syphilis any the less dangerous than before? I boldly answer, No! nor does the presence of the *acarus scabei* make itch innocuous.

A. MCNEIL.

SAN FRANCISCO, Cal.

ALCOHOL: ITS NATURE AND ACTION.

As the social influence of alcohol is pretty well understood by all, I shall have nothing to say on that point at present, but consider its influence upon the system when taken as a medicine or beverage. Alcohol is produced by the spontaneous chemical change which sugar undergoes in passing down to a dead condition.

When saccharine liquids are excited by a ferment, alcohol will be produced at a certain stage of the fermentation; but if the fermentation is allowed to continue beyond this point, acetic acid will be formed.

Alcohol is not a natural product, but always the result of fermentation. Although alcohol results from spontaneous changes, yet the aid of man is required to form the various liquids containing it. If the skill of man did not interfere with the natural changes which liquids containing sugar spontaneously undergo, alcohol would not do the harm it does.

“That alcohol was the result of fermentation, had been observed of old, but how it resulted was the mystery, only of late (within the last fifteen years) fully cleared up. It is now known that what we call fermentation is caused by the sudden increase, by millions on millions, of a little animal cell, or microbe, only visible under the microscope, and which used to be called the yeast plant, but which is now dignified by the scientific name of *Torvula cerevisiae*, which is Latin for the strings or twists that appear in cereal ferments; that is, those made from corn or grain, the gifts of the old goddess Ceres.

This little fellow is one of the most wonderful and, if rightly used, one of the most useful inhabitants of our globe.

He is not a plant, as was at first believed, for he feeds only on a vegetable substance, viz.: grape or fruit sugar, called in chemistry glucose; and he, in so doing, gives off carbonic acid gas, and an excrement which is a substance wholly devitalized by the living process of the little animal, much as ashes result from the burning of coal in a stove. These breathings and excretions only result from animal life, and in every way this microbe assimilates his sugar food—propagates, breathes, excretes, and lives like an animal; and, when dead and cremated, smells just like burning animal tissue

Now, this excretion of this fruit-sugar eating animal is alcohol.

All of the alcohol of the world comes from this animal in just this way, and in none other. It is always the same substance, and has always the same properties—just as salt is always salt.

These little microbes, or yeast animals, are in the air and pretty much everywhere. They dry up and seem to be dead, and float about, but as soon as grape or fruit sugar (glucose) is exposed, they are there, and the rate of their increase in it is marvelous. He is the father of our bread as well as our wine. We know him best as the active agent in the yeast cake, whence comes the useful fermentation which lightens our bread previous to baking.

A penny yeast cake, dry as a chip, contains at least 7,000,000 of these animals.

Put in a warm dough, and in an hour he will count over 140,000,000! and this increase, and his minute carbonic acid gas breaths, will have made the dough throughout as "light as a feather," and ready for the oven.

Therein the heat volatilizes the alcohol, which he excreted in the dough, and the result is that we have light and healthy, instead of heavy, unleavened, indigestible bread—but free from alcohol.

Now, wherever glucose (fruit or grape sugar) is found, this fermentation process caused by this breathing and propagating process of this yeast animal cell goes on, sooner or later. His food, when from grape juice, gives us wine; when from apples, cider; from pears, perry; from malted grains, beer, etc. In all cases the starch or cane sugar is changed first to glucose, and then the yeast cell is set to work and secretes the alcohol by fermentation.

The chemical process, is in short, this: Glucose consists of carbon (6 atoms, or equivalents); hydrogen (12 atoms); oxygen (6 atoms), or C_6, H_{12}, O_6 .

The yeast animal takes to feed and warm himself (assimilates) just one-half of the glucose, or C_3, H_6, O_3 ; of the other half he breathes off C_1, O_2 , which is the formula of carbonic acid gas; and the rest of the glucose he excretes as alcohol, of which the chemical formula is C_2, H_6, O_1 .

All alcohol comes at first in just this way, and no other.

In reference to bread, we noticed that the alcohol in it is very volatile, and flies off in the air when heated. In the middle ages it was found that if a close still was used with a cooled pipe, or "worm," the volatilized alcohol could be recondensed in the cold worm, and be thus obtained very strong.

Thence we have distilleries to make strong or distilled liquors: such as brandy from wine, and rum, gin, whiskey, etc., from the other fermentations of malt, molasses, grains, etc., etc.

In wines and all fermentations the alcohol is about fifteen per cent. In distilled liquors it is about fifty per cent., and the rest is water. Such is the wonderful affinity of alcohol for water that it can not, after repeated and various distillations, be absolutely freed from it. The so-called pure alcohol has from one to ten per cent. of water.

It is well known as a heavy colorless fluid, volatile in the open air, and readily vanishing when heated, it thus goes to the upper atmosphere of our planet, where it doubtless slowly oxidizes and plays an important part, perhaps, in forming clouds, or in the Aurora Borealis, until finally its chemical elements may return to the earth to play again their part in the eternal round of nature. By thus going aloft this poison is removed from endangering animal life, and returns, finally, changed into innocent forms. But while thus volatile, alcohol is one of the hardest chemical substances to break up. It is a firm or stable combination of its three elements, C_2 , H_6 , O_1 , and can not be changed or broken up by any ordinary process, such, for instance, as it meets with in the human body.

It burns with a very hot, blue, hydrogen flame; but fire is necessary to set it afire, that is, to break up the firm chemical union of its elements by combustion. Hence it is used to preserve fruits, anatomical specimens, etc., because it is practically indestructible, and because microbes cannot live in it.

For these and similar reasons, it is very useful in the arts and sciences, and its discovery by the "worm," and its subsequent uses, were important steps in civilization, for which all should be grateful; but for the inhuman use to which it has been put by deluded men we are sorry. Thus science has told us what alcohol really is, and if you wish to know it further, get some, as pure as you can, from your druggist;

burn it in a lamp, volatilize it by heating, use it to preserve dead animals and to kill living ones, and if you wish to know how it does that, take a little of it in your mouth, nose and eyes, and your contortions of pain will bring you to consider seriously the effects of alcohol in the human system. The fact was stated above that in fermented liquor, like wine, cider, etc., the amount of alcohol was not above fifteen per cent., while in brandy and distilled liquors it was about fifty per cent. But why only fifteen per cent.? The answer is the key to the solution of the question in hand. The reason is, that alcohol is so deadly a poison to all living animal cells and tissues, that when it reaches fifteen per cent. in a fermenting liquid it kills the yeast animal which excretes it, and the fermentation stops; and, because it stops, the wine is said to be made, and it will keep until the alcohol is removed, when fermentation may occur again if glucose still remains in the liquor.

Now, just what alcohol does to the cell which produced it, it does to all animal cells and tissues; it is death to them to the extent used. No living thing can live in it an instant. The human system is large and tough, and will endure a great deal, but a small dose of pure alcohol—only half an ounce—is immediate death. It fells the strongest man as though struck with a stone, and for much the same reason, as we shall see, it causes a shock which is an explosion of the nervous system.

But, you say, people do take alcohol constantly. Yes, but only in drams, largely diluted with water, so that fifteen to twenty per cent. is the highest rate of alcohol.

Whiskey and brandy are diluted generally more than half. If taken pure, the quantity is small and seldom taken, or it soon means delirium tremens and death.

O. A. PALMER.

WARREN, O.

SOMETHING ON JABORANDI.

Dr. Sticker in an article "on the relation of saliva to the gastric juice" relates the following case: A woman of 62 years came to the office, complaining of unbearable dryness of the mouth, which troubles her day and night and forces her to moisten constantly lips and tongue to moderate the

burning sensation on them. Her doctor told her that she suffers from diabetes, and in spite of the most careful regulation of diet, which is sacredly followed out, she suffered from dyspepsia, eructations, sensation of pressure in abdomen after every meal, sometimes cramps, mostly tardy defecation, not relieved by Carlsbad salts, sometimes diarrhea. For the last few months she lost flesh. Although she knows that nothing can be done for the diabetes, she begs for relief on account of dryness in the mouth.

Most careful physical examination could not detect any abnormality anywhere, especially the region of the parotis was found in perfect order and the stenoian and whartonian ducts open. Her urine was repeatedly examined with negative results, hardly a trace of sugar could be found, yet the examination of the contents of the stomach a few hours after a mixed meal showed defective digestion and the diagnosis was: inhibition of salivary secretion, diminution of gastric juice. Symptomatically the prescription was made: Infusum Jaborandi 3:150, three times a day a tablespoonful. On the fourth day the old lady returned to show her gratitude, for she felt better every way and could sleep again. She kept on with her infusum which had to be twice repeated, when she felt well and could be considered cured.

What astonishes the essayist the most is the fact that Labbè & Dovezeaux employ Pilocarpinum to reduce the enormous salivation of pregnant women, and I. Scheaman recommends it highly in the treatment of excessive salivation during pregnancy. (Berlin Klin Workenschrift 49, 1886).

It is most astonishing that notwithstanding palpable facts stare old school physicians in the face, still they shut their eyes and will not see. They know full well that old trite law of similarity, just as they know the law of gravitation, but to acknowledge the fact hurts too much to acknowledge the guiding principle of Homeopathy, and such a bitter pill will not go down.

Allen's Encyclopedia gives us: Symptom 52, great dryness and heat in mouth; 50-70, profuse and constant salivation; 74, constant spitting of very alkaline saliva, submaxillary gland especially enlarged; 77, dryness of back of throat, everything swallowed causes a scraping sensation; 84, urgent thirst; 85, eructations and hiccough; 93, distress at stomach

and lower half of esophagus; dull, heavy distress in pyloric region; constrictive feeling in the stomach as though the tongue were puckered up; 95, empty gone feeling in stomach; 110, stools difficult to evacuate, consisting of long, large and very dark feces; 113, when given in fractional doses it does not produce salivation or perspiration but becomes a powerful diuretic.

After a great deal of theorizing and citing the different experiments on animals made by celebrated physiologists, the conclusion is finally reached that the process of digestion, hence, also, of indigestion, is still *sub judice* and many a thing we are still unable to explain

S. L.

DOES IT PAY?

For some weeks my mind has been running on a remark made by a member of this society: "We doctors get the most praise when we make the biggest fools of ourselves. When we prescribe accurately and a disease is cured in its incipient stages, nothing is thought of it. It is passed over as of no great importance and the chances are that the patient is deemed foolish for calling a physician to such a simple case."

But if the prescription be a poor one, as many of them are, and the disease takes its natural course, assuming from day to day its progressive and various symptoms, how changed then the conditions? Nurses and attendants move with bated breath, the friends hang on the words and even the looks of the physician. At last the disease, having run its course, nature winning solely through a strong vitality, the patient is pronounced convalescent.

Then sound the praises of the doctor. What a mighty man he is? Before his august presence grim death slinks away and yields up another victim to his mighty power. Herald his fame abroad that suffering thousands may avail themselves of his sapient skill. Does the doctor know he didn't cure the patient? Yea, verily, let us hope he does. Does he tell the friends of it and bid them hold their peace? Oh, no, he's no fool though sometimes foolish.

There is a physician of my acquaintance who for many years worked unceasingly to promulgate the blessed truths of Homeopathy. Against great odds he toiled and struggled;

against opposition that would have made many a stronger man quail. He never made a compromise nor deviated one jot or tittle from the truth for which he was striving. Many and many a time he demonstrated the superiority of Homeopathy over traditional medicine. Steadily he fought himself to the very front. His name was known and renowned all over this broad land. His skill was acknowledged even by his enemies. He numbered among his families the highest exponents of American wealth and culture. One would think that as the frosts of time touched his hair and beard he would look around with satisfaction on the success of his life work. And he did; nor did he take the credit to himself but was ever pointing his patient to Hahnemann and the immortal truths of Homeopathy, demonstrating that the marvelous cures were possible only through obedience to the divine law of "similia."

But his autumn was not all sunshine. Too often he was greeted after this fashion: "Doctor, you are getting old; I dread to think of the time when we must part with you; but when you are gone I shall employ Dr. ——" (a popular allopath). And then he would labor with them. "I have prescribed in your family now a good while, your children are growing up strong and sturdy—you have lost none. Time and again you have seen a single prescription dissipate disease of an apparently serious nature. Do you think these results would have obtained, had the treatment been allopathic?"

"I know it, doctor, the results have been perfectly wonderful and never disappointing; but I employ the *man* not any *system* of medicine."

Do we teach the people as much as we think we do? Do they not follow the lead of a few? Are people any less gullible than they were twenty-five years ago? Do quacks thrive less than they used to? Has the increased education of the masses had any effect on their ability to select medical treatment? Isn't the almighty dollar about all we get out of it anyway?

W. W. JOHNSON.

THE TRIUMPH OF THE HOMEOPATHIC LAW.

We have read in the recent numbers of some allopathic periodicals a few *NEW specifics* and new evidences of the efficacy of the small doses. Below we give an extract of them, pointing out what is the real value of those "so called *specifics*" from a homeopathic standpoint:

"Dr. A. G. Young, Secretary of the Maine State Board of Health, recently suffered from an illness which baffled his advisers, until an analysis of the wall paper showed it to contain *arsenic*. Removal to another room brought about quick recovery."

The editor of the *Times and Register*, of Philadelphia, reporting this in his number of May 31st, on page 520, makes the following reflections:

"An interesting question arises as to how much arsenic is really taken up through the lungs to produce symptoms of poisoning. In administering this drug by the stomach, the dose is generally taken after meals, and some portion is probably rendered insoluble by iron in the food, so that the actual quantity absorbed is uncertain and variable. When given on an empty stomach, much smaller doses are required; and even half a drop of Fowler's solution has given rise to toxic symptoms. The question as to whether these small doses are as efficient therapeutically as the larger has never been definitely settled. It would seem *a priori* that a dose which is toxic, if given before meals, should at least equal a much larger, but clinical experience points the other way."

Dr. Young certainly did not use his tongue to lick the wall paper of his room. The poison existed in the paper in a small amount, and, being evaporated by moisture and heat in the continually changed atmosphere of the room, *produced toxic effect*. How minute must be the dose! This certainly surprises the editor of the *Times and Register*, as well as his allopathic readers; but nothing surprises any of the disciples of Hahnemann, as they would say to the editor, in reply to his so naive question, that "*small doses will be more efficient therapeutically*, providing they are given according to the homeopathic law, *similia*; otherwise, and in non-indicated cases, they will produce medicinal aggravation or diseases, already proven and described in Homeopathic Materia Medica. That the action of small doses start even from the

mouth and nose; absorption taking place by mucous membranes generally even before they reach the stomach, and this absorption is explained in case of empty stomach, which seems to be enigmatic to the editor of the *Times and Register*. That finally the therapeutic efficacy of small doses was settled a century ago by Samuel Hahnemann.

When he states that even *half a drop* of Fowler's solution produces toxic effect, in describing Dr. Young's case, he should at least open his eyes and try the drug effect in small doses, and abandon the unpardonable sarcasm continually expressed against our infinitesimal doses.

As for the specific medicines, we certainly have heard, and we hear, our allopathic "regulars" proclaiming loudly and making great sensation from time to time in their society meetings, and in their literature, that RHUS is a specific for rheumatism, that Pulsatilla for orchitis, that Gelsemium in certain fevers, etc.

Now there are some new specifics! One just found for *Typhoid* Fever, by Dr. J. H. Van Enam, of Kansas City, who read his valuable paper upon the subject before the American Medical Association, held at Nashville, Tenn., on the 20-23d of May. We read, in fact, in the *Medical Record* of May 31, 1890, page 625, as follows:

"Impressed with the failure or injurious consequences of other methods of treatment, except those claiming to be simply palliative, and excepting the germ theory in its etiology, the author looked for a really curative agent in something which would destroy the germs in the body of the patient. An alkaline medium was required in culture processes, the least acidity destroying the germs. On this hypothesis he gave half drachm doses of *dilute Muriatic Acid* every three hours, night and day, having first cleansed the alimentary tract by calomel and allowing only sterilized food. In the six or more cases thus treated there had been no delirium, no sordes, diarrhoea was arrested, recovery had taken place within twenty days."

But Hahnemann had proved that very MURIATIC ACID and our *Materia Medica* contains rich proving of and Homeopathy had ever since been using Muriatic Acid in typhoid fever, during; "continued delirium, groaning and moaning; restlessness, depression of lower jaw; tongue heavy, paralyzed; watery, dark, greenish, offensive and bloody diarrhoea; stools and urine involuntary. Eyes shun the light, pupils con-

tracted; cheeks red; nose, lips and tongue dry; great thirst, etc.

If Dr. Van Enam will read carefully our *Materia Medica*, he will then find a perfect picture of Typhoid states in Muriatic Acid.

In the same Society Meeting, Dr. J. W. Davis, of Tenn., read a paper in which he advocated, according to the *Medical Record*, the employment of calomel in the treatment of some forms of dysentery.

Homeopathy for years and years back has known the therapeutic effect of calomel, and our *Materia Medica* (see Hering's Guiding Symptoms) gives under the heading of Stools and Rectum the following :

“Stools watery, greenish, black, with great epigastric oppression, sinking, etc., symptoms thoroughly dysenteric, constant disposition to stool, small discharges consisting of mucus and blood, colored with bile.”

We are sorry to say that Dr. Davis hasn't thus made a new discovery, or has stolen without giving credit.

Another paper of Dr. R. B. James, of New York City, was read by Dr. Cummings, of Bridgeport, Conn., on the “Value of Atropia in Enuresis” used in doses of one one-hundredth of a grain at 6 and at 9 P. M., which acted well in nearly every case at the start, after the enuresis was once checked it could be controlled by a smaller dose.” Drs. Watson of Jersey City and Hare of Philadelphia, had similar experiences.

Here again the urinary symptoms of this drug are perfectly shown in our *Materia Medica* where we especially find : “Enuresis nocturna in children.” We also read in the London *Lancet* 24th May, '90: “Bisulphide of Carbon in Dysentery,” reported by Dr. Jacobleff in the proceedings of a Russian provincial Medical Society. He had found great benefit from it in dysentery, of course (the paper says) largely diluted.

First of all, however, one or two grains of Calomel were administered hourly, until Calomel stools has been induced and during this time enemata containing a grain and a half Bisulphide of Carbon in one ounce and a half of water twice daily.

We gave above the indications of Calomel in dysentery, but our *Materia Medica* gives under CARBONEUM SULFURATUM: (from Hering's Monographs 187) Stools very offensive, thin, watery or mucous, considerable discharge of bright red blood with stools, burning and itching in anus, tenesmus.

Again in the same number of the *Lancet* we read that Dr. Petresco of Bucharest (Roumania) uses bisulphide of carbon in the treatment of typhoid fever, of 2% strength, the vehicle being mint. Dr. Petresco reduced thus the mortality from 38% to 10 %.

We call Dr. Petresco's kind attention to bisulphide of carbon in our *Materia Medica*, where he will see if the drug symptoms cover some stages of typhoid fever or not, the diarrhea being already described. After all, what's the matter with Homeopathy, whose mortality in typhoid is reduced to an average of 2 %?

We will not burden our readers with any more facts. The barefaced cribbing of Drs. Aulde, Boardman, Reed, H. C. Wood and others has already been ably shown up in the *Hahnemannian Monthly*.

We only state, and this for the sake of our allopathic brethren, that DRUGS, in order to produce CURATIVE EFFECT, must produce SIMILAR symptoms in the HEALTHY MAN, which is THE TRUE LAW of medicine, proclaimed by HAHNEMANN and followed by homeopaths.

OHANNES ARSCHAGOUNI, '91 (of Constantinople, Turkey) of Hahnemann Med. College, Philadelphia.

HOMEOPATHY IN DENVER.

I like it very well in Denver but many of the homeopathic M. D.'s practice the most vile system of Homeopathy I ever heard of and drug store prescriptions from homeopathic (?) physicians are quite common. One case in point I know of. The young man was being treated by a physician, a graduate of a homeopathic college, and he told me he didn't mind the bills he received for homeopathic remedies but the amount he spent for prescriptions at drug stores was a heavy tax on him, the prescriptions varying from 75 cents to \$1.75 each time.

[We clip the above from a private letter and hope some professed homeopathic physician may be ashamed of similar work. These drug store prescriptions are bandied around

among their allopathic friends and the writer of them held up to the just ridicule and contempt of every honest man, whether allopath or homeopath; as a man who professes one thing and practices another. Would you trust your life or the life of a friend in the professional care of a physician so devoid of principle? Ask yourself the question.—ED.]

OREGON EXAMINING BOARD.

At the fifteenth session of the State Legislature, an Act was passed regulating the practice of medicine and surgery in this State. This Act gave the Governor power to appoint three persons from among the most competent physicians living in Oregon. The Governor, for some reason known only to himself, appointed three allopathic physicians, and in so doing, has given to the State a one-legged Medical Board of Examiners with power to issue certificates to any person or persons, who, in their judgment, are qualified to practice medicine and surgery.

Now we would like to know by what means this one-legged Board is going to test the qualifications of homeopathic physicians, seeing the Board itself is as ignorant of the law of the Homeopathic Art of Healing, as a sturgeon is of the ten commandments; for Homeopathy is not taught in their colleges, neither will they allow their students to investigate it.

Hence, I say that the three gentlemen composing the Medical Examining Board of the State of Oregon, being ignorant of the *whole* science and art of medicine, are not qualified to judge of the ability of those doctors who have graduated from homeopathic colleges, to practice as homeopathic physicians. And further, seeing that the allopaths are opposed to Homeopathy, and hold it up to the world as nothing but a humbug, how can they conscientiously recommend a homeopath to the people of this or any other State.

And again, let us suppose that the Governor had seen fit to appoint three Homeopaths as medical examiners, how could they, not believing in the allopathic system of practice, recommend the students of their colleges as qualified to practice medicine? Suppose that at the next meeting of the Legislature, an Act to regulate the practice of preaching in the

State of Oregon should be passed, and the act give to the Governor power to appoint three clergymen from among the clergy living in this State—and suppose the Governor appointed three members of the Roman Catholic Church, who should constitute a Board of Preacher examiners, with power to grant or withhold a license, just as they saw fit—do you think the clergymen of other denominations would for one moment tolerate, or submit to such a law? Verily, no. They would demand that each church regulate its own household.

GEORGE WIGG.

PORTLAND, OREGON.

Extract from President's Address.

THE SIMILLIMUM IN THE SOUTH.

When I first came South I was told among other things that on account of the peculiar diseases, all of them of a much "lower" and more sluggish type than I was accustomed to see in the North, I would be forced to give appreciable doses of medicine. The advice of my homeopathic brethren was followed in routine fashion for several years but the rut grew so deep I vaulted to higher ground and found that the same potencies that cured north of Mason & Dixon's line, would cure south of it, and that the simillimum (no matter what you denominated the disease) acted as well in Dixie as in Yankeedom. I also find that Eupatorium, Natrum mur. and Nux vomica cure about nineteen twentieths of all my cases of intermittent fever.

S. W. COHEN.

WACO, TEXAS.

[And this statement is corroborated by every homeopath, North or South, who has ever put the simillimum to the test. Homeopathy, pure and simple, is just as effective in Greenland and the tropics as in Chicago, New York or San Antonio. If the remedy be properly selected, it will promptly cure in all curable cases, irrespective of potency, but the highly dynamized remedy acts more promptly, surely and effectively. Do as Dr. Cohen has done, try it; but be sure you have the simillimum. The law will not fail, you may.

When Dr. Durand was selecting his remedies in a New York pharmacy for practice in India, he was gravely informed that "the potencies would not work in India because the diseases are too violent." This is only another illustration of allopathic reasoning based on the materialistic theory of disease. No! the law of the similars works as surely and as certainly in India and the south as does the law of gravitation or chemical affinity; and it matters not whether the sickness be named intermittent fever or Asiatic cholera.—Ed.]

**THE VALUBALE SYMPTOMS IN OUR MATERIA
MEDICA.***

The recent tendency of various physicians, foremost those engaged in the Bureau for Drug Proving of the American Institute of Homeopathy, to make our *Materia Medica* "scientific" by simply omitting, *ad libitum*, symptoms which, in their estimation, are not reliable, deserves our earnest attention, because we are continually meeting attempts of the above character, with the most ridiculous results. The labors in the Homeopathic N. Y. County Society in this direction, to render "scientific" *Gelsemium*, *Cimicifuga*, etc., last year, have already received sufficient criticism. The Medical Investigation Club, of Baltimore, infected by this epidemic, pompously announces "a new and scientific *Materia Medica*," and publishes samples of it in the *Hahnemannian Monthly*. These gentlemen claim to have an entirely different method in their "science" from other workers in the field which they are following in their plan of work, and consequently claim to reach different results. They recently went so far as to begin a war for priority in the matter with Dr. Conrad Wesselhoeft, of Boston.

Now, if more investigators continue to follow their own plans always at variance with others, I should like to know, firstly: where the "science" comes in through such arbitrary procedure, and secondly, for what purpose all this is done. If we look at the fruits of these "synthetic" efforts, we must come to the conclusion, that they are "much ado about nothing."

The science of Homeopathy centers in its Materia Medica. To have this on a high standard must therefore be our aim. But if such purpose is supposed to be reached by simply trimming after fifty different plans, the accumulated material of drug provings, it looks very much like trying to improve a tree by cutting off its living branches, one man cutting down what the other left remaining, until at last nothing but the bare trunk points to heaven, dead, exhausted, by the tapping of its sap; a monument to synthetical and analytical criticism.

For instance, let us examine the symptomatology of *Bryonia*, as rendered by the Baltimore Club. If that is to be an

*N. A. Journal of Hom.

illustration of the "Materia Medica of the future," then farewell Homeopathy! The valuable symptoms of this most potent drug are entirely ignored. Indications which are the leading characteristics for the selection of *Bryonia*, are not to be found. I took the liberty to compare this critical work on *Bryonia* by the Baltimore Club, with a picture of the drug by one of our most competent workers in materia medica, to see which is the most scientific, and of most value to the homeopathic physician.

My authority versus the Baltimore Club, is Carroll Dunham, in his "Lectures on Materia Medica," Vol. I, Article, *Bryonia*, page 89.

Baltimore Club gives: "Symptoms of the Head: Vertigo, confusion of head."

"Headache: pressive, pressing from within outward, drawing, dull, sharp, tearing, throbbing."

"Headache in frontal region: pressive, dull."

"Headache in temporal regions: pain in right temple, in left temple."

"Headache in frontal and temporal regions: pressive in character."

"Pressive pain over left eye. Pressive pain in forehead and occiput."

"Pressive pain in temporal and occipital regions."

"Parietal headache. Pain in occiput."

"Sensation of heaviness in the head."

"Sensation of weight in the head."

"Sensation as if scalp were stretched."

"Tenderness of the scalp."

Dunham gives: "Weight upon the vertex."

"Vertigo, when fasting, when standing, and especially when first rising from a seat, compelling to sit; often conjoined with headache in the occiput, aggravated by motion."

As long as the Baltimore Club simply puts down the word *vertigo* for a symptom peculiar to *Bryonia*, it would leave us entirely ignorant why to prescribe this drug in preference to a hundred others, which produce vertigo as a decided symptom among others. But in the manner Dunham describes the vertigo, we see at once what use we can make of it, by the peculiar character of conditions belonging to the "*Bryonia-vertigo*" alone.

The symptom: "Sticking, jerking, throbbing headache from the forehead backward to the occiput," is entirely ignored by the club, while Dunham says: "This symptom is characteristic, being paralleled by no other drug." Again, the valuable statement that, "The affections of the head and sensorium are worse in the morning, not immediately on awakening, but after waking and moving the eyes and head," is also ignored by the club.

The most important symptoms of the eyes are not found in the "scientific" materia medica, which simply contents itself by giving us five vague symptoms as follows:

"Lids swollen and reddened."

"Irritation at right inner canthus."

"Lachrymation of right eye."

"Pressive pain in eye, in right eye."

"Vision indistinct."

This is all that we are taught for the eye affections caused by *Bryonia*. The characteristic sensation of pressure from within outward, in the globe of the eye, a kind of distension, is not mentioned, nor other important symptoms pointing to inflammations of the eye of various character and verified again and again in practice.

Of nose symptoms we find "epistaxis." But it is not mentioned that this epistaxis is frequent and repeated, although observed by many provers, nor that it occurs in the morning, sometimes awakening the prover from sleep. Nor is the character of the blood described, which is florid. Neither is there any hint of the observation that epistaxis occurs after sudden suspension of menses, which symptom has made *Bryonia* so valuable for vicarious menstruation.

Nothing is said about menstruation under the effect of *Bryonia*, which, as Dunham gives it, uniformly hastens the coming on of the menses, and increases the flow. Further we find, under Nose: "frequent sneezing;" "nasal catarrh with fluent discharge." And that is all we learn about it; while Dunham graphically describes: "fluent coryza, beginning with violent and frequent sneezing, accompanied by stitching headache when the prover stoops, and by hoarseness and an altered tone of voice."

The valuable symptoms, referring to affections of the respiratory organs beyond the nose, are also vague and dis-

torted, and would have hardly induced the frequent and blessed administration of *Bryonia* in *bronchitis*, *pneumonia*, and *pleuritis*.

The symptoms referring to the extremities are comparatively many, but very little instructive, simply in this manner:

“Tired feeling in the limbs.”

“Pains in the limbs: drawing.”

“Severe pains in ligaments.”

“Pains in joints.”

“Pains in shoulders: shoulder pains are tearing, rheumatic.”

“Pains in the arms: drawing, tearing, stitching.”

“Pains in elbows.”

“Pains in forearms: drawing, drawing tearing, pressive tearing.”

“Pain in wrists: drawing.”

“Pain in hand.”

“Pain in fingers: tearing, drawing, stitching.”

This continues in the same way for the lower extremities. The only specification is sometimes given, that some of these pains are aggravated by movement, and pains in joints occurring in the afternoon.

How a homeopathic selection for a given case to be treated will point to *Bryonia* with these symptoms to guide us, I do not know, whilst in a few words, Dunham characterizes the action of this drug minutely. He says: “In the extremities we have stitching pains in the region of the large joints, as in the shoulder, over the trochanter and at the knee, all greatly aggravated by motion, touch, or any jar or shock. The limbs and the joints swell, become red, and are very sensitive to touch or motion. The pains are relieved by warmth.”

The same meagre and generalizing manner of rendering symptoms prevails throughout this condensation of *Bryonia* by the Baltimore Club, and marks all similar attempts in the critical condensation of drugs, called “a new and scientific materia medica.”

It is unnecessary to enter into further details of this modern study of the subject. Any individual may make these studies, and find out how frequently a certain symptom has been observed, and thus study the *general* action of drugs for his

private information. This is a very good way to make the first acquaintance of a new remedy. But to throw overboard a collection of facts and minute observations, substituting for it a barren, dead scheme, and call it a "scientific" *materia medica*, I consider an insult to the profession. I purposely took Dunham's lectures for comparison, because they contain the most reliable and tested statements, at the same time picturing the pathogenetic drug action so vividly, as to give a clear impression of the character of the article in question, shading in detail, pointing to characteristics in a *truly scientific, a practical* manner.

The wholesale erasing of symptoms is far from scientific rendering. It requires an especially adapted talent for such work. *The stores of facts and observations must remain*; no matter whether a note has been made by one man or by a hundred. Who has the right to deny the stamp of truth to anybody's statement because he stands alone with it?

You may look at the character of the individual who makes this statement; at his serenity, his mental power of discrimination, in short, his fitness for critical observation. Records of scientific value must be weighed in this manner, but can never be counted; or the result will be utterly distorting and misleading.

One positive can not be disavowed by any number of negatives. If John Jones saw Sam Smith kill Tom Twain, the fact has been observed by one, and every jury will find Smith guilty of murder, notwithstanding ten thousand persons who did not see Smith kill Twain. Is a dot not a dot because a man with astigmatism cannot see it? I assure you there are many astigmatic eyes in this world, the owners of which are entirely ignorant of the fact, taking everything for granted as they see it. And there are more astigmatic brains than eyes in the professional world who will defend their perverted visions as "scientific" observations. Let us make it our duty to furnish the right glasses for these gentlemen, who will then be astonished how much more and clearly they are enabled to see when their mental astigmatism has been corrected.

The very discovery of our school of medicine is based upon the fragmentary proving of a single drug by one man. *Hahnemann* made the historical test of *Cinchona bark* upon his own healthy organism; he observed symptoms attributable to

the drug only, and Homeopathy was born to the world. Had he submitted this observation to the "Medical Investigation Club of Baltimore," Homeopathy would have been "clubbed" out of existence in the tender age of infancy.

The student of materia medica, that is, every homeopathic physician, must accept the records of symptoms in their totality, he must be capable to discriminate between the symptoms recorded, as to their relative value, and adapt that drug to his case which he has thus found, by comparison, to be the most similar one. That, you know, is the fundamental rule for prescribing. It is the only way to success in practice, and it is that line of research by which our best men have rendered Homeopathy famous, and themselves with it. Naturally this requires more labor; it also requires keenness of observation, a logically balanced mind, and a scientific education. Men in whom these qualities are missing, are simply unfit to be homeopathic physicians. Those who constantly cry about the bulk of chaff in our materia medica, have possibly not tried very hard to look for the wheat which is there in abundance for those who thresh. There can be nothing perfect under the sun, especially in a field which is entirely given to observation, which is and always will be, far from mathematical precision, and our materia medica can never be pressed into any shape to suit the crowd.

Its symptoms do not rise in value by curtailing or by arbitrary omissions. We need to-day, what we always did, clinical verifications, the test at the bedside; that is the *only* way to judge of the value of our symptoms. The apparently most insignificant one has thus become a corner stone to the selection of a drug. Let us gather experience upon experience; let us compare our clinical results with the records of the prover, and although an indication might have remained useless many years, apparently chaff, it may become of value in an individual relation. Remember that the *valuable* symptoms of our materia medica are not those continually observed, and appearing again and again through poisonous doses, but just the peculiar circumstantial combinations, observed perhaps by single individuals, who are more gifted for critical analysis than others, and whose contributions should therefore stand prominently in bold relief, and I must again most earnestly protest against shutting out such single ob-

servations, and of thus throwing away the wheat and leaving the chaff.

MARTIN DESCHERE.

NEW YORK.

STAPHISAGRIA (Stavesacre.)*

This is a remedy that you will need quite frequently and one which is very useful in its own limited sphere. Its sphere is generally of a nervous character with marked irritability of both body and mind; irritability of mind dependent upon the irritability of the genito-urinary organs.

It has a clear cut mental sphere, not so much in the peculiarity of symptoms produced, as in the cause which produces them. Thus, the symptoms—melancholia, great weakness, sensation of great mental weakness, mental prostration, sadness, careless disposition as to business and other affairs, unable to see anybody, or to go into company, he dreads company, cowardly, blue, depressed, completely disgusted and downcast—are found in many remedies.

In Staphisagria they are not continuous but are brought on by anger, or anger with indignation (Coloc. produces and cures a diarrhea brought on by anger.) Staphisagria cures these mental states if brought on by anger or indignation. Staphisagria is very sensitive to criticism, he even imagines that criticism is done to hurt him, to injure him, when it is not. He is downcast and melancholy from slight annoyances, and is most irritable even in his family. Minor business affairs trouble and worry him. He is very fidgety, irritable and sad; you can see it by the looks of his eyes. He has given up all resistance to the world, he shows it in his countenance. He does not feel able to resist the cares of life and the world any longer. In business troubles instead of fighting it out, desires to run away from it altogether. Somebody annoys him, he becomes indignant, down hearted, depressed, but cannot fight it out. This mental state once developed will be< by anger, indignation, over eating, but especially by any sort of sexual excess or worryment.

A gentleman is insulted by a scamp; good breeding requires that he take no notice of the matter; he feels insulted, indignant; were he not a gentleman he would strike out from the shoulder, or thrash the miscreant; he cannot fight, there-

* From the lectures of Prof. J. T. Kent, M. D.

fore he suffers from the prostration, etc., and becomes sad and depressed. Now with this mental state, there is a feeling classed with head symptoms, yet it is more of a mental symptom; a feeling as if the entire back part of his brain is of wood, too much like wood to think; a sensation as of a ball or wedge of wood in the forehead, hard to describe; a nervous uneasiness; a "give up" feeling. There is also a sensation of emptiness in the base of the brain, occipital region, and the two symptoms may be associated—that of a ball of wood or wedge in the forehead and that of a vacuum at the base of the brain. *Staphisagria* has a most pressing, sleepy, stupefying headache, with this general stupid condition of the mind. The patient desires to lie down and sleep all the time, is so irritable that he cannot bear the members of the family to speak to him; and has to use the greatest self control to tolerate the smaller members of his family; children annoy him so.

Beside anger, we have <of the mental condition through the irritability of the sexual organism. We find it brought on by coition. A single contact will bring on this physical irritability. In young men who have brought on this condition, through exhaustion of the vital fluids by sexual excesses, masturbation, etc., you will need close study and comparison of such remedies as *Staph.*, *Sep.*, *Sulph.*, *Calc.*, *Lyc.*, etc., for by judicious care you may restore tone and manhood to these physical and mental wrecks. Contraction of marriage in such a state is a curse to the contractors.

Staphisagria is afraid of his shadow; has a sensation of worms crawling over back and scrotum (when this symptom is confined to prepuce and penis, it is *Petr.*); shriveled and atrophied testicles; scrotum relaxed and cold; impotency with extreme irritability of bladder and urethra.

In complaints of young married women, with the constant annoyance of urging to urinate, but unable to do so, or only passing a few drops—needing to sit at the urinal hours, or nearly the night through, with urging and tenesmus in bladder and urethra—also pain and soreness in nates, < from coition. The natural changes to which her life has been subjected have brought about this condition, and if you know this remedy well, you will receive a thousand thanks for the relief and comfort one dose of *Staphisagria* will give. The

urine is very hot and irritating with constant teasing to pass, compelling the patient to sit upon the commode all night.

In the external organs of the female we also find crawling and itching which will lead you to compare Coff., Plat., Petr., Apis, Tar., Staph.; they all have troublesome itching; terrible pruritis. Tar. hisp., has cured many of these cases for me; the whole outer parts feel as if insects were biting and crawling without relief from heat or cold; continued irritation and titillation very distressing.

Now Staph. and Coloc. closely resemble each other in many symptoms. Both have < from anger; in Staph. it is an < of mental symptoms, in Coloc. < of abdominal symptoms, of colic and diarrhea. They also both have the symptoms of squeezing between stones, or as of squeezing as if in a vice. Staph. through intestines, testicles and head; Coloc. through intestines and ovaries. Staph. has been mostly proved upon men, Coloc. upon women: and more extended provings may find the analogy even closer. They are cognates; they follow each other well. Caust., Coloc., Staph., run together in threes, as do Sulph., Calc., and Lyc. Also Bry. and Rhus alternate with each other, and are similar enough, each to the other, to help each other out, to change work.

Female sexual organs are very sensitive to pressure; menses irregular and profuse; cauliflower excrescences from the mouth of the uterus, resembling Thuja and sometimes Phos. Painful sensitiveness of the sexual organs < by sitting; stinging, stitching in the vulva (Plat.). The vulva is so sensitive she can scarcely wear a napkin during menses; ovaries so sensitive to pressure, she can hardly bear her clothing over the parts.

The scalp is very sensitive to the combing of the hair, and very painful to the touch; there is great falling of the hair and much dandruff.

Staph. has foul smelling eruptions and a tendency to produce dry, scaly eruptions on the ends of bones, as on the bends of elbows and knees, on the bones of the chest and shins, where bones are subcutaneous. It also has further offensiveness, the perspiration and flatus smell "of rotten eggs"—sulphuretted hydrogen. The fluids of the body are likely to be offensive, although you will not always find offensiveness present. Pressing, stinging and tearing pains

in the periosteum, and from the periosteum may be found growths, exostoses, etc. Nodosities on fingers and toes showing its sphere in syphilis and sycosis; it is as much of a sycotic as Thuja, and has cured seed-warts and excrescences. Staph. produces and cures styes. Having a patient with a habit of producing styes, and finding upon further search the excessive mental irritability of Staph., you would cure that discomfort; but if you prescribed Staph. because he had a stye, you would be guessing, and that is no better than the simplest layman can do. It has cured fatty tumors about the lids, the enlargement so often found of the meibomian glands forming tumors as large as a pea; Conium and Thuja have also cured these tumors. We sometimes find an inter-weaving of the two diatheses, sycosis and syphilis, perhaps an old case of chronic syphilis, one that has, during its long residence, left impress upon the body. If it has been mercurialized, so much the more is Staph. indicated; as it stands almost equal to Hepar and Nitric ac. in these conditions. For the inflammation following mercurialization, the final result of syphilis, it stands equal with Merc. Hepar and Thuja.

Staph. produces blackened teeth. The first teeth appear and soon break down, and are black, as in Kreosote. This again points to syphilis, congenital syphilis—owing to over-righteousness of the father—and compares it with Kreosote and Silica.

It compares with Kreosote as to irritability. Children with changeable disposition desiring all sorts of toys, throwing them away as fast as they get them. This irritable condition is covered by both remedies.

Feeling as if the stomach were hanging down, must hold it up; same sensation of the abdomen, is a keynote to Staph. Ipec. also has sensation of stomach hanging down.

Coughs brought on by vexation or indignation < after eating meats, are promptly cured by Staph. A large number of its complaints are worse from eating meat.

In the region of the heart we have stitching pains, pains cutting like a knife. Given a patient in whom all other pains are masked and they are only conscious of cutting, stitching pains in the heart, Staph. will generally relieve with one dose. There is violent palpitation, so violent it may be

seen, and it shakes the body; irregular pulse and sinking about the heart associated with this trouble, which may have been brought on by sexual excesses, or by indignation.

There are many stitching, tearing, rending pains, extending to the muscles and nerve sheaths. There are many sensations about the extremities that sting like the cutting of a knife; shooting, tearing, rending pains. These characteristics bring it into the sphere of wounds, cuts, and give it prominence in various surgical uses. A cut upon the finger, with a tearing and stinging which will not abate; a cut about the nail, or upon the cartilage of the ear is very painful. In wounds that have become irritable and very dusky, *Staph.* will afford wonderful relief. Colic after lithotomy with urging to stool, or with urging to urinate; squeamishness, < by food and drink.

Staph. has great longing for liquid foods; great craving for wine, brandy or tobacco; and tobacco makes him sick. This is not stated in the text, but it is a fact, he is < by tobacco.

This remedy has profuse salivation, showing its relation to Mercury, and why it so cleverly fits Mercury, why it can antidote Mercury. It resembles Mercury also in its symptoms relative to the genito-urinary system. There is a swelling of the tonsils, found also after the abuse of Mercury. While talking, patient continually swallows, because of accumulation of water in mouth (*Mercury*).

Hot flatus, smelling like rotten eggs; it is quite as characteristic of *Staph.* as of *Psorinum* that the perspiration and flatus have the same foul odor.

After the least food or drink, griping and dysenteric stool, like *Coloc.* Both have < after eating and drinking.

Its < then, are from grief; from anger; from sorrow; from touching affected part; from sexual contact; from masturbation; from tobacco; from food and drink.

Staph., Nitric ac. and *Hepar* have been found useful in syphilitics after having taken Mercury for years, or in mercurialized patients from any cause, and is as fully competent to meet and control the symptoms belonging to its sphere as any other remedy. Compare with *Asaf.*, *Merc.*, and *Sil.*

S. L. G. L.

A CONIUM COUGH.

Mrs. Blank has been coughing for three or four weeks, and has not received benefit from such medicines as have been selected for her.

The following symptoms, the sharp pain being the last to appear, made the selection of the curative drug possible.

Heaviness or weight on the chest.

Dry, hard, frequent cough, with asthmatic wheezing or fine rattling in chest on deep breathing.

The cough was aggravated by the slightest exposure to the cold air, even getting into a cold bed or getting out of a warm one, or putting the arms out, was sufficient to bring on severe coughing.

Pain in the apex of left lung, with soreness in a small spot midway between neck and shoulder, just back of clavicle.

The pain, cutting and stitch-like, ran downward and inward toward the sternum.

It was aggravated by deep breathing, motion and coughing.

The patient said she could outline the lungs by their sore feeling.

There was a fine red, rough rash on the back, across the shoulders and about the waist.

The patient was irritable and despondent, and feared she had consumption.

Conium mac., 1 m., one dose, at first aggravated all the symptoms, but in twelve hours they were all better, and in a few days had entirely disappeared.

I would call special attention to symptoms in left chest.

This is my second verification of it.

In the Symptomen-Codex we have: "*Beating stitch*, with pain in the upper and left part of chest, toward the center of the chest."

We find this illustrated in Gregg's Illustrated Repertory.

R. C. MARKHAM.

MARQUETTE, MICH.

BERBERIS VULGARIS.

I have an interesting case; at least it was to me, while the friends of my patient made it interesting for the "other fellows."

May 14, 1889, I was telephoned to come to a neighboring

town, to see Mr. D. Upon arriving and looking over my patient, and obtaining previous history, I found that I was the tenth physician that had been called; the others were regulars (so-called) and eclectic. Two of them had diagnosed consumption and prescribed accordingly: one, heart disease; another, enlargement of the spleen and liver; one, gall stones, and I know not what else; but it would be quite irregular for one man to have all these at once.

He complained of great pain in the lumbar region, extending downward and across the abdomen, terminating in the region of the bladder, in which there was great pain with urging to urinate, very little urine being passed. He was very sensitive to touch in the renal region. The pain seemed to come in paroxysms, and at the time was so severe as to almost produce spasms. He was taking quinine and whisky, with morphine to quiet the pain.

My diagnosis was renal calculus; my remedy, Berberis, which he took every two hours, together with warm hip baths. The morning of the second day following, as he was in a hip bath, he said he felt something drop, which felt like a shot, in the bladder. His pain all left him, he called for the vessel, and passed about a pint of urine. No more trouble until one week after, when he had the same kind of an attack upon the other side. The first time it commenced upon the right, next the left, which terminated in the same way, only sooner. He began to improve in health, and is well and hearty; no more trouble after the second attack. So much for *Berberis vulgaris*.

C. W. CRAMER.

PENTWATER, MICH.

PSORIASIS: PHOSPHORUS.

I have a case to report, though it may not be strange or surprising to you, was very much so to me. It was one of psoriasis—a young man, in apparent good health, came to me in December, 1887, in following condition: Both arms, chest and all the head and face, except cheeks, covered with thick silver-white scales, patches were from an eighth of an inch to an inch and a fourth in diameter, itching and burning a good deal. I gave him a bottle of aqua containing a few pellets of Phosphorus 200, with directions to take a teaspoonful twice a day. He reported in four days worse, patches

spreading on the face and somewhat inflamed. I directed him to continue a few days longer, and at end of ten days itching was better; I then gave Sac. lac.

He reported every ten days as better; continued Sac. lac for two weeks, when I discharged him cured, his skin was smooth and clean.

The following summer the patient went to work in stave mill where he was alternately in hot steam and dry dust, and the old trouble returned; he at once came to me and I again gave him Phosphorus 200, and he again recovered in spite of unwholesome surroundings.

How was that? Remarkable or only ordinary? When practicing Allopathy, I would consider it remarkable, but such cures are now quite a frequent occurrence. Here is another case that astonished my allopathic friends.

DIARRHEA: ARSENIC.

Here is the case. August 1st, 1888, was called to see the child of Dr. W— (Regular?) two and one-half years of age; had *always had* a diarrhea varying from eight to twelve passages in twenty-four hours. All manner of combinations had been given it from birth, only serving to check discharge for a few hours with a return worse than before. For three weeks previous to my call had been under the care of Dr. A— (Regular?) of East Saginaw; he had finally advised the parents to leave the city, as he could not help it.

I found a pale, wan, emaciated child, heavy black rings under the eyes, fretting and crying; was having twenty to thirty evacuations in twenty-four hours, of slimy, green mucus; evacuations involuntary, some pain, but the pain was mostly hidden by large doses of opiates. I ordered a hot bath followed by free and brisk friction and no food of any kind for twelve hours (child had been vomiting), and gave six powders of Arsenicum 200, one every hour, followed by Sac. lac.

Saw patient next day, evacuations reduced to six, face cleared up, looks brighter, not so cross. Was tempted to repeat Arsenicum, but remembering the teaching of the *Organon*, ordered another bath, allowed a little milk and gave Sac. lac.

August 10th, saw patient again, diarrhea had returned that day; patient had been eating potatoes and apples. I gave Arsenicum 200, six powders and Sac. lac as before.

September 5th called on patient, found a plump, healthy looking child, would hardly recognize her. She was eating a large slice of melon and as happy as a lark. Mother says: "girl is well, only *two* passages in twenty-four hours and those perfectly normal." As I said before, I discharged patient as cured, and ask some mathematician how much Arsenic the child took, for as *you* know in my practice heretofore it has been quantity not quality.

L. H. HALLOCK.

SEBEWAING, MICH.

ACCIDENTAL PROVING: ATROPINE.

Carl, the two and one-half year old son of Dr. H. L. Reincke, dentist.

Four p. m., took a portion of teaspoonful of solution of Atropine, two grains to ounce.

At half past five found him with:

Pupils widely dilated.

Face and whole body scarlet red, with peculiar white spot on pressure. Very hot; no thirst.

Mental condition one of great excitement. Sudden crying out as if pained and frightened; pushing himself away from his mother. After being quiet for a moment, would kick vigorously with feet, and jerk the hands and arms, and begin a fretful cry, which would last for a few minutes, when it would subside.

Inability to sleep.

Moist skin.

Frequent urination toward 4 a. m.

Symptoms began to subside about 5 o'clock a. m. Would sleep for half an hour, then wake with crying spell.

Redness of skin continued some thirty-six hours.

Constipation, unusual for this child, followed.

The following night had an attack of croup (a common occurrence).

Camphor and coffee were given at first as antidotes. Changed to Belladonna 200 at 4 a. m., which seemed to quiet the child, for he slept after at intervals.

Everybody has seen just this train of symptoms yield to Belladonna.

STRAMONIUM.

Boy eight years old ate some Stramonium seed.

Complained first of dryness or throat, then followed:

Pupils dilated. Eyes bright.

Skin cool.

Hilarious laughing.

Sudden jerking of head to one side as if to see something.

Seemed frightened at it.

Whistling for and calling a dog which he thought he saw.

Imagined he had a sore finger, and motioned as if unwrapping a rag that he thought was bound around it.

Would answer questions irrelevantly, then laugh and engage himself with his hallucinations.

Fear and fright at some imaginary thing or person was ever present.

Symptoms lasted from 4 P. M. until next morning.

Have used these provings a number of times.

Z. T. MILLER.

PITTSBURGH, PA.

Editor Advance: More than a year ago, after taking Ignatia 6 for a spasmodic constriction of the esophagus, I lost all desire for, and in fact could not tolerate, tobacco. I had been an inveterate smoker for years, and ceased using it for nearly a year.

T. F. THOMPSON.

SNOHOMISH, WASH.

DR. J. B. CUSTIS, of Washington, said that his own test of the feeding of a child had been the amount of sleep the food gave. If a child sleeps well, its nourishment is all right. We do not then want to change the character of it. If it will not sleep longer than an hour or an hour and a half, then its nourishment is either deficient in quality or insufficient in quantity. If, at such a time, the mother is nursing the child, the breast should be supplemented by the use of some artificial food, preferably cow's milk, suitably prepared. Condensed milk is safer for use in the large cities.

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.

GONORRHEAL INFECTION.—Many members of the homeopathic profession, especially those who have made the pathological theories of the old school, a study, and who, like our friends of the dominant school, believe in materialistic disease and materialistic doses of the remedy, have been rudely awakened from their Rip Van Winkle slumbers by the recent investigations of the gynecologists. That it is possible to transmit the gonorrhoeal poison to a healthy woman, after the disease has been cured (?) by local treatment with medicated applications, is a revelation to them.

Dr. T. G. Comstock says :

It is a well known fact that gonorrhoea may be latent in the system of a male for years, and yet be propagated when he marries. Gonorrhoea, as an infection, is far more costly to life and health than syphilis. If the truth were known, it would be found that many young women have their health destroyed from the contagion of latent gonorrhoea, its effects commencing to be manifested within a few weeks after the nuptial day. Such patients may have *one child*, but they are as a rule sterile after. It is remarkable in these cases that the attack of latent gonorrhoea may be entirely unknown (?) to the husband, and even with the profession there is a most lamentable amount of indifference and ignorance upon this vital question.

Dr. Edward Blake, of London, in the *Clinical Reporter* says:

The gonorrhoeal virus, when introduced into the circulation of a woman, so insidiously undermines her constitution that its ravages are often either overlooked or else they are attributed to some collateral agency bearing no true causative relation. It saps her vital energy, it poisons indeed the very springs of life. The result of gonorrhoeal infection have so often marred the peace and destroyed the happiness of home, nay, they have proved even fatal to so many unhappy women, that nothing can be said strong enough to direct the attention of medical men to the vast importance of stamping out this evil. On doctors it must largely depend to wage a successful crusade against this curse of civilized life. It seems to be demonstratable that the prevalence of gonorrhoea in married women, is, to a large extent, the direct result of our own ignorance or indifference.

The fact is that latent gonorrhoea or gleet in males is looked upon as

too light a matter by the profession at large, and consequently by the public. A young man having "sown his wild oats," contemplates entering the married state. He goes to the doctor to ask if he be fit for marriage. If he have a gleet, a neglected phymosis or a stricture, and we suffer him to marry without a plain protest, are we not indirectly responsible for the terrible lifelong misery that may ensue? *If even the tip of the urethral orifice be adherent in the morning only, a man is totally unfit to contract marriage.*

Again, if, after violent exertion, especially if the effort be accompanied with indulgence in malt liquor, a single drop of muco-pus can be expressed from the *meatus urinarius* next morning, that man is unfit for marriage. He is in a condition to convey infection more surely to his wife than to another. But alas! infection is conveyed without any of these conditions *by tainted semen and by the Cowperian fluid.*

A latent gonorrhoea has been described as occurring in woman. This view is probably erroneous, it appears to be based on a want of care in investigation. It seems more likely that in every case this disease contracted for the first time, has to pass through an acute stadium. This early stage does indeed vary greatly in its severity. The intensity does not probably depend so much on the virulence of the contagious material, as Sanger suggests; it seems more likely that it bears a far closer relationship to the temporary health of the subject, to certain anatomic peculiarities of the pudenda, and to the natural vigor of her constitution. You are all familiar with plenty of examples in germ invasion where these points manifestly hold good. Add to this that the special course and history of any given case is much modified by the method of invasion, of which more anon.

Typical Case. The history of a typical case of infection, in a modest married woman is as follows: A robust girl in vigorous health is married to a man who has led an immoral life. He has a morning gleet. He has been assured by a physician who is unfortunately not an expert with the endoscope, that he is "cured." The wedding festivities cause an increased discharge. A few days elapse and the luckless bride begins to feel a little irritation in Bartholini's glands, followed by suppurative catarrh of very varying intensity. This passes most naturally, in the case of an average woman hopelessly ignorant of physiology, as the result of physical interference. It is treated late and we know too well the sequel.

Syphilis may be a more serious disease in men than clap, though, when caught early in a well fed man and not overtreated, it is often a very mild business. Gonorrhoea has possibly proved more frequently fatal through its remote effects in the case, even of man, than the more dreaded disorder, but as to the question, which is the more disastrous in its effects on the female economy, there exists not a shadow of doubt in the minds of those most competent to judge.

* * *

They ought not to be surprised, however, for Hahnemann

taught the same thing and much more, in Volume I, of the *Chronic Diseases*, published sixty-two years ago. He also told us how we could avoid the results of such miserable work. But, as a school, we have rejected the plain teaching of Hahnemann, and must now face the hard facts, the resultant errors of following both in theory and practice the vicious methods of suppressive treatment. But, after the lapse of more than half a century, the doctrines of Hahnemann are beginning to permeate the medical wisdom of the pathologists, and now we are bound to accept it, *nolens volens*, or be left in self-confessed ignorance. Is it not about time for us, as a school, to study the plain, yet comprehensive and thoroughly practical teachings of him whom we should be proud to call Master? This sixty-two years' old lesson of Hahnemann is like many of the other discoveries (?) which our friends of the dominant school are at present making in *materia medica*. Yet, with many in our own school, we trust they will continue to study the *materia medica* and principles enunciated by Hahnemann, until they can successfully treat this loathsome disease without suppressive measures. Then, and not until then, will the danger of transmission be reduced to a minimum.

* * *

Nearly a century ago Hahnemann demonstrated that the suppression of skin diseases by medicated topical applications was not a *cure*, and was the cause of many chronic diseases. Modern dermatologists are now verifying his teachings.

That the cauterizing of a chancre would almost certainly result in constitutional syphilis, because it did not rid the system of the poison, it was not a *cure*.

That the suppression of the gonorrhoeal discharge by medicated topical applications, was the beginning of life long misery for the patient and his victim, because it did not rid the system of the poison, it was not a *cure*.

The constitutional effects of this maltreatment he respectively denominated psora, syphilis and sycosis, and he considered the suppressed poison a miasm, capable of transmission to the innocent victim by contact.

That the suppression of intermittents and other fevers by massive doses of Cinchona and its alkaloids, was not a *cure*, and entailed upon the victim a life long train of constitutional

sufferings. One by one these facts are being discovered (?) by the advanced thinkers and investigators of the dominant school, and the time is not far distant when the professed homeopath must cease his suppressive treatment and return to the teachings and practice of the Master, or be left behind in the race of therapeutic progress.

THE REVISED MATERIA MEDICA.

For the last five years, persistent efforts have been made by the leading members of the American Institute of Homeopathy, to revise our materia medica, by omitting or pruning out "the unreliable symptoms." The chief aim appears to be to create a new and scientific (?) materia medica upon a pathological basis—generalization of terms and "concomitance and sequence of symptoms." The result of the labors of Drs. Hughes, Dake and the consultative committee, if we may judge by the appreciation of the profession in the tardy purchase of the subscribed volumes, is the most wretched failure that has yet appeared in our school, and for which the American Institute has had to pay smartly. Minor attempts of a similar character, all yclept scientific, yet all disagreeing in the details of elimination as to what is "reliable," have from time to time appeared in our periodicals as samples of what should be, by Dr. C. Wesselhoeft of Boston, The New York County Society and The Baltimore Club. The supreme effort in each has apparently been to adapt our symptomatology to the comprehension of our allopathic friends with the ludicrous result that the allopath *will not* and the homeopath *can not*, use the work. Each reviser professes to follow the law and harmonize it with science, while in synthetic and analytic methods no two agree. In the published criticisms of Actea, Aloe, Bryonia and Gelsemium, to illustrate how it should be done, they have agreed in eliminating everything that is characteristic and guiding in the selection of the simillimum, leaving only bald generalizations common to almost every remedy and utterly worthless in practice. If the materia medica be not perfect—and we frankly acknowledge it is not—by all means perfect it by reprovings, but adhere to the plan of Hahnemann, Hering and Dunham which has carried us in triumph through many an epidemic scourge as well as the most complicated chronic diseases. Read Dr. Deschere's view of it on another page.

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.

OUR REGULAR (?) BRETHREN.

Editor Advance: That "little case" which Dr. Chapman sent to our regular(?) friends—"regular, used in the sense commonly understood by the medical profession," *vide* announcements of their colleges—seems to have had a wonderful effect upon them, and with your permission I wish to make a few comments upon the answers returned by the eminent practitioners.

In the first place, I hold in my hand, while writing, an announcement, the Sixty-Sixth of Jefferson Medical College of Philadelphia, and as they nearly all have a spasm over the word regular (?), I quote the following verbatim, page 18, bottom: "The word *regular* is here used in the sense commonly understood in the medical profession." The same sentence, or words to the same effect, may be found in the announcements of all old school colleges. And yet it is funny indeed if it never has any effect upon them until a homeopathist calls them regular! If they object to the term, why do they apply it to themselves? Consistency is not a very shining jewel among the characteristics of our old school friends.

Dr. Chapman's case is a unique one, from the fact that it would not admit of any other prescription from a homeopathic standpoint; and it seems to me that if there is anything taught in the regular profession by this case, it is that they have learned that there is nothing certain in their method of prescribing, and after each man has graduated he is left *regularly* to try what he hopes will be good for a given case.

Dr. Love takes the position occupied by every homeopathist in the world when he says: "There are no two persons alike, nor are there any two diseased stomachs of any two persons alike," etc., etc.; and we all say "that is right." Yet Dr. Love will not see any twin business in this, I fancy, for but one

stomach, and one diseased condition and one person is described, and why all this difference.

If our regular (?) friends who write irregular prescriptions and harp about the paucity of remedies for indigestion, will only refer to S. O. L. Potter, M. D., he can tell them that there are more remedies than one used by homeopaths in cases where the diagnosis would be "indigestion."

Their answers remind me of an anecdote told years ago about how they used to practice medicine in the good old days when books by Flint and Potter *et al.* were unknown. It seems, so the story goes, that when a fellow wanted to follow the practice of medicine he purchased his drugs and a blank book and started out, and when a case got well with any medicine the disease and its remedy were noted down. Well, once upon a time there was a young man who concluded he was called to the profession, and so he procured his outfit. One of the first cases to which he was called was a case of "fits," and taking out the *Asafoetida* bottle, gave a dose that promptly relieved the patient. Quietly taking out his book he wrote down "*Asafoetida* cures fits." Some time after that he had another case; *Asafoetida* was given, but it failed, and the young doctor wrote in his book after the sentence above, "sometimes."

The answer to Dr. Chapman's cases by the various regulars(?)—"used in the sense commonly understood by the medical profession"—would indicate that they are practicing like the doctor years ago, and often write *sometimes* after their prescriptions.

I pity my old school friends. I trust I look upon them with the same spirit that the Saviour looked upon the woman when he said: "Neither do I condemn thee. Go and sin no more." I trust I am not deceived in their discoveries of the dual action of *Ipecac.* in large and small doses as mentioned by Ringer; of the uses of *Hepar* in abscesses, and hundreds of others known to Homeopathy for a century, being honest ones and are not purloined from works by homeopathic writers. They are coming our way, and when they acknowledge that Homoeopathy is true and accept its tenets, we will be with them, or rather, they will be with us.

W. A. SMITH.

MORGAN PARK, ILL.

THE REPLY OF THE REGULARS.

EDITOR ADVANCE: I was amused with the "crawl-out" answers of the several physicians who answered at all the questions in the reprint, "Who are the Regulars?" Drs. Darby and Parks acted wisely. They evidently had nothing to say and said it. If Dr. Bartholow should fulfil his promise and yet reply, I would suggest that he incorporate the following: "I have gleaned all I could from homeopathic literature for my own works, and given no credit for it. This is my 'regular' way of doing business, and then I damn homeopaths generally." Now, allow me to notice a point or two from each writer:

Dr. Bowditch says: "All this table proves is this, viz., that a certain number of men *calling* themselves homeopaths have but one remedy for indigestion," etc. Well, it is better to have *one* that ten physicians can agree upon, than nothing upon which the other ten can agree. That is just what Dr. Chapman wished to prove; and didn't he prove it?

Again: "I have never called myself or my associates 'regular,'" etc.

If I were in the doctor's place, and ever had, I never would again after this exhibition.

Also: "I also hope that the information I have thus freely given (the lozenges) will amply repay the Doctor for the \$2 he sent me originally." Good man! He *knew* he beat the doctor on the prescription and wants to make up for it. *That's right.*

So much for Dr. Bowditch.

Dr. Austin Flint claims to have been put in a false position. I don't see how he can claim that unless he can show from allopathic literature that these same men would have prescribed alike, even if they had understood the "fraud." No! it puts them in their true position; for, having no *law* to guide them, they must prescribe *lawlessly*.

Dr. I. N. Love champs his "bit" furiously, and the only point he makes is that "there is more than one way of skinning a cat, or of relieving a disturbed stomach." That is right, but the question occurs to us just here, which of these eight or ten different mixtures would do *best*? I would risk my cat rather than my stomach, any way.

W. R. Cluness gives a short lecture on "pathies," and then

says: "In my judgment this single answer proves either the poverty of their (the homeopaths) *Materia Medica*, or their ignorance of its resources."

Well, if the more remedies in number prescribed in a single case like this proves richness of *Materia Medica*, and the fact that no two out of ten prescribe alike proves wisdom in prescribing, then we "knock under." That's too rich for us.

Again, "We differ as much as we like in our choice, and no one of us shall challenge the right," etc.

There we have it in a nut-shell. Every "regular" physician shall be subject to no *regulation* whatever, and no one shall *regulate* him, therefore we are *Regular* Irregulars, and our ten prescriptions in this experiment proves it. Hands off! you who claim to be regulated by a *law* of cure.

Dr. McNutt calls Dr. Chapman a liar, parsimonious, etc. He seems to feel that he has not had enough pay for his prescription, though we don't see why he should charge more than the others.

Dr. Samuel O. L. Potter gets "onto" the Dr. in the same line, only more so, making him out about *four* liars, or guilty of four falsehoods instead of one; but look at Dr. Sam'l's breach presentation case. Hear him: "To this every homeopath would immediately answer, 'Pulsatilla,' etc. Now every such homeopath as this Dr. Sam'l used to be would, we admit it; but no true homeopath prescribes that way. On the contrary he covers his whole case with his remedy; symptomatologically as well as pathologically. But Dr. Sam'l can only see the pathology of a case, so he would prescribe Pulsatilla for malposition, because it is the only remedy *he* knows of that is claimed to have ever corrected it.

We would like to know what school of medicine claims Dr. Sam'l now. Talk about trickery! If for nothing else, Dr. Chapman ought to be criticised for ever sending his "case" to him as belonging to any *school* of medicine.

Dr. Whittaker gives it up like a man. He knows the game is lost.

Requiescat in pace.

Now, in conclusion. We think that the trickery of which Dr. Chapman is accused, is, when practiced upon a school which has from "way back" sought to persecute, ostracise and ignore Homeopathy whenever and wherever opportunity

presented, and at the same time purloin our literature without giving us credit, is perfectly justifiable. Let them wriggle now.

They think it shows them up, and so it does. They have no law of cure, recognize none, and of course anything like unanimity in prescribing for the same case is out of the question. The *history* of their school is one continuous change of front and of methods, and ever must be until they do recognize and act upon the only true *law* of cure ever yet discovered, viz.: Similia Similibus curantur.

E. B. NASH.

CORTLAND, N. Y.

"WHO ARE THE REGULARS?" A REPLY TO MY CRITICS.

Editor Advance: Finding myself subject to criticism from various quarters since the publication of "Who are the Regulars," I rise to explain. A number of homeopaths regret that I did not publish the potency of *Lycopodium* prescribed by each. I will simply say, that I did not wish to drag the question of potency to the front on this occasion. It could have subserved no good purpose. I have studied this matter nearly twenty years, and I have not yet been able to tie to any iron clad rules as to potency. I am no bridge burner, but, I do believe with all my soul in the remedy indicated by the totality of the symptoms. I have not called for "two glasses of water" for many years, and I do not expect to use "Alternation Bridge" again. It is the bridge of sighs, of failure, disappointment and death. Such has been my experience, and I can not believe any one can honestly say much better of it. My earnest desire and endeavor has always been to do the best possible thing for my patient. My experience has been with all potencies from lowest to highest, and I could relate beautiful cures of them all. It is impossible for me to adopt inflexible rules in the selection of potency; yet for the single remedy I am an uncompromising advocate. But I am going higher from year to year, and am certain that my success is correspondingly greater. In looking over my day book, I observe 30ths and 200ths occurring very frequently and the single dose of the single remedy appears occasionally. So I did not think it advisable to publish the various potencies of *Lycopodium* prescribed for my "case." My own preference is for the higher in this instance.

Every man must (or *will*) be a law unto himself, running things on the line of individual experience. But allow me to casually remark that one who clings to alternation, tinctures, and low potencies, has but a limited, unsatisfactory experience to guide him. The great desideratum in a given case is the indicated remedy; and he who has the skill, perseverance and studiousness to find it may be trusted to get right in the selection of potency.

Several have taken exception to my "case," because it was too plain and easy. Now, thanks be to God that we have a system of medicine that knows anything of "easy" cases! Look at the tremendous list of drugs prescribed by the allopaths for this easy case! Evidently it was a tough nut for them to crack—and they did not crack it. They have no easy cases, because they have no system or law of cure. I do not hesitate to say that no conceivable clinical report or history would elicit two identical prescriptions from any one hundred allopathic physicians on earth. Contemplate, on the other hand, the unlimited number of "easy" cases Homeopathy offers. Tens of thousands of such reports might be written, upon which all true homeopaths would agree as to the indicated remedy.

A recent number of the *American Medical Journal*, an eclectic publication of St. Louis, B. Younkin, M. D., editor, was sent me. Dr. Younkin saw my article, "Who Are the Regulars?" and he set about testing the homeopathic school. He called upon ten homeopathic M. D.'s of St. Louis and questioned them as to the potency of *Lycopodium* they used in their practice. He made the astounding discovery that they used from the 1x to the 200! Not knowing that our remedies act in any and all potencies, he publishes this as an overwhelming proof of homeopathic irregularity. Dr. Younkin would have found in my office case from the 6x to 200 of *Lycopodium*. I can hardly believe that any homeopath uses *Lycopodium* 1x. I think the Doctor is joking or mistaken. *Lycopodium* 1x is not a *potency*. I believe it to be absolutely inert, and it is a potency only when the dynamis of the drug is developed by trituration and attenuation. Is it possible that any professed homeopath prescribes *Lycopodium* 1x? I don't believe it.

We plainly see by these tests that they are no more regu-

lar now than they were a century ago. Weak kneed homeopaths should understand this fact and cease hankering for the flesh pots of Egypt.

WATSONVILLE, CAL.

S. E. CHAPMAN.

THE FOLLY OF ALTERNATION.

In a recent issue of the *American Homeopathist* Dr. E. M. Hale defends the guessing practice of alternation. Dr. J. B. Bell of Boston answers this delusion so happily that we reproduce it.

“To make a beginning let us consider that huge mistake—alternation. Originally born of ignorance, it has been wet-nursed by indolence and finally pampered into large and dangerous proportions by weak human pride and folly. That it is both generically and in every individual case the result of ignorance, would seem not to require demonstration to educated and thoughtful men. Such a demonstration is, however, logical, mathematical and entirely incontrovertible. It was definitely enunciated some 2,000 years ago by Euclid in the axiom, that no more than one straight line can ever be drawn between two points. That is to say, in all human affairs there is but one right and true way of doing anything, while the wrong ways are both numerous and broad, so that ‘many go in thereat.’ It may be safely held as a truism that whatever is wrong is harmful; so we have the spectacle of professed healers actually doing harm to those under their treatment.

“But not alone in the comparatively harmless way of alternation does the weak but well-meaning brother offend against the flag under which he sails. As one sin leads to another in the moral sphere, just as surely and often more swiftly does the folly of alternation, involving, as it does, the neglect of, or interference with, the true curative, lead to thickening dilemmas from which rash and absurd allopathic measures seem to be the only escape.

“In the foregoing paragraph I have used the expression ‘well-meaning.’ Let me state here that I consider the fraternity of homeopaths, as a body, most honest, well-intentioned, and truly philanthropic, not faultless indeed, for none are that, but in the main adhering to principle with what light they have, and only straying by reason of defective education, which it is the office of this and kindred Institutes and good journals to rectify.”

INTERMITTENT FEVER IN THE SOUTH.

This subject has arrested the attention of more than one Southern Homeopathist, and, although Dr. H. C. Morrow, of Sherman, has been the only one so far (that I have seen) to indorse the position taken by the editor of the *ADVANCE*, he is not the only one who has had experience in the South, and can offer valuable testimony in support of that position.

"The subscriber" has lived continuously in the South since January, 1883; six years in Florida, in certain sections of which malarial and intermittent fevers are endemic, and where they assume the character described by the editor of the *Southern Journal of Homeopathy* as "pernicious" as in any place in the South with which I am acquainted.

The localities of my residence (DeLand three years; St. Augustine three years) were exceptionally free of malarial influences, and many people from the infected districts came especially to St. Augustine "to get rid of chills," and "live a few weeks without taking Quinine." Not a few of these cases fell into my hands, some of whom "had chills" again "as soon as they left off their Quinine." Not one of these cases were given Quinine (by me), and all were *cured* by the indicated *homeopathic* remedy, in potency not lower than the 30c.

As Dr. Morrow says, "Some physicians are always having cases of congestive chills or pernicious intermittents." It has been my good (or ill) fortune not to have seen many such cases, and not one while in Florida. However, last July (1889), in Dallas, this State, I had an experience which it may not be uninteresting to report.

COPY FROM CASE-BOOK.

July 24, 1889. Mr. G. U. C.—, dairyman, aet. thirty-seven, exposed to every vicissitude of weather, day and night, winter and summer; had a chill the day before yesterday, followed by high fever, which has continued to the present (over fifty hours); < afternoon till midnight; severe, throbbing headache; visible throbbing of arteries of neck and temples; pupils dilated; eyes red; lies with head propped up; < of the headache by lying with head low; nausea and occasional vomiting; thirsty, but vomits water and bile soon

after drinking; constant nausea; exceedingly restless; back aches as if it would break; constantly changing position without relief; tongue slightly furred, yellowish toward base; bowels moved twice yesterday from a dose of "liver regulator;" headache is increasing again for an hour (3 P. M.); pulse, 82; temperature, 99+. Belladonna 200, every two hours for six times or till better; then placebo every two hours.

July 25. Mr. C— began a violent, long lasting chill, about 3:30 P. M. He appears (at 5:30) like one in a collapse of cholera; surface icy cold and clammy. He is thirsty but nauseated, and after drinking, vomits water and bile. There is no regularity as to the time of paroxysm. Is very restless, and *sure* he will die; is covered with blankets, wanted the room warm and wished "there was a stove in the room."

Ignatia 200 every half hour till better, then Sac. lac. every four hours.

July 26. Mr. C—, seems much better to-day. Chill continued yesterday till about dark (8 P. M.) and fever lasted till midnight. I think I have hit the remedy, if not, wait and see.

Sac. lac. every four hours.

July 27. About 3 P. M. felt a slight rigor, with vomiting of bile, thirst, drinking followed by vomiting of water and bile. Chill followed by high fever. Nausea all the time.

Slight, short chill; high, long continued fever, with nausea and vomiting; backache, legs ache from knees to ankles; almost constant groaning; bowels constipated.

Ipecac. 30 every hour for three hours (four doses). Sac. lac. every four hours.

July 28. Messenger reports this A. M. "Mr. C— feels much better than at any time since he was first taken sick."

Sac. lac. every four hours.

July 29. No symptoms of chill since 27th, but was very thirsty for ice water yesterday P.M.

Sac. lac. every four hours.

Mr. C—, received no more medicine and had no more chills; rapidly regained his strength and went to work in a few days.

The chill of July 25th came as near being a "congestive chill" as anything I ever saw. However, this may not have been a case of "pernicious intermittent." At all events it

did not require Quinine to *cure* it, and it was *cured*. Two questions present themselves to my mind, in connection with this case. First, was the Ipecac. necessary? or second, would Ipecac. have cured the case in the first place?

S. MILLS FOWLER.

GAINESVILLE, TEXAS.

OUR ANGLICISED HOMEOPATHY.

Why does the MEDICAL ADVANCE change the spelling of the word "Homeopathy" and its derivatives by leaving out the "o" of the diphthong "œ"? Is it because the *Journal* insists upon it as being the correct orthography and according to Hahnemann's version, or is it because the ADVANCE is tending still further away from homœopathy pure and simple? "Straws show which way the wind blows."

The above scurrilous paragraph, cut from the May number of the *Journal of Homœopathics*, has, no doubt, come to your notice ere this, but I can not refrain from voluntarily entering a protest against such an unprovoked and unjust insinuation.

There is not a journal to my knowledge that is more replete with valuable information of a practical character to the Hahnemannian than the MEDICAL ADVANCE, and when anyone dares to assert that "Homœopathy pure and simple" is not advocated in its entirety, or that mongrelism is not denounced in all its editorials, it is either because he has not read them or from a spirit of jealousy.

WM. JEFFERSON GUERNSEY, M. D.

[We think we have much better authority than the learned editor of the *Journal of Homœopathics* for dropping the diphthong in Homeopathy; and we assure him that the purity of the teaching of the ADVANCE never has depended, and never will depend, upon the spelling of a name. But is not Homeopathy old enough, and strong enough, and has it not been used long enough by the English speaking race to stand on its own merits as an Anglicised word? For one we propose to Anglicise it and not only drop the diphthong, but spell it with a capital H.—ED.]

THE TOTALITY.

Editor Advance: Do you not, as editor, hold a sharp stick for the offensive and careless? Look at your July number—just received. You crack me over the knuckles nearly every month; not intentionally, perhaps, but "the shoe fits," and I put it on. Mind you, though, I don't admit that the con-

dition of my feet (*understanding; see?*) warrants any such pinching. For instance, my Homeopathy, or, rather, my conception of Hahnemann's and the Lord's Homeopathy, teaches me that in selecting a remedy indicated by the "*peculiar*" symptoms of a case, "*pernicious intermittent*," if you choose, you *must* limit yourself to those drugs which also cover the *general* symptoms. If you do not, you ignore your "*totality*." I admit that we, so-called "*mongrels*," sometimes fail to attach sufficient importance to these "*peculiar*" and "*characteristic*" symptoms of a given case; but do not our critics show, sometimes, a disposition to forget those that are found more or less uniformly in diseases of the same type? Cannot we each learn from the other, a lesson in "*pure Homeopathy*"? I think we can; and however crude and ill-directed our efforts, pure Homeopathy is what we are all striving for.

PEMBERTON DUDLEY.

PHILADELPHIA.

[Dr. Dudley is correct. In securing the totality we cannot ignore any symptoms, and especially the *general* or *constitutional* symptoms, for in these it is that we most frequently find those that are "*peculiar*" or "*uncommon*." We do not like the word "*mongrel*," and think it would be better for us all if it were dropped from our literature by general consent. We can strive for pure Homeopathy just as effectively without it.—ED.]

New Publications.

PRACTICAL, SANITARY AND ECONOMIC COOKING, ADAPTED TO PERSONS OF MODERATE AND SMALL MEANS. By Mrs. Mary Hinman Abel. Pp. 190. American Public Health Association, 1890. Dr. I. A. Watson, Concord, N. H., Secy.

This is the Lomb Prize Essay, and will take its place among any that have preceded it, for lucid statement and clear methodical arrangement. The instructions here given for the preparation of food are guided by the correct application of the principles of physiology and chemistry, and well adapted to the practical wants of all classes, for in no single department of economics is there greater necessity for reform. And this not alone for economy, but for health, for poor cooking is responsible for much ill health. It has been said, with more or less truth, that "a French family will thrive on what an American family wastes."

In the preface, Secretary Watson says: "That this essay may be placed in the hands of every family in the country is the earnest desire of Mr. Lomb [who offered the prize of \$500] as well as that of the Association; therefore a price barely covering the cost has been placed on this volume." It is sincerely to be hoped that every reader of the *ADVANCE* will exert his or her influence in placing a copy in every household under their charge. No greater benefit could be conferred on them.

PHILOSOPHY IN HOMEOPATHY. By Charles S. Mack, M. D., Professor of Materia Medica in the University of Michigan. Chicago, Gross & Delbridge. 1890.

This little work is composed of a number of essays, among others a *revision* of the author's essay "*Similia, Similibus Curantur?*" and a lecture to the allopathic students of the University of Michigan who handed him a series of seventeen questions regarding Homeopathy, for answer. In our opinion, the answers are unsatisfactory. Dunham or Lippe would have replied in a much more positive and convincing manner and the allopathic student would have carried home with him something to think about. In the essay on "Philosophy in Homeopathy" he defines the word "cure" very clearly. "We say that *similia* is the law and the only possible law of cure. What then, do we mean by *cure*? By *cure* we mean such modification of the quality of vital processes and their effects that, whereas these processes and effects were abnormal, they shall become normal, and this as the *direct* result (not an indirect) of the medicine used. A drug can be curative only by reason of its dynamic effect upon the patient. Curative treatment is invariably a treatment of the *patient*, and never a direct attack upon a proximate cause of disease." This is emphatic and positive; but there is too much in these essays that is apologetic, as though the author was not quite certain of his ground.

A TREATISE ON NEURALGIA. By E. P. Hurd, M. D. Detroit: George S. Davis. 1890.

This is one of The Leisure Library series of which the publisher has issued many much more valuable and practicable to the practitioner. Remedies are recommended for "neuralgia," but as they are without any indications whatever, it is mere guesswork, nothing scientific about it.

SAUNDERS' QUESTION COMPENDS. ESSENTIALS OF EXAMINATION OF URINE. By Lawrence Wolff, M. D. Colored plates and numerous other illustrations.

This is an admirably arranged pocket companion for the hurried student, and will enable the busy M. D. to hastily look up a forgotten point in the laboratory. It is uniform with the series.

HOW TO PRESERVE HEALTH. By Louis Barkan, M. D. New York: The American News Co. Pp. 344.

Although designed for the layman, yet the practitioner will here find in its brief chapters some excellent hints on preventive medicine.

PART I. contains chapters on food, hygiene of the different organs, of age and occupation, and of the family dwelling, in which many practical hints for our every-day living will be found.

PART II. deals almost exclusively with the care of the sick—nursing—and the non-medicinal treatment of disease. The author has evidently “been there,” and has learned to look upon drugs and drugging as harmful agents and not conducive to the restoration of health. From an extensive experience he does not think it wise for every man to be his own physician. But some of his directions are not safe. For instance, on pages 205–206, where he recommends that the “head and chest be dashed with ice water,” instead of hot water, for sunstroke. He who would become a teacher of health must first know the principles of laws governing health. We note several similar defects.

STANLEY'S EMIN PASHA EXPEDITION. By A. J. Wauters, Editor of the *Mouvement Geographique*, Brussels. New York, 393 Pearl street: John B. Alden. Small octavo. Pp. 210. Illustrated.

This is a handsome, large-type volume, reduced in price from \$2 to 50 cents. It tells a most interesting and complete story, beginning with the conquest of the Soudan, and continuing through years of African exploration, the revolt of the Mahdi, the Siege of Khartoum with the death of Gordon, the return of Dr. Junker, besides the story of Stanley's own adventures, including his successful Relief Expedition. It is one of the best and most complete works issued upon the subject.

RECOLLECTIONS OF GENERAL GRANT. With an account of the presentation of the portraits of Generals Grant, Sherman and Sheridan, at the U. S. Military Academy, West Point. By George W. Childs. Philadelphia: J. B. Lippincott Co. 1890.

This unpretentious little leaflet is delightfully rich in its reminiscences of some of the most famous men who have appeared on the stage of human action during the present century. And among them all, though apparently unconscious of it, there is none who will be better or longer remembered for his unselfish public generosity than the author himself.

ELECTRICITY IN THE DISEASES OF WOMEN, with special reference to the application of strong currents. By G. B. Massey, M. D., Physician to the Gynecological Department of Howard Hospital. Second Edition, revised and enlarged. Philadelphia and London: F. A. Davis. Pp. 240. 1890.

That a second edition of this work should be required in so short a time, is the best evidence that could be given of the reception it has received at the hands of a critical profession. The text has been largely rewritten, and new chapters on subinvolution and the chronic inflammatory diseases of the appendages added. Also, “for the convenience of students, graphic representations of the law of Ohm and of the laws of current diffusion have been added in the appendix.” The book is well illustrated and well printed, and is one from which the student may readily master the uses of electricity in surgery.

SAUNDERS' QUESTION COMPENDS: ESSENTIALS OF GYNECOLOGY. By Edwin B. Cragin, M. D.

This work is illustrated and like all the rest of the series is practical.

THE SUPPRESSION OF CONSUMPTION. By G. W. Hambleton, M. D., president of the Polytechnic Physical Development Society of Great Britain. New York: N. D. C. Hodges, 27 Lafayette Place. 1890. Price 40c.

This is a monograph of only thirty-seven pages and can be read at a sitting; but it contains more practical facts on the cause and prevention of Consumption than is found in many ponderous tomes. The author pretty clearly demonstrates that many of the causes laid down by the authorities, including the latest fad, the bacillus tuberculosis of Koch, fail to give an adequate cause which will stand the test of well attested physical facts. Send for a copy and read it. It will certainly repay you.

THE HOMEOPATHIC TREATMENT OF ALCOHOLISM. By Dr. Gallavardin of Lyons, France. Translated from the French by I. D. Foulon, A. M., M. D., Professor of Medical Jurisprudence in the Homeopathic Medical College of Missouri; pp. 138. Philadelphia: Hahnemann Publishing House, 1890.

Personally, we wish to thank the translator for rendering into English, not only the first but the best work on this subject to be found in our medical literature. The teaching is not only new to most of us, but it is strictly Hahnemannian. The author says: "Hitherto homeopathic medicine has proved itself quite unable to cure drunkenness, because, with rare exceptions, homeopathic physicians, not knowing how to utilize the wealth of their materia medica, have failed to follow these two precepts of their master, Hahnemann:

"1st. In the choice of remedies, note the intellectual and moral symptoms presented by the patient and produced by the drug upon the healthy subject.

"2nd. In chronic diseases, give in one dose the remedy selected; then let it act for weeks and months.

"Having followed on these two points, the precepts of Hahnemann, I have been enabled to cure inebriates of their vice in one half of my cases, when the vice was not hereditary, and that by causing to be administered to them, without their knowledge, in their food or their drink, the remedy selected for each of them."

We miss *Asarum* from the list of remedies mentioned, brief indications for which were given in our June issue. But there is not a single reader of the *ADVANCE* who should be without this little work, from which he will glean much that will make him a better prescriber and a truer follower of Hahnemann.

HOMEOPATHIC THERAPEUTICS. Third, rewritten and enlarged edition. By Samuel Lillenthal, M. D. Pp. 1154. Philadelphia: Hahnemann Publishing House, 1890.

This splendid volume of over eleven hundred pages, is, if we may judge from the preface, the crowning work of a busy life. Herein the author very justly expresses his opinion of the book: "Though three

years' faithful work was necessary to collate and critically examine every symptom, still it can only be considered an aid in studying up a case." The symptomatic indications are well rendered, the more characteristic symptoms being given in broad-faced type, and to the more common diseases—such as cough, diarrhea, intermittent fever, etc.—in which a large number of remedies are to be found, a repertory has been added by James E. Lillenthal, M. D. This repertory will facilitate the search for the simillimum and prove an aid for the busy doctor. It is the best work of *the kind* which has yet appeared in our school, and he must be dull indeed or exceedingly hypercritical, who can not find many excellent "pointers" here. From the hints here given the busy man or woman may learn *where to look* for the remedy, but he will still have to refer to the *Materia Medica* for the totality. Jahr's Pocket Manual, from which this work has grown, was only intended as a pocket repertory for ready reference, and this larger edition can only be used in the same way. Those who have former editions will, we are sure, be in haste to avail themselves of the present work perfected and brought up to date.

UPON THE ORIGIN OF ALPINE AND ITALIAN LAKES; AND UPON GLACIAL EROSION.—A series of papers by Sir A. C. Ramsay, F. R. S., President of the Geological Society.—John Ball, M. R. I. A.—Sir Roderick Murchinson, F. R. S., President of the Royal Geographical Society.—Prof. B. Studer, of Berne.—Prof. A. Favre, of Geneva.—Edward Whymper.—With an introduction, and Notes upon the Origin and History of the Great Lakes of North America, by Prof. J. W. Spencer, State Geologist of Georgia.—The Humboldt Publishing Co., 28 Lafayette Place, New York. Price 45 cents.

The rapid progress of the science of Geology at the present day justifies the reproduction of this series of papers contributed at various times by these distinguished writers. No one desirous of being well informed can afford to neglect the study of Geology, which many scientists claim disproves the Mosaic cosmogony. The present work is in two parts—a double and a single number.

A TREATISE ON ORTHOPEDIC SURGERY. By Edward H. Bradford, M. D., Surgeon to the Children's Hospital, at Boston; Instructor in Clinical Surgery, Harvard, etc.; and Robert W. Lovett, M. D., Surgeon to the Samaritan Hospital, etc. Pp 788. Illustrated with 789 Wood Engravings. New York: William Wood & Company. 1890.

The most noticeable feature of this work is its splendid illustrations, for which the thanks of the profession are due not only to the authors but to the publishers also. Without them it would be little better than many similar works on this subject; with them it has few equals and no superiors in the English language.

With the single exception of Dr. Sayre's book, previous works on this subject are devoted almost exclusively to the treatment of existing deformities; while here much attention is paid to the prevention of the

deformities as well as the cure of these patients. The advance in mechanical appliances for the surgical treatment of these affections is marvelous, and can only be properly appreciated by a comparison of such a work as this with one of a decade ago. Especially is this true of Pott's Disease and the various diseases of the hip joint which as here elaborated and illustrated are alone worth the value of the entire volume. In their laudable efforts of preventing diseases of the bones in children, what a pity for the sake of suffering humanity that the authors are not acquainted with the curative sphere of such remedies as Calcareo, Calcareo phosphorica, Fluoric acid, Phosphorus, Silicea, Sulphur and other antipsorics. A new world of preventive medicine would be revealed to them, beside which their crude mechanical efforts to control or counteract a vital process, even in bone tissue, would sink into insignificance. Nevertheless, for the mechanical treatment of these affections we recommend our surgeons especially to examine this work.

RHEUMATISM AND GOUT. By F. Le Roy Satterlee, M.D. Detroit: George S. Davis, 12 mo.; pp. 83. Cloth, 50c.; paper, 25c. 1890.

This is one of the excellent Leisure Hour Series, and, while the treatment is practically worthless, contains some practical hints, especially in diet, which will well repay study. The diet for instance, in chronic rheumatism: "If the theory be accepted that to the presence in excess of uric acid from sub-oxidation of nitrogenous food stuffs and mal-assimilation is due the train of symptoms constituting rheumatism, then it should need little argument to establish the axiom that abstention, so far as possible from a highly nitrogenous diet, is desirable as the first step in the direction of minimizing a tendency to failure in oxidation to the point of urea formation. This means that meat should be abstained from absolutely by the patient. It is perhaps not too much to assert that permanent benefit can never be assured by the physician, until this point is yielded. Too much meat is eaten by the people of this country. It certainly is not necessary to bone and sinew. The brawny Highlander eats oatmeal, and reads about meat. The nervous dyspeptic American, who eats meat three times a day, is seldom able to write himself down a perfectly well man"

Here is some practical evidence, which our physicians, as a school, will do well to both preach and practice.

ALDEN'S MANIFOLD CYCLOPEDIA OF KNOWLEDGE AND LANGUAGE. Illustrated. Vol. XX. Infant—Joppa. New York: John B. Alden, Publisher.

The appearance of the twentieth volume of the *Manifold Cyclopedia* is of interest not only on account of the great value of its contents, but also because it marks the completion of the first half of this important work. These twenty volumes make a good library. They are wonderfully comprehensive, clear in their treatment of topics, and are in a remarkably convenient form for use. The complete work of forty volumes will be simply invaluable. The range of the present volume is

from Infant to Joppa. Among the large number of topics worthy of special mention we notice Infant, in Law; Inflammation; Influenza; Infusoria; Insects, nearly 9 pages; Insolvency; Inspiration; Instinct; Insurance, 15 pages; Interest, including 2 valuable tables of the interest laws of the various States; International Law; Interoceanic Ship Canal, over 4 pages; Interoceanic Ship Railway; Interstate Traffic on Railroads; Inundations; Iron, over 20 pages; Jacquard Loom; Jews, over 31 pages; Iowa has 8 pages; and there is an interesting sketch of Johnstown, Pa., including the terrible disaster of 1889, which is a good illustration of how close to date a cyclopedia can be and needs to be brought. Among the foreign nations fully treated are Ireland, Italy, Japan, Java, also the city of Jerusalem. Biographies of many noted men appear; among them three Presidents of the United States—Andrew Jackson, Thomas Jefferson, and Andrew Johnson. The extremely low price places this Cyclopedia within easy reach of the reading public.

ANNOUNCEMENT.—Garretson, Cox & Co. have been associated with John B. Alden in the publication of the future volumes of the Encyclopaedia, and announce a new library edition of the work. The earlier volumes, some of which have been issued nearly three years, have been carefully revised, and important additions made; nearly 3,000 extra illustrations will be added to the new edition, the size of the volume will be increased to about 800 pages each, and the number of volumes proportionately decreased from 40 to 32; the form, also, is changed, and made, it is believed, much more attractive. The former Ideal edition of the Cyclopedia will, of course, be continued to the completion of the sets already sold, so that present subscribers will have their volumes uniform.

DISEASES OF WOMEN AND ABDOMINAL SURGERY. By Lawson Tait, F. R. C. S. Octavo; pp. 547. Philadelphia: Lea Brothers & Co. 1889.

This is an original work by an original man, one who has done more for the advancement of abdominal surgery than perhaps any man living. In the preface the author frankly says: "My chief object is to offer the results of my own experiences in as condensed a form as possible. If the present edition is to have any value, it can arise only from what I have to say of my own work. If I fail there I do not care to succeed by padding it with extracts from the work of others" These are brave, honest words and timely written. Would that a few other authors would catch the inspiration.

To the genius of Tait, perhaps more than to any other surgeon, is due the rapid advances of abdominal surgery in the last decade. These advances have been phenomenal. "The old-fashioned mechanical school—the teaching of the speculum, the sound, the caustic stick, and the pessary—has been practically killed, and an advanced eclecticism now prevails. This has largely grown out of the revelations obtained by the experiences of operative surgery. In 1877 Spencer Wells left ovariectomy where it had been for half-a-century before him, with a mortality of one in four. Now it has a death rate of a little more than three in a hun-

dred." And this low rate is due largely to Mr. Tate's methods, not to antiseptic methods, for he has long since discarded antiseptics, relying solely on cleanliness. His teachings are concise and practical, his methods original and successful, his operations are bold yet cautious and models of celerity and skill. In fact, the Birmingham school of gynecology, under his skillful guidance, has become one of the best known in Europe.

A TEXT-BOOK OF OPHTHALMOSCOPY, by Edward G. Loring, M. D., New York: D. Appleton & Co. Part II. In press.

The manuscript of this volume, which the author finished just prior to his death, has been thoroughly revised, and will soon be issued in the same style as the first volume. The painstaking care which characterized Part I is evidenced in Part II, and the completed work will make an invaluable addition to any medical library.

WOODS' MEDICAL AND SURGICAL MONOGRAPHS. This number contains Bronchial Asthma; its causes pathology and treatment, by Thorowgood.

Convulsive Seizures, by Hughlings Jackson. Surgical Treatment of Diseases of the Brain, by Von Bergman of Berlin.

The latter occupies over 200 pages of the number and alone is worth a year's subscription, as on this special subject there is perhaps no higher authority in Europe.

HENRY CABOT LODGE, in the *August Atlantic*, thus writes of International copyright:

"For the sake of the American author who is now robbed, for the sake of the foreign author who is now plundered, for the sake of that vast body of people who read books in the United States, and upon whom we now force all the worst and cheapest stuff that the presses of the world pour forth, a bill for international copyright ought to be passed. Most of all, it ought to be passed for the sake of the country's honor and good name."

POPULAR SCIENCE for August contains a copiously illustrated article by Henry W. Henshaw on the Missions and Mission Indians of California, in which he represents the rule of the priests as more conducive to the numerical growth of the Church and the profit of the missions than to the welfare of the Indians. A picture of Ramona and her children standing at the door of her hut, is one of the illustrations. Also an article by F. A. Fernald on the Ancient and Modern Ideas of Hell, which doubtless was suggested by some of the recent torrid weather in New York.

MAJOR GENERAL JOHN C. FREMONT, at the time of his death was engaged upon the manuscript of a paper for *The Century's* forthcoming series on the California Gold Hunters. It was to be entitled "Finding Paths to California," and was not only to deal with the several exploring expeditions, but to narrate the writer's intimate connection with the

events which led to the conquest and occupation of the territory. The work will be promptly continued by Mrs. Fremont. A first draft of the article had been made, and the subject had been so recently and closely discussed by General and Mrs. Fremont that she will have no trouble in completing the manuscript, for which she had already written an introduction, as well as a supplement describing her life at Monterey in 1849. A fine portrait of General Fremont, from a daguerreotype of '49 or '50, will appear in the September number of *The Century*, along with portraits of Commodores Sloat and Stockton, "Duke" Gwin, and Governor Burnett, in an article giving account of "How California Came into the Union."

JENNESS-MILLER MAGAZINE in its midsummer number contains a paper of unusual interest on "Physical Culture," by Mabel Jenness, giving suggestions and exercises of the greatest value to women.

Editor's Table.

W. G. WATSON, M. A. M. B., in May number of the *Australasian Medical Gazette* gives its readers some facts in relation to the standing of the homeopathic school in America. The statistics quoted from *The Homeopathic World* were doubted by the editor, who, in a note says they "are mere assertions and must be taken for what they are worth." They were originally taken from the annual reports of the bureau of statistics of the American Institute, and, we assure him, are entirely reliable.

VENESECTON.—It is claimed by our regular(?) brethren that venesection, as a therapeutic measure, is a thing of the past. After reading "What Homeopathy has Saved us From," on another page, it is sincerely to be hoped that it has been relegated to the barbarisms of an ancient medicine. But this is a mistake. Less than a year ago, under the very shadow of the University of Michigan, with its advanced therapeutics, a young man was bled every Saturday morning for a period of three months, for epilepsy. At the end of that time, being so weak that he could scarcely walk from his carriage to the doctor's office, he decided he had had enough.

THE AMERICAN INSTITUTE paid last year for its 400 copies of the *Cyclopedia of Drug Pathogenesis*, less what it received for subscriptions, \$668.87. Why do not our friends who are clamoring for a revised *materia medica*, induce their friends, the members, to pay for these copies and relieve the Institute of the burden? This is the best revision (?) which has yet been issued, and to the members it is offered practically at cost. Practice what you preach, gentlemen.

DRS. BAYARD, DUBS and ROBINSON, three of the founders of the American Institute, died during the year.

T. P. WILSON and GEORGE H. SHIPMAN were elected seniors for honorable and meritorious services rendered the homeopathic cause.

JOURNALS that receive copies of the transactions are requested to send their publications in exchange to the Secretary.

DR. A. L. MONROE has used Kali phos., extensively and with good results in the nervous insomnia of typhoid.

DIOSCOREA cured a case; "stools like the white of an egg with excruciating colic pain." C. E. Sanford.

DR. H. R. STOUT, of Jacksonville, Fla., reported a mortality of fifteen per cent among the whites under allopathic treatment, as reported by the Board of Health and hospital authorities in the yellow fever epidemic of 1888, while he and his homeopathic colleagues treated over 500 cases with a mortality of two and one-half per cent. This is a fair average of the results of the two systems.

THE ROLE OF THE SHARP CURETTE, by Dr. O. S. Runnels, showed some deep study in the selection of an attractive title, and the title often obtains a reader. It would be well if all followed this example and gave their productions a proper name.

DR. D. A. STRICKLER reported a remarkable case, in which a piece of wood two and a half inches long had been driven into the ethmoid through the orbital plate, and gave rise to comparatively little inconvenience for three years.

DR. T. Y. KINNE read a paper on Milk and Tuberculosis, in which he demonstrated that if the mode of contagion be the same—and the identity of the disease in man and animals was stated as a fact, and the experiments upon which the fact had been determined were given—then people not using meat or milk were exempt and *vice versa*. If this be true, how about compulsory vaccination of innocent children with "pure bovine virus"?

DR. J. B. GREGG CUSTIS never uses any disinfecting douches after parturition, and never had a case of puerperal fever resulting from external causes. The uterine douche prevents the healing of local injuries.

DR GEO. B. PECK has been laboring with the profession for some time to obtain some principles governing obstetric medication, and has concluded that in Allen's Encyclopedia will be found the therapeutics of the art. Correct.

THE INTERCOLLEGIATE COMMITTEE recommend that after the autumn of 1892 the term of study in all colleges represented in the Institute shall be at least four years, and not less than three college terms of six months each.

DRS. E. LIPPINCOTT AND C. D. TUFFORD have formed a partnership at Memphis, Tenn., and will make a strong team, to whom their Northern friends can safely send patients.

DR. D. A. HILLER has opened a free dispensary at 220 Montgomery avenue, San Francisco. Always doing good to others.

THE CLEVELAND COLLEGE has had a rupture in the faculty. Professors Schneider, Jones, Baxter, Miller and True have resigned, and have been succeeded by the appointment of the following: Frank Kraft, M. D., *Materia Medica* and the *Organon*; E. R. Eggleston, M. D., *Theory and Practice* and *Nervous Diseases*; J. A. Gann, M. D., *Physical Diagnosis*; De Forest Baker, M. D., *Diseases of Children*; C. L. Hall, M. D., *Nose and Throat*; Dr. Darby, of Mt. Vernon, Ohio, *Anatomy*. This makes a strong faculty and worthy of what at this juncture they should receive, the enthusiastic support of every alumnus of old Cleveland.

FRANK KRAFT, M. D., editor of the *American Homeopathist*—he, who in his June editorial in defense of the editors of American Homeopathic Journals, "sat down very hard" on Samuel A. Jones, M. D., associate editor (?) of the *Medical Times*—has been elected Professor of *Materia Medica* in the Cleveland Hospital College. The call was an absolute surprise. The first notice he had was notice of election. This chair has needed strengthening for some time, and in future *Homeopathy* will be taught there. Not only will the student be instructed in the symptomatology of the remedy but he will be taught *how to apply it* in the cure of the sick. The *Organon* and its philosophy will be taught hereafter. We congratulate the college, the students and the alumni on the change.

HAHNEMANN MEDICAL COLLEGE, Chicago, opens its 31st session Tuesday evening, Sept. 16th, 1890. There is a prospect of the largest class in years.

MASSACHUSETTS has presented the Boston Homeopathic Hospital with \$120,000. Better late than not at all.

MARRIED.—Isaac C. Soule, M. D. and Adelaide Goodrich, M. D. were married July 5, 1890. They have located in Pullman.

OBITUARY.—JOHN MEYHOFER, M. D., of Nice, died May 26, 1890. He was born at Berne, Switzerland, in 1820, graduated at the University of Zurich, where he practiced until 1857, when he removed to Nice, and this beautiful city on the Riviera has since been the scene of his literary and professional labors. He has long been regarded as one of the best known and ablest of European homeopaths, his contributions appearing in English, French and German periodicals. He published a work on *Diseases of the Larynx and Bronchi* in 1871 and it is said left a companion volume on *Pulmonary Affections* in MS. which we hope to soon see in print. He was president of the International Homeopathic Congress, at Basle, in 1886, and filled the position with a dignity and grace which largely contributed to the successful meeting. During an active professional career he paid especial attention to diseases of the chest, on which he was an authority second to few in Europe.

THOMAS NICHOL, M. D., was born in Edinburgh April 26th, 1831, and died in Montreal June 14, 1890, in the 60th year of his age. His father was a Presbyterian minister and he received a good Scotch education, and his training in early life was not neglected. He early evinced a fondness for reading, and his library, which contained over 2,000 volumes, was the pride of his professional life. He served his time at the dry goods trade, and at the age of 20 came to Canada, where he taught school till 1854, when he began the study of medicine in the office of Dr. A. T. Bull, London, graduating at the Hahnemann College, Philadelphia, in 1857, with J. W. Dawling and Bushrod W. James as classmates. He began practice in Simcoe, Ontario, was married in 1859, removed to Belleville in 1865, where he was Professor of Physiology and Ethnology in Albert college, and finally settled in Montreal in 1870, where he devoted himself to his professional duties until his death. He was an enthusiastic student and a frequent contributor to our periodical literature. He left but one volume from his pen, "Diseases of the Nares, Larynx and Trachea in Childhood," published by Chatterton of N. Y.

He took the degree of LL. B. from Victoria University in 1874 and LL. D. in 1881; he also took the degree of B. C. L. at McGill University in 1875 and his D. C. L. in 1887, being the first one to take the degree in course, passing all the examinations and submitting a thesis on the Laws of Blockade.

His illness dates from the epidemic influenza, "La Grippe," last Christmas, and under the overwork of December and January he broke down with symptoms of heart paralysis. He, however, so far recovered as to spend the month of March in New York and Philadelphia, and early in April came home greatly improved. But evidently his trouble returned, and he died in his library chair.

DR. JAMES W. WARD has removed to 924 Geary street, San Francisco. Note address.

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INTERNATIONAL HAHNEMANNIAN ASSOCIATION.
SESSION OF 1890.

PRESIDENT'S ADDRESS.

One decade in the life of our organization has passed, and as we enter upon the second it is well, in view of the purpose for which it was created, for us to deliberately review the cause which gave it its origin, and consider the object to be attained by its existence.

Ten successive lines of doctors have entered our ranks since the formation of this Association, and as this movement will continue during its existence it behooves us to unhesitatingly hold before them, on these occasions, the evils that have caused confusion in other similar societies, and call to their attention the safeguards which will lead them with us to a fulfillment of the expectations of the fathers who laid for us the foundation of this temple in which we hope Homeopathy is to abide to the end of time. It is also proper that we should yearly scrutinize our work, and the means of administration, that the former may be commensurate with the purpose of the Association, and the latter be prepared to meet the events that are continually arising out of the machinations of those who are inimical to its purposes, and which try the strength of our adherence to the principles upon which the Association is founded. As we survey the past we find that ten years ago these principles were in chaotic confusion, that Homeopathy as a manifest science was nearly subverted in consequence of organized pretenders bearing the name but

faithless to the practice, men like those concerning whom Hahnemann asked: "Who would honor such a light-minded and pernicious sect, by calling them after the difficult—yet beneficent art, homeopathic physician?" Men who "steal the livery of Heaven to serve the Devil in." By the unwillingness, through indolence, of these men to comply with the arduous duty required in the practice of this art, and by the inability of another class to comprehend the principles on which this art is based, an easy-going practice replaced under the name of Homeopathy, that which was promulgated by Hahnemann, and which is based on law—a universal law, enduring and without limit—the law of similars. This subversive tendency was for a time passive, but finally it gained force by the entrance of designing men into the ranks, men who, while "pluming themselves with the honorable title," "trade upon the name," and declare that "they have no use for Homeopathy except the name." Very soon followed the perversion of the *materia medica* under the pretense of revision, but in reality to bring the grand work of the masters down to a plane of the understanding of the revisers and their companions, the ignorant and the indolent, which resulted in a destruction satisfactory to those who trade upon the name. The next step in the work of destruction was to attempt the overthrow of belief in the development of the latent, potential, property of matter by limiting that power to the presence of matter determined by the capacity of the microscope, and by rejecting the fact that disease is disturbed vital force, consequently diagnoses are based on post mortem evidence, thus ignoring a cardinal principle of Homeopathy, and following in the steps of the materialists whom they strive to imitate.

As tares in a field of wheat speedily ruin it, so by the unguarded admission of the ignorant and the deceivers, did the homeopathic associations, both State and National, founded by the masters, become an easy prey, and therefore corrupted. Perversion of the principles, and corruption of the practice, of Homeopathy became the order of the day. Then came to pass that which the fathers had foreseen, a time when Homeopathy must be born again.

This is a statement of fact to which you can not be indifferent unless you would abandon the cause for which you have so nobly striven and to which the fathers earnestly devoted

their lives. It is not made in a factious spirit, but with sorrow, and I would that the facts might be forever buried in oblivion.

We have dealt with the serious part of the history of the deception practiced under the name of Homeopathy, but there is another side which would be simply ludicrous, if it did not impose a heavy sacrifice on a large class of people, who, unaware of the fraud practiced upon them, swallow all kinds of nonsensical mixtures as homeopathic. Without regard to the law requiring the selection of the remedy, that is to say, that which is the most similar to the symptoms, Aconite and Belladonna are given alternately and an occasional dose of Antipyrin to help the so-called homeopathic remedies in their work. Bryonia and Rhus alternately with Salicylic Acid for the same reason. Nux vomica "for constipation," followed by cathartic pills and castor oil. Quinine in massive doses because it is easier at times to suppress a fever than it is to perform a cure by means of the homeopathic remedy. The first can be performed by any one even in a state of partial suspension of mental activity, the latter requires a clear mind and a full compliance with the law of cure. Gallons of cod liver oil are administered, and blisters applied to the entire extent of the patient's back, for consumption. All this is accepted as homeopathic practice by an otherwise intelligent people, and under this delusion money is freely given to the support of hospitals which are based on this fraudulent practice.

You who know the fullness of the law can appreciate the enormity of this swindle, and it is you who will be held accountable in the time when truth shall assert itself, if you pursue a passive policy in the face of this chicanery. It is our bounden duty to unmask the deception; if we shrink from it we are unworthy the heritage bequeathed us by him who has

"One of the few, the immortal names,
That were not born to die."

Were we unfaithful to that sacred trust we would justly be classed with those "Who for so many benefits received, turned recreant to God, ingrate and false."

After the capture and subversion of all the homeopathic societies by the inroad of all classes of adventurers, the leaders became bold in the declarations of disbelief in Homeop-

athy, and in Hahnemann's teaching, and here we have an illustration of "Whom the gods would destroy they first make mad." Their declarations are not obscure. They come even from the presidential chairs of the prominent but desecrated homeopathic societies; they come for the purpose of furthering the deception in their practice; from the so-called homeopathic colleges and journals that train men "to trade upon the name." I may be permitted here to give a few examples of the many declarations of these leaders to substantiate the charges I have here made.

The following is from one who in public loudly helps to celebrate Hahnemann's birthday, and who says:

"Having developed such a great law in reference to the specific action of remedies it has been very natural that we should follow Hahnemann, believing implicitly in all that he said. We have followed too long the Will-o'-the-Wisp in the search for the cause of the supposed energy, but like the Keely motor science, we have no explanation for what is claimed."

Extract from President's Address, Hom. Med. Society of New York, 1886.

FELLOW MEMBERS: I congratulate you on the immunity you enjoy by the absence of such company and assure you of that happiness hereafter, if you will continue to guard our entrance as heretofore. But in the presence of that company you will be reminded that

"When vice prevails and impious men bear sway,
The post of honor is a private station."

"Searching for the cause of the supposed energy"? Is it not surprising that he has so long been chasing the Will-o'-the-Wisp when he aspires to hold in his impious hands the cause of the supposed energy? May heaven forgive him the blasphemy. Had he ever made a homeopathic prescription, as he professes, he would have knowledge of the existence of that energy, and therefore sufficient knowledge to not go "above the reach and ken of mortal apprehension." "Self deception began in our school when the law of potentization was enunciated." As it was Hahnemann who enunciated that law, this announcement was not made by this professed homeopathist when publicly celebrating the master's birthday.

"The two schools are surely coming together." If by this statement he means that the old school practitioners and the pretenders to homeopathy are coming together, all well

meaning people will wish them good speed, for then the latter class may become respectable.

“That Hahnemann made a discovery or enunciated a law which has revolutionized the application of remedies to disease is true. But if he were alive to-day and had kept abreast of the times in the various departments of medicine his logical mind would ere this have given his discovery its proper limited place. For when we have corrected the physiological state of our patient, have improved his sanitary surroundings, instituted hygienic measures, and used such auxiliary, treatment as in the progress of medical science and clinical experience have proved to be wise, remedies have only their limited sphere of usefulness.”

Here you have an exemplification of arrogance which has never been surpassed. The implication here thrown out could not come from one familiar with, or who had even read, Hahnemann's writings, as the *Organon* alone has eleven paragraphs and two lengthy foot notes, teaching the removal of the exciting causes of diseases, and treating of hygiene in general. This book, of which such expounders of Homeopathy show a lamentable ignorance, could in this day be of much service to them, even if they gave to it no greater amount of study than they do in searching the advertised fleeting hobbies so industriously brought to the physician's office by commercial travelers.

But then if the illustrious Hahnemann had lived to be contemporary with this babbler and had kept abreast *with him* in his ability to supplant a boundless natural law, provided for the cure of disease, and had witnessed his various tricks to that end, it is to be understood that together they would have given this law of the Creator its limited place, and that it should take a back seat during the performance of his auxiliary treatment.

Lastly, comes the announcement to the members of the so-called Hom. Med. Society of the State of New York, by its President (who publicly celebrates Hahnemann's birthday): “Strange to say this time our opponents are the followers of Hahnemann.”

We have here presented the dangers that threaten the truth which is in Homeopathy, not now from its old enemy, the old school, but from deceivers who assume the name “to trade upon.” Indeed, if it had not been for their nefarious work, the fair minded of the old school would ere this have ceased their opposition, but with positive evidence of the ex-

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We have here presented the dangers that threaten the truth which is in Homeopathy, not now from its old enemy, the old school, but from deceivers who assume the name “to trade upon.” Indeed, if it had not been for their nefarious work, the fair minded of the old school would ere this have ceased their opposition, but with positive evidence of the ex-

isting fraud, they fell into the error that our art is without foundation, and therefore they ranked all its adherents alike as deceivers. The deception here but faintly depicted has become so thoroughly established in the public mind that the existence of this Association, as well as that of various local Hahnemannian Societies is not only misunderstood and questioned, but by many regarded as inimical to the general welfare. Therefore, it is only with a sense of duty that on this occasion a statement of the evil is made with the protest. It should be understood by those who meet with us to-day for the first time, and by all intelligent people, that the purpose of this Association, and of the local Hahnemannian Societies, is to express clearly the true principles of Homeopathy, and to check the loose generalization of the so-called homeopaths who threaten to obliterate the truth taught by Hahnemann. This is a duty which we have assumed when we have accepted and indorsed the declaration of principles of this Association.

How is this duty to be fulfilled? I answer, by the maintenance of these principles in their purity in our practice, and by our support of the organizations, colleges and journals that advocate them, and by warring with unsparing hand with all the energy a conscious rectitude can command against the evil ones who would trample our righteous cause into the dust. To this end we must be imbued with the

HAHNEMANNIAN SPIRIT.

This spirit demands integrity, industry and self sacrifice; qualities absolutely essential for the arduous work of a true homeopath. His life will be devoted to a faithful study of the three cardinal questions propounded by Hahnemann:

1st. By what means is the physician to arrive at the necessary information relative to a disease, in order to be able to undertake a cure?

2d. How is he to discover the morbid powers of medicines, that is to say, of the instruments destined to cure natural disease?

3d. What is the best mode of applying these artificial morbid powers (medicines) in the cure of disease?

The mastery, if that attainment is possible, of these important requisites in the true art of healing is not obtained in the college, but becomes the life study of the homeopathist after graduation, and for which the only guide that has ever been provided is the *Organon of Hahnemann*. In this work it is the aim of this association to advance, not by vain theo-

ries, but in the way marked out by the master in conforming to the law.

When by perfidy our cause had become an offering of sacrifice for the recognition of the deceivers by the dominant school, then it was that the Hahnemannian spirit appeared with renewed life, and Lippe, Wells, Pearson, H.C. Allen, Ballard, Rushmore, Foote, and others came to the rescue, and organized this Association, and it is on your fidelity that they trust for its preservation. Their names ought to be written "over the zenith of light." All honor to them and thanks to the Hahnemannian spirit that actuated them. We have then this sacred trust in our keeping; let us see to it that it is kept inviolate, and it is the guidance of this spirit that will enable each member to fulfill this expectation in the performance of his duty to this association, as well as in his daily professional labors.

It is worth while, then, to consider what it is which constitutes the Hahnemannian spirit. It is engendered by a firm conviction of the truth which is in Homeopathy, that is, of the existence of a natural law of cure, the law of similars. A faithful conformance to it and its corollaries—the single remedy, the minimum dose, and an observance of the force in the action of potencies—will give to the observer the proof that is convincing. This conviction in its turn engenders an energy to extend this truth, and to bring all others, if possible, to accept it. It therefore becomes a power which justifies the expectations of the absolute final triumph of our art. It is this spirit which is cautiously evaded by many of the well meaning practitioners who have not given the necessary study to the teachings of Hahnemann, and a fierce opposition is presented to it by the class of men heretofore depicted; they want "amplified tolerance," larger freedom of opinion in practice, vainly imagining that in the operation of their minds a greater scope for good may be secured than is provided by a boundless natural law.

A superficial glance might lead to the belief that Homeopathy is nearly extinct, that it is buried under the rush of the invaders. It is true that by loose practice, specious reasoning, and downright deception, a large class of people have become indifferent if not positively averse to the beneficent art, and consequently have become impressed with the belief that it is

enviored in illiberality, and enacted in severity. But, as the truth cannot be extinguished, so Homeopathy lives, and the Hahnemannian spirit will come forth and assert itself at every attempt made to overthrow our cause, and as Homeopathy recovers from the devastation into which it was plunged by its false representatives, and as it reappears with renewed life, we must meet the changed condition with this spirit, not to put it away as belonging to the past, but to combine with it the consideration due to those who by circumstances of the past have been deprived of the opportunity of gaining knowledge of our art, while to the deceivers who would continue their work of corruption, this spirit will present itself as a wall which no evil can overcome.

As we come together in our annual meetings, and while the interchange of friendly greeting is taking place, we are at the same time impressed with the fleeting tenure of life by the knowledge that death has made its visitation and has removed one or more of our valued members. This time the painful announcement is made of the death of Dr. Edward Bayard of New York. I have some knowledge of his entrance into the field of medicine, but as our necrologist will give you a statement of his useful and complete life, I will only add a few words in testimony of the value of this life that has passed from us. Impressed with the efficacy of the homeopathic healing art by means of a cure which restored him from a hopeless state to vigorous health, he left his chosen profession, the law, which, together with the social and political influence of his family, opened to him a great future, and he commenced the practice of Homeopathy in 1844. He was respected by all classes of practitioners for his attainments as a scholar and for his high order of principle which assured his unswerving integrity in practice.

RECOMMENDATIONS.

I have but few suggestions for your consideration. The most important is that provision be made for the honorable retirement of members who by age have become incapacitated for the work devolving on active membership. Among the founders of this Association were a number of the fathers of Homeopathy, some of whom are yet with us. They are men who endured sore trials in the early days of our noble art,

when its adoption entailed abandonment by friends, and bitter persecution by its enemies, trials which only a conviction of truth could withstand. Their devotion, rewarded by ingratitude, and their efforts thwarted by those who now reap the benefit of their labors by their successful establishment of Homeopathy, constitutes a state for which we should manifest in some way our appreciation by at least performing a plain duty. One of that noble band who organized the American Institute of Homeopathy is yet with us. Aside from the trials attending his pioneer life, he has endured the disappointment of witnessing the perversion of that home for Homeopathy which he and his co-laborers built for us and for generations to come. It is to him and others we are indebted for the preservation of pure Homeopathy, and for its renewed life and vigor; it is, therefore, fitting that we should show to them gratitude and veneration.

The next suggestion I have to make, is that in some form, provision be made for the reception into this Association of recent graduates, I would even say, in medicine, provided that character for honesty be assured. I deem this quality the most essential upon which a hope of the realization of the purpose of this Association may be based, as it is a fact, learned by experience, that only honest men can be homeopaths. This suggestion is made in order that this Association may secure the greatest scope of usefulness in teaching the principles, and true practice of our art, and in view of the fact that many of the young men, whether trained in the way they should go or not, fall into evil ways by the allurements of the deceivers, and in consequence of the need of requisite support on their still frail foundation, to keep them firm until they have by practice grown in sufficient knowledge to withstand temptation. I propose as a plan that a subordinate membership be created for the admission of practitioners of Homeopathy, or of other schools, of less than three years' practice, on a probationary period of three years. For such membership, the same qualifications shall be required as in case of an applicant for full membership, except the endorsement of the declaration of the principles of this Association. That such membership and the fulfillment of the probationary period shall in no way operate to set aside any part of the rules in force for the election of members; in

other words, that an applicant from the probationary class can only enter into full membership under the existing rules governing such admission. That a member of this class be entitled to the privilege of the floor to engage in the discussion of medical subjects, and to present papers subject to the approval of the Board of Censors, but that he be prohibited from engaging in discussion relating to the business affairs of the Association and from voting on any question.

Although our membership is not large, it is, notwithstanding, widespread even to remote countries, such as India and Australia. In order that there may be a living alliance between this Association and its distant members, I invite your attention to the necessity of electing a corresponding secretary, whose duty it shall be to communicate with them yearly, to obtain such information relating to Homeopathy, either personal or general, as they may have to give in their country or of those beyond them. In this way a fostering care will be given, and you will maintain a better fellowship.

Appreciating this necessity, I addressed, during the past year, a letter to all our foreign members, with the result of receiving only four responses; they are from England, Italy and India. These letters you will find not only interesting, but valuable for the information they give. They will be presented to you in the proper order of business. Although the responses are few, they open a field for further search of matter that interests this Association, by pointing out men and institutions of whom we had no previous knowledge, giving good reason for believing that the adoption of the plan proposed will yield a better return in the future.

Fellow members, in closing I wish to express in fitting terms my appreciation of the honor you have conferred in elevating me to the present position, but as the honor is great, I can not command in language a fitting estimate, and can only, with hearty thanks, pray that I may have strength and guidance for at least a partial fulfillment of its duties. The honor you confer on your president is not the outcome of a very large and financially prosperous association; elements which, in these days, go to make an equivalent in a popular estimate of correctness and virtue. But it is the gift of a band of true men from all parts of the world, so strong in their conviction of the reality of the divine law of cure and its

efficacy in the cure of disease that a moral energy is engendered in them that will carry sway unchecked until our art is restored in its purity to the dominion and glory for which it was designed by the author of all good in giving relief to suffering humanity and to all His creatures.

J. A. BIEGLER.

ROCHESTER, N. Y.

THEORETICAL AND PRACTICAL PHILOSOPHY IN MEDICINE.*

Mankind can not live without Art. They seldom live without Philosophy. Art is a necessity growing out of the imperative needs of our life. Philosophy is an intellectual function which chiefly affords us pleasure. Our need of pleasure is always pressing, but it may be at any time foregone. Not until a definite evolution of the intellectual has been reached, do we find the need of Philosophy existing. The early man was content with sensual enjoyment. But with a larger brain and expanded mind, he sought for intellectual pleasures. Philosophy always ultimately transcends the senses. But all true philosophy takes its origin in Art. Art is the root, body and branches; philosophy is the flower with its subtle aroma. In modern intellectual life you can not separate Philosophy from Art. I wish here distinctly to state that, while there is much so-called philosophy that takes no cognizance of Art, it is always practically abortive. Cut loose from the universe, or if you please, from the sensible universe, philosophy is insane or unsound. It is unbridled imagination. It does not help the work side of human life. Men might well rest satisfied with facts, but they will not. Our senses fill us to the brim, and we might be therewith contented. Most of mankind are, because they lack intellectual development.

We may properly divide all philosophy into *practical* and *transcendental*. We can omit the latter simply because it is not practical. As men can not put oratorios into everyday life, so we can not find in transcendental philosophy anything answering to our necessities.

Whatever the members of this association may be—scholars, jurists, scientists, poets or musicians—they are, first and foremost, Physicians. Not merely masters of physic, but

* Trans. I. H. A.

masters of Physics. Every true physician is a Physicist. If his knowledge did not come through the schools, it must have come through books or personal experience. No man knows how much he knows; neither is he always capable of properly classifying his knowledge. The cook in the kitchen is always sure that she knows nothing of chemistry, yet she is one of our most useful, successful and needful practical chemists of the age. The farmer will tell you that he knows nothing of biology, yet all his life long he has been practically engaged applying the laws of biology to every day life.

Given a true physician, he is always the possessor of practical philosophy. However unconsciously it may exist in him, it is always there. He looks beyond the sensible signs of disease and the known qualities of drugs. Naturally he philosophizes. If he is a transcendentalist, he constructs a theory unrelated to what is revealed to him through his senses. He wraps this theory around his medicines and his patients, much as a tender babe is wrapped about with its swaddling clothes. The swaddling clothes have no organic continuity with the body of the child. They serve to keep the infant warm. They are not nutritious, but they give pleasure. Philosophy that is transcendental, serves a like purpose; and we may justly say of it: *De gustibus non est disputandum*. The pleasure of it is not to be disputed; but that does not answer for meat and drink.

Let us look now at Practical Philosophy. The materialist never ventures beyond the limitations of the known. Where demonstration ends, there he is content to rest. All philosophy consists of that which is projected beyond the known into the unknown. Between these, the transcendental philosopher maintains no continuity. On the other hand, the practical philosopher, however far he may reach, never loses his foothold.

Let me illustrate: Across a deep, wide chasm I saw a bird fly; and it gave me much pleasure to watch his aerial movements. Following the law of analogy, I could construct a theory by which men could make flying machines and vie with the bird in crossing the chasm. To the practical mind, even if this were successful, it would amount to nothing in the way of transporting passengers and goods. At the same time that I saw the bird, I also saw a cantilever bridge under

construction across the same chasm. At a dizzy height, it stretched out its slender but strong arms, above where the bird was flying. It looked at first glance as though it might fall of its own weight. When, however, you saw how firmly its ends were fastened into the rocky banks, all fear of disaster was gone.

Now let us return to the point of starting: Medicine is the one only term which includes all that immediately pertains to our profession. It is variously called the Theory and Practice; the Science and Art of Medicine. What we now term the Art and Philosophy of Medicine expresses the same thing. Of the Art of Medicine, all physicians know more or less. Of the Philosophy of Medicine only a minority have any very clearly defined views.

Anatomy, as generally taught, is the only department of medicine which absolutely shuts out theory. It is composed of facts, and of facts only. Physiology, *Materia Medica*, Chemistry and Pathology are constructed out of facts mixed with theories. In contrast with them, Anatomy is said to be dry, dull, uninteresting; and this because it lacks the pleasing element of theory. But theories have in them something more than the power of pleasing. Theories have been the stepping stones by which the world has risen in the path of progress. Theories have helped us to pass from the known to the unknown; or, to state it better, have helped us to bring the unknown into the realm of the known. By them, also, we connect widely separated facts, and thus establish relationships not otherwise seen. I am, of course, speaking of practical, not of transcendental, theories. Inductive philosophy lies at the base and fills the superstructure of all true Medical Science. The moment it is ignored or supplanted, the fabric is baseless. Less than a century ago medical art was filled with the wildest, unsubstantial theories. Many of its representatives are to-day following out one and then another theory, only to abandon them and follow a third and a fourth theory, and so on, *ad infinitum*. Each of these takes its origin in what its adherents are pleased to call reason. But out of none of them, singly or collectively, have they yet been able to develop a law of therapeutics.

Inductive medicine is purely experimental. It proceeds carefully by demonstrations, from simple to complex condi-

tions. It does not fly like a bird from drugs to patients. It builds a substantial bridge from the remedy to the disease, or more strictly, to the condition known as disease.

I shall now proceed to consider three facts connected with medicine, in which philosophy plays an important part.

1. Let us begin with Pathology, for this is the natural order of development. We have a patient affected by disease. Our senses show us much that is abnormal—ulcers, abscesses, tumors, inflammations; they are revealed to the trained eye. With the microscope we go deeper still; and tissues, cells and exudates, unfold more and more. Chemistry helps us still further on. Every conceivable agent is employed to find what the disease is, and we find our hands full of much, and yet the essential cause eludes our senses. Back of all these phenomena we know there is something.

We can not live and do good work, without any theory. It will perhaps help one's intellectual cravings to construct a theory, but the chances are, that every theory is as likely to be as damaging as useful. Concerning the essential nature or the ulterior cause of disease, the ground for thousands of years has been fought over by giants and yet little gained.

If now we turn to Hahnemann's Introduction (*Organon*) we find a bit of transcendental philosophy upon this point:

He says that, "the essence of diseases" is "*dynamic aberration, which our spiritual existence undergoes in its mode of feeling and acting—that is to say, immaterial changes in the state of health.*" It is easy to see, that in following him in his practical application of the law of Similia, one is not obliged to accept his theory of the origin and nature of disease. There is no doubt that, failing to discriminate between the theoretical and the practical parts of the *Organon*, many have found insurmountable obstacles.

There is no doubt that Hahnemann was a transcendentalist. The gross materialism of his time was repulsive to his nature. and besides, science, yet in its swaddling clothes, was able to render him but little assistance.

It is very different to-day. We have deeper knowledge of material changes in the body. Now upon the lines of development, which science has brought to light in the domain of physics, it is possible to formulate a theory of disease (if we need one) which will safely subtend the known into the unknown.

Science deals with masses, molecules, tissues, cells, protoplasm and atoms, as so many verities. But their assumption involves much that is philosophical. Inductive Philosophy rests upon them as ultimates. They are coherent and logical concepts; and the true Philosophy of Pathology can not be substantially built upon any other foundation.

2. Let us pass to the second point: *Materia Medica*. It is not possible to adequately express the pain one may feel in looking at the vast pile of material out of which the modern doctor draws his supply of remedial agents. Outside of the homeopathic school, there is to be found little else than chaos. Of the action of drugs about as little is known as in the pre-Hahnemannian age. A drug is cathartic, diuretic, alterative, sedative, and so on to the end of a brief chapter. The action of the drug is at one time physiological, at another chemical and more often inscrutable.

Generally medicines are given *secundum artem*, upon a purely eclectic principle. No philosophy of drug action is possible under such a state of affairs. So long as we use drugs in gross forms, that is in sensible states, we have no use for any philosophical ideas concerning them, for they do not transcend the senses.

To Hahnemann alone are we indebted for the mode, so long followed, of attenuating drugs. In the process of division, the microscope helps us on a little way in verifications. Chemistry goes somewhat further and makes sure that we are holding to the drug form. Far beyond these the spectroscope follows us, until we reach a division of substance not dreamed of in earlier ages. Beyond these our senses trace with scientific exactness the process of subdivision toward what may be a limitless field of extension. Concerning the intimate nature of drugs, it was natural the earlier philosophers should indulge in un—, or, rather supersubstantial theories.

It was doubtless with measureless amazement that Hahnemann and his immediate followers found that attenuating a drug enhanced rather than decreased its action. First it was seen that, subject to a variety of conditions, drugs manifested distinctly (a) a toxicological, (b) a physiological, (c) a chemical, and (d) a therapeutical action. The well known method of proving drugs was established; and so in various ways we came to a knowledge of the nature of our *Materia Medica*.

But, beyond what we know, is a wide field, in which speculation has long been rife. We have no desire to combat all or any of these theories, however transcendental.

The science of physics, in its later developments, has rendered us most important service. I do not believe our school has done what it might in fortifying itself, by accepting the truths of physics and using them to replace the false speculations that exist in regard to the nature of drugs.

A brief summary must close this point of our discussion.

1. Drugs are residences of energy; each after its own kind.

2. Attenuating a drug renders it (a) more readily assimilable; (b) more readily changeable from the Static to the Dynamic condition and (c) enables it to give up its peculiar energy to other bodies under the well known law of Transference.

A theory of the nature of drugs, however far it might carry us in the matter of attenuation, would still rest securely upon a substantial basis. It can be made thoroughly demonstrable.

The last point which I intend calling your attention to—Therapeutics—while it is foremost in importance, must, for want of time, be only briefly discussed.

Just how medicines act in the curing of disease is a question that has long been fruitful of controversy. The thing I would like to settle is this: Have we a substantial basis upon which to construct a practical philosophy of Therapeutics?

Science is holding out to us that which is of great importance here. If we have learned more of the nature of disease and of the action of drugs, we are just so far qualified to answer this last question. In developing the law of Similia, Hahnemann and his immediate followers considered that they had found a law of cure. I think many still hold to that view. But the idea is not true. Similia is a law under which, in any given case, the correct remedy (drug) is selected. It is the only safe guide in selecting the indicated drug. In no respect does it touch the question as to the immediate action of the medicinal force upon the disease force.

Hahnemann's views upon this point are well known, but I do not think they are well understood. Let us quote:

§24. (Organon.) "There remains accordingly no other method of applying medicines profitably in diseases than the homeopathic, *by means of which we select* from all others that medicine (in order to direct it against the entire symptoms of the individual morbid case) whose manner of acting upon persons in health is known, and which has the powers of producing an artificial malady the nearest in resemblance to the natural disease before our eyes."

You will observe that the end of the law is the *selection* of the remedy. Comparing symptoms with provings, we determine the *simillimum*. Of course Hahnemann did not fail to speculate upon the question: How do medicines act in curing? And not a few of his followers have deemed it obligatory to follow his methods, and his opinions as well. How unwise such a course is we may see by the following:

§28. (Organon.) "As this therapeutic law of nature clearly manifests itself in every accurate experiment and research, it becomes an established fact, however unsatisfactory may be the scientific theory of the manner in which it takes place. *I attach no value whatever to any explanation that could be given on this head*, yet the following view of the subject *appears to me* to be the most reasonable, because it is founded upon experimental premises."

Had Hahnemann lived in these days he would have found his facts as we have found them, more and more confirmed; but his philosophy would doubtless have undergone great change.

We can hardly agree that no value is to be attached to these speculations in the domain of therapeutics, else would we not have written this article. Philosophy of whatever kind, has its value, but in medicine we must avoid the transcendental and keep in coherent relationship with science.

There is about that, which we call disease, nothing but what is common to chemistry, physiology and physics in general. Light, heat and electricity are phenomena due to discharges of energy along certain lines. Pathology falls into the same category. No force can be created or destroyed. Disease is subject to the same law. We can not make it or annihilate it.

The forces of nature appear and disappear under the law of Correlation. Diseases appear and disappear by virtue of that same law. That which promotes life to-day, causes death to-morrow. Diseases not only change from one form to another, but they change into other forms of energy not pathological.

To cure a disease is not to destroy it, but to correlate it into some other state not inimical to health.

Drugs represent certain states of force. When they are attenuated, they are manifestly altered in their condition of energy. Arsenicum crude and Arsenicum attenuated, while closely allied, are not the same. "For the sake of peace" we have consented to avoid the question of "dilution." We have done so at the expense of truth. If there were nothing in it, there would be no contention over it. It does greatly matter in what form or potency a certain well indicated drug is given. To fall back from this point to avoid collision, is to lose important vantage ground. It is not a whim, but a law in Physics that demands attention to attenuations in using drugs.

We have very much to do in building medical science upon an indestructible basis. The study of disease as only the homeopath studies it; the proving of drugs as only the homeopath proves them; the use of these drugs as only the homeopath uses them; all in marked distinction to the methods of the allopathic school, are capable of being placed upon a practical philosophical foundation. We can retreat from them only when science proves them false. Philosophy and art (experience) are abundantly competent to substantiate our position. Throw away all transcendentalism and stand on the practical, the substantial, the demonstrable, and we have an inductive science against which "the gates of Hell" can not prevail.

T. P. WILSON.

DETROIT, Mich.

DISCUSSION.

Dr. Rushmore: I should like to ask some of our German scholars whether the word "spirit-like" or "spiritual" best gives the sense of the German word used by Hahnemann? Perhaps their explanation would rescue him from the charge of transcendental philosophy ascribed to him by Dr. Wilson in his paper.

Dr. Wesselhoeft: I think it should be spirit-like, and not spiritual. This word has been used in several translations of the Organon. We should not understand it as pertaining to anything in the line of mysticism. Spirit-like and spiritual are certainly different, yet the difference is very difficult to express. I think that spirit-like refers to the refined and ethereal nature of potentized matter; the particles of matter

are in a spirit-like form ; while the word spiritual excludes altogether the idea of matter.

Dr. Hawley : I should like to ask Dr. Butler how he escapes the charge of mysticism by simply giving new names to old things ? Is not conservation of energy equally as mystical as spirit-like force ? The difference is only one of terms, as it appears to me.

Dr. Butler. Dr. Wilson not being here, of course I do not know how he would answer this question. We must remember that Hahnemann lived some time ago, and a great many changes have taken place since he died. Indeed, it is astonishing to note how many and various terms and phrases there are in medicine to express the same thing. What Hahnemann meant by spirit-like force I do not know, but I suppose that it corresponds very nearly to what is to-day known as energy. Spirit-like force was to him spirit-like in that it had nothing material in it. Nowadays we have abolished that word and use the phrase, energy, instead. What he called force we call energy. I think that perhaps the differences we have in these abstruse subjects are rather in the expression of the ideas than in the ideas themselves.

Dr. Hawley: We should be instructed if we had a list of the different words which in times past have been used to express the same ideas. We have done away with the word force, and we shall have to do away with the word spirit. I care not whether you call it force, spirit or conservation of energy, but I am certain that our art of healing is one of the most substantial things we know anything at all about. We take healing power out of *Nux vomica*, and find it still in the sugar or in the alcohol used to develop it. The curative force of *Nux vomica* is in the sugar or alcohol in its potentized state. I have no doubt but that these forces are allied to electricity or magnetism; like forces attracting and dissimilar forces repelling. The force residing in the potentized medicine perhaps attracts diseased forces similar to itself from the sick, and thus leaves the organism free to go on in its proper way.

Dr. Fincke: The remedy must be similar with the disease in order to cure. This also applies to magnetism, electricity and all curative forces. Spirit-like does not refer solely to material things; because it refers to that refined dynamic

power residing in drugs, which, when applied according to the law of similars, restores the life-force of a sick person to its normal action. Still we must remember that it is the life-force which restores health, the remedy only enabling it to do so, probably by removing some misdirected action. This life-force has nothing in common with pure matter, and the force in the remedy which acts upon it has but little in common with pure matter, hence the term spirit-like. It is something like spirit, because it is so refined, rarified and etherealized, yet it is not spirit itself, and I do not think we need find any fault with either the word or the idea. The life-force of Hahnemann has been ruled out by modern philosophers, with whom there is no such thing; but instead they say, that the physical form acts by its own properties, matter moves by virtue of something inherent in it, and so they have come to the conclusion that there is no spirit; yet Hahnemann's philosophy rests upon a spiritual basis.

Dr. Kent: If we knew what spirit is and vital energy is, we would have no difficulty in understanding a good many things that are dark to us now. I have never seen a spirit, and I know it is hard to find words and synonyms with which to express ourselves. We come the nearest to knowing what it is like by knowing that it is not matter in its usual, material, palpable form, and by reflecting upon its extension in our potencies. It is certainly difficult to distinguish between spirit-like and spiritual. Probably the latter word would have been good enough for us were it not supposed, in the popular mind, to have some connection with modern spiritualism, a thing to which we object.

If there were no such thing as modern spiritualism, I do not suppose any one would have raised objections to the word spiritual. Probably as good a thing as we can do on this subject is to endeavor to understand that we do not understand, and that will assist us in arriving at something of a conclusion.

Dr. Carleton: "Dilution" and "attenuation" are words I do not like to hear. I have some very deep rooted prejudices in my make up, and among the strongest are those against these words. "Potency" and "dynamization" are the proper words, and we did not hear them in the doctor's paper. I am not much of a philosopher, but am a believer in Hahnemann every time.

Dr. Thomson : Some here seem to have trouble as to the existence of spirit, and one gentleman has said he has never seen a spirit. Why, as I look around me in this room, I see a great many spirits. It is the spirit within the man that thinks and acts. It is the spirit that moulds the body and makes the infinite varieties of the human form. Matter in itself is dead and inert, and all force comes from the spiritual that vivifies it. The distinction between these two is the distinction between Allopathy and Homeopathy ; the first is dead and lifeless, while the latter is a vivifying force, and its object is to rid this poor body of flesh of its disease by a proper application of that force.

Dr. H. C. Allen : I was much pleased with Dr. Wesselhoeft's distinction between spiritual and spirit-like. I think he hit the nail pretty nearly on the head. The terms certain and sure present a similar distinction. I am sure the sun will rise ; I am certain it has risen.

Dr. Butler : With regard to the words, dilution and attenuation, neither Dr. Wilson nor I have any apology to make. They are pharmaceutical words, and perfectly proper in their place.

MANAGEMENT OF DISPLACEMENTS WITHOUT MECHANICAL SUPPORT.*

If it should be stated in other than the Hahnemannian Association that the displacements of the uterus could be cured, or palliated even, without mechanical support, the advocate would find few believers, either in his statement or in his plan of action. But it is expected that the law of cure is universal; therefore it is almost needless to assert that our materia medica is ripe enough (which we all know) to manage these conditions without mechanical support.

Any physician in active practice among women must find a large percentage of his cases belonging to this category. The various classifications resorted to in text books for pathological study have very little value in the matter of cure; the wilderness of symptomatology furnishes us the only hope

*Trans. I. H. A.

of taking these cases to a successful termination, which is permanent and radical cure. The Hahnemannian finds no place in his practice for mechanical support; he relies always upon the indicated remedy. There can be no proof like actual cures. This method is successful or it is attended with failure; living witnesses must testify to its usefulness. The report of a few cases would seem quite useful as an explanation of what must be done and how the work must be carried out to avoid the use of mechanical support in displacements.

Whenever a patient presents herself to a Hahnemannian physician for relief for the complexity of symptoms belonging to displacements, not only the symptoms of the displacement but all the symptoms of the case, from childhood to the present time, must be as accurately written down as it is possible to obtain them, after the method directed by the *Organon*. The fullest detail of general symptoms must be taken, as it is quite probable that the symptom image will be made up or strengthened by what would be considered as concomitant symptoms. An examination such as is generally given is of the smallest importance in the case, and reveals none of the peculiar characteristics upon which the physician must rely for this symptom image. Many of these cases appear wearing the mechanical support of the last physician in attendance. Under such circumstances, the symptoms of most value do not appear. With the support, she is relieved and permitted to walk, stand and perform her family duties without much suffering. The mechanical support must be removed at once by the physician or the patient, if she be so instructed. She must be immediately placed upon *Sac. lac.*, and at least a week permitted to pass before a full symptom image will be found; it sometimes requires a month before the symptoms appear that were present before she was tampered with by mechanical support.

The patient will usually remark to the physicians, "I can not walk if my supporter be removed." Now this is what becomes necessary, and is usually what I want to hear her say. I immediately ask the question, "Why can you not walk, if this supporter be removed?" The answer brings the symptoms, that I write down, and with the others the image becomes complete after she has rested a sufficient time to permit the symptoms, that have been removed by the pessary to

return, so that finally the fullest expression of the symptom image is made out. Sometimes she may be able to relate with great fullness all the symptoms that were there before the pessary was used, and even the symptoms that will come back after the removal of the support, because she has become so familiar with them that she can relate them in full. Others have given little attention to the real symptoms of the case, having worn their pessary so long, and been subjected to such extensive local treatment.

It matters not how soon the symptoms are gathered, only so they are gathered in completeness as the honest expressions of nature, and not the misrepresentations, such as must come in many cases where the mechanical support has completely changed the surrounding parts. If these details are not carried out in fullness, no physician need undertake to make a homeopathic prescription. The symptoms that have been removed—no matter how removed—are the outward expressions of the inner nature of the disease to be cured. If they are not present, they must be permitted to return in order to appeal to the intelligent physician, as all diseases do, by signs and symptoms, and so long as they do not appeal to him by signs and symptoms they are incurable. When all support has been sufficiently removed, the rule is that these diseases do appeal to the intelligent physician by natural signs and symptoms.

It has been said that mechanical support is necessary in aged women. This is seldom true, if ever, as the indicated remedy will remove the displacements in feeble and broken-down ladies. For an example, let us look at the following case:

A lady sixty-five years of age consulted me for proclivencia. She was compelled to wear a T bandage whenever she walked; lying down gave her some relief; bloody, watery leucorrhoea which was offensive. She was greatly emaciated, waxy, bloodless, scrawny. Skin very dry and shrivelled. Toes becoming dark with gangrenous patches. Occasional attacks of bloody diarrhoea. Great weakness. Believed herself near the end. Had suffered from this extensive displacement for more than twenty years. Had on numerous occasions attempted to wear mechanical support, always failing because of the soreness of the parts. Secale cured in a very short

time, and the woman has gained flesh, strength and color, and is in excellent spirits. In such instances, if cure can be performed where mechanical support can not be tolerated, why not in cases most suitable to mechanical contrivances? This remedy would be seldom thought of by routinists for displacement, but it corresponded to the peculiarities of the patient.

Another case wherein a remedy was administered that would seldom be thought of, if aimed at prolapsus, was as follows:

A tall woman suffered many years from extreme prolapsus. Great bearing down in the pelvis. When at stool, numerous hemorrhoidal tumors protruded, which seemed full of sticking pains; much burning, and often attended with hemorrhage. Extreme pain, aching, bruised, through sacrum and hips when walking; pain extending down the thigh. The only comfortable position was lying in bed. Esculus cured this patient promptly. When she appeared for treatment she wore a horseshoe pessary, which was removed in the usual manner by the patient, and the symptoms of the prolapsus permitted to appear.

Another important application of a remedy: A middle-aged lady, mother of several grown daughters, appeared with what seemed to be a most important, peculiar mental symptom, which was explained by her husband. She only desired to be relieved of her mental anxiety at first, saying nothing about any displacement from which she had long suffered. The anxiety was of the nature of fear in the absence of her husband, fear that he would never return to her, fear that he would die, fear that he would be run over by the cars. It had grown so much upon her that she would weep during his entire absence; even attended him at his place of business to be with him. She had no desire to mention the fact that she was then suffering from a displacement, and was then wearing a pessary, not thinking that her displacement had any relation to her mental anxiety. But in the search for symptoms, it was ascertained that she had been treated extensively for a displacement, and was then wearing a pessary. She knew so little about Homeopathy that she supposed it possible to continue with her specialist for the displacement, and had simply consulted me because she had heard of some success in

the management of mental cases. The removal of the pessary was insisted upon, which was carried out. She then informed me why it had been necessary, and the nature of the displacement, which had been carefully diagnosed by her attending physician. The other symptoms of the case, as they developed, were copious menstrual flow, which was black and clotted; extreme sensitiveness of the genital organs, which prevented wearing the usual napkin during her monthly indisposition. These completed the symptom image which was so like Platina, that a beginner should not make a mistake. This remedy was quite sufficient to remove not only the mental symptoms, but the necessity for the continuation of any mechanical support.

It is not necessary to continue the further report of cases. Remedies having a reputation, when indicated, for curing such conditions are Bell., Lil., Murex, Nux v., Pod., Puls., Sepia. The indications for these medicines should certainly be very simple; they are in all the text books; they are open to the study of any physician who desires to follow the law. It is no secret method that the Hahnemannian physician employs in the management of these cases. "He who runs may read."

If the patient presents the vascular fullness, the bearing-down pains in the pelvis, as if the uterus would escape through the vagina; the extreme sensitiveness to the jar of a wagon or a street car; the marked heat of the menstrual flow, which is generally copious, clotted, black, mixed with bright red blood; the instinctive demand to press the external genitalia with the hand or with a napkin to prevent the protrusion of inner parts. With such symptoms, who could help thinking of Belladonna?

With the same dragging down and the same desire for external pressure over the parts, we should add the awful sense of hunger in the stomach, even after eating, which has an emptiness, a goneness, a sinking; lingering constipation with a sexual instinct that drives her frantic. Who could help but think of Murex?

Then slightly deflect the picture—with an overpowering sleepiness, so that during the entire day she can scarcely keep awake—who would not think of *Nux moschata*?

Then consider the extreme snappishness of temper with in-

testinal pains, with much pain and urging to stool, which is not successful; continued urging to urinate; who would not think of *Nux vomica*?

With all these bearing-down pains at every stool; with prolapsus of the rectum: alternation of diarrhoea and constipation; after the diarrhoea, which completely empties out the colon with gushing stool, the awful emptiness of the abdominal cavity which amounts to a deathly goneness, as if she must sink;—who could help but think of *Podophyllum*?

It may next be asked how rapidly are these cases cured. To a great extent this depends upon how much the symptoms have been disturbed by previous inappropriate treatment, and how much the constitution of the patient has been broken down by overwork, and the tenacity of the primitive miasm against which remedies must be directed. For instance, when *Belladonna* has been the medicine that has given the immediate relief, it will naturally be followed by its chronic. No case should be abandoned after the mere removal of the symptoms of displacement. Deep acting medicines become indicated as the final remedies in the case when the first remedy has only laid the foundation for cure. In my experience two remedies have usually been sufficient to cure, and the time required has been from six months to a year. In extremely broken-down constitutions the time is much extended. The percentage of failures should be very small. Indeed, no more manageable class of conditions come under the observation of a careful prescriber. No more could I say to emphasize this than that thus far I have met with no failures; all that have appeared have no more desired, nor felt the necessity for, mechanical support.

J. T. KENT.

PHILADELPHIA.

DISCUSSION.

Dr. Campbell: In this class of cases *Lilium* has served me wonderfully. It has done more for me than is usually expected of one remedy.

Dr. Bell: One of the most important lessons we learn from the allopathic system of medicine is, how not to do it. There is no particular objection from a homeopathic standpoint to mechanical supports for the uterus, any more than there is to a truss for hernia; but, as a matter of fact, there are a great many *mechanical* objections, to these supports. Dr. Hodge, who referred all or nearly all the diseases which a woman

could have to displacement of the uterus, used to be a great fellow in the allopathic school, but we seldom hear about him now.

Only ten years ago there was hardly to be found a correct representation of the pelvic organs in the text books. The uterus was shown upright, the rectum and vagina uncollapsible tubes, and the bladder anywhere it could be crowded in. With such radically wrong notions every woman had a displacement and pessaries could be used wholesale. By means of frozen sections the normal position of the female pelvic organs was discovered to be very different from the old idea. The allopathic authorities found that the uterus was a movable organ, with no fixed position in which it could or should be held by a mechanical support. The day of the pessary in the old school has practically gone by, with the exception, perhaps, of the stem pessary, of which they are very much afraid. They have also found that mere changes of position in the uterus, backward or forward, have but little bearing on the health. Aggravated cases of displacement very often present few symptoms of ill health, while on the other hand, severe suffering and many symptoms are often present when the degree of displacement is but slight. There is only one condition that seems to require surgical interference, and that is procidentia with a torn entrance to the pelvis, and great relaxation of the parts. Such cases often show but very few symptoms upon which to base a prescription, and to such, surgical measures are certainly appropriate. Very little room any where has been left for mechanical supports.

Dr. Hawley: Women are no more likely to be sick because they are women, than men are because they are men. Women are curable by exactly the same method as men. I pay no more attention to the mechanical symptoms than to any others. As a rule, the mechanical symptoms are all heresay. The woman only knows her womb is out of place because some doctor has told her so, and she refers all her troubles to this terrible misplacement, the thought of which the doctor has put into her head. You must go to work and get the case just as you would any ordinary sickness and administer your remedy without any special reference to the mechanical symptoms.

A young lady of sixteen had a trick played upon her by her little brother; he pulled away a chair just as she was

about to sit down upon it. She seemed shocked but soon recovered, and went to school as usual next morning. Soon her health began to fail and a physician was called in. He heard her history, made an examination and pronounced her case one of retroversion of the uterus. In spite of the services of seven of the most prominent allopathic physicians of Chicago, she remained an invalid for seven years, for three of which she did not stir out of the house. They all agreed on the diagnosis. She was also under Dr. J. Weir Mitchell, of Philadelphia. The history of the treatment of this case is simply astonishing, to show how little help there is in the best old school skill. She finally came into my hands. I made no manual examination of the case. I did not even feel her pulse, but I cured her. When her menses came on I never saw in my life such suffering. That was in November. The next August that girl got up at three in the morning during menstruation and went home, a long journey, without any discomfort whatever.

Dr. Stow: As a rule, I have not found it necessary to use mechanical supports in such cases, but I have found them occasionally useful. A lady called on me for treatment near the menopause. I prescribed for her for three weeks without a digital examination. I had to make one finally and found very pronounced retroflexion with absorption of the posterior tissue of the cervix. Sepia covered nearly all of her symptoms. She had a "dragging down" in the rectum; drawing outside of the thighs, crossed her limbs when she stood or sat down, pain in her back, etc. I administered Sepia and applied a rubber stem repositor in the mouth and neck of the uterus, having first pushed the organ into position by means of an instrument introduced into the rectum. I then kept the patient in proper position for two weeks. During that time it became necessary to withdraw the stem repositor about every fourth day. At the expiration of two weeks I found the patient much better, and in six weeks quite well. She has since borne a beautiful girl. I do not know whether she would have got well with Sepia alone or not; I am inclined to think not.

THE CENTRAL NEW YORK SOCIETY.

SYRACUSE, N. Y., June 20, 1889.

The regular meeting was held on June 20, 1889, at 52 Warren Street, Syracuse. Members present, Drs. Wells, Young, Hawley, Seward, Brewster, Emens, Hooker, Martin, Clapp, Leggett and True. Minutes of last meeting approved as read. On motion, the application of Dr. Isaiah Dever, of Clinton, N. Y., was referred to the proper committee.

§§ 35 and 36 were read from the *Organon*.

DR. YOUNG: One thing we verify in our every-day practice: An old-school practitioner, who handles every attack of ague with huge doses of quinine, suffers from constant return every three weeks.

DR. SEWARD: The strangest thing is that they keep doing the same thing over and over again, and never learn better. The ablest men in the old school are victims to this fallacy.

DR. CLAPP: This is demonstrated in the numberless cases of chronic diarrhea treated with oil, etc.

DR. YOUNG: Is it not true that men dread to change their mode of practice, and sometimes stop the practice of medicine because they distrust their own methods?

DR. DEVER: There are two reasons for men not practicing pure Homeopathy. First, it is not taught in our colleges. Second, the *Organon* is never taught. When I can not find the similar remedy, I give up the idea of curing my patient. The constant reading of the *Organon* is a feast which presents new features of interest to me every time I take it up.

DR. WELLS: In speaking of the study of Homeopathy, related a very interesting story of Dr. Loomis.

DR. DEVER: Two diseases can not exist in the same system at the same time; small pox and scarlet fever and measles, for example.

DR. SEWARD: How can you antidote a medicine? A person poisoned with Rhus will be cured with a high potency of the same drug.

DR. YOUNG: Does the 200th potency of Rhus antidote or cure? I like cure better.

DR. CLAPP: Disease can not live where the properly selected high potentiation exists.

DR. MARTIN: What potency of Rhus did I receive when poisoned by the smoke arising from a burning pile of the vine?

DR. YOUNG: A single dose has invariably cured in my experience.

DR. CLAPP: Every man has his own theory.

DR. YOUNG: It is a lamentable fact that we are compelled to begin at the same place, and, after progressing about so far, die and leave others to start just where we did.

DR. CLAPP: I began with the 30ths and can not succeed with the lower potencies.

DR. DEVER: The more we know of our materia medica the better we succeed.

DR. SEWARD: Many cases can not be moved by the lower potencies.

DR. CLAPP: It seems so in many cases. I have been called in consultation with low potency men and found the remedy given the correct one and a change to a higher potency gave immediate relief. Our colleges are at fault in their methods of teaching.

On motion, Society adjourned to meet in Syracuse on September 19, 1889. RICHARD S. TRUE, Secretary.

SYRACUSE, N. Y., Sept. 30, 1889.

The regular annual meeting of the Central New York Homeopathic Medical Society was held at Leland Hotel, Syracuse, on Thursday, September 19, 1889. Members present, Drs. Hussey, Hawley, Martin, Seward, Leggett, Carr, Biegler, Stow, Gwynn, Emens and True. Visitors, Dr. Schumacher, Dever and Potter.

The retiring president, Dr. E. P. Hussey, thanked the society for the earnest support it had given him during the year just ended. He attributed to the relation he had held to this society, his progress in pure Homeopathy. He had received a great benefit from the same, and fully appreciated the fact that he had been president of the pioneer society of pure Homeopathy of the world.

§ § 46 to 51 inclusive of the *Organon* were read.

DR. CARR: These sections bring to my mind a case of eczema in my early practice, a very severe case, which was

relieved by Hepar 200, followed by the cm. potency. Two years after, an ordinary attack of pneumonia after four days grew worse. A heated bottle had been applied to the breasts for their development. In looking over the case I found Hepar the remedy; gave it and she recovered in two weeks.

DR. HAWLEY: You have all met the theory among the laity that measles will cure whooping-cough. I never saw but one case. In scarlet fever the attack may develop phthisis, and we say phthisis was aroused into activity by the scarlet fever. It would seem that scarlet fever does not cure phthisis.

DR. LEGGETT: Do we ever see such a sequele where the case has been cured?

DR. HUSSEY: Otorrhea, if present before scarlet fever and cured by measles, why should not measles cure if it occurred after scarlet fever?

DR. HAWLEY: Otorrhea is not cured by an eruptive disease.

DR. STOW: Speaking of otorrhea as the sequele of scarlet fever, ought we not to regard otorrhea as the result of a force of the disease? Is it not the result of a miasm? In the case of phthisis where an eruptive disease occurs, the whole internal disease is blotted out. In regard to contagion, under certain provocation all those in possession of the same psoric taint will develop the same disease.

How can you cure a case of typhoid fever in less than two weeks?

DR. SEWARD: Have not had a case of typhoid fever continue over a week, but I do not feed. Had a case of a boy twelve years of age, a short time ago, cured in five days; but I did not feed.

DR. HAWLEY: Have had in the last twenty years but two cases of typhoid fever. I am in the habit of arresting my cases in five days, but I do not feed. I had a case killed by clam soup.

DR. STOW: Suppose you were called to a case with temperature of 104?

DR. HAWLEY: It would probably be too late to arrest its progress.

DR. HUSSEY: Have never had a case of typhoid fever, where I had the case from the first, sick over five days.

DR. DEVER: The old school say we can not diagnose typhoid fever in less than two weeks. The worst cases I have seen were those that have come on insidiously. I had a very severe experience in the Army.

DR. HAWLEY: During the war I had the cases of typhoid fever at the Soldiers' Rest. They had traveled from the South in a cattle car. The wife of one of them was telegraphed to, and when she came, she said, "Homeopathy won't do;" and she sent for an old school physician, who ordered milk punch, and soon after he died. I withheld all nourishment. I had twenty-four cases; the old school physician had four. Each of us had three deaths.

DR. DEVER: But one thing will kill a typhoid fever patient quicker than milk punch; that is an old school prescription.

DR. HAWLEY: The most discouraging condition I meet in typhoid fever, is that produced by a cathartic administered before I am called to the case.

On motion, the Society adjourned to the dining hall of the "Leland," where a well ordered repast occupied the time of the hungry doctors during the entire noon hour.

Promptly at 2 o'clock the work of the afternoon was begun:

First came Dr. Wall's paper.

CANCER.

This disease, which has caused so much suffering and mortality, is of such a nature as should incite our best efforts to ascertain, if possible, if means can be used for mitigating the sufferings of the patient, or arresting its development, or, possibly, effecting a cure. Forgetting the admonition of Hahnemann, that it is "the duty of the physician to heal the sick," too many, even of professedly homeopathic physicians, have turned a deaf ear to the curative power of medication in such cases, and have recommended them to the operative measures of the surgeon. They lose sight of the fact that this external development is in all cases only the outgrowth of a constitutional dyscrasia, except in cases caused by mechanical injury. Even in this case we may reasonably infer

that there has been a latent condition predisposing to this form of development. Our brethren of the old school are taxing their utmost ingenuity to ascertain, if possible, the composition of a suspected scirrhus formation. For this, chemistry and the microscope are brought into requisition. After all, this can give no light on means of treatment, and without any prospect of the relief of the patient. It remains for the followers of Hahnemann to prove that in accordance with the law of similia, and by its true and faithful application, it is not only palliative in cases advanced beyond recovery, but positively curative, especially in its early development; There is a most unfortunate practice on the part of the patient, in many cases, of concealment. A lady came to my office with a scirrhus breast she had discovered several months previous, and charged me not to let anyone know of it, even her husband or her only daughter. She had remedies, and in six months it entirely disappeared. Five years afterwards she informed her husband and daughter.

Another lady of 60, who had been an invalid many years, informed me that she had suffered several years from a cancer in the breast, which had far advanced in ulceration, and this "body of death" she had carried and its nature no one knew but herself. In a few months death relieved her.

In June, 1888, a lady 48 years of age consulted me in regard to a tumor in her breast the size of a butternut, hard and rough, pains burning and stinging. She had three prescriptions at intervals of three or four weeks, and the tumor with the pains all disappeared. Some two months since, she called and informed me that the trouble had entirely disappeared. Arsenicum Iod. 30 was the only remedy.

Mrs. M., 68 years of age, at the Home of the Homeless. Swelling of the whole left side of her face, including the submaxillary glands, one inch in depth, hard, pains burning and stinging, inability to eat except liquid food. Four points of ulceration soon developed, discharging fetid pus. She had first Nux, as she had been taking some quack remedies. She then had Ars. Iod., first the 6th and then the 30th at intervals which were continued some ten months. She is now quite well, swelling and pains all gone and the parts are soft and she has but little difficulty in eating her usual food.

While Ars. Iod. has been the principal remedy, Apis has done good service in relieving the stinging pains.

The writer is firmly of opinion that nearly all these cases will yield to well selected remedies if applied in the early stage of the disease.

Neither the microscope nor chemistry need be used to diagnose a case of this character.

When a physician is called to examine a case and he finds a hard uneven tumefaction attended with burning, twinging and stinging pains, he needs no further evidence of its nature, and, if he will faithfully apply the law similia in accordance with the therapeutic indications, he may be sure that he is doing that which is the best for his patient.

DISCUSSION.

DR. HAWLEY: When we cure a patient with a cancer, we are credited with making a mistake in our diagnosis.

DR. BIEGLER: If our only opponents were among the old school, we might rejoice; but our so-called homeopathic brethren take the same ground in regard to the microscope. Our opposition comes not so much from the old school as from our own supposed friends.

DR. DEVER: Dr. Wells believes in treating the symptoms, and in letting the disease take care of itself.

DR. MARTIN reported the following case:

Mr. V. L., age 65, weight 180 lbs., had always been in good health. A free user of cigars. Eight or ten years ago, a small sore appeared on the vermilion inner border of lower lip, l. side, at the place where he usually held his cigar. He thought at first that it was on account of his teeth being a little irregular at that point; but the delicate layer of mucous membrane in apposition to the teeth became detached, and very painful, biting, smarting, twinging, and all superficial, he consulted a so-called homeopath, who peared off the membrane and applied local treatment; but it would not heal. He then inserted a piece of gum, to keep the lip away from the teeth.

On May 3d, he called at my office for treatment. Before examination with a glass, I found a spot, the size of a shot, slightly cupped, red, and the surrounding membrane presented a radiated appearance from the center of the ulcer. The tissue surrounding the ulcer was of a grayish-white. After taking his history, I told him that I must have time to study up his case carefully, and as soon as I was satisfied I would

send him the remedy by mail. His feet and legs were cold. On consulting Hering, I found "Ulcers on vermilion border of lower lip;" also "Cancer of lower lip; ulcer grayish, superficial, excruciatingly painful," "lower limbs, legs and feet cold."

On May 7, I sent him seven powders of *Silicea* — one to be taken each night—and 7 powders of *Sac. lac.* to be taken, one each night thereafter.

May 23, one powder of *Silicea* 50m. and *Sac. lac.* to follow. Lip better, does not have as much pain.

June 10, one powder of *Silicea* 50m, followed with *Sac. lac.*

June 25, *ulcer healed.*

DR. HAWLEY: Would Dr. Martin have cured the case had he treated him for epithelioma?

DR. TRUE: Had a case of a cancer in the left breast as large as a walnut. All her symptoms were aggravated by standing. Shooting pains always present when standing, better on lying down. *Phos. cm.* cured the case in three months.

DR. J. T. KENT's paper, SECOND subject: When does a remedy properly selected cease to be homeopathic?

DR. STOWE: Another advance in Homeopathy. Is not that leaving Hahnemann behind?

DR. HAWLEY: Yes. How much is the dose repeated in contagious diseases? A single exposure to small pox is quite enough to insure its transmission. It is not the body and bones of the disease that we are fighting.

DR. DEVER: It is no new thing. It is Hahnemann's idea. If we would progress, we must prove remedies according to the homeopathic law. We are looking for the reaction, and when we reach it we must keep hands off if we would avoid a funeral.

DR. STOW: I was born a skeptic in spite of my parents' adherence to orthodoxy. When a remedy is introduced and amelioration ensues, then I'd stop.

DR. BEIGLER: Dr. Stow can not cite a case where an appreciable dose has produced contagion. A patient must be susceptible.

DR. HAWLEY: A small pox epidemic came from rags. I have recently had a proving of Sulphur that frightened me out of my boots.

DR. GWYNN: If repeating will kill, why are we not all dead?

DR. HUSSEY: Has not Hahnemann foreshadowed all this? Is this anything more than a development?

DR. HAWLEY: We have defeated the old school faction; the row is now in our own camp, and it is tooth to tooth. On motion, the further discussion of Dr. Kent's paper was postponed, and it was agreed that it should be made the subject for the next meeting of the society in December.

DR. BEIGLER was invited to speak upon the progress of Homeopathy in Rochester. He said: "Homeopathy in Rochester is the same as it is the world over. Rochester is a field in which a hot battle is being fought. A large, overwhelming majority is against it, causing confusion and chaos in the community. I can not do justice to the situation. Forty-five or fifty years ago, those who knew anything about Homeopathy knew just what it was, because those who practiced it were honest. To-day blisters, palliatives and all sorts of departures prevail, and very few know anything about Homeopathy from a pure homeopathic standpoint. Members regardless of sentiment have been sought for, and the State Society has become a farce and Homeopathy has been counted out. In Rochester, to counteract the mischief, a little society has been formed to fight the opposition. A homeopathic hospital was opened on April 10, and has been in successful operation ever since. The other faction has opened another hospital, and the people are called to that side because it is considered the legally protected society. Dr. Terry, when president of the State Society called attention to the fact that the only enemies of the State Society were the Hahnemannians. Dr. Dayfoot, the president of the State Society, to-day says he can not accomplish the results he must have with pure Homeopathy, and so prescribes compound cathartic pills, xx gr. doses of quinine, etc. We have men in Rochester who openly declare that they have no use for Homeopathy, except the name; such and such cases are not fit subjects for Homeopathy, etc., etc. It is only the gaudy butterflies, who, ignorant of Homeopathy, follow in the wake of the pretentious imposition only for the social standing it gives them. The more thoughtful and observing are watching the relative merit of the two factions, and, once convinced, they come with us to stay."

On motion, the following resolutions were passed commendatory of the work done by the Hahnemannian Association of Rochester:

WHEREAS: A Hahnemann homeopathic hospital has been established in Rochester, which is demonstrating the truths of Pure Homeopathy by the cure of cases declared incurable, and,

WHEREAS: The enemies of Homeopathy, moved only by opposition to the truth, have organized a so-called homeopathic hospital to compete with said Hahnemann hospital, with the purpose of deceiving the uninformed as to what is Homeopathy, therefore,

Resolved: By the Central New York Homeopathic Medical Society, that since Hahnemann discovered the law of the curative relation of drugs to diseases, and since a law of nature is immutable and its benefits can only be attained by a complete conformity to the law, no institution nor individual can teach the people that anything but obedience to law can serve the ends thereof for any other purpose than the deception of the people, and with no other result than their injury. Further,

Resolved: That we hear with gladness of the success of the Hahnemann hospital of Rochester, and urge the people of Rochester to watch carefully their work, that they may see by the results the truth of their position. Further,

Resolved: That the true homeopaths are depressed by the fact that their only enemies are those who assume the name of Homeopathy, and some of them even publicly assert that they have no use for Homeopathy except its name.

E. P. HUSSEY,

WM. A. HAWLEY,

T. D. STOW,

Committee.

Dr. True presented a clinical case, which was thoroughly examined by the members of the society. At the close of the examination each member was requested to write the name of the remedy indicated upon a piece of paper and hand it to the secretary. The result was announced—every slip of paper bore Sulphur, save one.

Election of officers resulted as follows: President, Dr. Leslie Martin, Baldwinsville; Vice-President, Dr. Wm. M. Gwynn, Troopsville; Secretary and Treasurer, Dr. R. S. True, Syracuse; Censors, Drs. Hawley, Seward and Stow.

On motion, the society adjourned to meet at Rochester on Thursday, Dec. 19, 1889, at 10 A. M.

RICHARD S. TRUE, *Sec.*

ROCHESTER, Dec. 19, 1889.

Present, Drs. Martin, Hussey, Hawley, Greenleaf, Clapp, Grant, Hoard and Carr. Dr. Carr was appointed Secretary *pro tem*. The minutes of last meeting were read and approved. On motion the reading of the *Organon* was deferred until later in the session.

Communication from Dr. J. T. Wallace, of Oneida, to the effect that his name be dropped from the society, was acted upon and the Secretary was instructed to inform Dr. Wallace that when his dues were paid his request could be granted.

Com. from Dr. Dever, read and ordered filed.

Drs. I. Dever, of Clinton, and C. Schumacher, of Syracuse, were unanimously elected to membership.

Dr. Kent's paper read at last meeting was discussed. Dr. Hawley reading the same. Drs. Hermance, Norman, Brownell, Clapp, Hawley and Hussey participated in the discussion. In the afternoon, a letter from Dr. Stow upon Dr. Kent's paper was read, and a reply was produced by Dr. Leggett and both were ordered to be placed on file.

A letter from Dr. Nash on Dr. Kent's paper was also read and ordered on file.

§§ 51 to 60 inclusive of the *Organon* were read and discussed. Drs. R. C. Grant and S. Seward were appointed essayists for next meeting. Minutes read and approved.

Society adjourned to meet in Syracuse, on 3d Thursday in March, 1890.

A. B. CARR, *Secretary pro tem*.

OPIUM INSOMNIA.

The following case is, I think, of interest, as illustrating the prompt action of a high potency as an antidote to the evil effects produced by overdosing with the same drug in a crude form:

Gertrude M—, aged 2 years, was brought to me July 29, 1889, with the following history:

Mother has had but one full night's rest during the whole of the two years of baby's life.

Baby gets to sleep at her usual bedtime, and sleeps till 10 p. m., then awakens with moaning, crying and tossing about;

seems frightened; finally almost falls asleep again, but awakens with a start and screaming, and keeping in motion one arm or one leg after awake.

Seems sleepy, but can not sleep.

This condition of things lasts several hours, or often most of remainder of night, so that many nights mother had not even undressed, all night.

Takes usual naps during day.

General health fair; no other symptoms, except a tendency to constipation, but this condition mother said was improving.

Efforts had been made to keep the child awake during day, so that she would sleep at night, but without success. An old school doctor had also, from time to time, prescribed "quieting medicine" for her, without effect.

During the next three weeks she received from me Nux vomica 6, Belladonna 30, Belladonna 200; also Chamomilla 30, and all without effect.

Finally I obtained from the mother the following facts, viz.: Before the child was 12 hours old, it had had put into its stomach four different kinds of medicine, one of which was *paregoric*, which had also been administered at times since (in addition to the "quieting medicine" ordered by the doctor).

During early months had colic and was very constipated, stools consisting of dark, round, hard balls.

Evidently I had to deal with a proving of Opium.

She received Opium 200; its action was very decided and prompt. First night slept better than for a long time. General health, appetite, disposition and condition of bowels improved *rapidly*, and she was speedily and entirely cured.

CLARENCE N. PAYNE.

BRIDGEPORT, CONN.

INTERMITTENT FEVER.

CASE I.—Mrs. P—, *Chill*; commences in the feet. Rigors up the calves, up and down the back and across the abdomen; chill and heat mixed.

No thirst, but stretching and yawning.

Bones ache very severely during both chill and fever.

Hands warm objectively, cold subjectively. Back aches severely during chill. Cutting pains in vagina extending upward during chill. *Fever*; Sleeps all the time. Great thirst during fever although quantity drunk is small. Pains in shoulder extending to head. Throbbing in stomach and abdomen. Eyeballs very sore; discharge from vagina like the white of an egg, face a mahogany red. Headache becoming more severe as fever declined. Vomiting of bile during both chill and fever.

Apyrexia; face yellow and sallow.

The lady stated she had never before had the peculiar vaginal symptoms, in fact was perfectly healthy respecting her pelvic organs. Because the peculiar and characteristic symptoms of the chill and fever indicated *Eupat. perf*; it was selected not as the simillimum, but as the most similar. The result however, showed it to be the simillimum, as there were no more chills and her health was better afterwards than for months. The remedy was administered in the cm. potency, one dose after the fever subsided.

CASE II.—Bertie J—, 5 years old. Chill every day at 8 A. M.

Prodrome:—Diarrhea; watery, undigested. Thirst, night before the paroxysm.

Chill; commences in hands and feet which are cold, nails purple, face, nose and ears cold; face very pale during chill, fever and apyrexia. During chill, covers up, coughs, sleeps, no thirst.

Fever: cough; diarrhea as soon as chill passes off. Stools profuse, watery, gushing. Stitching pain in chest. Hunger as soon as chill passes off. Thirst during fever. Face hot, pale.

Fever is followed by cold sweat, on forehead and hands.

Apyrexia: Irritable. Face very pale. Calls for articles of food which are rejected when offered.

Cina covered the totality of the peculiar symptoms and one dose of the m. cured.

This case had been sick more than a year under allopathic prescribing, and now, three months afterwards, remains well.

SHERMAN, TEXAS.

H. C. MORROW.

SUPPRESSED INTERMITTENT.

Mrs. W—, age 74, had chills one year ago which were suppressed by Quinine. Did not regain her usual strength afterward, and after about three or four months, a very profuse hematuria developed. On taking the case I found the following symptoms:

Large quantities of dark venous blood which clots in the bottom of the vessel.

Before urination, urging and scanty flow of urine.

During urination, burning at meatus and tenesmus.

Stream small, has to go frequently.

Meatus feels swollen; sensation at times as if a bubble of air were passing.

Varices of long standing over lower part of abdomen, very painful.

Shooting, lancinating pains in limbs.

Very severe pains in symphysis pubis. These latter pains always worse before a storm.

Rhus cm, one dose.

Improvement commenced at once, and continued for three or four weeks.

The pains in the limbs, varices and symphysis disappeared entirely, and for a time the urinary symptoms were much mitigated. As the varices were the result of the birth of her youngest child, who is now 40 years of age; and as the pubic bone was also fractured at the symphysis at that time, it would seem that the Rhus was doubly appropriate. After about a month I was again called and found the following conditions.

Considerable quantities of blood passed, though not so much as formerly. Severe and protracted tenesmus of the bladder; has to sit on the commode an hour at a time. When sitting in the chair throws right leg over the arm—the only position in which she can obtain relief.

Craves soup; belches wind after eating. Fulness in stomach after eating, by belching. Rumbling of flatulence. Red sediment in urine. Gets hungry about 11 A. M. Soles burn, has to find cool places for them at night, <of all symptoms at night. Sulphur, one dose. The painful and distressing symptoms all subsided, no more blood, and the patient three months afterward remains well.

I do not know whether this blood came from the kidneys or from the bladder, nor do I care. I prescribed for the patient and not the disease. That it was a severe case there could be no doubt, as she frequently passed one-half a pint of blood during a night. The quantity was so large that the query was, how a small delicate woman of her age, could survive such copious draughts upon her system. Could a routine of "favorite remedies" have done as well?

SHERMAN, TEX.

H. C. MORROW.

OUR OPINION.—We are sometimes asked to yield our opinion because we are largely in the minority. If men were to acquiesce to such a proposition, then Christianity would yield to Mohammedanism, and Mohammedanism to Buddhism, and it in turn to ignorant and abject idolatry. The believers in enlightened and recently developed truth are always in the minority. It is this same minority that eventually leads the majority into the light.

THE ACTION OF DRUGS AS OPPOSED BY THE VITAL FORCE.*

Perhaps all homeopaths will remember the very valuable paper published by Dr. Dunham, in his treatise on the science of Homeopathy, entitled, "The Primary and Secondary Symptoms of Drugs as Guides in Determining the Dose." Perhaps all will remember a similar treatise by Dr. Hale upon his imaginary law for selecting the potency. Also, that since these papers have been before the public, the homeopathic mind has been frequently directed toward the paragraphs in which this doctrine is treated of in Hahnemann's *Organon*, namely, §§ 63 and 64, coupled with § 115, which is as important in its bearing on the subject as the two sections named.

The sixty-fifth section should be studied, because it furnishes examples of action and reaction illustrating the doctrine taught in these sections.

As Dr. Dunham's main idea was to refute the doctrine of

*Trans. I. H. A.

Dr. Hale, that the primary and secondary symptoms furnish a sufficient guide for the dose, and as that is not particularly the aim of this paper, we may advance to a different view of these sections and the doctrine therein taught, believing that Dr. Dunham has left a sufficient argument against the folly aimed at.

§ 62. On the one hand, the pernicious results of the palliative or antipathic treatment; and on the other hand, on the contrary, the happy effects which the homeopathic method produces, can be explained by the following considerations, which have been deduced from numerous facts, which nobody had discovered before myself, although they had been, so to speak, within grasp, so that they might have been perfectly evident and of infinite benefit to medicine.

§ 63. Every medicine and every power which acts upon life deranges more or less the vital force, and produces in the individual a certain change, which may last for a longer or shorter time. This change is called the *primitive effect*. Although produced by the medicinal force and the vital force at the same time, it belongs chiefly to the power whose action is exerted upon us. But our vital force always tends to unfold its energies against this influence; the effects which are the result of this action, and which are inherent in our vital power for preservation, and which depend upon its automatic activity, bear the name of *secondary effect*, or *reaction*.

§ 64. As long as the primitive effect of the artificial morbid (medicinal) power lasts upon the healthy body, the vital force appears to play a purely passive part, as if it were obliged to submit to the influence of the power acting on it from without, and to allow itself to be modified by it. But after a while it seems in some way to become aroused. Then, if there can exist a state directly contrary to the primitive effect or impression which it had received, it manifests a tendency to produce it (secondary action, reaction), which is proportioned both to its own individual energy and to the degree of the influence exercised by the artificial morbid, or medicinal, power; but, if there can not exist in nature a condition directly opposite to this primitive effect, then it seeks to establish its preponderance by effacing the change which had been worked upon it by the force from without (that of the medicine), and by substituting for it its own individual normal state (*secondary action*, curative action).

§ 115. Among the primitive effects of certain medicines are found many symptoms which, in part, or under certain accessory conditions, at least, are the reverse of some other symptoms that appeared either earlier or later. Properly speaking, however, this circumstance is not sufficient to make us consider them as consecutive effects, or as the actual

result of the reaction of the vital force. They constitute an alternating action of the different paroxysms of the primitive action only; and are called *alternating effects*.

After due consideration of these sections, I have come to the conclusion that there is but one action of drugs, which is always to make sick. That which has been considered the secondary action is the action of the vital force, which always tends to cure. If we limit, as Dunham did, the basis of a prescription to the primitive effects, so stated, it becomes necessary to qualify our knowledge by an understanding of what is known or considered the primitive effects.

This involves a study of symptoms that occur after the prescription has been made and the remedy has acted. It also involves a study of symptoms that appear a long time after a proving has been made upon the healthy subject. These reactive symptoms often indicate what is going on, and often indicate whether the patient is curable or not; often indicate when it is necessary to repeat the dose; often indicate when the action of the remedy is inimical to the cure. From the old teaching the so-called secondary symptoms never call for a prescription. This is true in fact, but to understand the full application of this statement, an extensive study of action and reaction must be had. The symptom picture to be prescribed for must be made out of the sick feelings that endanger life or health, and reaction the evidence of repair of the vital force; hence the importance of knowing the full power of these curative energies.

In some instances, large doses of potent drugs produce violent effects, making deeper and longer lasting actions, such as are observed more particularly with potentized drugs. What are often mistaken for secondary symptoms are simply such symptoms as would come from highly potentized drugs as primitive effects or direct effects of the drugs in use. The more dynamical effects last longer and appear to be secondary to the more violent toxicological effects, but it is only an appearance. For example, one who has long been using Arsenic takes on the continuous appearance of the poison, in which we see the true drug action. So long as the drug is continued, the stimulating action of the crude Arsenic appears to keep up the nervous force of the subject; but as soon as the

drug is withheld, the awful crisis comes. This is where reaction, if there be any reaction, must show itself, but often the vital force has been completely subdued by the toxic habituated influence of the Arsenic. Nothing but more Arsenic will save life.

In like manner we see the toxic habituating influence of Opium and other drugs. After the continued use of Opium, such a depression of the vital force comes that the discontinuance of the drug is followed by a fatal diarrhoea, which necessitates more Opium being given. In such instances it would seem that the drug dynamis actually usurps the place of the vital force.

Under the action of small doses, we see the order of symptoms reversed. Some provers of Opium become constipated; others have loose stools, so that what would appear to be primary in one, would seem to be secondary in another case. One family under my observation always has a diarrhoea—every member—after taking a small dose of opium; while it is common for most subjects in proving opium to have a constipation as what appears to be the primitive action of the drug.

The vital force attempts to oppose the primitive disturbance produced by outward forces, hence the reactive manifestations seem to be the opposite in many instances. Hence, if opium begins the attack by constipation, it will end by diarrhoea. If it begins the attack by a diarrhoea, it will end by constipation. This must furnish us, in some cases at least, a wonderful example upon which to reason.

Now, if we attempt to measure the reactive energies in the state of health by our observation, we will see that the reactive energy is always greater than the primitive shock, as will be observed by reading the 65th section.

§65. Examples of (a) (primitive effect) are before the eyes of every one. A hand that has been bathed in hot water has, at first, a much greater share of heat than the other that has not undergone the immersion (primitive effect); but shortly after it is withdrawn from the water, and well dried, it becomes cold again, and in the end much colder than that on the opposite side (secondary effect). The great degree of heat that accrues from violent exercise (primitive effect) is followed by shivering and cold (secondary effect). A man who has overheated himself by drinking copiously of wine (primitive effect) finds, on the next day, even the slightest

current of air too cold for him (secondary effect). An arm that has been immersed for any length of time in freezing water is at first much paler and colder than the other (primitive effect); but let it be withdrawn from the water and carefully dried, it will not only become warmer than the other, but even burning hot, red, and inflamed (secondary effect). Strong coffee in the first instance stimulates the faculties (primitive effect), but it leaves behind a sensation of heaviness and drowsiness (secondary effect), which continues for a long time if we do not again have recourse to the same liquid (palliative). After exciting somnolence, or rather a deep stupor, by the aid of Opium (primitive effect) it is much more difficult to fall asleep on the succeeding night (secondary effect). Constipation excited by Opium (primitive effect) is followed by diarrhea (secondary effect); and evacuations produced by purgatives (primitive effect) are succeeded by costiveness which lasts several days (secondary effect). It is thus that the vital power, in its reaction, opposes to the primitive effects of strong doses of medicine which operate powerfully on the healthy state of the body, a condition that is directly opposite, whenever it is able to do so."

We must observe from these examples furnished us by the master—and it is always well to cling to his examples as closely as possible—that the reactive energy is always greater than the primitive shock. Were it not for this increase of the expressions of nature in the reaction, a cure might be quite impossible, and it may well be said that woe is man when the vital force does not react against the extraneous noxious influences.

Not so much of value will be observed when strong doses of crude drugs have been made use of. In proportion to the grossness of lack of detail in the primitive effect will there be lack of detail in the reactive effect of the vital force. This lack of detail will often be due to the grossness of the dose administered; a crude dose of drug will be followed by catharsis without specific detail, and when the reaction comes, the constipation will lack the finer sensations which are swallowed up in the intestinal paresis, and nondescript actions and reactions are almost meaningless. This should point out the lesson to provers, and place a limit on the value of such crude provings. This should teach the advocates of such effects that the individualizing indices are not to be found here.

If we follow out the sentiment of the text, we observe the reactive effect in a given case is generally the opposite of the primitive effect, or as though intended to oppose the primitive shock, whether from a burn, or from freezing, or from a drug, or the fixed disease, as will be observed by carefully re-reading the 65th section. The symptoms or appearance of the reaction are generally found in the pathogenesis of the drug causing the primitive shock. The reaction seems to work within the limit of the cause of the primitive shock. The reaction, in other words, is limited to the sphere of the drug causing the primitive effect. In one prover Opium has produced constipation (primitive effect) and in the reaction we observe a diarrhea. In another prover the primitive effect will be a diarrhea, and the reaction will be constipation.—See §65, Organon.

The reaction in healthy people will always be greater than the primitive shock. To state it in another way, the symptoms that appear in one person as primitive effects, appear in another as the reactive influence of the vital force; because the vital force in its efforts to resist the force from without must establish directly opposite actions, and all such reactions are within the line of actions found in the drug or disease cause which the vital force is acting or reacting against. Whatever symptoms or expressions are found in a given reaction will be found in the pathogenetic symptoms of the entity that the given reaction is opposing. There can be no reaction outside of the action of a given entity, whether it be a sick cause or drug.

It must not be supposed that this can furnish a doctrine whereby we can claim or suppose symptoms that have not been actually produced. I am well aware that this doctrine may be criticised before it is accepted, but the study of provings, thus far, has led me to fully believe in it as a fact.

To understand the action of drugs in the primitive effects, one must not attempt to study it upon the sick, but healthy persons should be chosen, which will give much that is useful by observing what is felt and seen.

Again, to understand reaction one must compare what he sees in healthy persons with what appears in various degrees of sickness in unhealthy people. If we commence the study of the primitive effect through a proving of a drug upon a

healthy subject, we will naturally avoid the effect of gross medicines if we would learn much. As has been said, the finer details have been swallowed up in the grossness of effects; but we observe that the few symptoms however seem to repeat themselves with an exactness that is surprising, some appearing on the 1st, 3rd, 5th, 7th and 9th days for many weeks with an exactitude of repetition that is surprising. Especially is this the case if the dose that Hahnemann mentioned, which was the 30th potency, should be the lowest resorted to for proving. In comparison with the gross effects which soon pass off, the effect of potencies upon healthy provers is most wonderful in the variety of the symptoms and in the length of time after the potency was administered. Even many weeks after the proving, we find symptoms coming or occurring in intervals of 7, 14 and 21 days. Particularly did I observe this upon a healthy woman in the proving of Cenchris, who had menstrual symptoms four months after the proving, recurring at each menstrual period with perfect regularity; a symptom that is now a confirmed symptom and valuable. If this could then appear as what we term a reactive effect it would puzzle a philosopher to know why the effect from a ten-thousandth potency had not long before disappeared. So that it must be reasonable to conclude that all the symptoms that appear after the taking of the drug that was administered, are the genuine symptoms of the drug, are the primitive and specific effects of that drug, whether occurring in the first day or many months afterwards. Habits and customs have been established by provings that have lasted the provers for years. These, considered as symptoms, have been cured by the same drug under similar conditions, and should be considered a fundamental primitive effect of the drug's use; they are really the sickness of the drug.

If we now undertake to consider the action of the drug when no apparent reaction comes against it to oppose it, we then see still more wonderful effects. If we administer to a patient in the last stages of consumption a drug in suitable form that would have cured this patient when he was yet curable, we now observe wonderful and striking things. We notice that after the administration of this drug that he is made worse, the course of his disease is more rapid, and he may be, by the careless use of such drug, hastened to a premature

grave. In this instance we notice the lack of reaction. We notice the continued primitive shock, which united with his disease, instead of curing it, hastens him on towards the grave. We observe then that which we had not observed in healthy reaction, a continued downward course in the primitive action of the drug united with the disease; hence, it may well be said that woe is man when reaction does not come.

We observe this state of things in incurable cases of Bright's disease, consumption, cancer, so that the remedy that was deep enough to cure him, is now poison. We further observe that the remedies that help the severe sufferings in these incurable cases are such as are similar only to the few symptoms in his sufferings. These furnish examples of the primitive action of a drug when not opposed by vital reaction. The primitive expressions become changed by the vital force in healthy reaction, and some have mistaken these for the secondary action of the drug administered; especially this is the case in provings. Then it is that we must consider the primitive action, when reaction does not oppose it, that we can know very much of its interior. Observe again the periodicity that comes in symptoms. The periodicity that follows the action of drugs, and what may be studied in a drug may also be studied in disease cause. What is true of the action of a drug is also true of the action of a disease. The most suitable way of studying diseases in their actions is also true of studying drugs in their actions, their conduct. Take for instance an intermittent fever. The paroxysm composed of chill, fever and sweat. The primitive action of that fever cause is attended throughout by the paroxysmal expressions that follow in which the reaction of the vital force has been, either aided or unaided, sufficient to oppose the sick cause.

It might be well to consider the erratic nature of some symptoms belonging to drugs, such as Ignatia having extremes and opposites and alternations of symptoms. Symptoms that change about in a most erratic manner, yet they are all the sick expressions of the one drug. I am aware that I have scarcely touched upon the important part of the truth that is yet to come out of reflecting upon the actions of nature. To be conversant with the signs of drug action is an important road to truth, and the knowledge thus gained must be useful, as a new drug, or the repetition of one chosen will often turn

upon what is known about the meaning of actions observed. It is now well known that reaction is going on favorably when mental symptoms are improving and general feelings express a general bodily improvement, even though symptoms are more painful. The successful healer is one who knows much about the signs of reaction and what is intended by nature. It is well known that chronic symptoms engrafted upon the economy either by drugs or chronic miasms are due wholly to deficient reaction of the vital force.

Incurable results of disease are incurable for two reasons: First, destruction of the tissues of the organism. Second, deficient reaction of the vital force. The latter may be again divided into congenital weakness and acquired debility. But as these divisions of inner complexities belong to other subjects, I will dismiss the subject entered upon in this paper, hoping that sufficient consideration will be given it to expose its weak points, that the strongest light may shine upon the real truth.

J. T. KENT.

PHILADELPHIA.

DISCUSSION.

• Dr. Hawley: I have one objection to make to the paper. Dr. Kent seems to me to be a little mixed in his use of the words "action" and "reaction." He states, if I understood him right, that all the symptoms resulting from the drug are drug action; then he speaks frequently of the reaction of the vital force. There is some confusion here to my mind which might have been avoided by a little circumlocution.

Dr. Custis: The diarrhea produced by the Opium must have been due to some idiosyncrasy in the patient, and shows that Opium was not a proper remedy for that person. Different people are subject to different diseases, and the same drug will operate differently upon different constitutions, and hence by a study of the peculiar susceptibilities of our patients, we may often get a clue to the class of remedies needed.

One man, for instance, will always have rheumatic conditions follow an exposure, and he will have a certain class of remedies to which he is most susceptible and among them you will find his remedy. Some people are so susceptible to certain remedies that they can never take them without producing aggravations. These are due to the idiosyncrasy of the person and not to the double action of the drug.

When a patient is so susceptible to Belladonna, for instance, that patient will never be helped by Belladonna, and would be a poor person on whom to prove Belladonna, because you would not get the finer symptoms.

The two fields for study are the nature of the disease and the action of the drug.

Dr. Johnstone: The gentlemen who followed Dr. Kent and preceded me have hardly criticised the paper, but simply confirmed it. The action of the drug is purely primary and causes the vital force to react towards health. The drug has an action and the body has a reaction; the drug gives the impulse, the push, to the deranged vital force, which causes it to react towards normal life. Drugs have only one action, and that is always sickmaking, it is the body (vital force) which reacts. Drugs sometimes kill people when very accurately fitted to the symptoms of the case, especially if too frequently repeated. This is true, especially when the vital force is so far below par that its reaction (so-called non-reaction) overreaches and becomes exhausted in the effort. I have had one case of that kind where the patient did not improve under the indicated remedy, and I believe would have lived longer without it (over-reaction).

Dr. Hitchcock: There seems to be some difficulty in understanding the terms, action and reaction. I can not see how anything but the reaction of the body can ever be manifest to us. Whether the individual is made sick by a drug or by a natural cause, it is the vital power trying to overcome the disturbing influence that makes symptoms, which are the only things of disease that are manifest to us. Hence, it is plainly the reaction of the vital force, in all cases that make symptoms, and the only thing that we see is reaction and not action. Where we give a remedy to a prover we get certain results; these results are simply the efforts of the vital force to get rid of, or overcome, the power which is disturbing it; they are the reaction of the system, not the action of the drugs; of this latter we know nothing, and therefore no line can be drawn between action and reaction.

In the case of the hand plunged into cold water, the first effect is entirely mechanical and can not be compared to the effect of a potency; the after effects are also entirely different. I do not think it is a fair example.

THE VITAL FORCE.*

It is my purpose in this paper to trace the evolution of the idea of a "vital force" to the time of Hahnemann. The Hahnemannian idea and its relation to the medical philosophy of our own time I hope to make the subject of another essay. While the term is perhaps an unfortunate one, I shall retain it because by long use and constant association of ideas it has come to convey as definite and perfect idea of that philosophical concept which is the subject of this paper as it is possible to have of anything which is in its essential nature unknown, and the existence of which is more than doubtful. The idea of a vital force is as old as the beginning of civilization. It has grown with its growth and developed with its development.

When in the evolution of man he emerged from the lowest forms of barbarism, mere animal existence, and began to think, the first and greatest of all the facts connected with his welfare which forced itself upon him, was being and not being—life and death. Wide speculation upon these great problems was impossible to him but when suddenly the forked lightning, the rude implement of barbarous warfare or slowly the wasting of disease had caused what we call death, that a change had taken place greater than he could estimate and the nature of which was beyond his comprehension, was a specific, awe-compelling fact no less patent to his clouded brain than it is to the enlightened intellect of the nineteenth century. What was it that had caused this great change? Was it the loss of something which he could not see or know? And if the loss of something, what was its nature? Was it from without, or a part of man? Was it material, or was it immaterial?

To these and similar questions, with the rashness which has always characterized and still characterizes man in his dealings with the unknown, more or less definite answers were made—answers which were as we should expect them to be, a curious mixture of the prevailing superstition and materialism of the age.

Perhaps the earliest trace of the idea of a life-giving principle—a vital force—dates to at least 3,000 years before the beginning of the Christian era. The living body, according to the Egyptian belief, contained a portion of the "Great Intelligence," a divine spark, called *chu*. This *chu*, since it

* Trans. I. H. A.

would of itself destroy the body, was enveloped in the soul, *ba*, from which it was freed at death, and, being immortal, converted into a demon. Even after death, the freed spirit might still exert an evil influence over the living, for mental diseases were supposed to be caused by these demons. The soul, the *ba*, remained with the body, however, as a phantom.

This Egyptian theory is chiefly noticeable in that it recognized a vital spirit wholly separate from the soul—a vivifying principle which was different from man's immortal part, and whose only office was to give life to the body. This as a philosophical concept is of a higher order than that of any contemporaneous nation, except, perhaps, the Indians, whose physicians recognized vital spirits which animated every part of the body, but which were known only by their effects. The Persians and Phenicians seem to have had no theory of a vital force at all, while the Jewish idea, based upon their legend of the origin of man (vide Genesis II., 9), made the soul and the vital force identical.

When from these opinions held by the nations earliest advanced in civilization we turn to Greece, whose philosophy moulded and directed medical theories and practice, and indeed the metaphysics and the physics of the world through many centuries, we find ideas of life in its ultimate nature difficult to understand and even more difficult to express. Whatsoever the opinions held by individual philosophers of the *psyche*—the soul, in respect of its immortality, its origin or its offices, they seem almost, if not altogether without exception to have considered it the vivifying principle of the body. Connected with it, as in some way necessary to life, was the *pneuma*—the spirit, but just what was this relationship I confess myself unable to comprehend. It seems, however, to have been secondary to the *psyche* which was the vital force *per se*. This *psyche*, the soul (and vital force also) of man, was conceived to be a portion of the great ultimate vivifying principle; of the cosmos. Anaxagoras held two ultimate principles of the universe—matter and spirit. All objects, animate and inanimate, were matter converted into their present form by spirit, which, coexistent and coextensive with matter, is in this way the vital and creative power. Of the essential essence of spirit, we can know nothing, but it was immaterial and intangible, and intelligent in the exercise of its

great functions. Not very different was the thought of Pythagoras in so far as his idea of the vital principle is concerned. The animal soul, he says, consists of the intellect, the soul proper, and the reason, is an animation from the *anima mundi*—the world soul. True he holds the basis of life to be heat, but this is rather a condition of life than life itself. So, too, Plato, though using other names to express his ideas, does not differ materially from the ideas already given. He, too, recognizes two ultimate principles of all things viz: "God like reason, absolute intelligence, God," and matter. The soul was an emanation from the former, dual in its nature its immortal part dwelling in the head, and its mortal part below the diaphragm. It is the life-giving principle and death in its separation from the spinal marrow. Aristotle, whose writings embody the highest thought in Greek philosophy, regards the soul as the vital principle. Of course in saying that the soul was regarded as the vital principle, I do not mean to convey the idea that it was this alone. It was much more than mere vital force, but our present inquiry concerns only this latter.

Of the opinions of Galen little needs to be said. Although the founder of a medical system which for more than a thousand years held undisputed sway over medicine, he was rather an encyclopedist than an original thinker. The soul he divided into three modalities to vivify the three "fundamental faculties, the animal, the vital and the natural," and held fanciful notions of its method of entering the body (in the respiration) and of its function therein. But it was the vital force and derived from the world soul—the *anima mundi*. One name, that of the greatest of all ancient physicians, has not been mentioned, nor his theories quoted. Hippocrates was distinctively a practical physician, not indulging himself in theories or speculations except such as were immediately connected with disease or its treatment. Wherever incidental hints of his opinions in respect of these matters are to be found in his writings they are but a reflection of the general ideas of his time. Of the opinions held by other ancient writers nothing need be said.

The Alexandrians, a later Greek school, were medical scholastics. Rome had no medicine worth a moment's consideration except such as was of Greek origin. Even the far famed

Arabian physicians, however skillful as practitioners and however much they may have added to medical practice, were Greek in their theoretical and speculative medicine.

The Greek idea was then that the soul, or some portion of it to which was delegated the office of vivifying the body, was the vital force. As necessary, also, to physical existence was the pneuma, "the breath of life," the spirit. But just how these two—the psyche and the pneuma, acted conjointly to cause life, we can not now say. Certain it is, however, that the vital force was a very definite something, not gross matter, perhaps not pure spirit, but a thing having form, intelligence and activity and partaking of the nature of both matter and spirit. Something like the Astral of the Buddhists, or what in our own day Prof. Coues calls biogen—"soul stuff." "Spirit in combination with the minimum of matter necessary to its manifestation."* Indeed, the Greeks, the originators and masters of abstract thought, did not seem able to carry it into this field of speculation. And this soul, which was the vital force, was an emanation from the ultimate creative principle. Even Leucippus and Democritus, the original pantheists, (and after them Æsclepiades), consistently formed the soul from certain forms of the minute, indivisible and infinitely numerous ultimate atoms which in their various forms and arrangement make up the entire universe. With all the vital force was identical with the soul, for although by certain ones heat (*e. g.*, Pythagoras) or motion (Democritus, Aristotle) are spoken of as life it will, I think, appear to the careful reader that these were considered (as Hippocrates says) as necessary conditions of life, rather than as life itself.

Through all the dark ages one seeks in vain for any advance upon the Greek idea of a life force. Medicine, under the rule of the Jewish idea, had become theurgic in its character, and the influence of the times upon medical practice and medical philosophy was no less disastrous than it was upon other scientific pursuits. Independent thought and investigation were practically unknown, while authority in science, as in theology, reigned supreme. Nor was it until the later years of the 15th century that signs of rebellion against this paralyzing

* Biogen, or a Speculation on the Origin and Nature of Life, by Prof. Elliot Coues.

influence were manifest, nor so far as medicine was concerned, until the sixteenth, that any decided advancement was possible. Then, however, did Paré, Brissot, Linacre, Kaye and others, the greatest of whom was Theophrastus Bombast von Hohenheim, commonly called Paracelsus, by casting aside authority and inaugurating original research and speculation, lay the foundation for the great advances in medical science which happily still progresses with increasing momentum. It is in the teachings of Paracelsus that we find the first decided advance in respect of our subject, upon the Greek ideas.

Now I do not know that I shall be able to give you a very definite idea of Paracelsus' conception of the vital force. Indeed, I doubt if his most devoted admirer and ablest expounder, Rademacher himself, could do this, but we may get some knowledge of it, and we shall see that in important particulars it is in advance of the Greek idea. With the Greek, he held that all life was an emanation from God which transformed itself into the primitive force, Yliaster, from this by further transformation we have the Limbus major and Limbus minor. In the former of these is contained all the elementary bodies of the cosmos, viz., salt, sulphur and mercury, and from various combinations of these three bodies, thus flowing out of the L. major, originated the four common elements: air, water, earth and fire. Each of these has an Archæus or active principle, which possesses a creative formative power of its own.—(Baas.) While from a union of these elements all material objects and all beings took their origin.

This Archæus was something personal, present in all bodies as a living active agent.

So man has his Archæus, which is the vivifying principle, and which Paracelsus with great definiteness asserts, has its home in the stomach, where, in addition to its office of vital force, it incidentally attends to the minor duties of its domicile, digestion and nutrition. Each member and organ of the body has, too, its Archæus which presides over its nutrition and its functions, but the Archæus of man is alone the life-giver. It is not the body, it is not the soul, for these are supplied in generation by the man and the woman, while the Archæus is from God, and is spiritual. However fanciful and

extravagant this may seem to us, it is a great advance upon former ideas in that although it regards the vital force as a thing, that thing is different from and not connected with the soul; again, although it is a thing personal and self-conscious, it is not a material nor a semi-material thing, but that somewhat indefinite, but certainly wholly immaterial something—pure spirit.

Though an interesting, and indeed an instructive study, our time will permit us but the briefest glance at the various modifications of the Paracelsian theory of *Archaeus*, under this (his own) and other names from Paracelsus to Hahnemann. It had a strong influence over, not only his professed followers, but over the whole medical world, and led gradually to the better ideas of Boerhaave, of Barthez, of Gaul, of Reil and of Hahnemann.

Von Helmot, like Paracelsus, used the name *Archaeus* to represent the vital principle, and like him, too, believed it to be from God, but he regarded it as the soul degraded in rank through certain gradations because of the fall of man. He grafted upon this certain chemical theories, and thus occupied a standpoint midway between Paracelsus and Sylvius. His system is no advance upon its predecessors except in that he recognizes that by means of various external influences (mental, as anger, passion, etc., etc.), the *Archaeus* causes some kinds of diseases. It is noticeable that in all the former theories of a life force it has not been thought to be a disease producer nor a disease curer either directly or indirectly, the "*naturæ*" of Hippocrates, and the "*vis medicatrix naturæ*" of Paracelsus and other systematists being something different from the life-giver.

Sylvius, to whom we have referred, the founder of the chemical school, introduced the idea of a dynamic, material principle which he called the "vital spirits." These were produced by the brain, "generated in the brain," as Willis puts it, or "distilled in the brain," according to Malpighi, but they are only incidentally connected with our subject, not being the vital force, properly speaking. They played an important and confusing part in medical theories, however, until they were effectually banished by Haller's investigations in nervous physiology. Boerhaave, whose eclectic system was "an effort to collect and combine what was good*" in all previous

*Baas.

systems, can hardly be said to have added anything to the idea of a vital force which already existed.

Motion he held as the highest principle and indetical with life, but the cause of motion was supposed to be an unknown something, neither matter nor spirit and not cognizable by the senses which he called "enormon,"—a word and in part an idea borrowed from the ancients of about the time of Hippocrates, and falsely attributed to him.

Gaul, his contemporary, maintained the idea of a separate and independent vital principle, whose seat was in the solid parts, and which was possessed of energy and receptivity.

Stahl, also of the early part of the 18th century, makes the soul the vital force, the creator of the body combatting its tendency to decay, an independent, self-conscious and, indeed, self-creative thing; rather a retrogression than advance upon former or contemporary ideas. We shall gain nothing by giving in detail the opinions held by others of this early part of the 18th century. Always are found the same general ideas modified, indeed, in minor particulars and bearing different names—the idea of a reasoning, self-conscious personal entity which gives life to the body and governs its vital phenomena. Cullen, the original and earnest Scotch physician (whose "nervous force," nervous principle, "animal force," was not the supernatural soul of Stahl, nor material like the "æther" of Hoffman nor semi-material like the psyche of the ancients or perhaps the distilled "vital spirits" of Sylvius), can hardly be said to have advanced the general idea for this "nervous force," though immaterial and connected with the material body, especially the nervous system, was but a reasoning, self-conscious soul after all. Something was added by Borden, the "vitalist," however. General life was, according to him, the harmonious working of the "individual lives of all the organs," for every organ was supplied (by the brain) with its own vital force, and these working in harmony, under laws not chemical nor physical, but especial vital laws, maintained the existence of the body, as a whole. Now, while this predicates the existence of special laws, not an unscientific concept, it is a great advance upon the ideas of his predecessors in this line of thought, in that it does not necessarily imply, but rather negatives the thought that the individual vital forces are self-con-

scious reasoning entities; and in the conception that vital phenomena are manifest according to a regular order of nature, by and under natural laws.

Barthez, whose theory is a modification of this one, conceives the vital force to be present in every part of the body, but unable to work separately for any considerable time, being speedily transferred by sympathy to all other parts. He distinctly asserts that the vital force is something abstract, although, inconsistently, he endows it with the properties of something real, and even endeavors to demonstrate its existence. His theory is interesting, however, since he refers all diseases to an affection of this vital force. Now, while his ideas on this subject are indefinite and indeed inconsistent, and not by any means the modern idea of modification of vital activities, they were a distinct advance upon those of his own time, for he seems to have been the first to refer all diseases back of their local or general manifestations, to the life principle itself. At about the same time or a little later (1800), Reil elaborated his celebrated system. Each organ he held to have its own vital force, united by sympathy with the rest of the body. This force is inherent in matter and flows out from it. It is connected with the form, composition and original diversity of matter, and is inseparable from it. To call forth vital phenomena, however, certain imponderables, as light, heat, electricity, etc., were necessary. These unite with the vital force temporarily, and are here denominated by him *accidentia*. The idea, that these forces were inherent in, and inseparable from, matter, is worthy of especial notice.

We have thus, as briefly as possible, although I fear with undue prolixity, and, I know very imperfectly, traced the evolution of the idea of a vital force to the time of Hahnemann, for the next step forward is to the theory of the illustrious founder of our school of medicine. We have seen it, in the conception of the Egyptians, a life-giving principle, though inimical to life and only restrained by the soul from exercising its destructive proclivities; we have seen that the Greek idea was that of a semi-material soul—a spirit, or as J. Rutherford Russell happily calls it, a “ghost” performing the duties of its great office, as an intelligent, reasoning personality; later Paracelsus, while still regarding as a reasoning and personal entity, grants it a divorce from the soul, and gives

it separate existence; and then we have found that it regarded as many forces working together under natural law, and finally Reil makes the life forces inherent in, and inseparable from, matter—a foreshadowing of our modern idea of energy.

CLARENCE WILLARD BUTLER.

MONT CLARE, N. J.

DISCUSSION.

Dr. Fincke: Hahnemann certainly knew much about the subject of this paper, and I wish to refer you to the Organon, from the ninth to the fifteenth sections of the fifth edition, where you will find what he made of this subject.

He was by no means a theorist, but was eminently of a practical nature; he did not go at all into metaphysical explanations nor did he attempt to explain what spirit was or what life was. He founded Homeopathy upon the rock of experience and experiment. He lays down the life force as the foundation of the healing art, and there is none in the world who can gainsay or oppose that, without stultifying themselves and making a mistake like the physico-chemical school.

Hahnemann has taught us how by a simple and beautiful process we can evolve a spirit-like force of man from crude substances which is able to influence the vital force, and so cure disease. He concluded from observation that they must be similar, and thus arose that beautiful generalization, which no one is able to overthrow.

You can't see this spirit-like force, you can't touch it, you can't feel it, but it is there. Has a force ever been seen by anyone? You see motion, but you do not see force; you see the effect. We can not see this spirit-like force, but we can see its effect in curing disease. According to the laws of motion, philosophers say that matter can not move unless impelled by some force. Therefore matter is inert and lifeless, and if inert and lifeless, how can it in itself have all these properties and qualities, which the psycho-chemical school claims for the phenomena of life and spirit? All their atoms and molecules and the radiant energy of matter remain far behind our potencies, which in regard to quantity can not be compared to them. Think of it! The eleven-millionth potency, which has been verified in our practice, must be written with twenty-two millions of cyphers, and there is the end not yet. Surely, homeopathics can afford to pro-

ceed on its own merits in developing the science of medicine, because the psycho-chemical school, according to its nature, does not reach to the conception of a homeopathic potency. So there is, besides the physical and chemical force, a medicinal force residing in inert matter which we develop by the simple and beautiful process of dynamization in our potencies and which is able to act upon the life force so as to aid it in curing. There is not a crude substance on the earth that has not a medicinal quality, if we can draw it out. Even the most inert substances will develop enormous medicinal power if we potentiate them.

Dr Clausen: Where is there a material substance in nature whose particles have not been brought together by some immaterial spirit-like force?

The soul is that immaterial part of man which clothes itself with flesh; it is that spiritual force which draws and holds the atoms together which make the human form. Just so, but without any self-consciousness, there exists in earth's soils and plants an immaterial spirit-like force which holds their particles together and gives each kind of earth, soil and plant its individual identity. The force, for instance, existing in *Silex* is always the same, distinct and individual, and by the process of dynamization we bring that force into an accessible condition, and by the law of similars apply it to the removal of diseased conditions

ASTHMA AFTER COITION.

Editor Advance:—On p. 97 of Aug. number of the *ADVANCE*, Dr. Storer speaks of benefiting a case of Asthma, after coition, by *Kali bi.*, which was prescribed on other indications. It may not be out of place to refer to Allen's Register, p. 917, "Respiration difficult—during coition—*Arund.*;" and "toward end of *Staph.*" Also to Lippe's Repertory, p. 149, "After coition—tightness of chest—*Staph.*" If a recurrence of the trouble should fail to be relieved by the *Kali bi.*, (and it probably will if the concomitants are absent or different so as to contra indicate that remedy), and if *Staph.* is used, I trust the Doctor will report results.

WM. JEFFERSON GUERNSEY.

PHILADELPHIA.

ASTHMA AFTER COITION.

Editor Advance: In this issue, Vol. XXV, No. 2, of the *ADVANCE*, page 98, line 4th and 5th, we find "asthmatic attacks always caused by and follow coition." Dr. Storer will find in Hering's *Condensed*, under *Staphisageia Dyspnea*, "with constriction; also after seminal emissions;" in Allen's *Encyclopedia*, symptom 427, "*Dyspnea towards the end of coition*;" and in Lippe's *Repertory*, page 149, he will find "After coition, tightness of chest." I also have the symptoms in *notes* from high authority.

It is quite possible that Dr. Storer has added another valuable remedy for this condition. Kali c. has great "< after coition." Why should not Kali bi. show its kinship in this direction also?

S. L. G. L.

POEM BY DR. T. P. WILSON, READ BY DR. BUTLER.

TO THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

O, Watchmen on the Eastern Hill!
 Where break the morn's effulgent beams!
 Thine is the Light which soon shall fill
 The Earth, that with her millions teems.

Where Chaos and Confusion reign;
 Where Darkness hides the Light of Day;
 There shall the Truth its power regain,
 And strike old Error with dismay.

Forth to the winds thy banner thrown—
 SIMILIA wrought upon its fold—
 The World thy leadership shall own,
 And read of Hope in lines of gold.

Let Ignorance and Envy scorn;
 Let malice wag its evil tongue;
 By every voice that greets the morn,
 Similia's praise shall yet be sung.

O, Sage of Coethen! Earth's great Seer!
 Thy Truth Divine shall never die;
 Thy name the nations shall revere,
 And crown with Immortality.

WATCH HILL, R. I., June 23, 1890.

INCIPIENT HYDROPHOBIA CURED.

W. C., aged 21, short but stout built, of dark complexion, and hitherto in good health, came to me on the 2d of May, 1885. He had been bitten in the calf of the leg by a rabid dog nineteen days previously, and the wound, which had been immediately cauterized by an allopathist, was fairly healed, and he had then thought no more of it. But in course of a week from the time of the bite he experienced a daily sensation of general weariness from 2 till 4 o'clock in the afternoon, after which he was free from discomfort for another two hours, when the weariness returned and lasted throughout the evening. He complained of a sensation of great weight and fullness in the head and the whole body after meals, and for a week past he had had dreams of fighting. Dogs, of which he had always been fond, he was afraid to pass, even on the other side of the road; notwithstanding that he was fully conscious he was unnoticed by them.

I gave him one dose of Belladonna 12.

May 9.—The head is much relieved, but there is considerable trembling of the hands and body after meals. To take Sacch. lactis.

16th.—Much better, especially on alternate days. No dreams. The trembling is now felt before meals, and there is frequent pain in the occiput. To continue the Sacch. lactis.

29th.—Considerable improvement until two days ago, when he had severe mental shock, which caused extreme agitation and increased the pain in the occiput, and caused a sensation at the vertex as if something were drawn across the top of the head. I prescribed one dose of Sulphur 30.

30th.—Less nervous. Sacch. lact.

June 6.—Better on the whole, but headache once in the morning as before, and pain in the occiput once. Less well before midday meal and after 9 p. m. To continue Sacch. lact.

13th.—Improved. No pain in occiput, but a kind of "dazed" sensation, which persists and has been increased once or twice by worry. To take Sulphur 30, one dose.

24.—Feels quite well. No pain in head. Can pass dogs in the street. No discomfort before midday meal.

On November the 14th, he returned with epistaxis,

brought on by washing, and which he had not experienced for seven years. The head feels empty. There is no giddiness. Choking sensation last evening. Pain at site of bite. To take one dose of Sulphur 30.

21st.—Generally much better; only slight dryness of the throat.

Up to this date, July, 1890, he remains well.

It would, perhaps, be advisable, if in all cases of dogbite followed by production of morbid symptoms which have come under homeopathic care, it could be noted what has been the treatment according to the law of similars; to demonstrate that what is probably thought to be as typical a complaint as is met with is most manifestly cured by Homeopathy, and that by no one simple remedy administered in all instances, but according to the individuality of each case.

For in cases of this nature it may be the aim of the nosologist, but it is certainly not that of the homeopathist, to define as a ground for treatment how far these symptoms, or what number of them, have an anterior or, perhaps, latent dyspeptic origin, and how many may be assigned to the bite alone; but admitting that some may be duly ascribed to faulty digestion, it has yet to be shown how far the avowed thirst and inability to drink are to be dissevered from gastric disturbance; so that we are again brought face to face with the picture of the totality of the symptoms developed by the bite as the presentment for treatment; and a publication of more of these cases may help to demonstrate the futility ever and anon in vogue of prescribing for the name of the disorder. A somewhat attractive deviation from the law of likes, and one particularly favored by the type of mind which conceives that royal roads to knowledge are to be found, is the isopathic procedure, which has in different guises cropped up during the history of Homeopathy, in the indiscriminate administration of nosodes, instead of prescribing according to their pathogenetic symptoms. Of this special crusade, the labors of M. Pasteur may be noted as among the most prominent examples; but be it a nosode or any other remedy which may be prescribed for the name of a disorder, it must be borne in mind that Hahnemann traveled this path on the road to his discovery of Homeopathy, and that he has pointed it out for our avoidance.

J. FOSTER.

LONDON, ENGLAND.

TOTAL RUPTURE OF THE VAGINAL INSERTIONS OF THE UTERINE CERVIX.*

We wish to present the practical physician with the report of M. Gueniot upon a case of Dr. Thévard, entitled: "*A case of total rupture of the vaginal insertions of the uterine cervix.*" The *Commission de l'Académie* did not adopt the anatomical interpretation of our confrère from Savigny-sur-Braye, but that does not change the clinical interest of the case, a new proof of the intensity of the vital resistance under certain circumstances.

The subject is a rachitic woman, secondipara, who, the 9th of last April, being in labor at full term, noticed the labor cease, following a pain more violent than the others, and followed by a slight sanguineous discharge and a persistent hic-cough. Called six hours after the accident, M. Thévard recognized a very pronounced contraction of the pelvis and the presence, at the superior strait, of a soft mass which appeared to him to be the placenta. The following night vomiting occurred; but the symptoms were so little alarming that a confrère, Dr. Deneux, called the next day, did not wish to think it a case of rupture of the uterus as diagnosed by M. Thévard. Also, that the extraction should take place through the natural outlet. The placenta was first removed, then the trunk; the head which was impossible to deliver was abandoned after *décollation*. M. Thévard was then compelled to resort to laparotomy, which he had proposed to do at first. On opening the peritoneum, the head was found at once, but no trace of the uterus. It was finally discovered under the inferior face of the liver, having the color of dregs-of-wine; it was then noticed that the cervix was surrounded by a col-larlette, which seemed to be formed of the fragments of the torn vaginal attachments. The uterus was returned to its place, the abdomen stitched up, and antiseptics practiced, for want of anything better, with brandy, which they found in the house. Let us note that no chloroform was given, and that, throughout the course of the manœuvres which lasted fully an hour and a quarter, not a mean was uttered.

It seems incredible to those of our confrères who have not practiced surgery in the country, to learn that at the end of

*From Dr. Piedvache's report of the *Académie de Médecine*. Translated from *L'Art Médical*, by H. P. Holmes, M. D., Omaha, Neb.

two months, not only had the unfortunate patient perfectly recovered, but also that she was able to come to Paris and present herself before the *Académie*. The examinations, made by several of the members, showed that the uterine cervix was without any saliency, but that the vaginal mucous membrane, at its insertion upon the cervix, showed no trace of a cicatrix. That was why they refused to admit M. Thévard's interpretation. It might have been, then, only an *uterine rent*, produced upon the anterior wall at the juncture of the body with the cervix, just below the internal os, so that neither the vagina nor the bladder would have been implicated; the edges, very much mangled from the rent, would be imposed moreover upon the vaginal insertions.

The moral to be drawn from this curious history is, that in the country, the resources furnished by the vital resistance and also by the middle ambient (*milieu ambiant*), are such that we should despair at nothing. The audacious energy of M. Thévard merits the finding of more imitators. In my experience as a country physician, I have seen things unheard of, among which I might cite here a case of Cæsarian operation made in an excessive contraction of the pelvis, after I do not know how many days of labor, by a practitioner who had never seen the operation, without a knife, without any antiseptics, without any consecutive treatment; there was not even a trace of fever. Another time, there was a midwife who, applying the forceps, perforated Douglas' cul-de-sac and drew out a long loop of intestine, which remained till next day, between the thighs. Then, only, labor was terminated and the intestine returned; the recovery was perfect and rapid, without any accident. One can not form an idea of the results that were obtained in the country before antiseptics, but it could not be relied upon in an absolute manner, and from one time to another we made just as formidable mistakes.

INVERSION OF THE WOMB.

A case is being reported in the medical journals in which the attending physician in delivering the placenta produced inversion of the womb and consequent death of the patient. This reminds us that the accident is possible and should be

guarded against by carefully following the instructions of teachers of the obstetric art. A case in which an old midwife was at fault recently came under the observation of the writer.

Was called to see Mrs. C., who was said to be dying. Upon my arrival, the patient, a young woman sixteen years of age, was dead. The midwife in attendance said that Mrs. C. had been confined during the day and she had tried to deliver the after birth but it was "grewed fast." On examination I found the placenta and inverted uterus lying between the thighs of the dead woman. I demonstrated the condition to those present by readily detaching the placenta and replacing the uterus within the body.

According to hospital statistics inversion occurs once in 190,000 labors. In the practice of unskilled midwives and inexperienced physicians the accident is undoubtedly more frequent, although we have no statistics from such sources.

Predisposing causes are: Anæmia, uterine inertia with slow, tedious delivery; also precipitate labors; excessive amniotic fluid, and hemorrhage. The direct causes are diverse and not always due to culpability of the attendant. Manual expression and digital extraction unskillfully applied and traction on the cord are considered the most common causes. A very short cord may cause inversion during delivery of the child. Uneven contraction of uterine fibers explains the accident when it seems to occur spontaneously. The writer suggests the possibility of uterine and abdominal efforts expelling a placenta adhering to the fundus and drawing it down, thus causing inversion. The treatment in brief is to restore the womb by manipulation and retaining one hand within the cavity perform massage of the uterus through the abdominal walls with the other. The hot water douche is valuable to arrest hemorrhage and stimulate contraction of the womb. It is also required as an antiseptic measure.

H. W. CHAMPLIN.

TOWANDA, PA.

INTERMITTENT FEVER.

Early last June Mr. J. M. B., aged twenty-two, of dark complexion, full figure and previous good health, applied to me for relief from an obstinate intermittent. He had been

living near Memphis, Tennessee lumber, managing some interests, and had contracted the fever while riding through the swamps. For eleven months he had never been free from chills for more than seven or ten days at a time. He had taken tremendous doses of quinine and some Fowler's solution. He had never taken a dose of medicine from a homeopathic physician, and came to me only as an "experiment."

I found the following conditions: chill comes on about 11 A. M., lasts till middle of afternoon; thirst during chill, none during fever; headache during fever; very little sweat. The urine was dark and highly colored. Natrum muriaticum 200 two powders, to be followed by Sac. lac.

At the end of ten days he was, on the whole, no better, and I took another picture of the case. The chill began in the back; *there was very severe shaking with scarcely any coldness. He became chilly on changing position.* I gave blank discs and told the young man to report in four days. When he returned it was fourteen days from the time he had taken the Natrum mur.

From a close study of my materia medica, I decided to give him Eupatorium Purpureum 200. In a week there was great improvement, in fifteen days the chills were gone, and six weeks have elapsed since he has had the slightest symptoms.

In every one of these chronic cases it pays to give Sac. lac. while we study the case.

Some months ago I blundered stupidly over a case of bladder trouble, sorely tried my patient's confidence, and disgusted myself, until one day I carefully wrote out his symptoms, compared them closely with my materia medica, gave Equisetum and made a most welcome cure. Homeopathy is certainly severe on laziness.

HOWARD CRUTCHER.

AUBURN PARK, ILL.

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."—HÄHNEMANN.

THE CURABILITY OF CANCER.—In a recent article in the *Nineteenth Century*, Dr. Snow affirms that cancer is increasing and is likely to increase. The death rate which in 1864 was 385 per million, has risen to 610 in 1888. It is one of the signs of the increased nerve strain of our modern life, and women seem to suffer most severely. And further:

Malignant disease is seen to be but one among many indications of the severe stress upon the nervous system which modern conditions of life involve, and of which the evil consequences are so immeasurably enhanced by that vicious principle of education which mistakes quantity for quality. Until society emerges into some calmer sea—or until the conditions under which men and women now commence their voyage are materially improved—a progressive increase in the prevalence of cancer, duly proportionate to the growing severity of the struggle for existence, may be predicted as a matter of course.

"The conditions under which men and women now commence their voyage" are in many instances deplorable, owing to the long-continued use of nervous and narcotic stimulants in which their progenitors have indulged and the consequent impairment of the resisting power of the nervous system. The "vicious principle of education" to which he refers, is not nearly so much to blame, as the vicious indulgence in quinine, opium, tobacco, coffee, tea, etc. etc., for which the rising generation has to pay the penalty in an increasing tendency to malignant disease.

* * *

Is cancer curable? Notwithstanding the humiliating failures which have always resulted from the attempt to cure a diagnosis, the search for a specific for a disease is still pursued with a vigor worthy a better cause. This will-o'-the-wisp has a strange fascination for the average medical mind, especially such as deny the existence of law in therapeutics; yet to these honest but misguided men, the goal is as distant as ever. Hitherto this fruitless chase has been chiefly made by the members of the so-called scientific (?) school, and a few of the efforts have become semi-historical. It is not many years since Dr.

Bliss sold his professional reputation for a mess of pottage, and the Cundurango fiasco opened widely the eyes of his deluded victims, both lay and professional. Whether the ducats derived from the nefarious practice was sufficient compensation for the tarnished professional honor, is a question for "sticklers for the code" to determine. But however costly the lesson may have been to our scientific (?) brethren, it was not without benefit to us; for Dr. Burnett took the hint, proved the remedy on the healthy and thus enabled the homeopath to safely utilize Cundurango in the cure of the sick, even if the diagnosis be cancer. But the disgraced Cundurango had scarcely found its place among discarded specifics, when a new candidate for cancer fame, Hoang-Nan, appeared on the medical horizon. But the interval "between drinks" had been short, and the intended victims took the bait more cautiously. However, the conventional "certificates of cures" were soon obtained and thousands of dollars were realized by the adventurers.

* * *

What else than empirical trials and mortifying failures can be expected from a school claiming to be regular (?) in practice, yet disavowing a belief in, or denying the existence of, *law* in therapeutics? Their only search is for specifics for the name of a disease, and as a consequence the pathway of regular (?) scientific (?) medicine from the time of Hippocrates to the present, has been strewn with guesses, trials and failures. How much better can a professed follower of Hahnemann do with the same methods, the same expedients? Is his guessing less empirical because he professes to be guided by *law* and calls himself a homeopath? Is his specific less regular? less scientific because he is a leader, an author or a college professor in his school? Let us see how we look when the mirror is held up before us. As a matter of fact does a homeopath look any better in borrowed feathers? Let us see. Dr. E. M. Hale, of Chicago, makes the statement:

"I have the records of eleven cases of scirrhus and incipient sarcoma of the breast cured by means of Conium and Hydrastis tincture, in alternation or combined. These cases are now living in this city."

This wonderful record has been thought of sufficient value to be copied by a regular (?) scientific (?) medical Journal.

Perhaps it was the "Conium and Hydratis in alternation or combined" that enabled the item to pass the editorial scissors. Like most cases cured by this "alternation or combined" method, no indications are given for the selection of either, so that neither Dr. Hale nor any one else could tell when it would be indicated in another patient. All he could do would be to try. Perhaps cure; more likely fail. And to the homeopath it would be utterly worthless, as we have no provings of Conium and Hydrastis combined.

Dr. William Owens, of Cincinnati, cures his cases of cancer and epithelioma with the internal and external use of Acetic acid. At the late meeting of the American Institute he claimed to have cured many hopeless cases by this remedy. Perhaps he is correct. But give us the symptoms so we can all do it.

About a year ago, Dr. J. S. Mitchell, in a paper read before the Chicago Academy, detailed "a new method of treatment for carcinoma" with Arsenic, the 3x trituration internally and the 1½x or 2x trituration locally to the ulcerating surface. In a subsequent paper Dr. Mitchell says:

"I simply claimed that I was the first to urge the use externally of homeopathic triturations of sufficient power to cause disintegrating effects, combined with continuous internal treatment."

* * *

These two methods are practically the same, differing only in the remedies used, and objectionable as they are from a homeopathic standpoint, they are each preferable to that of Dr. Hale, for when a cure is effected, you know what did it. But in what do they differ in *principle* from the methods of our regular (?) brethren (?), of the Cundurango or Hoang-Nan stripe? Acetic acid and Arsenic will each cure a few cases to which they are the simillimum, and *no others*. And so will Apis, Ars. iod., Asteris, Aur., Bell., Berb. aq., Bis., Brom., Bufo., Carbo an., Caust., Chim., Cis., Clem., Cou., Crot., Cund., Curare, Elaps, Graph., Hep., Hydr., Iod., Kali cyan., Kali mur., Kreos., Lach., Lapis, Lyc., Mez., Murex., Mur. ac., Nat. c., Nit. ac., Phosph., Phyt., Sep., Sil., Spig., Staph., Taren., Thuja., Zinc, and perhaps many others. Each of these remedies has one or more cures to its credit, either in whole or in part, in our literature, and when indicated by the symptoms of the patient will prove as valuable in the future

as they have done in the past. Perhaps if carefully selected, each may have completed the cure of some patient, in which Acetic Acid or Arsenic failed. Why should College professors, in the name of similia—professing to be guided by law—be guilty of such suicidal work? Every such public exhibition only tends to trail our banner in the dust and demonstrates that, both in theory and practice, some of us have failed to grasp the spirit of the law. *The totality of symptoms constitutes the disease.* Hence under the reign of law, Homeopathy can not acknowledge specific medicines for specific diseases. That is the realm of empiricism, and must be left to our scientific (?) brethren. Is it not a fact that many of our teachers, as well as many of the rank and file, are gravitating towards empiricism much more rapidly than the empirics are gravitating towards the teaching and practice of Hahnemann?

* * *

THE CLEVELAND HOSPITAL COLLEGE trouble is ended, and harmony, which for so many years has prevailed in its councils, is restored. The firmness of the Board of Trustees, which insisted on better teaching and more of it, has harmonized the conflicting views of the faculty. In future, the *Organon*, the Bible of Homeopathy, which has been practically neglected for many years, will not only be taught from the rostrum, but what is of infinitely more benefit to the student will be exemplified in the college clinics. The student will be taught *Materia Medica*; and what is of equal or even greater importance, he will be indoctrinated in its practical application at the bedside of the sick. Thus in Cleveland, St. Louis, Cincinnati and Hahnemann of Chicago, the *Organon* will be a reality, a part of the college drill, both in the class and in the clinic, not a mere text book advertisement in the annual catalogue.

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.

LIBERALITY OF THE "REGULARS."

"We are the Regular, Liberal, Scientific School of Medicine." Such has ever been the claim of the old school, and I here present another object lesson that will demonstrate the fact that they are no more liberal (?) than regular (?). Their claims are very attractive and high-sounding to the uninitiated, but absolutely without foundation in fact.

On receiving the *Medical Times*, in which was published the replies of allopathic gentlemen with reference to "Who are the Regulars" (*vide* July ADVANCE), I immediately addressed the editor of said journal, sincerely thanking him for what he had done to keep my little flame alive, and asked him: "Have you the nerve to publish an answer to these gentlemen from me? But I talk foolishness. You are bound hand and foot by your code, and can not, *dare* not, publish one line from me in vindication of Homeopathy."

To which the editor replied :

"Yours of the 4th inst. was duly received. * * * * Regarding the matters mentioned in your letter, I have only to say, that you laid yourself open to anything that was said of you in the correspondence. The addition of the postscript to the homeopaths was a great mistake, especially when you intended to give the matter publicity. I do not, and, as you will have observed, did not, question your honesty or sincerity in the matter. As to the publication of an article from you it is not a question of "nerve," but of expediency. I do not think anything would be gained by a discussion amongst irreconcilables. You allude to a mistake of Dr. McNutt's; if in this or any other matter you desire to reply, you can write a letter to the journal, which, if acceptable, I will publish. I would suggest that you confine yourself strictly to replying to any points directly concerning yourself, avoiding argument or controversy. Should you do so, I will, when I have read the letter, write you regarding it if I desire any change. * * * *"

Yours truly,

JAMES H. PARKINSON."

To the disinterested reader, his letter may seem to be very kind and liberal. But thus handicapped, what could I write that would vindicate myself, or the noble cause for which I had labored? Not permitted to give a reason for the hope within me, there remained for me but to eat humble pie, abjectly apologize, and trail my banner similia in the dust. As I read this letter, between the lines I saw a purpose to entrap or entangle me, and eject me from the little end of the horn. I wrote the editor that his restrictions were very embarrassing, but I would do the best I could within the latitude he gave me, and sent the following :

Editor Occidental Medical Times :

"Who are The Régulars" has brought storms of wrath, fury and indignation upon my wicked head. As I expected nothing less, having considered the matter sometime before perpetrating my devilry, I make no complaint on that score. If abuse be argument, "Lay on MacDuff!"

I have but one plea to offer in justification of my conduct, the interest of the suffering millions. Believing as I do that Homeopathy is the science of therapeutics; or that *Similia Similibus Curantur* is the true and only law of cure, I beg to ask, based upon these premises, the following questions :

1. By what other method could I have exemplified so forcibly and conclusively that we have a *system* of medicine.

2. Lycopodium is but one among hundreds of homeopathic remedies that may be indicated in indigestion, and I can conclusively prove that there was no collusion upon the part of the homeopaths. Have you, in the light of these facts, answered the question in my article: "Why this unanimity in prescribing on the one hand, and utter lack of it on the other?"

3. Every one of my homeopathic brethren is proud of his prescription. Why all this kicking on your side if you represent the scientific school?

Dr. McNutt sent me no bill. He accepted my money as did all who prescribed, of which I have proof. If he have a bill against me, let him send it in. Lycopodium crude is inert, and would not open my pocket. Allow me to recommend not lower than the 30th. I warn him not to take a dose high, or sure as a gun he would return me my two dollars. It is a grand remedy for parsimony. In conclusion, allow me to say that I am really sorry to have been obliged to resort to generalship to accomplish my object. Blame your code. Yours truly.

S. E. CHAPMAN.

I fully calculated that this article would be incontinently rejected, nor was I disappointed. Three or four of the homeopaths, notwithstanding my postscript that Dr. Park-

inson found so objectional, obliged me to write two or three times before I could induce them to tell me the name of the indicated remedy. I sent their letters to Dr. P., and proved to his satisfaction that the postscript was not a key to my plans, but was simply used to draw from them the name of the remedy. I also sent him Dr. McNutt's communication, showing that he made no reference to any additional charge. All these letters with my article I sent to Dr. Parkinson, to which he replied as follows:

DEAR SIR: Your's of the 9th inst, with letter for publication, also letters from Eastern men have been received. I shall return all together later.

Your letter in its present form will not do. As you say, it is very hard to keep within bounds, but I have to keep you strictly there.

You can reply (1) to any criticism on your methods, or imputations on your honesty or sincerity in the matter; (2) to references to money matters as in Dr. Love's and Dr. McNutt's letters. Beyond this I do not think there is anything further. I am simply giving you the privilege of replying to matters that have nothing to do with medicine, or any pathy.

Yours truly, JAS. H. PARKINSON.

Dr. Parkinson in all this may have had no ulterior object and gave me all possible latitude. But that is the point I am coming at. To have published my letter would have sounded the death knell of the *Occidental Medical Times*, and the editor would have suffered ostracism. Do you see anything particularly *liberal* in all this? The synonyms of liberal are "generous," "bountiful," "munificent," "beneficent," etc. Should any of these adjectives apply to a school that entrenches itself behind anything so cold, hard and iron-clad as what they are pleased to term the "Code"? or that purloins our literature and remedies—*a la* Ringer, Bartholow, Aulde, etc.,—and gives no credit to whom due?

My object in giving these practical demonstrations of the inconsistencies, hypocrisy and pusillanimity of the dominant school, is to awaken indifferent, half-hearted homeopaths and show them the superiority of our system. If homeopaths were but all true to the law *similia*, the millennium of medicine would soon dawn upon us and the glory of God would fill the earth!

Dr. E. B. Nash has suggested that I should be criticised for dragging the insufferable Potter to the surface as a representative of any school. I acknowledge the criticism to be

just, but I wanted to see what an apostate would prescribe. He called me a four times liar for my pains and served me right. Our school is well rid of the bombastic ass.

S. E. CHAPMAN.

WATSONVILLE, CAL.

Editor Advance: In Gentry's Concordance Vol. I, page 578, under "The Ears" and "Roaring" is this symptom: "R, when swallowing or sneezing," but against it there is no remedy given.

What remedy did Dr. Gentry intend to have placed there? It is evidently a printer's omission. Very truly yours, G. M. PEASE.

Magnesia c. is the remedy.

W. D. GENTRY.

New Publications.

TUBERCULOSIS OR PULMONARY CONSUMPTION: ITS PROPHYLAXIS AND CURE BY SURALIMENTATION OF LIQUID FOOD. By W. H. Burt, M. D. Chicago: W. T. Keener. 1890.

In the introduction is embodied what he claims of the discovery as follows: "Eight months ago, while reading about the wonderful cure of obesity in Prince Bismarck, by taking away all liquids and the carbohydrates and putting him upon a nitrogenous diet, this flashed through my mind: If the taking away of water and the carbo-hydrates from an obese person will arrest obesity, will not the giving of an abundance of water, commingled with the carbo-hydrates, cure all wasting diseases, especially that of tuberculosis. I at once resolved to give this hint a clinical test, and the results have surpassed my most sanguine expectations. I have the pleasure to announce that the suralimentation of liquid food is not only the greatest of all known prophylactics, but it will actually arrest and cure tuberculosis." The author's claim is a little too sweeping in its generalizations. The weak point in the discovery (?) is that it ignores the vital force and lacks individualization. No two patients are alike, and no patient is like Bismarck. While the taking away of water and carbo-hydrates may arrest obesity in some, it will not in all. The individualization which is the secret of the success of Hahnemann's followers, is just as essential in feeding the sick, as it is in medicating them; and this fact appears to have been entirely overlooked by the author. While this method will agree perfectly with some, it will disagree with others and can't be used. It is like Salisbury's meat diet for many. It runs all patients through the same mill. But there are many good hints to be gleaned from the work. Read it by all means

DISEASES OF THE EYE AND EAR By C. H. Vilas, M. D., Professor of Ophthalmology and Otology in Hahnemann College, Chicago. Published by the author. Chicago: Boericke & Tafel, Pp. 117, 1890.

This is a syllabus of Lectures, the notes for which were prepared by the author for his own convenience when teaching. From time to time

they have been added to, especially by clinical notes, and form a convenient reference for the student in the class room, or for the general practitioner who is often called upon to look after such cases until operative measures may be obtained.

But the therapeutic measures in some parts are crude and misleading. For instance, in "burns and scalds," page 74; "For treatment, use that which at first excludes the air best; then use soothing lotions until the sloughing stage is past, and when the sloughs have separated and healthy granulations spring up, stimulating applications must be used. At first it is best to put in a few drops of olive oil, cleanse the discharges from the eye with a glycerine lotion and cover the eye with a little cotton wool. If the lids are severely burned, before applying the cotton wool, put on lint soaked in carron-oil. Frequently bathe with a glycerine lotion; if very painful foment with decoctions; or if there is no granulating wound of the external surface, apply a cloth repeatedly wetted with a belladonna lotion." Why should a professor in a homeopathic college resort to these crude and empirical measures of allopathy, while the resources of his own materia medica are much more safe, and infinitely more satisfactory. The homeopathic treatment of burns and scalds is as much superior to the allopathic, as is the treatment of croup. Read Hering's treatise.

ESSENTIALS OF ANATOMY AND MANUAL OF PRACTICAL DISSECTION, TOGETHER WITH THE ANATOMY OF THE VISCERA. PREPARED EXPRESSLY FOR STUDENTS OF MEDICINE. By Charles B. Nancrede, M. D., Professor of Surgery and Clinical Surgery in the University of Michigan. Third Edition, revised and enlarged, based upon the last edition of Gray; 30 full-page lithographic plates, in colors, and 180 wood cuts. Pp. 400. Philadelphia: W. B. Saunders. 1890.

This is no doubt the most valuable of all the excellent compends issued by this publishing house. The magnificent colored plates will be found an invaluable aid to the student in the dissections of the muscles, arteries, veins and nerves. The work fairly embodies the "essentials of anatomy," and neither the student nor practitioner will make a mistake in adding a copy of this work to his library. It is by far the most concise yet complete, manual of anatomy for the student with which we are acquainted.

ALDEN'S MANIFOLD CYCLOPEDIA OF KNOWLEDGE AND LANGUAGE. Illustrated. Vol. XXI. Jordan—Legacy; Vol. XXII, Legal—McClure.

The title "Jordan" begins Volume 21, and "McClure" ends Volume 22, and between these titles will be found a large amount of valuable information. The amount of space given to each of the topics, and the clearness and conciseness of treatment are commendable, and stamp this work above all others as the cyclopedia *for the people*. A feature of very great importance not found in any other cyclopedia, is the pronunciation of all titles, the names of persons, countries, etc., as well as of the ordinary words found in a dictionary. The work cannot be too highly commended for the use of families and schools, and especially for all young

people who are attempting to educate themselves. The low price, also, quite beyond comparison with any other cyclopedia of similar character and magnitude, is a gratifying feature. Under the new management the work is being rapidly completed: Specimen pages and terms will be sent on application, by the publishers, Garretson, Cox & Co., New York, Chicago and Atlanta.

THE ELECTRIC LIGHT, AND THE STORING OF ELECTRICAL ENERGY, by Gerald Molloy, D. Sc. Numerous illustrations. Price, 15 cents. The Humboldt Publishing Co., 28 Lafayette Place, New York.

This number of "The Humboldt Library of Science" contains much information on a subject of supreme importance to the present generation. Dull, indeed, must be the reader who would fail to be instructed by the abundance of facts and illustrations here presented.

THE MODERN THEORY OF HEAT, AND THE SUN AS A STORE HOUSE OF ENERGY, by Gerald Molloy, D. Sc. Price 15 cents. The Humboldt Publishing Co., 28 Lafayette Place, New York.

This work is equally as interesting as the preceding one by the same author, and is gotten up in the same style, and will repay a careful perusal.

SCHEME OF THE ANTISEPTIC METHOD OF WOUND TREATMENT, by Dr. Albert Hoffa. Translated by Aug. Schachner, M. D., Louisville, Ky. Price 50 cents.

This is a chart giving the various so-called antiseptics, the names of their authors, and a list of favorite dressings. It is of little value except as a curiosity.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. The July number begins Vol. VII of this popular publication. The contents of this number are:

Stricture of the Rectum. By Chas. B. Kelsey, M. D.

Influence of Heredity on Alcoholism. By Dr. Paul Sollier, Paris.

Rabies. By Louis Pasteur, Paris.

Colotomy. By Thomas Bryant, F. R. C. S.

Massage of the Abdomen. By Dr. Rubens Hirschberg.

We can not too highly commend Sollier's valuable contribution on the "Influence of Heredity on Alcoholism." The facts and statistics which he presents are simply unanswerable; and in these days of rapid advances in the knowledge of cause and effect, no practitioner can afford to be ignorant of the latest and best that has been written on this vital question. This may be studied with advantage before applying the method of Gallavardin in the cure of alcoholism.

THE AUGUST CENTURY, is especially rich in its variety of well illustrated and interesting articles.

Few readers will reach the end of the second paper by Dr. T. H. Mann on his experiences as "A Yankee in Andersonville," without being profoundly touched by the pathos of his helpless journey to his home in Boston. The realistic pictures, made from photographs, add to the interest of the narrative of life in the prison-pens at Andersonville and Florence. Another article bearing briefly on the history of the war, is

Miss. S. E. Blackwell's statement in "Open Letters" of the "Case of Miss Carroll," whose claims for services to the Union are still unconsidered by Congress.

THE ATLANTIC for September, has among many bright literary efforts, a chapter on the "Disasters of 1780 of our armies in the revolution," which for a graphic historical sketch is rarely excelled even by this popular monthly.

THE NORTH AMERICAN REVIEW, for August has an article by Dr. W. A. Hammond on "False Hydrophobia," from which our readers may glean a few suggestions on mental and nervous reflexes, and which may offer an explanation for many of Pasteur's so-called cures.

THE MAGAZINE OF AMERICAN HISTORY for August is one of the best numbers of the current volume. The "French Canadian Peasantry, their language, customs, mode of life, food, dress, etc., by Dr. Prosper Bender, of Boston is intensely interesting." Another very readable article is "Glimpses of Log-Cabin Life in Early Ohio," and any one visiting the Ohio River region a century later can scarcely appreciate the situation.

THE WIDE AWAKE for September contains several unusually fine illustrated papers; "Helen's Tower," describing Lord Dufferin's beautiful devotion to his mother; "Capturing a Sea Cow," by Dr. Hard; and "An Obscure Hero," by Edith M. Degen, giving an account of Mr. Hadley's work for the Indians. Among its poems is one by Clara Doty Bates quite up to her usual standard.

Editor's Table.

THOMAS SKINNER, M. D., of 25 Somerset street, London, is spending his vacation in Scotland and Holland; will return the third week in October.

BUSHROD W. JAMES, M. D., is making a personal climatic inspection of the Rocky Mountains.

THE MEDICAL ARGUS, of Kansas City, is the latest addition to the journalistic ranks. It is edited and published by F. F. Casseday, M. D., and is a bright and newsy representative of Homeopathy.

THE SOUTHERN HOMEOPATHIC COLLEGE, of Baltimore, is the latest addition to our colleges, and, with the Maryland Hospital in connection with it, bids fair to do some good work. While we think there is still room for more colleges, it is not *more* but *better* teaching that we want. And by this we do not wish to be understood as finding fault with what we have, but with what we have not—a knowledge of the philosophy of Homeopathy as enunciated in the *Organon*.

DR. WM. TOD HELMUTH, on his return from Bar Harbor, in September, will remove to his former residence, No. 299 Madison avenue, New York.

D. H. BECKWITH, M. D., late president of the Ohio State Board of Health, is lecturer on Sanitary Science in the new faculty of the Cleveland Hospital College.

THE CONGLOMERATE is a bright weekly paper published by the patients of the State Homeopathic Hospital, Middletown, N. Y.

H. P. HOLMES, M. D., removes from Sycamore, Ill., to Omaha, forming a partnership with the veteran Dr. C. M. Dinsmoor. The physicians of Omaha are to be congratulated on this accession to their numbers, for Dr. Holmes is one of the best prescribers in the Northwest.

Dr. J. P. WAYLAND, of Stillman Valley, Ill., succeeds Dr. Holmes.

THE HAHNEMANN HOSPITAL, Rochester.—Mrs. Appleton, through Dr. J. A. Biegler, her physician, has made a donation of \$35,000, to be expended as follows: Eighteen thousand dollars is to be expended in the purchase of the hospital buildings and grounds, and the payment of debts; \$7,000 is to be used for the erection of needed additions to the hospital, and \$10,000 is to be endowed. The citizens had already subscribed \$8,000 towards the purchase of the buildings and site, so that this generous bequest of Mrs. Appleton, in behalf of pure Homeopathy, frees the hospital from debt, and endows it.

A NEW REPERTORY. Drs. Bender and Thurston, of Boston, are at work on a new repertory and from what we know of the working ability of these gentlemen, we can safely say we shall soon be in possession of a good general repertory.

Editor Advance.—The work of the Bureau of Materia Medica, in the American Institute, for the ensuing year, is as follows:

- (1) Provings of the Cacti and verifications.
- (2) Provings of Berberis aquí, and Gossipium (also clinical experience).
- (3). Provings and clinical verifications of Kali phos., and Natrum phos.

I have tinctures of four unproven Species of Cacti, which I will supply any person wishing to prove them, also tincture of the Anhalonium Lewini.

E. M. HALE, Chairman.

S. E. CHAPMAN, M. D., has "object lesson" No. 2 in this issue. No. 3 is coming. It will "demonstrate to the world that a system of medicine based on pathology is worse than no system at all; it is chaos, ruin, death to the unfortunate."

A CORRECTION. In an article on "Double Remedies" in the *Southern Journal* for July, Dr. French says: "I wrote the editor of the *Advance* a short letter, which he saw fit to send to Dr. Cohen, of Texas." The editor of the *ADVANCE* did not send his article to Dr. Cohen, but he wrote him that "Dr. French thinks you have no right to criticise Dr. Hale." Only that and nothing more.

THE MEDICAL ADVANCE.

A HOMEOPATHIC MAGAZINE.

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OCTOBER, 1890.

No. 4.

THE HAHNEMANNIAN OBSTETRICIAN.*

There is no office filled by the physician that is so sacred as that of obstetrician, and none in which he has so great opportunity for good or evil.

When he is acting in that capacity he comes into closer relation with his patient, and nearer the very heart of the family than is possible in any other; and to him is committed, confidently and almost absolutely, the welfare of his patient and her offspring, in whom are centered the hopes and happiness of the family, not for the time being only, but for the years of the future as well, for according to the judgment and skill with which he guides her through her hour of peril, will be her capacity for filling, in its fullness, the office of mother, the duties and responsibilities of which end only with her life, and the benign influences of which mould the life of her offspring, and reach to the generations beyond.

Again; there has been no such boon to the human race, none that has done so much to advance civilization, since the establishment of the Christian religion, as the recognition of the law of similia and its adoption as a fundamental principle in the practice of medicine, and he who receives it fully, and applies it faithfully, is a fountain of blessing wherever employed; and pre-eminently so when called to advise and direct and help in the case of the woman who in her own body is bearing the life of another, and who, in the fullness of time, under the guidance of his wisdom and skill shall bring it forth to grow up into the perfection of development of manhood or womanhood.

* Trans. I. H. A.

To thus receive fully, and apply faithfully, the law which is constant and never fails us, we must know and receive and practice; making them a part of our very life, the teachings of the great master who grasped the law as none before him did, and who received, developed, proclaimed and practiced it with a capacity, faith, zeal and perseverance unequaled by any example we have in the annals of medicine.

My paper is to deal with elementary obstetrics, and my excuse for writing it is my earnest conviction of the necessity that this Association should be heard on the subject, for the honor of the medical profession, and the protection of the mothers and children.

When a professor of a leading Homœopathic College tells his students never to leave the lying-in chamber until they have given the woman an antiseptic injection; when the larger part of the discussion of a medical society meeting is given up to a consideration of the question whether we shall use Carbolic Acid, Corrosive Sublimate, Cresoline, Soda, Listerine or Sanitas, for washing out the vagina; and when the only *Homœopathic Journal of Obstetrics* republishes, with approval, methods long since discarded by the allopathic school—for instance, that we should give a considerable dose of quinine every fifteen minutes during labor. Again, when we consider that more than three-fourths of the work of the gynecologist is to repair the injuries sustained in childbirth, we are more than justified, indeed it becomes our duty as Hahnemannians, to talk over our methods, even the elementary, and to determine whether we do not attain to better results than the allopathic obstetricians, or than the spurious homœopaths, many of whom are boastful of their independence of the law that they invoke, and adherence to which, alone, gives light to the title of homœopath.

We all agree that it is the duty of every pregnant woman to consult her physician as soon as she thinks herself to be *enciente*, confiding to him her hopes and fears in connection with child bearing.

When she does apply, examine first into her personal history from childhood, and into the child-bearing history of her mother. Examine her as to all the functions of her body, and as to the minute history of her pregnancy up to the time of consultation.

If any antipsoric remedy is indicated, prescribe it, no matter what remedy minor functional symptoms may suggest. Under the action of the antipsoric, symptoms will often disappear though they are not all found in the *Materia Medica*. If the functional symptoms do not disappear under its action a good foundation will have been laid. I have seen the most obstinate cases of vomiting yield like magic, after the indicated antipsoric had been given, to remedies which had failed previous to its administration.

After the fourth month examine the urine, and continue to examine it every month, and oftener if there is much headache or œdema. If albumen is found, and no other remedy is specially indicated, *Merc. cor.* will generally reduce it.

Now as to diet, about which we are frequently asked. In the case of a primipara, let her eat liberally of a mixed diet, insisting that she shall eat some fruit; and, within reasonable bounds, let her follow any idiosyncrasy of diet, avoiding only those things which all know to be indigestible, and especially those which experience has taught her disagree with her.

In case the history of other confinements shows a long, difficult labor, increase fruit and vegetables, and decrease meat. The same should be required when albumen is found in the urine.

Have her avoid the use of lime water, especially if she is a *Calcareæ* patient, because such assimilate the lime more easily during pregnancy, and if they use the "hard water" you will at least have a "hard-headed" baby. But the restriction of the diet to vegetables, fruits or meats exclusively is not favorable, because of its effects on the fœtus. We must remember that the child which we seek to bring into the world has to be prepared for the various demands of a complex life. We do not want a child deficient in bone any more than one deficient in nervous development or flesh.

The tokological methods are very fashionable in our part of the country. I have seen all tried, and only lately, when called to see a weakly specimen of its work, the very bright nurse said, "Doctor, here is a case in which the teachings of tokology have been followed to the letter. Look at that."

The mother indeed looked well, and from appearances should have had a perfect child. She had no pain; the child

was born before the physician could be reached, but the issue was a thin, nervous, whining baby that lived about two months.

No right-minded woman wants an "easy time" at the expense of her child. I can see no reason for giving remedies to "make an easy labor." If they accomplish the purpose it must be through their power to relax the organs involved, while we know that the greater the tone of the system the more rapid and complete is the recovery of the patient.

I give an occasional dose of Pulsatilla during the last month, because the evidence seems to show that it has changed the position of the foetus, bringing about a natural and not an unnatural one.

Having reached full term, insist that you be sent for at the first appearance of labor, for then if the position is not favorable it can be corrected.

Make the diagnosis of position at that time, and see that the os points towards the axis of the vagina. In the early stage this can be readily corrected, if necessary, by the influence of gravity, and pressure upon the abdomen while you have a finger in the os.

I have known slight deviations in the position of the uterus to cause, during the last week of pregnancy, severe headache; and, in fact, it may cause reflex neuralgia in almost any part of the body. To give the patient comfort in these cases it may be necessary for her to lie in bed with hips elevated for a considerable time. When the mal-position is due to a large and pendulous abdomen, it is better to wait for the second stage of labor before making compensation for it.

Headache is a threatening sign and must be watched. Never get beyond call of a lying-in woman with a headache, or fever, or one who has albumen in her urine. Either may have convulsions without any other warning. The remedies most likely to be called for in cases of headache are Bell., Acon., Gels., Glon., Hyos., Cim., Nux. and Spig. Their indications here are the same as everywhere else.

If along with the headache there is any impairment of vision, convulsions are imminent, and in the case of primipara hasten delivery by any means possible.

Note the condition of the vulva and vagina. If the patient

is intolerant of examination, Plat. or Arm. will remove the sensitiveness, if local, and Bell. or China if caused by the condition of the nervous system.

As to the state of the os, if it exhibits a tendency to spasm, or is too rigid, careful and firm pressure of the finger in addition to Bell., Gels. or Cim. will relieve it. This condition is always accompanied by nervous symptoms which will help us to differentiate between the remedies.

After the second stage begins, stay by your patient to encourage, direct and help. If the anterior lip is large, you can hasten delivery by holding it out of the way, and your management of the last pains and of the head during the last moments, will determine whether or not you have helped the woman, and whether the midwife would not have done as well.

Too rapid delivery of the head is to be avoided. If it does not fall into the sacrum, firm and steady pressure will help it. If it presses too far back, raise it up by putting the second finger in the rectum while you hold the head back with the palm of the hand until the soft parts are sufficiently dilated for its safe passage. Following these precautions, you will have few cases of lacerated perineum.

During the last few minutes the free use of cosmoline or lanoline will materially help, as also the application of cloths wrung out of hot water, in cases of special difficulty or danger to the perineum.

It is not my purpose at this time to take up the conduct of labor in cases in which the presentation is abnormal, but rather to show what must not be done. You will notice that I have said nothing about the preparation of the bed or the patient's clothing, not because I am not mindful of its importance, but because of the limited time, and because I know that every one of us has the best method. My only rule is, do every thing possible to avoid unnecessary movement or excitement of the patient after delivery. Beyond that adapt yourself to circumstances.

Now in regard to the use of forceps. In skillful hands they are a great boon to the woman, and often the salvation of the child. If in your judgment their use is, or will be, necessary, do not wait until the patient is exhausted, either physically or nervously. Use them while she is strong

and reasonable. When convulsions threaten or are present, use them as soon as they can be introduced within the os. They will be required in seven out of ten occipito-posterior presentations ; also in face and brow presentations.

We find some cases in which the head advances and recedes, in which, generally, the cord is around the neck, and in which forceps are indicated for the safety of the child. In short, use forceps when any danger threatens either mother or child, which will have passed or been lessened by delivery, but when nature seems competent to finish labor safely, give her a chance.

In regard to anæsthetics, the fact that a woman is in labor is no indication for their use. I have just heard a prominent practitioner say that he used Chloroform in every case. There is no such thing as an absolutely safe anæsthetic, or an absolutely safe method of administration; but I believe that under their influence the operator has better control of his patient and there is less danger from shock in cases where forceps are required, though I never give the anæsthetic until they are applied. Convulsions are an indication for its use, as also a condition of nervous excitement in which the pains seem to be cut short. A necessary caution is to stop the administration as soon as delivery is complete, and not renew it in repairing damage to the perineum, when that occurs. The only case in which I have observed evidence of shock was one in which the anæsthetic was renewed for that purpose.

As to the particular anæsthetic to be used, I say Chloroform, without hesitation. Ether, with its vomiting and consequent depression, is not safe. With the antidotes, Amyl Nitrite, ether and brandy at hand, you have complete control of the patient under the use of the former.

As to remedies to be used, I can add nothing to what has been left us by Henry N. Guernsey, M. D., in the 3rd edition of his work on Obstetrics. The indications there are pure gold. I would call special attention to Bell. when we have head pains; Caust. or Puls. when back pains are excessive; Gels. when pains go up instead of down; Cham. for the cross patient, and Arn. for the patient who complains more than the pains warrant.

Now that the child is delivered, what about the cord?

Wait until its pulsations stop, no matter how long it may be. I have waited for a half hour. As long as it beats there is no danger from hemorrhage, as the placenta is not detached from the womb, and you give the child a full chance for life. Watch the child's color change from blue to white, and then to pink, and we will see one reason for waiting.

By following this method we will have no blue babies, and I don't believe we will have any trouble from retained placenta, or hour glass contractions of the uterus. I would like to hear the experience of those present on this point.

After you have laid the baby aside, you will find the placenta lying either in the mouth of the uterus or in the vagina.

As to tying the cord, each can follow his own method. I see no great difference in the results from the varied practice.

My practice is to tie on the foetal side for the sake of cleanliness, and because bleeding does sometimes occur with some danger to the child, and much to the nerves of the mother. I also tie on the placental side for the sake of cleanliness, and because it leaves more bulk to the placenta and gives more stimulus to the uterus.

As to the dressing for the cord, there is nothing equal to absorbent cotton, unless it be the latest absorbent, wood wool, when we can get it free from corrosive sublimate.

Leaving the child, the first rule in regard to the management of the placenta is, do not be in a hurry, unless there is hemorrhage, in which case, deliver immediately; otherwise, wait until it can be reached with one finger, which you can hook into the side of it, and by pressure on the uterus excite sufficient pain for its expulsion. I can see no advantage in forcible expulsion.

Puls., Bell., or Caul. are the only remedies I have had to use to aid expulsion.

After the placenta is expelled examine it to see that it is complete, and that you have the membrane as well.

If you have attended to the third stage of labor thoroughly there is no cause for septicemia, and there need be no fear on account of the state of the uterus.

If there is hemorrhage, keep cool. It is no reason for following any allopathic method. It is a case in which you can

prescribe on one symptom, when such a master as Guernsey has laid down the signs.

As for myself, I have not needed to go outside of Sab., Croc., Ipec., China, or Bell., with the addition of brandy and Valentine's beef juice; but here you can use compression of the uterus with advantage, as also in some cases the injection of hot water. If you do use it, do it thoroughly. Have the water hot; apply it yourself, and inject until it returns clear.

Now, the child having been delivered, the placenta removed, the perineum examined, either by daylight or candle light, and repaired if necessary, and the wet clothing removed, what next? Let your patient rest. There is no condition more intolerant of handling, or of unnecessary exertion, than the lying-in-state, and none in which a patient is more deserving of rest and careful watching than the woman who has just given birth to a living soul. One professor says: "Never leave her until you have given an antiseptic injection." And why? Surely not because of anything that has come from her? A human soul represents the best blood of the mother, and all that is best of the father. Then it must be on account of the accoucheur. He must have introduced something unclean; perhaps so, if he has used Carbolized Vaseline, Eucalyptus or Corrosive Sublimate, without which, I have been told, you should not enter the lying-in-room.

But, why should we use any of these foul-smelling, life-destroying mixtures? Is this the one physiological act in which nature shows weakness? the one normal physiological act that needs the physician's interference? One says, "suppose you have a foul-smelling discharge?" Well, suppose you have. What does it mean? I grant that it means that something is wrong; and it is an indication for remedies, and Carbo an., Carbo veg., or Carbolic Acid 200, or higher, will generally remove the cause.

Now, as to laceration of the cervix uteri, I have no doubt that in the majority of cases of child-birth the cervix is torn, and that in nearly every one of them it will heal if let alone, to be bathed only by the natural discharges; but to be bathed in the foul-smelling decoctions of the later-day scientists will interfere with the healing of anything. The very originators of antiseptic treatment are now advocating dry dressing after operations, while the obstetricians advise daily or hourly inter-

ference with liquid, so-called, antiseptic injections. The gynecologist has to follow this unnatural treatment, and you can judge of the obstetrician's usefulness by the amount of work he leaves for the gynecologist to do.

Let your patient lie quietly in bed; if weak give beef juice and gruel; if not weak, the old style tea and toast until the flow of milk is established and then feed her liberally, and she will need little treatment. If she does, prescribe for her as you would for any other patient, forgetting as far as possible that she has given birth to a child, and you will have but few complaints.

Gentlemen, time will not admit of my going more into detail, but I promise that in the future you shall have the entire treatment of complications, constitutional and special, on a Hahnemannian basis, and that it may be complete I want your help.

Let this organization be outspoken on all subjects. It requires courage on the part of the struggling physician to practice Hahnemannian Homœopathy in the face of popular prejudice, and more to face the pseudo scientists in his own school.

We can, by giving such men a guide in their work, give them courage and strength, such as is inspired by conformity with the teachings of a recognized and respected authority. Through observation and experience I know that there is no body of men in this country who individually exert such influence as the working members of the I. H. A.

WASHINGTON, D. C.

J. B. GREGG CUSTIS.

DISCUSSION.

Dr. J. B. Bell: I wish to enter a strong protest against either Cosmoline or Vaseline coming in contact with a human being. They produce symptoms, and are, therefore, not entirely innocuous; and I want to protest still more strongly against Chloroform. To give Chloroform requires the entire attention of a skillful man. It is not much less dangerous to a lying-in woman than to others, and, therefore, the obstetrician should not trust himself to give it while his attention is taken up with other matters. Ether, on the other hand, given in the small quantities required does not call for the services of another, does not produce vomiting, and does not prostrate.

Dr. Hawley : What is the use of Cosmoline or of Vaseline, or of anything of that kind ? Oils and fats are always heating to a mucous surface. I once took about four ounces of lard out of the vagina of a woman in labor. It had been put there by the doctor to lubricate the parts. Twenty-four hours had passed without any progress being made, and beneath that lard I found the vagina just as dry as a bone. The lard removed, the natural moisture was soon restored and the baby was born within fifteen minutes afterwards.

Dr. H. C. Allen : I should like to know why Dr. Custis always gives Pulsatilla in the last few weeks of gestation without any indications ?

Dr. Custis : Because since I have been doing it I have never had a case of abnormal presentation, and because I have never seen any trouble arising from it.

Dr. Reed : I am opposed to the administration of any remedy as a preparation for labor, unless it is indicated. If gestation is normal, then any remedy will do harm. There is no more excuse for giving Pulsatilla than there is for giving Chamomila or Gelsemium or any other remedy at such a time.

Dr. Carleton : A protest to a protest ! Anything in this world but, Ether *in the lying-in room*. It is too sickening. There may have been more deaths, *all told*, from Chloroform than from Ether since their discoveries, but there have been deaths from Ether at the hands of the best men. Some of you may recollect the narrow escapes reported by me to this Association, where all the common methods of resuscitation failed, and only the bastinado was able to restore the patients after they had been given up for dead. And Ether was the only anæsthetic which had been used. I never entrust the administration of any anæsthetic to the nurse. The responsibility is too great.

Dr. Farley : In the paper read, Mercurius cor. is advised if there should be albumen in the urine. I do not think that advice should go unchallenged.

Dr. Reed : I entirely disagree with Dr. Custis on the Mercurius cor. question. Never give any medicine unless it is indicated, and I do not think albumen in the urine without any subjective symptom is an indication for Mercurius cor. In regard to an assistant in labor, you should remember that

many babies are born in the country, ten miles from any help, so that an assistant is not so easy to get. I suppose I have performed instrumental deliveries twenty-five times without help.

Dr. Hitchcock: A gentleman of large experience told me that he had never had to use forceps. Are forceps a necessity?

Dr. Wesselhoeft: Dr. Bell once left a young man in charge of his practice during a short absence. The young man had two cases of placenta previa before Dr. Bell returned. Dr. Bell had never, up to that time, seen a case of placenta previa. I left the same young man in charge of my practice, and before I got back he had a placenta previa. I have never seen a case of that kind. That young man must have been unlucky.

Now, when a man says he has gone through a long life of medical practice without using the forceps, he must have been awfully lucky, that's all. I have been obliged to use the instruments after the most careful and thoughtful administration of remedies which helped nothing.

My father, who practiced medicine for forty years, had very remarkable mechanical skill. He was a whitesmith by trade, and made many of his own instruments. In forty years he had used instruments in labor only three times. I have used them much oftener than that in thirty-five years.

Dr. Carr: The forceps are certainly necessary at times, but in the majority of abnormal cases, we can get a natural delivery by the use of remedies, and hence I object to a too early or thoughtless use of instruments. They may save life, however, and should always be on hand. I have had two cases of placenta previa; I have used chloroform, but never ether. I think also that there is too much haste in cutting the cord, and the rule given by Dr. Custis is correct, but I do not think any remedy should be given during gestation unless indicated.

Dr. Kent: All through the history of obstetrics, we find women have died during childbirth, and I have no doubt but that many more women would die in the present time, were it not for the forceps. The indicated remedy may not be easily found at the time, and not everybody is expert enough to find a remedy to correct the wrong in advance. I have had to deliver with forceps on that account; yet I have known men

with many times my obstetrical practice, who have never used the forceps.

It is a difficult question to solve, concerning anæsthetics. I remember one case in which I expected to deliver with forceps, without an anæsthetic, as I had done before, and have done since. It was a case in which thickening infiltration of tissue had followed a pelvic cellulitis. The cervix was undilatable. Dilitation had to be performed mechanically, and forceps had to be introduced high.

The intense agony, the extreme suffering, it seemed to me, would destroy the woman's life. It was a rare case and I had to give chloroform. At the same time I do not want to be understood as endorsing or advising the use of chloroform except in some case of horrible suffering.

Dr. Custis: I do not see how the remedies can possibly do away with the forceps, where we have non-conformity between the axes of the head and of the pelvis. If the head is too large it is beyond the province of remedies to decrease its size; the forceps will do so. I have used chloroform *only* in obstetrical practice. The stimulus to the heart of child-bearing seems to counteract the depressing effect of the chloroform, and I have never had any bad results. It is, of course, best to have another physician present, but not absolutely necessary. I have elsewhere, in a paper on albuminuria, given the effect of Mercurius cor., getting a positive action from it in the sixtieth decimal trituration. Following this experience I have given Mercurius cor. on a pathological basis on this symptom alone.

Dr. Hoyne: Did Dr. Custis ever hear of a death from the administration of chloroform during labor?

Dr. Custis: No, sir; I never did.

THE MANAGEMENT OF DISPLACEMENTS WITHOUT MECHANICAL SUPPORT.*

DISCUSSION.

Dr. Reed: It seems to me that the last speaker deprived himself of the possibility of obtaining useful information by the use of mechanical appliance. We have the pathogenesis of Sepia, and when the symptoms of the patient correspond

* Continued from Page 188.

to that pathogenesis we must use *Sepia*, and depend upon it; so of *Lilium* or any other drug. I come from away back; yes, from a country of Egyptian darkness, and when I am obliged to listen to such cases as this, it reminds me of the time when I was an allopath. I have a gynecological chair in my office and I have not used it three times in six years, and yet I make a living. I give my patient a dose of medicine, and if it is the simillimum of the case, I know that it will cure the case.

A lady came to me, not very long ago, in a desperate condition. She had a terrible bearing down sensation and could not go about, because, as she said, she felt as if everything was coming into the world. She had to support herself with her hand. I had some moonshine made by Johnstone and I gave that woman a dose of that moonshine, and in six or seven days that woman was well. The doctor who uses mechanical supports deprives himself of valuable information in finding the simillimum.

Dr. Thomson: There is only one organ in the human body as mobile as the uterus. Its (*i. e.* the uterus) mobility is essential to its physiological action; without that mobility it can not perform its use, and I do not think we should ever interfere with it by propping it in a fixed position. These cases are curable without such interference.

Two years ago I treated a young lady about twenty years old, who had been suffering a long time with severe pelvic pains. She had been sick five or six years, the trouble dating from her first menstrual flow, which had been stopped by bathing at the time of its first appearance. All the indications pointed to *Dulcamara*; I gave her a dose and recommended the prone position. In the course of six months she took three doses of *Dulcamara*. She improved steadily until she developed an irritability that made it almost impossible to live in the same house with her. This was cured by *Chamomilla*, and there has been no trouble since. Nothing was done for her except the administration of these two remedies and the position recommended. I have never found it necessary to use mechanical support, even in the case of washerwomen with *procentia*, who had to be about their daily tasks.

Dr. Hawley: Dr. Stow's case reminds me of what Dr. Lippe said in a similar case of retroflexion of the uterus with

waste of tissue. Unquestionably, he said, this waste of tissue is dynamic in its cause and how can a dynamic condition be removed by mechanical means? It is simply absurd to think so.

Dr. H. C. Allen: I think Dr. Stow gave himself away pretty badly when he said he did not know whether the support or the Sepia did the work. Dr. Stow can not tell to-day what part the Sepia took and what part the support took in the cure. There is no means of knowing and such clinical knowledge is worthless.

Dr. Stow: One or two words in self-defense. I wish to ask this intelligent audience, if I had treated that case with the remedy alone, and allowed the woman to keep about her work without any support, could I have hoped to effect a cure? (Cries of "yes," "certainly," from different parts of the room.) I certainly think *not*.

Dr. Kent: I should like to stand here about two hours and a half, and report just such cases as Dr. Stow reported, cured by the internal remedy alone. I used to examine my cases very frequently so that my information as to the position or malposition of the uterus of my patients used to be more extensive than it is nowadays. I simply used to keep myself posted as a matter of clinical information. I consider Dr. Stow's treatment just the same as if he had used two remedies. He does not know whether he has cured his patient or merely palliated the trouble. Many of these cases may be made comfortable for a time by local treatment, it may take St. Paul himself to cure the case. It is not real homœopathic treatment, though it might be in New York.

Dr. Custis: I do not think it wise to stop examining our cases, if only for the satisfaction it affords of giving a correct diagnosis and an intelligent prognosis to our patients, both for their protection and our protection; moreover, we can not be sure of what we have cured unless we have made an examination on first taking the case, and the certain knowledge so gained gives stronger and better arguments to back up such a paper as we have heard here to-day. It is not fair to say we have cured a mal-position, because we have removed the symptoms of mal-position, unless we have first made an examination and actually found out that there was a mal-position present.

Then we can down allopathic objectors instead of being downed by them. A good diagnosis is a great protection and a strong argument.

Dr. Wesselhoeft: I agree with Dr. Custis on that point. I think it a very important one. I know that many of the so-called flexions and mal-positions of the uterus remain and the patient gets well, and on the other hand, I know from experience that patients will come to you saying: "Doctor, I have been treated for two years by Dr. B. for retroversion. He says I am perfectly well now in that respect, but he wants me to go to my family physician and get the constitutional symptoms cured."

Dr. Alice B. Campbell: I do not agree with Dr. Custis. Being a woman I have naturally greater freedom in these cases than a man, and *because* I am a woman, I do not take advantage of that freedom. You can have just as much distress without the uterus being displaced at all as you can with an apparently serious displacement. If you can displace the distress, it makes no difference where the uterus is. If there is no suffering it is probably all right. I do not see why we have to go over this ground every year, it seems to me we had settled it long ago on a harmonious basis.

Dr. Wm. Jefferson Guernsey: I think with Dr. Campbell that we waste a great deal of time in going over the same ground every year, and would suggest that a repetition of this discussion could be avoided by the purchase of a phonograph.

Dr. Butler: Is it not our duty to examine our patients as thoroughly and completely as possible. Does not Dr. Campbell make the best examination of the kidneys that their situation and accessibility will allow? Should not every organ be examined as far as it can be?

Dr. Stow: It seems to me that is a very nice point. Before you can make out an accurate diagnosis of an affection of the kidneys, you are obliged to make chemical examinations of the urine. You do not know what you are treating unless you do; and just so I believe when a patient comes complaining of displacement of the uterus, or of symptoms pointing to it, it is our duty, before undertaking to cure the case, to find out whether it be true or not.

Dr. Brownell: I should like to ask if the influence of the

clothing is not very important in the treatment of displacements? I believe that very often such cases are incurable unless the constant displacing effect of the clothing is removed.

Dr. Hawley: This last is a very good point. I can remember when these weaknesses were unknown. My mother had nothing of the kind. She wore her belts just below the breasts with a long skirt, all supported by the shoulders, and I believe that was the reason she did not have any of these troubles. It is impossible to be healthy and be dressed the way most women are nowadays, some organs crowded up and some crowded down. Continued strain on a muscle will invariably cause it to relax, and this continued downward pressure causes the floor of the pelvis to finally give way and the organs are left to drop down for lack of normal support.

Dr. Johnstone: I am much indebted to a McIntosh supporter for a fairly round fee. About six months ago a woman, forty-three years old, came to me with bearing down pains in the pelvis, and a great many other symptoms. I found she had been wearing a McIntosh supporter to hold her in position for the last three or four years. I simply removed it and gave her a package of placebo powders to wait for her to develop symptoms. In two weeks she was well and found to her surprise that she was better without her supporter than with it.

Dr. Stow: I believe there is such a thing as going too far in this matter of non-interference. There is no man or woman in this audience who is more radical or a greater stickler for right than I am. I will take second place to nobody on that score. It seems to be the direct outcome of this discussion to discard anything and everything of a surgical nature. It throws out all mechanical interference with cases. Mechanical means, appliances and aids have a field and are perfectly legitimate in the practice of medicine. It may be that Sepia alone would have cured my case, but I am inclined to think not. But casting aside that, we have another fact, that without any homœopathic medication, without any mechanical support, pregnancy would have solved and cured that case, if pregnancy were then possible.

I am certain that the patient was vastly benefited, whether you attribute it to the Sepia, to the support, or to the pregnancy, and finally, you must either exclude the whole sub-

ject of surgery from the discussions of this society, or you must admit its technique.

Dr. Custis: I do not want to be understood as examining every lady that comes to my office, but when we get no results from our treatment, I think we should make an examination to find out the trouble. We should feel very badly if after we had failed to make an examination and also failed to cure a case, some other doctor found a fibroid, which we knew nothing about. It could not fail to be a reflection on us.

WAS IT THE BEGINNING OF A PUERPERAL FEVER?*

April 20, 1888, I was called in the evening to attend Mrs. T. in her first confinement. She was a medium sized, healthy looking woman, about twenty-five years old. She had been having labor pains for two or three hours. Soon after my arrival, the child was born, a girl, weighing about seven pounds. The labor was normal and easy, head presentation, O. L. A. The perineum was slightly nicked and the placenta was intact, no pieces being retained. She received one dose dry of Arnica cm.

Everything went along well until the fifth day, April 25, when I found her in the morning sitting up in a chair. She was very thirsty, her breasts were heavy with stitching pains, and there was plenty of milk; pains in the abdomen on nursing; the room was exceedingly hot. Gave one dose dry of Bryonia cm. and sent her to bed.

Mrs. T. was a poor woman. She had one small room in the top of a house, and had to do most of the waiting upon the baby and herself.

I was called to see her the next morning, the sixth day, at 5:30 A. M. She had been awakened at 4 A. M. by a severe chill, and she was now stupid, slightly delirious, face flushed, complaining of a severe headache and of pains in the abdomen, which was very sensitive to touch and slightly swollen. She also had frequent flushes of heat to the head, the soles of her feet were hot and burning, and there had been no lochial discharge since yesterday. Her breasts were full and very sore. Pulse 120. Temp. 104. For these symptoms she received one dose dry of Sulphur, cm. (F).

*Trans. I. H. A.

At 11:30 A. M. she was much better, the lochia had returned brownish in color, and she had been very sleepy. Temp. 99.8, a fall of 4.2 degrees. No delirium. Sac. lac.

At 5 P. M. she was still more comfortable, the lochia were brownish and offensive, the abdomen was still sore and the temp. the same as at the last visit, 99.8. Sac. lac.

The next morning, April 27th, she has no pain or soreness in the abdomen; had an excellent night, but is very weak. Temp. 98.2. Sac. lac.

April 28. No soreness in abdomen. Sac. lac.

April 30. Attempted to get up and found that it caused some soreness in the abdomen. Sac. lac.

May 3. Is all right, but a little weak. Sac. lac.

The appearance of the patient after the chill on the morning of the sixth day, the flushed face, the delirium and stupidity, the sensitiveness and swelling of the abdomen, seemed to point to Belladonna or Gelsemium, but when I found that she had been having flushes of heat, with burning of the soles of the feet, I gave the dose of Sulphur, especially as I remembered to have seen a short time before in the *Homœopathiœ Physician*, an article by Dr. Kent, in which he said that a threatened attack of puerperal fever may often be wholly averted, or rendered much less severe, if, after the chill on the fifth or sixth day, a dose of Sulphur is at once given, as the whole condition is essentially psoric, and the Sulphur goes to the root of the matter. Sulphur has all the symptoms of the patient with the exception of "suppression of the lochia." This I cannot find, but as they returned in a few hours, we are justified in crediting it to Sulphur for further confirmation.

The patient was evidently in a serious condition. The severe chill, the flushed face, stupid delirium, the swollen and tender abdomen and the suppression of the lochia, could point to but one condition, a beginning puerperal peritonitis, or, as it is now called by our allopathic brethren, a condition of "sepsis," or "puerperal infection in its first stages."

If the treatment were not given there would hardly be a question in regard to the correctness of this diagnosis, either by an allopathist or by his unsuccessful imitator the eclectic homœopathist, who claims to use for his patients "what is best in each school," but whose practice usually consists of

the worst methods of both. Had the patient recovered in his hands after a long treatment *secundem artem*, of intra-uterine injections of bi-chloride of mercury for the unfortunate microbes and Belladonna and Gelsemium in alternation, or some other such messing for the fever, then the result would have seemed somewhat commensurate to the means employed, which would be something tangible, below the twelfth dilution that could be seen, smelled and tasted no doubt. Or if the case had been detailed as cured without specifying the means employed, it would have obtained some degree of consideration; but to ascribe the cure to a single dose of a cm. potency is to him an incredible thing and would probably result in his doubting the diagnosis, cure and everything connected with the case. His logic is as bad as his Homœopathy if that were possible. How differently a cure of this kind, without regard to the diagnosis, appeals to the true Hahnemannian; he sees in it another verification of the truth of the law of similars, another instance of a grave affection checked in its first expression and the patient restored to health in a way that is possible under no other method of cure. To him it is an incentive to be content with no results that are not equally satisfactory.

After all, the so-called eclectic homœopaths are not so much to blame for their lack of knowledge of Homœopathy, especially the younger men. The teachings of the majority of our so-called homœopathic colleges are such, that it is a wonder that any belief in Homœopathy is retained by their graduates. The future of Homœopathy rests with this Association. Some method must be devised by which instruction can be given in pure Homœopathy. The allopathist is not to be feared, but the eclectic homœopathist is. He is everywhere, but here; he is aggressive, full of enterprise, and to oppose him successfully we must fight him on his own grounds with schools of instruction in *our* Homœopathy. Truth is mighty, but in this case it will not prevail unless we strive to overcome the teachings of error.

A post-graduate school of homœopathics is what we need to spread the grand truths of the Homœopathy of Hahnemann.

BOSTON, MASS.

S. A. KIMBALL.

DISCUSSION.

Dr. Wesselhœft: A number of the younger men of our school, as well as some from the old school, have come to us with the question: "Where in the world can we learn the Homœopathy of the purer sort, as taught by Hahnemann?"

The germ of this interest may, I think, have come from our society, called the Organon Society. It is an interest in something very different from the sort of stuff which is taught in the so-called homœopathic colleges of to-day. Some of us have thought that it would be worth our while (even if we could get only two or three men from either of the schools) to give these enquirers a course of Homœopathy in a quiet way; perhaps in the offices of the different physicians. It seems to me a duty incumbent upon us to help these questioners, and I think such a course as is suggested in this paper for post-graduates would be a very effective way of accomplishing the object.

A motion was made and carried to take up the consideration of a post-graduate school of homœopathics at the evening session.

TUMORS OF THE LABIA MAJORA.*

Tumors of the Labia are uncommon. Why these vascular parts should generally be exempt, is beyond my power to explain. In the two cases that have come under my observation, it has been impossible to assign any particular cause for their existence. Probably this congress of Hahnemannians will not insist too strongly upon having the causes of general exemption and exceptional involvement pointed out.

The first case was brought to my notice by Doctor J. P. Ermentraut, of New York, and is well represented by photograph No. 1. Patient was fifty years old when she presented herself for operation, in 1879. She first noticed an enlargement of left labium eighteen years before. It was then the size of a pigeon's egg. Four years later it had grown to the size of a hen's egg. Patient insisted that tumor then remained stationary until about six week before operation, when it suddenly assumed the proportions seen at my examination, just before its removal, as given by the picture. This last

*Trans. I. H. A.

statement may be discredited. She would not have us believe that she had carried such an incumbrance so many years. It measured six and one-half inches in length and its greatest circumference was thirteen inches. Pedicle six inches in circumference, short and soft. The anterior surface of the tumor had already become the seat of a foul, offensive ulcer.

The skin and superficial fascia of the pedicle having been deflected upwards, a strong wire ecraseur was brought into requisition, on account of the vascularity of the parts, which contained numerous large and small blood vessels. We were somewhat annoyed with hemorrhage. After transfixion and double ligation, the case became more manageable; but the wire broke repeatedly, and it was found necessary to finish amputation with the knife. Upon section, the tumor was found to be fatty, and it weighed twenty-seven ounces. The



No. 1.

integument having been stitched and dilute Calendula applied the case was then turned over to Dr. Ermentraut. Later he wrote that he "applied Calendula four days, when it commenced to smell very fetid." (Ligatures allowed to slough out with the stump.) "Then I used carbolic acid fourteen days, when good granulation commenced, and I used Calendula again to the time it was all healed. About two weeks after the operation, several ulcers of the size of a dime, appeared upon the face and forearms, which I considered metastatic. For these she had Arsenicum two

days, followed by Sulphur. They healed promptly, and her health has been good since." This case was fully reported to the Homœopathic Medical Society of the State of New York soon after.

Case No. 2 was brought to my notice by Doctor Adelia B. Barber, of New York, January 22, 1890. This is the Doctor's statement: "Miss E. R., age twenty-three, came to me January 14, 1890, suffering with a tumor of the right labium, comprising a pedicle five inches long, with a large, solid mass of tumor attached. Three years before this she noticed a small, wart like growth, that rapidly increased in size. Three



No. 2.

weeks previous to her coming to me, she slipped and fell. Within twenty-four hours the tumor had swelled to a large size, turned black and become covered with large blisters, which burst open, causing hemorrhage that lasted for four days. Ulceration followed with a discharge of pus.

"Miss R. also stated to me that she had been a cashier in a well-known restaurant in this city, where she stood many hours every day, preferring that, during the most busy part of the day, to sitting on a stool which she was permitted to use. Being of a lively disposition, she had often stood at evening parties with her thighs tightly hugged upon incumbrance to help sustain its weight; but did not hesitate to join

in a dance, when it would be impossible to prevent swinging, banging, down-jerking motions. This may account for the great length of the pedicle."

She was put to bed by Dr. Barber and well nourished for ten days. At the end of that time, January 25th, 1890, while under ether, first the accompanying photograph (No. 2) was secured, and then removal of the morbid growth was effected. Careful preliminary examination of the pedicle revealed the presence of three principal arteries, the largest apparently the size of a crow's quill. The entire structure was vascular. Those who have had to deal with hemorrhage from the labia a few times, do not lightly incur the risk of that accident. Mr. Ford, the cutler, had made for me a chain ecraseur of prodigious strength. This I applied to the pedicle, without any preliminary cutting or tying, about three-fourths of an inch from its origin, so that a field of operation might be accessible afterwards, in case of the necessity of resorting to hemostatics. Slowly and with difficulty the chain was made to work its way through, some portions being extremely tough. Neither knife nor scissors were used, and scarcely any blood appeared. The stump was carefully protected, so that it should not be even touched, and the patient was kept in bed on light diet. In a few days the parts had an appearance almost natural. The tumor weighed twelve and one-fourth ounces, and was fibro-fatty.

Constitutional treatment can not remove such tumors when fully grown; but I am persuaded that the morbid tendency may be arrested at the start by the similar remedy. Else why is it that all the tumor cases come to us from outside the homœopathic ranks? If all the world would live correctly for three generations, and employ only pure Hahnemannian physicians when sick, there would then be little need of us; the profession might disband, so far as the principal work of the present day is concerned.

Experience shows that it is best for the homœopathic surgeon to have control of the after treatment of such cases as he operates upon. There will then be little danger of metastatic abscesses and the like; and recovery will be more natural and rapid under his treatment than under the mixed or contrary plan. By the way, I noticed when reading the report of last year's meeting, that members were a little divided or mixed in

their notions of therapeutics. It should be *Calendula* for clean cuts or wounds with loss of substance; *Staphisagria* for lacerated wounds; *Arnica* for contusions and contused wounds; *Hypericum* for wounds of nerves. Ask any graduate of the New York Medical College and Hospital for Women; they all have it at their tongue's end. We apply these agents very dilute—one part to twenty-five or fifty of water—and their curative action is manifest to all observers. The potentized drug given internally also does the same work. I have used both methods with great satisfaction. However, when a patient has just regained consciousness after anæsthesia, it is best to administer internally *Nux vomica*, or whatever may be the appropriate remedy for nausea and other symptoms, and apply *Calendula* to the part that has been cut. A day or two later may be a good time to give potentized *Calendula* internally. Of course there are many refinements of the rule given above. Who has not observed the good effects of *Conium*, when given to an old woman whose mammary glands have met with a severe bruising? You do not forget the peculiar field that *Hamamelis* occupies, after injuries to the lower bowel, accompanied with profuse venous hemorrhage. *Millefolium*, after operations on the bladder, has repeatedly shown its power for good at my hands, even after the most severe lithotomies. The list might be greatly extended; but the rule should stand as given. It has sound pathogenesis in its favor, and it stands the test—the crucial test of experience.

NEW YORK.

EDMUND CARLETON.

DISCUSSION.

Dr. Kent: I wish to call attention to the value and frequent use of *Phosphorus* as an antidote to the effects of *Chloroform* used in surgery. It is wonderful how much the action of the two drugs resemble each other. In both, they have dry mouth, and are comfortable only when the stomach is full of cold water, and as soon as it becomes warm, reject it. *Phosphorus* is often sufficient in the vomiting following the use of *Chloroform*.

DYSMENORRHOEA WITH ANÆMIA.*

I offer the following case, not on account of any difficulty or intricacy in the selection of the indicated homœopathic remedies, but more especially to demonstrate the importance of allowing the vital force inherent in the living organism to unfold its efforts in a curative direction under the influence and *guidance* of highly potentized and truly homœopathic substances, *undisturbed* by repetitions of the same substance, or by interference with other remedies (to meet, perhaps, acute and even painful symptoms), *provided the general condition of the patient is improving.*

More mischief is done by frequent repetitions of a highly potentized and truly homœopathic remedy in the treatment of chronic diseases, than by the exhibition of improperly selected remedies.

The great and fatal error is still frequently made of thinking and *imagining* that the *substance given* is doing, *per se*, all this wonderful work; the old idea that it is a kind of mechanical action of the remedy is too prevalent still among us homœopaths, and many of us cannot rid ourselves of the thought that if a good result has been obtained in a fortnight or a month, we can get a still better one by another kick in the same direction, while the vital force is doing as well as it can all the while, and by this second kick may become so disturbed that it will fall prostrate or revolt against this unnecessary haste. We forget that the remedy is only an agent selected according to a law of nature to direct the vital forces in a curative line of motion, and when that direction is *once* given the whole organism responds to it, and does its best in its own best way.

This *best way* may sometimes bring out old latent symptoms, or for a time entirely new ones. It is here where the true art of procedure and management comes in; whether to repeat, or to change, or to wait?

It is idle to form a theory regarding the duration of the action of a highly potentized substance. No graver mistakes can be made against the philosophy of Homœopathy than to fall into the habit of thinking that Chamomilla acts only a few hours, therefore it should be repeated, without the least thought of what it may have already accom-

* Trans. I. H. A.

plished by directing the orgasm to take on a direction *towards health*; or that a dose of *Silicea* may act six weeks or *any other given time*.

No, it is always the vital force which acts, *under the direction of the remedy*. and the action of this vital force has no cut and dried "duration of action," which can be measured by hours, days or weeks.

Miss C. M., aged 20. Light brunette, extreme pallor of face and lips. Skin of face has a peculiar dirty appearance.

Has been sick and unable to work for two years. The weakness commenced in her stomach and she gradually lost all color of skin and lips.

Has taken quinine, iron and whisky for two years, but is growing weaker steadily. When brought to the office, her exhaustion was so great that she was obliged to lie down, accompanied by palpitation and dyspnœa.

Examination of conjunctiva, mucous surfaces of lips, mouth and fauces show extreme pallor.

The following history and symptoms were elicited: Has been obliged to climb eight flights of stairs to her work in a cotton mill for several years, which was accomplished without much fatigue till two years ago. Since then, whenever she attempted this climb, she became so exhausted and had such violent attacks of palpitation, that she was unable to take up her duties.

Her greatest discomfort besides the weakness and palpitation, is a sense of goneness and faintness in pit of stomach, especially severe during the noon hours. The feeling has been relieved for a short time by whisky, which she had taken daily. Food sometimes relieved this feeling at other times of the day.

Appetite is poor; craves acids. Takes "Garfield tea" daily to move the bowels.

Thirsty; desires acid water.

Her menses have always been late, sometimes omitting five months.

First menstruation occurred in her fourteenth year.

Has always had pain when the time for menses appeared, with a flow of irritating leucorrhœa, lasting two or three days.

When true menses appear has a severe, dull aching through the entire pelvis, lumbar and sacral regions, accompanied by

a sensation as if the abdominal viscera would fall out, when standing.

Nausea and occasional vomiting continuing for three days.

A week before and a week after menses, the pain in back and pelvis with falling out sensation, are present. The remaining two weeks of the month has no abdominal pain. During the continuance of the menses, throbbing pain in vertex.

Two days before menses ankles swell.

Menstrual blood is watery and stains very little.

Usually sleeps well, but often awakens by cramps in the calves.

Sleeps with hands over head.

Awakes tired and exhausted in the morning. During the forenoon weak and listless. Generally feels better in the evening.

Craves fresh air.

Had milk crust severely on scalp and face when a baby, disappeared under the constant use of either sulphur or lime ointments. During her fourth and fifth year had a great number of boils.

After comparing several remedies I decided to begin the treatment with Sulphur, feeling tolerably sure that a case so deeply psoric would require a succession, perhaps a long succession, of careful selected remedies. In this assumption I was happily mistaken.

On the 7th of September she received a dose of Sulphur cm. to be dissolved in four tablespoonfuls of water and a tablespoonful to be taken morning and evening till used up.

Sept. 21. Feels generally much better.

No menses, but had all the premonitory symptoms a week after she was here, accompanied by slight leucorrhœa, *which was not irritating.*

Awakes much fresher in the morning; no cramps in calves.

Thirst has disappeared.

Is much troubled about a coarse acne appearing on the face, and itching pimples all over her back. Gave Sac. lac.

October 19th. Continues to improve. No leucorrhœa. No catamenia, but has felt as if it might come on occasionally. More eruption on face, back, shoulders. Great patches of deep canker sores in mouth and tongue, pain her

dreadfully. Can climb eight flights easily and has taken up her work again. Gave Sac. lac.

November 16. Improvement continues steadily. Can work as well as ever. Much more color in face and lips. Eruption disappearing on back and face, and with it the dirty color of skin. No cankers.

Catamenia appeared on the 26th of October, flow of good color; the first time in her life unaccompanied by pain or nausea. Gave Sac lac.

December 3.—Catamenia appeared on the 23d day, rather scantily, color good, no pain or nausea. Looks quite well, has good color, and acne nearly disappeared, except a few pimples on forehead.

January 15th—Had the prevalent epidemic “grippe,” at Christmas. The symptoms were: chilliness, with severe backache and headache, was in bed several days. Took no medicine, as she is afraid of the doctors! Catamenia appeared in thirty-five days’ interval; scanty, good color, no pains. Eruption on face has disappeared. Still feels weak from the effects of the epidemic, and much better when out of doors. Gave one dose of Pulsatilla cm.

June 5th—Has been feeling very well. Cheeks are rosy and looks the picture of health. Catamenia appeared regularly without pain in February, March, April and May. Says she has never felt as well in her life, as now.

In reviewing this case the following facts are demonstrated:

Sulphur in a single dose in the cm. potency directed the vital force of this patient towards health during one hundred and twenty days. The vital force in its action towards health was disturbed by receiving a dose of contagion.

This vital force was again directed in the line of health by a single dose of Pulsatilla which finished the cure.

The distressing pain and suffering caused by the aphthous ulceration in the mouth was not interfered with, because, like the vital action on the skin, it meant relief to deep internal disorders.

BOSTON, MASS.

W. P. WESSELHOEFT.

THE RELATION OF DRUGS TO PREGNANCY.*

“I have got in the family way, and I want you to give me something to set me all right.”

Such is the statement, such the request, occasionally made to us by some of our patients. I can not say what answers you are accustomed to give—probably they are various, according to the varying circumstances of individual cases, and your own peculiarities of thought and language. The following reply, would in most cases, perhaps be substantially appropriate. “If you are right, you are wrong, because you are all right already. In other words, if you are correct in stating that you are in the family way, you are mistaken in supposing that you require medicine to cure you of that condition, because it is not, of itself, a disease.”

This, I repeat, would be, in many cases, a proper reply, though not always an acceptable one to an applicant. Disease might be roughly defined to be a state or condition of a living organism in which the never ending changes which constitute life are not succeeding each other in proper order—are not going on in such a manner as to conduce to the physical aim or object of its material existence. But this aim or object is twofold.

First. The comfort or pleasure of the living creature.

Second. The reproduction of its kind, the perpetuation of its species.

Now, if these two objects are associated in one individual by a perfect intelligence, they can not be incompatible with each other. Consequently the carrying out of the instinct of reproduction in the case of beings in a perfect state of nature is not incompatible with the enjoyment of a condition of perfect comfort, in other words, pregnancy is not, in itself, a disease.

This being the case, and seeing we use drugs, as such, for the cure of disease, how can there exist any relation between drugs and pregnancy? It would seem at first sight that the whole subject of this paper might be disposed of in as few words as the celebrated chapter on “The Snakes of Ireland.” On more careful consideration, however, we find that it presents a few points worthy of being studied.

The fact is, the whole human race, or at least that portion

* Trans. I. H. A.

of it with which we have directly to do, is born in a state of hereditary disease, dormant, it is true, in many cases, yet none the less a source of danger and distress to come on this account; perhaps, indeed, more dangerous, because latent, as a foe in ambush is more to be dreaded than one arrayed against us in the open field of battle. As age advances, and the various functions of nutrition and reproduction successively develop, the increased activity of the vital forces, acting upon and being acted upon by this development, is accompanied by an increased activity in the latent germs of disease, and necessarily so, since we must suppose that the force which develops one phase of vitality will develop another, and disease itself is life, only life gone astray.

In illustration of these remarks, I may refer briefly to the period of dentition in infants. If teeth are necessary adjuncts of nutrition in certain stages of our existence, and if we come into the world without them, it can not be that we must necessarily undergo suffering in acquiring them. Yet, as a matter of fact, we do often find ourselves compelled to endure much pain and discomfort in the act. It is quite common to connect the two together, as bearing the direct relation of cause and effect. But this is proved to be a mistake, from the reason already given. Whence, then, the suffering so often observed? It can only be the result of a previously existing and, possibly up to this time, latent condition of disease; and on this ground alone can we attempt to relieve the pain with radical benefit to the sufferer. And here it is worth remarking that, if we treat such cases, and all cases of suffering, with due regard to the underlying disorder, we not only avoid the damage which the use of mere palliatives would inflict, but we confer a lasting benefit upon the sufferer.

The foregoing remarks will suggest a reason why we may frequently find the use of drugs applicable to the condition of pregnancy—I should rather say, applicable to a patient in that condition. This state not only exalts the vital functions of the prospective mother to the highest point in themselves, but it appears to go a step further. The new being not only receives life from the parent, but, by the law of reaction, imparts vitality in its turn. I can only in this way account for the fact that some women enjoy better health at this

time than at any other, some cases of consumption even being to all appearance temporarily stayed. It is true, many suffer severely while in this condition, and for a somewhat similar reason, as before explained.

Now, seeing that the action of drugs in the cure of disease is indirect, and depends upon the reaction of the vital forces; seeing, furthermore, that many cases of acute disease are not radically acute, but only the acute manifestation of a chronic cachexia, it follows that, if we have at heart the permanent benefit of our patients, we should ever be on the watch for such occasions of treating acute disorders, as well as chronic ailments, as are presented to us when the vitality of our patients is at a high point of activity. Such an occasion is offered, perhaps more than under any other circumstances, by the condition of pregnancy.

TORONTO, ONT.

L. HAMILTON EVANS,

PULSATILLA IN MALPOSITION OF THE FŒTUS.*

The first allusion of which I am informed by a medical author to the power of Pulsatilla to correct mal-presentation of the fœtus, is the familiar statement of Creserio that Dr. Bethmann, in the *Homœopathic Gazette*, reports an observation which should encourage us to follow his example. A woman in labor sent for him. The membranes were not yet ruptured, and the orifice of the womb but slightly opened, notwithstanding the presence of severe and protracted pains, and by an examination, he recognized a shoulder presentation. "Not willing to precipitate anything" (the fœtus, I suppose), he gave a dose of Pulsatilla; some minutes after, the woman experienced a violent pain, with such a sensation of overturning in the abdomen that she was frightened; then, after some time of quiet, the pains recommenced regularly, and on the second examination Bethmann was greatly surprised to find the head presenting; the delivery terminated naturally." "I, myself," continues Creserio, "obtained, five years ago, upon a lady in the rue St. Denis, a similar result by the use of the same means under the same circumstances."

CASE I.—In the *American Homœopathic Review*, May

* Trans. I. H. A.,

No., 1864, Dr. Mercy B. Jackson, of Boston, reports the case, May, 1862, of Mrs. T., in her eighth pregnancy, who had puerperal convulsions in her last two confinements, and suffered since with severe congestion of the head and neuralgia. The doctor listened to the beating of the fœtal heart, and found it not in the right or left iliac region, but beating strongly about two inches above and to the left of the umbilicus. On further examination, she found the back of the fœtus to the mother's back, the small parts in front, could scarcely reach the fœtus per vagina, but from the little that could be touched, believed it to be one of the nates. Pulsatilla, 30th, five pellets in half a glass of water. Dr. Jackson returned home and made arrangements on account of the tendency to convulsions, should it be necessary to take the child with forceps. Being called five days later, found the patient with severe periodical pains, the os uteri undilated and the fœtal heart beating in the same place; gave Pulsatilla as before; pains left and all slept till morning. She could then mark the points of the nates and assure herself of the presentation. In the meantime, she had searched for light on means to avert convulsions, and finding the record of Dr. Bethmann's case, hopefully gave Pulsatilla 30, in solution, a teaspoonful every three hours when awake. On the third day of its regular use, the patient felt a great commotion in the abdomen with pain and necessity to go to stool, and soon felt better and more natural than for a long time previous. At 11 A. M. the next day, she was far advanced in labor, the head coming down rapidly; in thirty minutes, a boy, weighing eight pounds, was born. Both mother and child did remarkably well.

CASE II.—Mrs. P., September, 1862, who had four children all born by the breech; was on this occasion, also of breech presentation, treated in the same way, with similar result.

CASE III.—May, 1863. Another case of breech presentation was treated in the same way, with the same result.

CASE IV.—August, 1863. Another breech case, primipara, was treated by Dr. Jackson with Pulsatilla 30 with similar result. The patient had passed the expected time ten days, when the malposition was discovered and Pulsatilla given: twenty-four hours later, the head was found presenting.

CASE V.—October 20th, 1863. The fifth case in which a

breech presentation had been ascertained in the same manner as before, and Pulsatilla administered, had the happiness to attain a few days later the same result. The child was born, after three hours labor, with vertex presentation, second position, all the other mentioned cases in the first position. These five were all in which she had, at that time, used Pulsatilla, and all successfully.

CASE VI.—August 19th, 1866. A case of labor begun, yet delayed; foetus lying across the abdomen head to the left, back upwards, only the knee within reach, the breech being high up on the right side, heart beating on a line with or a little above the umbilicus. Gave Pulsatilla 30 in half a tumbler of water, a teaspoonful at 2:30 P. M., continued every hour. At 6 P. M., the head had come down on the left side, so that it could, with great exertion, be touched; the knee had receded, and the pelvis on the right side was empty. At 12 P. M. examination showed the head fully down; at 4 A. M. a girl was born, after only $2\frac{1}{2}$ hours of much pain. When asked if she had suffered much, the mother replied, “No! but a tremendous commotion.” This was the seventh case, six breech and one transverse, in which Pulsatilla 30 had changed the presentation to the vertex before the membranes had been ruptured.

CASE VII.—May, 1870. A woman, eight months pregnant, with breech presentation, took Pulsatilla 30, as always prescribed by Dr. Jackson, every three hours: evolution was accomplished in a week, child born at full term by the head.

CASE VIII.—March 2d, 1871. Mrs. H. expecting confinement in a week, trunk presentation, back in front, head to the right. Pulsatilla 30, in solution, every six hours. At the end of five days evolution nearly accomplished. Five days later she was delivered by the vertex, after short labor.

CASE IX.—March 15, 1871. Mrs. McL. expecting confinement daily, breech presentation. Pulsatilla 30. In three days examined, found the vertex presenting; delivered on the 23d with rapid labor, child born by the head. Fourteenth trial by Pulsatilla, states Dr. Jackson, resulting with perfect success but one, in which Pulsatilla had been omitted some time before delivery, after a trunk presentation had been converted into a foot.

CASE X, by Dr. A. W. Woodward, of Chicago, *Med'l Invest.*,

Vol. VI, p. 139.—Mrs. R. with fourth child, large, muscular woman, two weeks previous overtaxed herself in lifting, and subsequently felt no motion; was taken in labor at 12 M., with severe pain until 7 P. M., when seen. Examination—Os so high the hand had to be introduced to reach it; it was closed though soft and dilatable; unchanged during pain. By external examination, uterine tumor found nearly transverse, head at the right upper side, pelvis and feet in the left. During pain the doctor could feel the contraction to be transverse, longitudinally with the tumor. Pulsatilla 2nd, in solution in water, after every pain for an hour. At 8 P. M. a gradual correction of the shape and position of the uterine tumor; medicine continued another hour; position fully corrected; long axis of the tumor in the median line, os descending, dilation one inch. The head presenting, pains much less frequent and less severe, patient sleepy. At 6 A. M., found the woman delivered, having been awakened from a five hours sleep by pains which did not leave her till the child was born in about five minutes.

CASE. XI—Dr. W. H. Burt, in *Med'l Investig.*, Vol. VIII, May, p. 71, gives the case of a woman who, two years before, had borne a child with presentation of the feet. She had now, February 21st, a cross presentation with the head in the left iliac fossa. The form of the child could be traced with eye and hand. The mother said the child had lain in that position during the whole period of gestation. I quieted her mind as much as possible and said I would give her something that would turn the child, and gave Puls. 30, about thirty small pellets dry on the tongue, and left the case, never believing that Pulsatilla would change the child's position.

February 27th I was called, and to my great astonishment found the breech in the epigastric region, the head in the first position and labor progressing naturally. I asked the lady if she could tell when the child turned to the natural position? She replied, "Oh yes, in less than half an hour after taking the dose of medicine, there was a great commotion in the womb, and the child turned with his feet to my stomach."

CASE XII.—Dr. W. F. Dodge detailed the following case in the *Med'l Investig.*, Vol. VIII, p. 80: Mrs. B. of bilious lymphatic temperament. Melancholy, a Nux patient, has

four children; always troubled with labor for two or three days; had lost two children with hydrocephalus. She was found sitting in a chair. She said: "The child is not right; it is across, the head is here," putting her hand on her left side; the os was found undilated. There was without doubt mal-presentation; I gave Pulsatilla 2nd and awaited results, expecting a tedious time. In about half an hour she gave a scream, drew a long breath and exclaimed: "the child is turned," went to bed and in four hours was delivered of a healthy, living child.

CASE XIII.—Dr. H. W. Martin, in 1866, had a case of labor in which he thought he detected a shoulder presentation; gave a dose of Pulsatilla 200, and went after Dr. M. L. Kenyon. On returning, the woman said that the medicine had produced a great commotion in the abdomen. Dr. Kenyon found the vertex presenting, and the child was born in fifteen minutes.

CASE XIV.—Dr. Kenyon stated that having a case of breech presentation—it was a boy, as he could feel the genitals—he gave Pulsatilla and went home, and returning in a short time the woman complained that a great commotion had occurred in her abdomen. He quickly made examination, the pains being urgent, and received the head of the child in his hands, it being, as predicted, a boy.

CASE XV.—Dr. Baylies' case: I was called September 6, 1873, at 11:30 P. M., to Mrs. S., a black-haired brunette, who had suffered severely with pains, attended by great anxiety and apprehension, since 6 A. M. The wall of the uterus acquired no tonicity or firmness during the pains, which were without expulsive effort. On digital examination, the os uteri could not be distinctly felt, but a tuber ischii just within the brim of the pelvis, near the left acetabulum. By palpation through the abdominal wall, I traced the child from above the brim of the pelvis, on the left, to a point above the crest of the mother's right ilium, where I unmistakably grasped its head, the back of the child presenting toward the anterior uterine wall. I prescribed Pulsatilla 200 in half a glass of water, a teaspoonful every two hours. Was called in haste the following morning at half-past four o'clock, and found the patient in active labor, the pains regular and efficient, the child's head occipito anterior in the upper strait.

The birth was completed and placenta delivered at 5:30 A. M. The mother stated that she felt a turning movement of the child after the second dose of Pulsatilla. She had formerly required Sulphur, though not recently, for head symptoms and hemorrhoids; was at the time of labor and had for some days been troubled with a cough which seemed to come from the upper sternum, and caused soreness in the abdomen. Without regard to the malposition and the inefficient pain, her temperament, fretful and worried state of mind and the cough from the upper sternum might have suggested Pulsatilla.

Cases of Dr. Jackson presenting *details* of the action of Pulsatilla are seven of the nine here reported. The duration of the use of Pulsatilla 30th in these cases up to complete evolution is as follows:

1 Breech case, evolution in eight days; birth on the ninth day.

1 Breech case, evolution in twenty-four hours; time of birth not stated.

1 Breech case, evolution in seven days; birth three weeks later.

1 Breech case, evolution in "a few days."

1 Trunk case, evolution in five days; birth five days later.

1 Breech case, evolution in three days; birth five days later.

1 Trunk case (in labor), evolution in nine and one-half hours; birth four hours later.

Other cases:

Dr. Dode's Trunk case: Pulsatilla 30, 1 dose dry; evolution in one-half hour; birth four hours later.

Dr. Woodward, Trunk case: Pulsatilla 2d; evolution in two hours; birth nine hours later.

Dr. H. N. Martin, shoulder case; Pulsatilla 200; evolution in one hour; birth five hours later.

Dr. L. M. Kenyon, Breech case, probably membranes broken; Pulsatilla; evolution in "a short time."

*Dr. C. W. Butler, 1 Trunk case; Pulsatilla mm. (Tafel); one and one-half hours for evolution and birth.

Dr. Kent, 1 Breech case (oral report), Pulsatilla 2m.(2,000; evolution and birth in a few hours.

Dr. Baylies, 1 Trunk case; Pulsatilla 200; evolution in two hours; birth three and one-half hours later.

*Dr. Butler's case, see Transactions of I. H. A. 1880.

These cases show that when Pulsatilla 30 was given before the end of gestation, several days were required to complete evolution (cephalic version); when given during labor, a short period, ranging from half an hour to several hours.

All the cases of Dr. Jackson which I have narrated, except one treated during labor, were treated before the termination of gestation, and with the 30th. In these the version was accomplished in from twenty-four hours to eight days. In the case where labor was daily expected, it was complete in twenty-four hours; during labor, one case in nine and a half hours. In two of the eight other labor cases the second potency was given to one, with version in half an hour, to the other, in two hours.

In Dr. Butler's case of the millionth potency, version and birth were complete in about one and one-half hours. In the one dose 30th potency case, two hours. In the 200th cases, one in one hour, the other in two hours.

In Dr. Kenyon's case the potency is not mentioned. As he determined the sex at the first examination, the membranes must then have been ruptured; it thus making, with Dr. Butler's, the only two of these nine cases of cephalic version, which followed the administration of Pulsatilla, in dry labor.

Malposition of the fœtus implies a non-conformity of the containing to the contained, an abnormality akin to disease. Considering the muscular structure of the uterus, it seems evident that a relaxation of the oblique or transverse fibers, will permit a proportionate gravitation of the fœtus into an oblique or transverse position. When in that position it may be conceived that contractions of other fibers may raise or depress the corresponding extremity of the trunk, and vary the malposition, or correct it.

The homœopathic relation of Pulsatilla to these cases is, with hardly a single exception, not stated. Empirical experience that Pulsatilla corrects inefficient pain, and promotes normal labor, having been the apparent guide to its selection. The abnormal innervation and action of the uterine muscles causing malposition of the fœtus, should be treated homœopathically according to the totality of the symptoms, and certainly other remedies may be required, but the following symptoms of Pulsatilla show its powers to induce, and there-

fore to cure, nervous and muscular derangement of the uterus:

Pain in the small of the back like labor-pain, and as if a band had passed through the small of the back and everything were constricted.

Pressive pain, as from fatigue in the sacrum in the evening.

Drawing pressive pain extending toward the uterus, with qualmishness.

Cutting pain in the orifice of the uterus.

Contractive pain in the left side of the uterus obliging her to bend double.

Anxiety and fretfulness, not knowing what to do, is a mental symptom of Pulsatilla, common in inefficient labor.

BROOKLYN, N. Y.

B. LEBARON BAYLIES.

DISCUSSION.

Dr. Campbell had no paper written, but said:

Everything should be done in the name of humanity to relieve the pangs of women in labor, and I should like to know if a homœopathic physician can consistently use an anæsthetic in normal labor. It is either right or wrong to use it; if it is not wrong to use it, then it is wrong not to use it. It is on this question that I should like to get the sense of this meeting.

Dr. Wesselhoeft. I believe that in a great majority of cases of normal labor we get along better without any anæsthetic whatever. We all know, also, that in many abnormalities we can aid labor very materially with a well-selected homœopathic remedy. Still, there are certain occasional cases, especially in primiparæ, where, after the second stage of labor is nearly ended, the head presents at the vulva with the most agonizing suffering, and either we fail in our selection of the remedy or it fails to act from mechanical reasons, where, I say, it is only merciful to give a few whiffs of Ether or Chloroform while the head is passing in order to alleviate this most agonizing and terrific suffering. A very few whiffs of Ether or Chloroform will be sufficient, and I do not believe in giving any more than enough to just obtund keen pain, without approaching complete anæsthesia.

I believe, too, that it is perfectly justifiable for us to use an anæsthetic in obstetrical operations. I do not think I will

ever apply the forceps again without at least partial etherization. Many women now seem to expect Ether from the beginning of the pains to the end of the labor; such procedure is wrong. The majority of cases get along better without a drop of anæsthetic, but in many others it is, if not necessary, at least merciful, to the limited extent that I have just indicated.

Dr. Stow: I wish to call attention to a probable effect of the administration of Ether at the last stage of labor. We all know that there is often extreme distension and tension of the perineal muscles during the last throes of labor, and a little prior to the last. Is it not highly probable that an anæsthetic administered at that time would relax those muscles and do much to prevent rupture and laceration? If I had a case of dislocation or fracture I would not attempt to use my own slight muscular strength against the contracted and rigid muscles of a stronger patient. I should administer an anæsthetic and then proceed to the easy and safe reduction of the dislocation or fracture, aided by the relaxation of the muscles produced by the anæsthetic. The same applies to the management of difficult cases of labor, and I think we should be left to our own judgment and to the exigencies of the case.

Dr. Kent: In these painful and extraordinary cases, as in all others, the first duty of the physician is to act for the best interests of his patient's future; he cannot always do this by being merely merciful. If, with the idea of saving pain, you use Chloroform early in a labor case, the symptoms which call for a remedy will be entirely obliterated. I sit by the side of the bed, watching and waiting for a symptom to arise upon which I can base a prescription which will relieve the suffering. It seems merciful to relieve this great suffering promptly with Chloroform, but it is more merciful to relieve it in the only right way—by the homœopathic remedy when this is possible—because the relief is a real one and beneficial in its effect on the whole future of the mother and offspring, instead of merely palliating the pain. I appreciate what Dr. Wesselhoeft has said, but I do not think with Dr. Stow that we are justified in producing so deep a narcosis as to relax the muscles of the perineum. It would take a great deal of Ether to do that.

Dr. Dever: As I look at it, labor is a natural physiological process, and in a healthy woman should be gone through without any drugs or medicine at all. If the process is in any way abnormal, then the woman is sick and needs the homœopathic remedy which will relieve, as we all know, more quickly and more permanently than any anæsthetic. It is very seldom, if ever, necessary to use anything else.

Dr. Bell: If enough Ether is given to relax the perineum, then the labor is going to stop, and so deep an anæsthesia is very apt, if prolonged, to injure the child.

Dr. J. V. Allen: I would like to ask Dr. Bell if Ether or Chloroform have any effect upon nerves supplying involuntary muscles?

Dr. Bell: Yes, sir, I think they do.

Dr. Stow: I do not wish to go on record as recommending Chloroform or Ether indiscriminately. I am not in the habit of so using them. But I know that I have, without deep narcosis, produced sufficient relaxation of the muscular tissue to very materially aid the passage of the head and to prevent laceration of the perineal structures. I must differ with Dr. Bell when he says that anæsthetics affect the involuntary muscles. Ordinarily, the heart continues to beat, the lungs to move, and the expelling power of the uterus is scarcely impaired under an anæsthetic. If you should carry the effect so deep as to effect the involuntary muscles, you would kill the patient.

Dr. Fincke: This discussion is not necessary and does not answer the question that Dr. Campbell asked. She asked, whether it was, in the opinion of this Society, legitimate for a homœopath to give anæsthetics in normal labor in a sentimental way, to stop pain. I say that if everything goes well, she should bear some pain, for the woman will be loved better and will love her children better, if she suffers some pain. Pain is a part of labor, and if everything is normal, we should allow nature to do her own work.

I have seen many cases go wrong because the doctor had no time to properly attend the case, so hurried matters up to the harm both of the mother and child. Many women that have a quite natural child-birth will cry out with pain and say that they are going to die. If you give them a tiny pellet of Aconite, it all passes off, and the child will be born all right.

Dr. Carr: When I first began practice I was impressed with such great sympathy for my patients that I administered Chloroform in every case. But I did not know as much about Homœopathy at that time as I do now. It was not until I had some very untoward results that I turned my attention to the remedies. Aconite, Kali Carb, and Chamomilla have served me well in such cases.

Dr. H. C. Allen: One point has been overlooked in this discussion. One reason why we should not give anæsthetics in labor, is because the old school do. The farther we keep away from their methods the better for all concerned. A woman is more susceptible during labor and pregnancy to the action of remedies than at any other time. Moreover, the symptoms of the mother corrected during gestation and just prior to confinement, tend to make the labor normal. An anæsthetic masks symptoms, prolongs suffering, increases the liability to hemorrhage, to mastitis and other troubles of the mammary glands.

Dr. Wesselhoeft: I do not want to be understood, nor do I wish it to go on record, as advocating the use of anæsthetics, except in certain rare cases, such as I have mentioned. As for our allopathic friends using or not using anæsthetics, I do not think that has anything to do with it.

I think we should use an anæsthetic whenever the forceps have to be applied, also in some cases, especially in primiparæ, during the last moments when the child's head is bursting through the vulva and the woman is enduring the most excruciating torture. Just a few whiffs are enough, and it is all over. I have never seen bad results from it and I have had women thank me for those few whiffs. Mind, that in the great majority of cases I say we do *not* need it and are better off without, but in the cases I speak of I am glad to give relief by its use.

Dr. Alice B. Campbell: Those few whiffs are going to lower Dr. Wesselhoeft a little in my estimation. I am very jealous of the reputation of this society, and my gratification is great to have Dr. H. C. Allen, Kent and others stand up for true Homœopathy. I believe Dr. Wesselhoeft thinks he is right, but I do not; whether it is Dr. Stow with his complete narcosis or Dr. Wesselhoeft with his few whiffs, the principle is the same. If you do the same as the allopaths,

wherein lies the difference? Can we not stand alone? Must we depend upon their miserable expedients? I have followed where it has been used, and have always found more or less trouble, generally in connection with lactation.

Dr. Kimball: Where the final pains are of so excruciating a character can the labor be called normal?

Dr. Guernsey: I was called to a case in which a girl about seventeen, in labor, was in the most horrible convulsions. The immediate use of Ether relieved the pains, and I do not think five minutes elapsed before the child was born.

Dr. Bell: We must concede a little here, I think. If things were just as we should like them to be we would have painless labor and we would have no surgery. I think that Ether may be safely and comfortably used toward the close of labor, when, according to the judgment of the physician, it is best.

Dr. Wesselhoeft: Do not understand that I advise the use of Ether right along from the moment the woman begins to cry out. Many of the women are abnormal nowadays, and can hardly have a normal labor. When we have a mechanical tumor pressing against and distending to the point of rupture, the vulva, with that horrible agony depicted on the face, I have used a little Ether, and I am glad I did.

Dr. Hoyne: I have found that women nowadays are educated up to Chloroform and will not have a doctor attend them in confinement unless he will consent to give it to them. Very little is necessary, and only towards the close of labor. I have never heard of its doing any damage when used in that way.

Dr. Fincke: I wish Dr. Wesselhoeft had tried the remedy just at that point (perhaps Aconite would have done it), because we would have learned something. Suppose, in cases similar to this, we try the remedies and then we will know. How do we know that the anæsthetic does not have an after effect? There must be some reaction, I think, but I do not know enough about it, and should like to know from somebody who does. I know of a young girl upon whom laughing gas, administered to have a tooth drawn, produced very serious effects, changing her disposition of cheerfulness to one of sadness; also of a widow who, during an operation, was under the action of anæsthesia for many hours. In

course of time she began to weep, and wept herself to death I do not know whether this case be due to the anæsthetic or not. It is only possible, and would have to be proved.

Dr. Dever: These desperate cases are the very ones that need homœopathic treatment, and those in which our remedies will do good.

Dr. Thomson: I have *never* used an anæsthetic in parturition. The more excruciating the pain, the quicker will the indicated remedy ease it. Pain is nature's danger signal. It is just as criminal to take away that pain with an anæsthetic as it would be to cut down the red flag, the danger signal, and let two trains come together. The pains are a part of, and coincident with, the contractions of the uterus, and we should not interfere with them.

Dr. H. C. Allen: Let us settle this question by observing, for the next three years, all the obstetrical cases in which Chloroform or Ether has been given, and see how they get on. Observe especially the progress of lactation. My personal experience is, that troubles in lactation are very common when an anæsthetic has been used, either mastitis, suppression of milk, or some similar trouble. Many mothers appear to be perfectly healthy, yet are unable to nurse their children—have no milk. Has the use of anæsthetics anything to do with it?

Dr. Guernsey: What is normal labor? Is such a case as Dr. Wesselhoft mentions normal? I think not. Such intense, *agonizing* pain is not natural.

Dr. Wesselhoft: As I said before, we have abnormal women to deal with. A normal woman, who uses her muscles, who has strength and ability, who has never injured herself by wrong dressing, will have a normal baby, by means of normal labor.

Such a woman will not present a head twelve inches long, bursting through the vulva with such horrible pains. I am not talking about painful contractions of the uterus, at all; these are the normal pains of labor. I am speaking of the last pains, due to the mechanical bursting, tearing of the vulva, by an abnormal head. No remedy could correct that. It is not a dynamic condition, and a few whiffs of an anæsthetic will do the whole business. It can do no more harm than a few whiffs of amyl nitrite.

Dr. J. V. Allen: I have just one case in which I used

Ether. After the patient had been in labor twenty-four hours, I wished to use forceps, but was refused. At the end of the third day I procured Ether and administered it; applied the forceps and in three minutes delivered the child.

Dr. Custis: The best argument against the anæsthetic yet advanced is Dr. Kent's, that we thereby cover up symptoms and cannot make a prescription. The drift of the discussion amounts to this; never give an anæsthetic in normal labor. In abnormal labor correct the condition with the indicated remedy, if you can, and if you cannot, help the woman with the anæsthetic and the forceps.

Dr. Alice B. Campbell: What Dr. Wesselhoeft says is true. We have abnormal women to treat; and they are likely to remain abnormal so long as their ignorance is ministered to after the manner of Dr. Wesselhoeft and Dr. Hoyne.

Dr. Hitchcock: If the women themselves are abnormal, are we justified in using abnormal measures in treating them?

Dr. Kent: Suppose your woman is under the influence of an anæsthetic, and an active hemorrhage comes on, what are you going to do for her with her symptoms masked by that benumbing influence?

Dr. Wesselhoeft: I have had just such a case. The woman was under an anæsthetic, the child was delivered, when a sudden post-partum hemorrhage came on, such as I had never seen before. The doctor who was connected with me in the case, ran for his instruments. I ran for my Ipecac, and gave it. It stopped immediately. It was one straight, hot gush of bright red blood, as thick as a man's arm. I knew I would have to work quickly: I have Ipecac always near me in labor cases.

Dr. Brownell: It seems to me that the Ipecac does not deserve any credit for stopping that hemorrhage. Was it not the sudden contraction of the uterus forcing out the sudden gush of blood that stopped it, and the danger was over when the gush of blood was first seen?

Dr. Rushmore: I recall at this moment three cases of labor in which I was called in consultation. They were all instrumental cases, and in each case Chloroform was used. In two of the three the child was past resuscitation, and in the third resuscitation was very difficult. But I think it proper to consider that the deaths may have been due to other causes than the use of Chloroform.

CASES FROM PRACTICE.**OBSTETRICAL CASES.****CASE I.**

I was called one night to see a woman threatened with premature labor at about four and a half months. The pains came on at regular intervals and she soon gave birth to a dead fœtus. I tried to deliver the placenta, but could not. I gave her to understand that she would probably have a severe hemorrhage when the after birth came away. I called every day to see her and she was feeling very comfortable, no pain or bad feeling any where.

About 12 p. m. one dark night I was sent for as the patient was flooding badly. I found a very profuse hemorrhage; labor-like pains had come on and they called for Belladonna. I gave her a dose of the cm. I then could detect the placenta for the first time, but it was too high up to reach. The Belladonna seemed to bring on the pains more vigorously, and with every pain there was severe flooding of bright red blood that had a hot feeling (Lac. c.); she said, "I am flooding to death." Now nausea and vomiting with red blood, the symptoms had changed to those of Ipec. I gave her a dose of cm (H. S.) and the hemorrhage continued for several minutes when she exclaimed, "Something has passed me," and I found an after birth about as large as the palm of my hand.

The hemorrhage up to now had been frightful. She said, "Doctor, am I dying?" I said, "No; only fainting." Her face was as pale and white as a sheet of paper; she had ringing in the ears, imperceptible pulse. I pulled the pillow from under her head to let the blood flow to the brain, and gave her a dose of Cinchona, 8m. We used hot applications to the cold extremities and heart. She thought she was dying, and had reasons to think so.

This case shows how rapidly the symptoms may change from one remedy to another in the course of half an hour.

CASE II. A STRANGE CASE: SECALE.

Mrs. E., primipara, a small, delicate woman, was taken with labor. When I arrived the room was cold, no fire in the stove, and she did not desire any; her hands, feet and limbs

were cold; her vagina was cold. Her temperature was 96, and yet she did not want but very little cover on her. I gave a dose of *Secale em.* (H. S.), and in a half hour her temperature came up and she permitted me to have a fire made, and allowed her feet to be put in hot water for an hour or two, and labor progressed normally.

CASE III. SPONTANEOUS EVOLUTION: PULSATILLA 200TH.

In my early practice I met with a primipara, who had the windows and doors opened, desiring fresh air; was tearfully disposed. After the second stage of labor set in I found the right shoulder presenting. I could detect the axilla and the intercostal spaces. I sent for an allopath who had retired from practice, who volunteered his services in such cases. Meantime, I gave *Pulsatilla 200*. He had a small hand. I had tried to pass the vulva, but could not. A messenger was sent for him. I waited not more than twenty minutes before the messenger had time to return, and was sitting in a chair, telling her to keep back the pains all she could. One of the women said, "Doctor, something is hanging there." I looked, and to my surprise, I found the child born all but the head. The allopath did not put in an appearance; I did not need him. Did *Pulsatilla* have anything to do with it? M. Dubois has seen two such cases.

We have, in fact, a first period of flexion of the trunk, of the fœtus towards the side opposite to that which presents; a second one of descent, interrupted by the third movement or stage of rotation; fourth, a period of deflexion or disengagement, and, according to the observation of M. Dubois, for the dorsal position we may add a fifth movement or period of exterior rotation.

Such is the account given by M. Cazeaux. Of course no one at the present day would think of allowing any of these unusual presentations to continue for the sake of observing a possible spontaneous evolution. Speedy interposing should be instituted for the purpose of saving both mother and child.—GUERNSEY.

CASE IV. SUBINVOLUTION.

This lady came from an adjoining city on the recommendation of two allopathic physicians; they thought that probably a change of air would do her good. She had taken morphine for a long time and was almost addicted to it.

I found her restless and she thought it was caused by the

morphine; she could not sleep at night. Her symptoms were those of *Rhus*. and she got it in the *cm.* and she rested well that night. She evidently had had an abortion with pelvic cellulitis, the pus discharging into the rectum. She had a great deal of pelvic distress with bearing down feelings, she could not be on her feet or walk without bringing on this bad feeling. She was constipated and the stools were ribbon shaped, with a continual desire to evacuate the bowels. This led me to believe that she had retroversion; so I made an examination and found the uterus retroflexed and lying on the floor of the pelvis; the index finger came in contact with the fundus on passing the sphincter muscle.

I used one of Guernsey's uterine repositors in the rectum with the patient in the geno-pectoral position. I had to persist in breaking up the adhesions. For a day or two I put in a tampon of cotton to put the tissues on the stretch; by this treatment and the use of the repositor, I soon had the uterus in position.

But now, what should I do to keep it there? Must I use the abominable pessary, something I have never used in my life, nor have I ever found it necessary in one single instance to make use of "ox yokes" in any case of prolapsus; it matters not how large or heavy the uterus may be it is never necessary to resort to such contrivances.

Pray tell me how to find the simillimum with this cursed torture in a woman's vagina. I always have them removed to let the symptoms develop, for how can we tell what the symptoms are when the uterus is propped up suppressing the symptoms. You may think I am not a gynecologist, but I have cases come to me from different parts of the State to be cured of uterine troubles, and I have never found the law of cure wanting or had to use anything else than the indicated remedy.

One case took me five months and another seven. They were cases that could not be cured by the doctors that had attended them, but I had to use the remedies to meet each condition as it came up, and I kept on that way till they were completely cured. This lady had menstruated continually, for two months, and the uterus was greatly enlarged. She was always holding up her abdomen or pressing her hands against the vulva. This pressing down feeling was so great

that her husband had to hold his hands and press up for her in bed at night. She was cured with *Lilium tig. cm.* (H. S.)

CASE V. SUBINVOLUTION.

The subject was a mother of four children, and one miscarriage, at about four months, from which she never regained her former health. Her husband said that he wanted me to make an examination, which I did, and found the following conditions: The vaginal speculum shows the os swollen, dark red and very sensitive; the sound indicates the uterus enlarged, retroverted and flexed in about the second degree. My diagnosis was confirmed by digital examination of the rectum. I used Guernsey's repositer in the rectum with the patient in the knee and elbow position, but the uterus was so tender and sore she could not stand the operation. I told her I would wait a few days and see what I could do with the indicated remedy. The totality of the symptoms was as follows: She had a weakness ever since the mishap; she knew that there was something wrong there. Coition was very painful, and had been for several months.

She was taken in church one Sunday with a faint feeling, and when she started to come home by walking, she felt a bearing down so severe that she had to take hold of her abdomen with both hands and hold herself up; and she got relief from pressure upon the vulva; and lying down with a large old-fashioned Bible under hips. I gave her a dose of *Lilium cm.* (H. S.)

I wish to remark here that I never had to restore that uterus. She improved rapidly and all of those distressing symptoms left. I did not trouble her any more. *Lilium* a few doses at proper intervals cured her. The patient is a living witness to the fact.

DYSMENORRHOEA.

Miss S— came here from Southern Texas. She is about fifteen; light complexioned, her father and mother are high livers and eat a good deal of pie and cake, and highly seasoned food; she suffers every month with her menses.

I always find the following symptoms: Pain all through

the pelvic region, her stomach is generally disturbed, and there is a good deal of belching with some relief (there is always a tenesmus vesicae, also rectal, with a constant desire to evacuate the bowels, with inability).

A shooting and cutting up the rectum at the same time. They used to call me when the symptoms came on, and I would find *Nux. v.* always indicated. I usually gave it in the *cm.* (*Skidders*), and then changed to *Fincke*, 980 *m.* It took me a long while to rectify this case, as I believed that the manner of living had something to do with it, but I finally made a complete cure of her.

INFANTILE HEMORRHAGE OF THE BOWELS.

A child about forty-eight hours old was taken with a hemorrhage from the bowels of dark colored blood. When I was called, it had had four actions from the bowels. I prescribed *Arsenicum cm.* When I called the next morning, the baby had had four more actions during the night, and things began to look rather discouraging. I had had one other case in the country, and it died, and they had lost one with the same thing. I sat and watched it for awhile and I noticed that the baby would turn sick at the stomach and would vomit; this symptom made me think of *Ipecac*, reasoning from analogy that a woman having nausea with a hemorrhage, *Ipecac* would be the remedy; so I gave the baby a dose of *Ipec. cm.* (*H. S.*), and it never had another hemorrhage or vomiting, and was speedily healed.

ABILENE, TEX.

GEO. W. SHERBINO.

HOMŒOPATHIC SURGERY.

Mrs. E. K., æt 24; light complexion; slight build, July 15, 1886. Difficulty of speaking, breathing and swallowing. Throat seems to be filled with mucus all the time. Pressure on top of the head and weight across the eyes with dragging down into throat and nose. After waking there is pressure in the chest. During menses has severe pain in ovarian region extending down legs; bearing down; drawing also

of left side; pressing, bearing down. From lifting and exerting herself she has had excessive pain. Menses regular. Half a day after coming, it stops, and pain begins—this is relieved by hot water and mustard baths—with pain in the back, chilliness, aching, the discharge continues.

Cannot lie on the *right* side in consequence of choking.

Scalp covered with scaly eruption; itching.

Frequent scanty urination during day. Aversion to coitus, except just after menses.

Takes cold easily, and then there is some soreness of the throat.

Examination of the throat and nares revealed an enormous polypus filling the entire pharynx to such a degree that it was impossible for her to swallow solid food; only a narrow passage existed on the right side, and it was through this limited space that she was able to breathe. The polypus was of saddle-bag shape, being attached to the ethmoid bone (as nearly as I could determine), one portion extending into and occluding the left nasal passage, and to a certain degree the right; the other and larger portion extended down into the throat, and caused all the mechanical difficulties of which she complained—the weight, difficulty of breathing, swallowing, etc.

This discovery led to further questioning, and with her difficulty of speech it was no easy task, and the general result was about as follows:—As a child she had been compelled to work out of all proportion to her strength and did not have the best of care. At the age of puberty she had some sickness, but could not tell what it was. About six months later she began to have catarrhal trouble from a severe cold, or something of that sort, and from that time her breathing had been more or less affected by the fullness of the nasal passages. As she was an orphan, not much attention was paid to her, and the matter went on till about five years previously she had a chill and sort of a sick spell, and a lump of something was discharged from her nose; She has never had any treatment, and did not know what the trouble was, though she has been to several doctors lately and they tell her that nothing can be done for her except to operate. Her general condition is such that they have no faith in her recovery, and I learned afterwards that she and her husband were both told by a

prominent physician that she could not live six months. The foregoing history was not obtained in one installment, but in several, and it was not until I had obtained a thorough history of the case that I was able to prescribe. Without going into details of the various symptoms and changes which occurred during the course of treatment, I will simply give the dates of prescription, and the remedy.

July 26, I gave the first prescription, *Sepia* cm. (F. C.)

August 6, *Sepia* cm. (F. C.)

September 22, *Sepia* cm. (F. C.)

November 8, same.

December 10, same.

In September, she was able to breathe through the left nostril for nearly two weeks, something which had not occurred for some years. There was a free discharge from the throat and nostrils, and the taste had become exceedingly offensive, putrid, of which she complained greatly. The ability to swallow was greater, and the dragging sensation in head and nose was nearly gone. The polypus was decreasing.

During November the taste and odor from the mouth were exceedingly offensive, but more noticeable to herself than to others. On the 12th inst. she came to the office complaining of the tickling and irritation at the root of the tongue. On examination the polypus in the throat was seen to be shriveled to about one-third its former size and hanging by a thin pedicel about the size of a match. I told her to leave it alone, and the second day after it disappeared. With this all the local difficulties at once subsided, except the partial occlusion of the nares. Her general health kept on improving and she received medicine as follows:

1887.

January 16, *Sepia* cm. (F. C.)

February 20, *Sepia* cmm (Swan.)

March 20, *Calcarea* 2m. (F) for temporary trouble.

April 24, *Sepia* cm.

May 18, *Lycopodium* cm.

May 21, *Mercurius* v. (potency not recorded.)

May 24, *Sepia* cm. (F. C.)

June 24, *Sepia* mm.

August 10, *Calcarea* cm.

October 7, *Sepia* cm. (F. C.)

November 6, Sepia m. (F.)

December 9, Sulphur cm.

And here the record ends. The polypus had so far disappeared that it gave but little trouble. Her general health was such that for good reasons she did not come to my office for some months, and was later safely delivered of a child, a thing considered to be an utter impossibility by her former advisers. Under the circumstances it could hardly be expected that the child could be healthy, and it died in a few weeks of marasmus under the care of another physician.

I have not seen the lady for about three years, but understand that there is another arrival, and that the "operation" which she underwent for the removal of the polypus at the hands of the homœopathic remedy has been successful.

In connection with this case I wish to call attention to the necessity for a careful inquiry into the history of the case. With my limited knowledge of the *Materia Medica*, particularly at that time, there was nothing in the case as at first presented, to warrant the selection of any given remedy. A careful investigation of the history led up to the fact that the development of the polypus was synchronous with the appearance of the menstrual flow, and I reasoned that if I could obtain a clear insight as to the conditions which obtained at that time, I would be able to select the curative remedy for the individual. In this case, I found in the early history a perfect picture of *Sepia* in its generic character, and though I could not find anything in the pathopoësis of the remedy which indicated nasal polypus, yet in obedience to the law of remedial action, the cause being removed, the result of necessity disappeared. The fact that out of seventeen doses of medicine given during eighteen months, eleven of them were of the same remedy, the other five being given as inter-currents for other disturbances of an accidental nature as they seemed to be at the time, and that the polypus, which was the objective point in the patient's mind, was removed, is a sufficient answer to those carping, unscientific critics who say Homœopathy can not cure "surgical" cases.

NEW YORK,

HARLYN HITCHCOCK.

SOME CONSIDERATIONS OF SYPHILIS AND ITS HOMŒOPATHIC TREATMENT.

Our Chairman has suggested the topic to be discussed. There can not be any great diversity of opinion, probably, in our ranks as to the proper treatment of individuals having syphilis; but it is well to put our cases on record as proof of the supremacy of similia. Accordingly the following cases have been selected from many as illustrative of the points which will be stated in conclusion.

CASE I.—H. M., aged 22, contracted soft chancre. Shame kept him from me until ulceration had involved glans penis and prepuce. Great depression of spirits; apprehensive, full of fear, no confidence in himself, easily fatigued by mental or physical exertion, could not be driven to work (bank clerk). Susceptible to all sorts of pains; on thinking of them, he imagined he already felt them. All symptoms worse at night. He had been a so-called "scrofulous" child, and never robust. In childhood and youth he had been afflicted with running from the ears and eruptions upon the skin. He was a psoric person. The simillimum seemed to be Aurum, and he received a dose of that medicine *cm.* (Fincke). This was followed by improvement, but it failed to cure. He rallied enough to go to work for a few days and then gave it up again. A minute spot of ulceration remained, the prepuce was swollen and tender, large buboes appeared in the groins, his throat became slightly sensitive. Soon the following symptoms were added: Feet held to the earth as by a magnet, when attempting to move; when moving, felt as if pricked with needles, the pain running quickly from feet to head; every joint and muscle of body and limbs, stiff and sore; sour night sweats; great emaciation with loss of appetite. *Ledum*, 200th, in water, completed the cure speedily.

CASE II.—H. S., young adult, dark complexioned, of good physique and perfect health, became poisoned with soft chancre. He first employed a quack doctor, and rapidly grew worse, as this specialist gave no medicine, but applied caustics and washes. When he first consulted me, the frœnum had sloughed away, and numerous sinuses allowed the urine to pass unnaturally from the urethra. This was one of those very rare cases where syphilis becomes fastened upon a pre-

viously healthy organism. Mercurius alone worked a complete cure. This patient came under my observation in the early years of my practice. He has remained well since.

CASE III.—Mr. C., about forty-five years of age, became the victim of true, Hunterian chancre, twenty-six years ago (1864). He received medical treatment of uncertain character, and all traces of the malady disappeared with the primary lesion. Eight years later (1872), or eighteen years ago, he was surprised by the appearance of suppurating buboes and alopecia of the scalp and eye brows. He denies the pre-existence of any other lesion in that attack, and says that he was perfectly well between the two attacks just described. Again he put himself under treatment, and was apparently restored to health.

May 17th, 1890, he consulted me for the following symptoms: In the early part of the night formication, first in the anus, extending to glans penis; disagreeable sensation entire length of urethra as of desire to urinate; next, a feeling in anus as if some agency were "pulling down;" then an involuntary escape of a few drops of burning hot urine, and a feeling as of more to follow. After sleeping a short time, aroused with great itching of anus and desire to urinate; micturition difficult; herpetic eruption on thighs and groins; skin becoming gray and falling off; stomach cold; limbs feeble. Physical examination of anus, rectum, prostate and bladder yielded negative results. Microsco-chemical examination of urine, revealed a few crystals of uric acid, very few mucous corpuscles and one round epithelial cell; otherwise normal.

I felt no hesitation in diagnosing his case as of syphilitic origin; and as the symptoms pointed to Mercury, he received a dose of that medicine (Fincke's cm. potency), dry upon the tongue, with plenty of saccharine placebo to reinforce it. He has improved steadily ever since; in fact, barring the skin symptoms, which were not entirely removed, he considered himself well at our last interview, a few days ago.

CASE IV.—The subject of this number was the unsuspecting wife of a man who contracted syphilis while absent from home on a prolonged business trip. When he reached home, February 5th, 1886, his scalp and forehead were covered thickly with a papular eruption, which would act as if about to suppurate, and would then become dry and scale

off. This was followed repeatedly by a new crop of the same character. The only other symptom present at that time was a mottled zone, about five inches in width, around the waist, which he said was the mark of a previous eruption. About the first of March an abscess formed in the left parotid gland. On March 22d I was called to lance the abscess, he being unable to separate his jaws. It discharged much thick, green, offensive pus. The skin eruption disappeared when the abscess was fully developed. The latter healed slowly, under homœopathic treatment. Before the abscess had quite healed, iritis set in (both eyes). For this he went to a hospital and remained there a long time, the staff unanimously diagnosing syphilitic iritis.

The wife was poisoned about the fifteenth of February. About the twentieth of March, she began to feel tired, apprehensive, and, as she described it, "sick all over." Eight days later, discovered dark red, hard lumps in the skin on both sides of the nose and cheeks. Then the face and scalp were completely involved in the same manifestation, and in sixty days from the first tired feeling, the entire person was covered. The soles of the feet show the peculiar, mottled appearance of syphilis to this day.

A New York physician prescribed Mercurius 200th, which was taken in water. Amelioration followed. While the skin was improving, throat, ears and eyes became involved together, about the middle of June. Full feeling in throat, with sensation of suffocation; lack of sensitiveness of affected parts to touch; hawking of great quantities of glairy, white mucus; deafness; eyes terribly swollen and dark red; examination by a specialist disclosed iritis; aching in forehead, from midnight until morning. Patient felt exceedingly cold, could scarcely keep warm, even with the aid of much clothing, stove fire and closed doors and windows, in mid-summer. Thoughts of suicide. Great fear of death developed at this time; also dread of death by suffocation; dizzy; afraid of falling down stairs. A frequent sensation was of flatus, incarcerated in left hypochondrium, causing intense fear of immediate death. Pounding, manipulating and changing position would cause eructations, bringing relief, not only from the feeling of incarceration, but from the fear of death. Constant hunger; great desire for eggs; required food every two hours, even during the night.

The case came under my observation, and from the symptoms, I decided to give Hepar 200th, in water, a teaspoonful every two hours until improvement should appear. Improvement did appear within twenty-four hours. It is interesting to note that, first, hearing was restored; the eyes began to improve at about the same time. By the way, the oculist—one of the most noted in the country—said at first that the left eye was “good for nothing.” She now sees with it very well, indeed, even to reading the newspaper without glasses. All symptoms gradually disappeared. Such cases are put down in the books as of extremely long duration, even if the patient should be so fortunate as to ever recover. At the end of eighteen months from the very beginning of this case, she was discharged, cured. So far, there have been no signs of relapse.

CASE V.—Miss —, was the daughter of a well known New Yorker, who died full of sin and syphilis. She inherited a weak constitution and a great deal of money, and was an estimable lady. Soon after reaching her majority, she began to have one sided headache and other symptoms which I can not now recollect with distinctness. Her attending physician is dead and his memoranda not to be had. My own connection with the case was (with the attending physician and others) in emergency. With a sudden, sharp exclamation of pain, she had clasped her hands upon her head and immediately become unconscious. Numerous opinions were advanced. My diagnosis was apoplexy, and one other physician held to the same view. At the autopsy, next morning, a large quantity of blood was found to have escaped from a rupture of the middle meningeal artery. A bony growth from the inner surface of the skull, nearly an inch in length and pointed, had been the means of destroying the integrity of the artery. Inherited syphilis was responsible for all the trouble.

CASE VI.—Mr. P., tall, slender, wiry, active, dark complexioned, forty-two years of age, had chancroid seventeen or eighteen years ago, he is not sure which. It appeared a number of days after an impure connection. He was cauterized by an old school gentleman, who also administered internal remedies. Despite all this, inguinal buboes formed and opened both sides. He had some soreness of the throat, but recollects no eruption upon the skin. Finally all symptoms

disappeared and the doctor pronounced him well. Nothing occurred after that to disturb his serenity until this spring, when he presented the following inventory: Languor and indisposition to work; low spirited; worrying without cause; sensation in the head, at a spot near the posterior border of the left parietal bone, half way between the ear and coronal suture, as if the skull were pressing upon the brain, worse at night, preventing sleep, though patient was very sleepy in day time; buzzing, as of insects in left ear; constipation. There was no aphasia, vision was natural and the reflexes right; the examining hand found no fault with the head nor caused pain to the patient. In my own mind there was no doubt that a morbid process had begun, which, if left to run its course, would end in disaster. Memory took me back to case No. V. I could not demonstrate the existence of a spicula of bone encroaching upon the brain tissue in this case; let the doubters have their way and say "not proven." I am content. It does not seem necessary to me to wait for the post mortem examination before announcing to you my belief that danger of pressure upon the brain menaced my patient.

The simillimum being Mercury, he received a dose of that drug (Fincke's cm. potency), dry on the tongue. Reaction became apparent in ten days and has continued without interruption since. He is now very nearly restored to health apparently, and I firmly believe that the pathological process has been stopped.

Having presented the evidence it is now proper to "sum up," as the lawyers say.

I. The soft chancre or chancroid is as certainly the manifestation of constitutional disease, as the hard or true Hunterian chancre is. It has a period of incubation. If not at once cured, it ends with severe general expression.

II. Caustics and other local applications do not cure either soft or hard chancres. They produce suppression and metastasis.

III. Secondary syphilis is communicable. The person thus inoculated, may never exhibit the primary lesion, but show the disease in its secondary form *ab initio*.

IV. Syphilis may lie dormant in the system for seventeen or eighteen years, after treatment (non-homœopathic) and

apparent recovery from the first and second stages, and then arouse to destructive activity.

V. There is no royal way of curing syphilis *per se*. Each case must be individualized. The proper selection will cure at any stage. In the words of Hering, "any remedy is good for any disease—if the symptoms correspond."

VI. The co-existence of psora or sycosis with syphilis, greatly complicates the case and retards the cure.

NEW YORK.

E. CARLETON.

SURGICAL CASES FROM PRACTICE IN THE HAHNEMANN HOSPITAL, ROCHESTER, N. Y.

The value of the reports of surgical cases treated in the Rochester Hahnemann Hospital during the past year depends, not upon the rarity or interest of the cases, but in the fact that they have, without exception, been treated according to the principles of Homœopathy. Antisepticism or Listerism has had no place in their management, as I believe that the principles, upon which those *isms* are founded, are not *true*, and are not compatible with the principles of Homœopathy, which are true.

The paper, entitled "Listerism," read before this Association a year ago, coming as it did so soon after the opening of our hospital, had much to do with the formulation of rules to be followed in surgical cases.

It is stated, in the paper referred to, that there are three objects to be desired in surgical work, viz.: *cleanliness*, *proper drainage* and *exact coaptation of wounds*, and that good results depend much more upon the attainment of these objects than upon the strictest observance of the popular fad antisepticism.

Methods which would secure these results have been followed in the cases that I shall detail. No antiseptics have been used, only the homœopathically indicated remedy given. The patients have been cured speedily and without suffering.

CASE I.—Mr. R. H. D——, age seventy-two years, entered the Hospital July 22, 1889. His right foot had been frozen in the winter previous and the frost bite had resulted in gangrene. Only one toe is black but the whole foot and ankle is enormously swollen, indurated and attended with intense

pain. Owing to an unfavorable prognosis, given by a previous attending physician, he would not submit to an amputation of the foot, so that only that portion which was black could be removed. This failed, as the gangrene returned. On August 20th, the leg was amputated at the middle third. A modification of Prof. Stephen Smith's operation was followed, the arteries were ligated with catgut, a drainage tube inserted and no antiseptics used except cleanliness. Convalescence was slow but constant, often assisted by the indicated remedy. Discharged perfectly well September 20th.

CASE II.—Miss K., blonde, age twenty-four years; of general healthy appearance. For two years has noticed a tumor growing from the *mons veneris*. The growth has been gradual and constant. At present it has the size of a goose's egg. As it is a source of great annoyance, it has been deemed advisable to remove it. This was done Sept. 18th, 1889, by making an elliptical incision around the base of the tumor and dissecting it out. The wound was closed with a rubber drainage tube in place. Union was very rapid, and she was discharged on the twelfth day. The tumor was diagnosed a cellular fibroid.

CASE III.—Mr. A. B —, age fifty-nine years, fairly healthy appearance, but with a family history showing a tendency to fibroid tumors, he having had such a growth removed from his neck, and has a daughter suffering now from uterine fibroid. He presents a very large and hard tumor in the scrotum, having shown itself first on the right side. The aspirator revealed no fluid contents. There was no translucency. After anæsthesia had been produced an incision was made about four inches long beginning at the external abdominal ring. The lower portion of the tumor was solid, but in the location of the cord and extending into the abdominal cavity it consisted of cystic walls about one inch in thickness and inclosing a small elongated cavity which was filled with cells having the exact appearance of a honeycomb. These each contained a very small quantity of serum. The cord proper was obliterated and the testicle found unattached, except by slight adhesions. The mass was carefully dragged down, the vessels ligated, and the whole removed. A drainage tube was left in place for a few days. There was no material elevation of temperature. He was discharged on the eleventh day.

CASE IV.—Mrs. Anna W——, age forty years, entered hospital on February 11th, 1890. Has been suffering from a laceration of the perineum extending to the sphincter ani. There is prolapsus vaginæ and some prolapse of the rectum, accompanied by several large hemorrhoidal tumors. These were first removed, and on February 21st, Skene's procedure for restoration of the perineum was followed. Cleanliness was the only antiseptic, but she made a good recovery and finds her health very much improved. Her own words very recently are: "I am as well as I ever was."

CASE V.—Mr. Wm. F., aged thirty-eight years, is a train-man employed on the Erie R. R. Entered hospital March 20th, 1890, with a fractured patella. Hamilton's apparatus for fractured patella was used. The patient was discharged in nine weeks, with good use of his limb. The union was ligamentous. Homœopathic prescriptions did much for this man, as various complications arose, which, had they not been relieved, would have seriously retarded a cure.

CASES VI to X inclusive are all cases which presented themselves with various symptoms referable to some abnormal condition of the uterus. Examination showed in each case that there were extensive lacerations of that organ with onsequent eversion of the cervical canal. The results obtained by restoring the cervix to something like its normal appearance amply justify the operation.

I am aware that the results often obtained by this operation are not of any benefit to the patient; in other words, that it is frequently a failure; and I think that failure is very often caused by not properly denuding the edges of the rent. The instrument generally used for this purpose being either Emmett's curved or Skene's hawk bill scissors. The best that can be said for these instruments is that they are inconvenient, inexact and bungling.

If a strong, large silk cord be inserted through the lips of the cervix the assistant can most easily control the organ. It can be drawn down sufficiently and the lips kept separate, thus exposing the surfaces to be denuded. A Goodwillie's trachelorrhaphy knife is perfectly adapted to the purpose of vivifying the tissues. The cases under report have all been benefited, many of the reflex symptoms being soon relieved; but in general it has been found that improvement continues

for a considerable time after the operation and is somewhat slow, often retarded by the menstrual periods, which, in one case, seemed to bring back all the pains she had before the operation. It should not be forgotten that the homœopathic remedy must also be given. After the mechanical injury has been restored it is found to be very much more efficient.

ROCHESTER, N. Y.

W. G. BROWNELL.

HOW I CURE SYPHILIS.

The appeal of the Chairman of the Bureau of Surgery through the *Advance* has been heard, and I hasten to say that while my practice in venereal diseases has not been so large as some, it has extended over a period of twenty years or more, during which time I have treated both syphilis and gonorrhœa in their various stages, with more than ordinary success.

My first practice was allopathic or eclectic, which, to say the least of it, gave but poor satisfaction to myself, much less to my patients.

CASE I.—The first case I ever treated homœopathically was that of a printer, while I was attending homœopathic lectures in Philadelphia.

His was an old chronic case of gleet, which had resisted the best allopathic talent obtainable in the city. He was a young man, but twenty years of age, his constitution showed signs of physical abuse, in more ways than one. He had light hair, blue eyes and soft, flabby muscles. After a still hunt of two or three days, I prescribed Sulphur 200, one dose, which aggravated for a day or two and then rapidly progressed to a cure.

CASE II, was one of secondary syphilis in a man thirty-five years of age, who had been treated from the time the chancre first appeared up to the time he called on me, without the slightest benefit whatever as the disease had in no wise been checked, nor the sufferings of the patient relieved in the least. The character of the skin which was covered with dirty brown spots, mingled with which there were open sores, presenting ragged edges, and bleeding when touched,

decided me in favor of Nitric acid, 500, which I gave him one dose every Sunday night for two months, when he got no more medicine but received a cure of his syphilis.

CASE III, was an abandoned woman, who was both an object of charity and contempt, from the fact that there was not a patch of sound skin on her body the size of your hand. Her sores were ragged and bleeding. There was an odor in her room of horse urine. Nitric acid 30th continued for two weeks, three doses per day, cured. In four months she was fat and hearty, and resumed her old practice.

CASE IV, was one of chancre on the top of the glans penis. Chancre was hard with everted edges. Mercurius sol. 30th, one dose every night for a fortnight, relieved him of the chancre, likewise all traces of the same, and this, notwithstanding the fact that he worked in the rain in a gravel bed on the railway, as a construction hand.

CASE V.—During the month of December, 1889, there came to me a gentleman of color whose age and gray wool should have been the result of a riper experience. But he had been to Utica two weeks before and had been seduced by a "pretty yaller gal." The chancre was hard and elevated, on a hard base. I gave him Mercurius sol. 1600, one dose, and blanks to interest him. He came often for his blanks, as to use his words, "Them powders are boss."

This will illustrate a practice which I have followed for over twenty years. I am satisfied that physicians who resort to harsh measures in venereal diseases do much harm by driving the virus from the sensitive and receptive generative organs to the deeper structures. Local applications for either syphilis or gonorrhœa are neither necessary nor admissible further than absorbent cotton to the chancre for the sake of cleanliness, and possibly hot water injections in the inflammatory stage of gonorrhœa.

I send you this short report as one link in the chain of evidence in favor of Hahnemannian Homœopathy. I treat all cases of venereal disease just as I do other sickness. After discovering the cause from the symptoms which I find presenting, I treat the conditions with the simillimum.

CLINTON, N. Y.

I. DEVER.

DISCUSSION.

Dr. Kimball: Is there not danger of sending contagious pus up the urethra by those hot water injections?

Dr. Dever: I only use hot water when necessary to cleanse the parts.

Dr. H. C. Allen: Why did you give Mercurius sol. every night for two weeks?

Dr. Dever: It was not necessary. One dose would have done just as well.

**BRIEF CONTRIBUTION TO THE ELUCIDATION OF
SYPHILIS.**

The writer does not consider himself as much of a surgeon, or that he has had a large experience in the treatment of syphilitic diseases, for it is well known that any noise made about such maladies effectually deters many from consulting us for other conditions, fearing, as they often do, of being classed among them; consequently, a large number thus suffering keep away, making our practice limited. Still, the disease must be met and treated, sometimes in its most virulent form, demanding the ablest skill of our very best men to do so successfully. One poor fellow, who fell under my care, was taken down with a phagedenic chancre, of which he was so ashamed and ignorant, as to hope that it might get well of itself, allowing the disease to proceed, which it did, so rapidly that when first seen, the organ on which it was located was almost destroyed, requiring two eminent surgeons to patch up, as best they could, the serious consequences. So, that taking this as an extreme case, the calling of attention to this subject is especially appropriate.

Some time since, Ricord stated before his class, that, "he would not consent to have the smallest chancre on his organ for the largest fortune which could be offered him, as an inducement," which, if true, a remark that can be fully confirmed, giving us the leading physician of that time in Europe, stating his inability to treat or cope with this malady successfully; that the primary abrasion is as likely to be followed by secondary, and tertiary symptoms, descending even

to offspring in its baleful effects, almost as surely as if no treatment had been resorted to. The opinion of this great man may be taken as a fair experience of his school, whose sentiments we shall not here enlarge upon.

The question is this: Can our Homœopathic school do better? We can not doubt there being great diversity of opinion and practice on this question, even among us; some even asserting that Hahnemann himself hardly knew what he was treating; that he was ignorant of the distinction between an indurated and phagedenic chancre—deeming both conditions alike—which our more elaborate researches in diagnosis have made clear. But whatever view we take of them, the *treatment* is still the problem. Leaving, then, gonorrhœa for a future consideration, we have this query: Is syphilitic poisoning subject or amenable to homœopathic treatment, so that the subsequent symptoms may be safely and fully removed in such degree that no after consequences can follow?

The writer, as before said, has only a limited experience to draw from, but from what is there revealed, he is inclined to think that the infection after a hard chancre—which may be two or three weeks in developing—that is, before any ulcer appears, whereby such disease can be recognized, should be imitated by the medicines in this respect, they requiring the same time for their action before repetition; while a soft, or phagedenic one, often after two or three days' exposure, requires a very speedy repetition of the remedy; an observation which has been confirmed to the author several times since the higher potencies have been used.

The object of this brief paper is to concentrate the knowledge of able men on this subject, enabling us more readily to find the true remedy for each case, which cannot be very difficult in the primary state, seeing that they do not greatly diverge.

VICTORIA, B. C.

J. HALL.

**HERMAPHRODITE COMPLICATED WITH EXSTROPHY
OF THE BLADDER AND DOUBLE INGUINAL HERNIÆ**

Mar —, for so this child was named, was born in Brooklyn, N. Y., in 1873. When examined, the child was found well developed above and below the pelvis, but peculiarly deformed about the pubic region. It was evident that nature had intended to create a man, but for some unknown cause had failed to develop the type of either sex.

The navel and the pubic bones were wanting. For either groin a sac-like mass hung fully two-thirds the length of the thighs. At about one-half their length these two sacs coalesced. Into the upper quadrant of these two sacs a portion of the intestine descended, while the lower segment was filled with testicle tissue.

At the angle formed by the junction above of these hernial, testicle sacs, was a mass of erectile tissue, about one and one-half by two and one-half inches; evidently a rudimentary penis. At times this would erect several inches. Above this erectile mass was a red mucous surface, the inner coat of the bladder; and from four openings in this bladder the urine dribbled constantly. The parts were exquisitely sensitive, so much so that the patient could not bear the slightest touch, not even of the clothing.

In 1881 the case was operated upon by Dr. Wm. Tod Helmuth. He tried by plastic operations to cover over the bladder, but only succeeded in closing two of the openings.

Later Dr. Helmuth removed the left testicle mass, and did several other operations with small success.

In May, 1889, the case came before the class of the New York Medical College and Hospital for Women, and was examined under ether by Dr. Edmund Carleton. The following day, in the presence of several members of the profession interested in the case, the faculty and the students, Dr. Carleton operated.

First he removed the remaining testicle from the right sac by dissection. Then he denuded the edges of tissue at the upper angle of the bladder, and brought the raw surfaces together with several sutures, two of which were hare lip, the others simple interrupted sutures.

In ten days, when the stitches were removed, quite an

angle of the opening was found closed in. June 16th, same year, again in the presence of members of the profession, faculty and students, Dr. Carleton operated a second time on the patient. He removed the mass of erectile tissue, or rudimentary penis, by means of a strong *ecraseur*. There was no hemorrhage following its removal. Then he denuded the surface above the bladder corresponding to the pubes, brought the pendant flap of the hernial sacs up over the bladder and united the two surfaces with twenty-five interrupted silk sutures. An ivory drainage tube devised for the patient by Dr. Wm. Krause was fitted in the lower left quadrant of the hernial sacs, to allow the escape of urine.

The patient was placed in bed in a semi-lateral position to favor the drainage of urine; and the small remaining portion of the sacs was kept constantly supported to prevent the hernia from making traction upon the stitches. To guard against bed sores, and give the patient relief, the position had to be changed from time to time. This rendered it impossible to prevent an escape of urine through and over some of the stitches. On removal of sutures, the parts were found nicely united, except several central sutures. Their union was prevented by the action of the urine.

June 29th healthy granulation had taken place on the raw edges that had failed to unite. This Dr. Carleton furthered by skin grafting. Meanwhile the patient was fed on the most nourishing diet. The wound was washed frequently with calendulated water, and in the meantime kept anointed with oil or mutton tallow. For the first three days the temperature rose to 102 degrees F., then fell to normal and there remained.

As a result of the operation, the sac was so reduced in size that the patient could walk, stand and sit with comfort. Sensations of an amorous nature, which had troubled the patient greatly, ceased entirely. The great sensitiveness of the parts was removed and the bladder well concealed.

July 27th the patient was dismissed, greatly improved mentally and physically, and was delighted with the success of the operation and with the surgeon who had given such relief.

NEW YORK.

RITA DUNLEVY.

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 ORGANON VS. SCIENTIFIC MEDICINE. This vigorous protest against empirical teaching and practice, by one who knows "whereof he affirms" and expresses it much better than we can, is given place in our Editorial Columns. We trust it will be heeded. "Where there is a will there is a way."

In the thirty-second chapter of Exodus, in the seventh and eighth verses, we find the following words: "And the Lord said unto Moses, Go, get thee down; for thy people, which thou broughtest out of the land of Egypt, have corrupted *themselves*: they have turned aside quickly out of the way which I commanded them: they have made them a molten calf, and have worshiped it, and have sacrificed thereunto, and said, These *be* thy gods, O Israel, which have brought thee up out of the land of Egypt."

It seems astounding to us who live in this so-called enlightened age, with all the improvements in arts and sciences about us, that this people, who had seen the marvelous works that had been wrought upon the Egyptians and upon themselves within so short a period, could have become so oblivious to them all as to fall down before a molten calf and worship it as their God and their deliverer. What must we think of this nation, who, after all those miraculous demonstrations, so evident to their bodily senses, which were wrought before them to prove to them who was God, their ruler and their preserver, before the mental impression of fear that would naturally come upon them by such sights could possibly have passed away, would turn aside and worship an idol as their God? Certainly we can make but one reply to this question: They must have been devoid of reason; for, unless this had been the case, no one of them in his proper senses, much less the whole people at once, could thus have been turned aside.

Now I seem to hear the question asked, What is the use of

telling this story? How does it apply to the present generation, and least of all, to homeopathic physicians? Here is an incident in the history of a small and, in comparison with us, an ignorant race of people. How can we find a parallel to it in the acts of any portion of so advanced and enlightened a race as ours, who have the experience and the scientific discoveries of the past three thousand years as our guides?

Let me remind you that history repeats itself. The same pride, ignorance and self conceit that forced the Israelites to fall down before the molten calf in the wilderness is still clouding the minds of the people and is causing physicians of the present day to fall down before an idol, and that idol is called "Scientific Medicine." Although Hahnemann has demonstrated to us that we have in the Law of Similars a universal law of cure, and has presented it to our senses in as clear and evident a manner as did the miracles of old and the thunderings on Mount Sinai demonstrate to the Jews who was their God, nevertheless that old serpent, false "science," beguiles us and closes our eyes, our ears, and in fact, our whole understanding, so that we can no more see the truth in medicine and comprehend it than could the Jews learn the truth though taught at the hand of God.

More than fifty years ago Hahnemann published the last edition of his Organon of Medicine. In it he unequivocally and in remarkably clear language set forth and explained the Law of Similars and its mode of application for the cure of the sick. He and his true followers have in their writings recorded fact after fact that proves in an indisputable manner the truth of the homeopathic doctrine and its universal applicability in the cure of disease, establishing beyond the question of a doubt the existence of a law of cure in *similia similibus curantur*. Now, having demonstrated the existence of a law of cure which we call the homeopathic law, Homeopathy can no longer be classed among the theories which different writers from time to time have advanced. It is no longer a speculative science; but it rises high above into the realms of truth, a positive science, an unchangeable law of God.

Why then does any one deride the teachings of the Organon, and call them old or behind the times? Can any one of the

laws of the universe grow old or become obsolete or behind the times? Why not with as much reason deride and sneer at the law of gravity, and scout at, as behind the times, all the teachings that depend upon the truth of that law.

God's laws are fixed and immutable laws. They existed from the beginning, are now, and will be the same forever. In like manner, the therapeutic Law of Similars, or the homeopathic law of cure, being one of God's laws, and having existed from the beginning, will be the same, and its application in the cure of disease will be the same forever. This being true, the Organon can never grow old. Its teachings must ever be our guide if we desire success in curing the sick, and we can never become too familiar with its teachings.

When professed homeopaths, instead of applying their remedies according to the Law of Similars, which they acknowledge to be the true and only law of therapeutics, make use of hypodermic injections of Morphine, Quinine in massive doses for chills and fever, Atropia and other eye washes in eye diseases, two or more remedies in alternation, pessaries, and other false and pernicious appliances, which "scientific medicine," in its blind gropings, has employed in vain attempts to cure the sick, are they not wandering after and bowing down before that stupendous idol, the false science of so-called "rational medicine," allured by its false charms and its glittering appearance in the same manner as were the ancient Hebrews when they bowed down before and worshiped the molten calf in the wilderness?

To us it is difficult and well nigh impossible to understand how, after the instruction from on high, and in the very midst of all those miracles, it could be possible for a people with the smallest mental capacity to have become so oblivious to what had occurred and was occurring as to erect and fall down before an idol. But are not professed homeopaths all over the world doing the same thing? Did not Hahnemann, Bönninghausen, Jahr, Lippe, Dunham and many others demonstrate by their works and set forth clearly in their writings the true way to cure all diseases? And now I ask, Is it not inconceivable, after their instruction and demonstration of facts, that homeopaths can be so perverse as to close their eyes and their understanding, and be unwilling to learn Homeopathy or to live up to its teachings?

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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.

HOMŒOPATHY VERSUS HOMEOPATHY.

Editor Medical Advance: On page 148, August number of your journal, you say that you have “much better authority than the learned editor of the *Journal of Homœopathics* for dropping the diphthong in “Homeopthy.” With all due respect for you, Dear Editor, and for your “much better authority,” I hereby challenge either you or him, or even the learned Webster himself (who, no doubt, is your “much better authority”), to “drop the diphthong” in the word Homœopathy, without committing a breach of etymological propriety, for it is the etymology of the word that should regulate its orthography. The word *Homœopathy* is derived from two Greek words, ὁμοιος (*homoios*) and πάθος (*pathos*). These two words are put together to form the word *ὁμοιοπάθεια* (*Homoio-pathēia*), the final *s* of *homoios* being dropped by *syncope* and for the sake of *euphony*, and the *os* of *pathos* becoming *eia* in the constructed word. This Greek *Homoio-pathēia* becomes Anglicized in the following manner: the *oi* becomes *œ*, this digraph being found in all words adopted into the English language from the Greek, through the Latin. Thus, the first step in the Anglicision of the word gives us *Homœopathēia*. The termination *eia* becomes *ie* in the French—*Homœopathie*, and *y* in the English—*Homœopathy*. Here now is our fully Anglicized word, *Homœopathy*, in its most literal sense. Is it not, therefore, “old enough and strong enough to stand on its own merits,” without any attempt on your part, or on the part of your “much better authority” to modify its orthography?

The digraph *œ* is certainly equivalent to *e* in pronunciation; but these two characters are not interchangeable in the written word; because the one, or the other, must determine

a distinct derivation of the word containing it. When the scholar reads the word *Homœopathy*, he knows by the presence of *œ* that *Homoios* (*like, similar*) is contained in its etymology; and uniting this with *pathos* (*feeling, suffering*), he can make sense of it; but according to my very best analysis of your word, "*Homeopathy*," it is impossible to find the source of the first part in any other word than *σμοῦ*, which means *together*; and if any man can unite the two expressions — *together* and *suffering*, so as to give any idea of what SAMUEL HAHNEMANN meant by the term, *Homœopathy*, I should like to know something of that man's philosophy.

If you were to obliterate the remaining *e* of the diphthong, your word then (*Homopathy*) would be equal to *homos* (*the same*) and *pathos* (*suffering*), and although not strictly the same as *Isopathy*, could be used synonymously with that word, according to the ordinary acceptance of the term.

It is not to be expected of a Homœopathician, like you, that he reduce the word *Homœopathy* to a common lay-word ("*Homeopathy*") because Webster so demoralizes it. The more classical Worcester spells it correctly; and if this were the proper place, many more instances could be adduced to show the superiority of this latter authority as a lexicographer.

The scholar, however, applies to neither "*Webster*" nor any other dictionary intended for the laity, when he wishes to settle the finer questions of orthography and etymology, but to the Greek and Latin lexicons, and to the dictionary of derivations.

Homœopathy is, moreover, a technical term; and it is an established rule that the identity of all technical terms especially should be preserved as much as possible by a literal orthography.

You "propose to spell '*Homeopathy*' with a capital H." Granted. I myself have spelled it with a capital H for a long while, for I consider the name grand enough and glorious enough to carry the large initial *every time*. But is not your inconsistency very glaring when you emphasize the significance of the word and bring it into prominence with "a capital H," and at the same time lower its dignity with improper spelling? The "capital H" makes it a *proper* noun or name as much so as the name of Bönninghausen (or

Bønninghausen); but would you “drop the *o*” in the latter name because only *e* is sounded in the English pronunciation? Just as well may you try to ignore the guiding symptoms in a case of sickness, as to “drop the diphthong” in any word which is individualized by the presence of this little diagraph. Your omission of “*æ*” in the word *Homæopathy* may truly be called a case of “pernicious” remittent (not “intermittent” this time).

The word “*Allopathy*” is universally so spelled by all dictionaries, popular and medical; but it is thoroughly incorrect, the proper word being *Allæopathy*, as it invariably appears on the pages of the *Journal of Homæopathics*. HAHNEMANN constructed the term from the Greek *Alloios*, which means diverse, discordant, at variance, opposite, incongruous, and *pathos* (suffering); because the physicians of the old school oppose remedies to disease upon the false principle, “*Contraria Contrariis Curantur.*” The Allæopaths, however, have for some reason—probably because they might not appear quite so dark—adopted the Greek *Allos* instead of *Alloios*, and have thus perverted the true meaning implied by Hahnemann; for it may be readily seen that *Allos*, which simply means *another, the other*, does not necessarily imply any thing or condition that is at variance, opposite, or incongruous with something else. *Allos* might mean *another* of the same party or clique, in perfect agreement with the rest; whereas *Alloios* is as diametrically opposed to something else as the East is to the West. *Alloios*, therefore, forms *Allæo*, just as *Homoios* forms *Homæo* in the Anglicized word.

It is very true, Dear Editor, that “the purity of the teaching” of Homæopathy does not depend upon “the spelling of a name;” but it becomes us, as Homæopaths, to preserve the integrity and the dignity of that word which gives title to the great and noble cause for which we labor. And is there nothing in a good name? Ask a virtuous woman. To illustrate the vastly important difference between the omission and the addition of even a single letter in “a name,” I will cite an example from ecclesiastical history. In the days of the early Christian Church, there existed two sects, respectively denominated the Homœousians and the Homioousians. The former maintained that the Son was of the

same (*homos*) essence as the Father; the latter, that the Son was of *similar* (*homoios*) essence to the Father, but not identical with Him. Here was a question and a difference of spiritual and eternal importance between two sects; and the *titles*—the *names*—of these sects were distinguished from each other by the presence of the simple little letter *i*, in the one, and by its absence in the other. How would you, Dear Editor, have liked the *i* incorporated in your title, if you had been a Homoousian? How would you have liked the *i* “dropped” if you had been a Homoioussian?

My argument is finished. The desired effect on the *Medical Advance*, though not sanguinely expected, would be to me a source of sincere gratification; for, the disgrace with which the pages of a good homœopathic journal are disgraced by so meaningless and undignified a term as “*Homeopathy*,” is deplorable. Nevertheless,

ADVANCE,

“With all thy faults, I love thee still.”

In conclusion, Dear Editor, I most earnestly request that you will, hereafter, in publishing any article of mine, containing the word Homœopathy, be careful to spell the word as you find it in my ms. Any deviation from the orthography therein contained, will be chargeable to you alone, and not to the printer, nor even to the “printer’s devil;” for I’ll venture to bet my hat (and Hitchcock knows that hat), that I shall never “drop the diphthong” in Homœopathy, except in quotation of the misspelled word undergoing criticism.

PHILADELPHIA, PA.

DANIEL W. CLAUSEN.

LYCOPODIUM 1x IS NOT A POTENCY.

So says Dr. Chapman (ADVANCE, XXV, 144), and he adds: “I believe it to be absolutely inert, and it is a potency only when the dynamis of the drug is developed by trituration and attenuation.”

The 1x of Lyc. is made by first triturating the spores until they are broken up, with just enough Sac. lac. to separate them. When the spores are once broken then all the *potence*

of the drug is there, and no mechanical process under the sun can put any more into it than resides there inherently. Because *attenuation* develops a *form of action*, it does not necessarily develop *potence*. A mild current of electricity will do what a strong current can not, yet it is not more potent in the sense of strength, but has a different relation to the vital forces, which it is desired to arouse into a different *mode of action*.

The use of the word *potency* instead of *attenuation* has made much confusion, and if we could only recognize the fact that a *high* attenuation makes a *low* potency, we should disagree less. That the so-called "high" preparations of Lyc. work, and work well, I know; and I use them because they are not so strong, and yet are sufficient. Still, I should not hesitate to prescribe Lyc. 1x according to the law of similars if I could get no weaker preparation, but I should watch for aggravations. The smallest dose equal to the cure! Let us look after that, and worry less about developed dynamis.

How much "developed dynamis" was there in Hahnemann's sixteen grains of crude Ver. alb. given for colicodynia? How much in his two drops of Bryonia given to the peasant woman at one dose? Crude preparations fail to help oftentimes, not for want of *potence*, for they will make the patient worse, but because the *quality* of the action is wrong, just as the quality of an electric current may be wrong. Let us not set up the use of certain doses as a test of orthodoxy in Homœopathy; but, rather, a strict following of the law of similars, and under that law allow "freedom of thought and liberty of action" as to the dose and its repetition.

Says Hahnemann—"To secure the second dose a stronger action upon the disease, it would be expedient to exhibit the same remedy in a lower potency, the dose being of the same magnitude." (Ch. Dis. 1—161.)

The higher degrees, however, even the decillionth degree, act more speedily, more thoroughly and more mildly. If more than one dose should be required, which is seldom the case, the lower degree may then be employed." (Ch. Dis. 1—120.)

Does the doctor propose to out Hahnemann the great Hahnemann himself?

CHAS. B. GILBERT.

WASHINGTON, D. C.

ASTHMA AFTER COITION.

Editor Advance.—In *ADVANCE*, p. 98, Dr. Storer says: I know of no remedy that has asthma caused by and always following coition. *Arundo Mauritiana* and *Staphisagria* have very similar symptoms. See *Encyclopedia*, symptoms 199 and 426 respectively.

E. W. BERRIDGE.

LONDON.

Editor Advance.—Referring to the notices in the August and September numbers, regarding asthma after coition, I beg to call your attention to *Asafetida* in Hering's Guiding Symptoms.

J. E. LILIENTHAL.

SAN FRANCISCO.

Editor Advance.—*Ambra Grisea* has "asthma when attempting coition." Let Dr. Storer study it.

DANIEL HELMICH.

DAVENPORT, IOWA.

New Publications.

PHYSIOGNOMY AND EXPRESSION.—By Paolo Mantegazza, Senator; Director of the National Museum of Anthropology, Florence; President of the Italian Society of Anthropology.—Two double numbers of "The Humboldt Library," price 30 cents each.—The Humboldt Publishing Co., 28 Lafayette Place, New York.

Professor Mantegazza is the leading anthropologist of Italy, and his work has been already translated into several European languages. He has written a new chapter for the present edition, which contains his latest views on the subject, which he has made his own. Taking up the study of expression where it was left by Darwin, he has treated the subject in a style that is at once popular and scientific, he distinguishes observed facts from mere opinion or imagination, and has given definiteness and coherence to the many new facts already collected.

The ancients, from Cleanthes up, believed that they could recognize dispositions from the looks. Lavater, the physician, the naturalist, and, above all, enthusiast, first gave something of a rational form to physiognomy. What the volume proposes is "to restore to anthropology and to psychology that which belongs to it by right, and to make known the positive documents which we possess to-day on the human countenance and on expression."

BÖNNINGHAUSEN'S THERAPEUTIC POCKET-BOOK. New, Revised and Enlarged Edition. By T. F. Allen, M. D.

The Hahnemann publishing house announces that the long promised and expected revision of *Bönninghausen's Therapeutic Pocket-Book*, by

Dr. T. F. Allen, is in press, and over 250 pages actually printed. Every true homœopath will welcome or should welcome this volume, and then those who complain of not being able to find the indicated remedy will have no excuse for alternation, if they will only work. This grand work brought up to date will be welcomed by all who now strive to practice Homœopathy pure and simple.

MYSELF: THE GREAT TEACHERS OF MANKIND ON THE NATURE OF MIND AND THE LAWS OF LIFE. By Lafayette C. Loomis. New York: John B. Alden. Pp. 95, 1890.

This little volume is a collection of short quotations from the writings of the leaders of mankind, showing what they thought of Life, Duty, and Destiny, irrespective of religion. They extend from the early Hebrew Scriptures, supposed to date prior to 1000 B. C., believed to be the oldest writings extant, Zoroaster, Confucius, Socrates, Plato, Aristotle and Cicero to Emerson, Lincoln, Gladstone, Sumner, Beecher, Ruskin, Spencer and Huxley.

THE FAMILY HOMŒOPATHIST. By E. B. Shuldhham, M. D. Seventh edition. London: E. Gould & Son. 1890.

A concise, well printed volume for popular use, but its teachings are crude, too crude to promote the best interests of Similia. A homeopathic book should teach how to cure the patient, not the disease.

SANDERS' QUESTION COMPENDS. ESSENTIALS OF DISEASES OF EYE, NOSE AND THROAT. By Edward Jackson, M. D. and E. B. Gleason, M. D. With 118 illustrations. Philadelphia: W. B. Sanders, 1890.

This modest though most excellent and practical compend, is another contribution to medical science for which the profession is indebted to the enterprising publisher. It is well illustrated, and, brief as it is, the subjects are most effectively covered for both student and practitioner.

THE INTESTINAL DISEASES OF INFANCY AND CHILDHOOD: PHYSIOLOGY, HYGIENE, PATHOLOGY AND THERAPEUTICS. By A. Jacobi, M. D. In two volumes. Detroit: George S. Davis. 1890. Paper, 25 cents; cloth, 50 cents.

Of the fatal affections that occur in the first year of life, forty per cent. are due to diseases of the digestive organs. The best part of this work, that to which little exception can be taken, and from which most can be learned, is the question of diet during the first year. The author discusses this question from a practical point of view, and it can be studied with pleasure and profit by both student and practitioner.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. INSOMNIA AND ITS THERAPEUTICS. By A. W. MacFarlane, M. D., and the Index to Volume VII., completes the September number.

It treats of the Physiology of Sleep and Insomnia from Affections of the Nervous System, The Alimentary Canal, The Liver, Gout, The Circulatory System, The Respiratory System, Febrile and General Diseases, The Urinary System and Insomnia Peculiar to Females. It certainly is comprehensive, and contains much of interest to the general practitioner as well as the specialist.

THE DECLINE OF MANHOOD: ITS CAUSES, THE BEST MEANS OF PREVENTING THEIR EFFECTS, AND BRINGING ABOUT A RESTORATION OF HEALTH. By Alvin E. Small, M. D. Fourth Edition; Revised and Enlarged. Chicago: Gross & Delbridge.

That this popular work should appear in its fourth edition is all that need be said in praise of it, or its talented author. If there were no demand for it this edition would not have appeared.

ADVICE TO WOMEN; RESPECTING SOME OF THE AILMENTS PECULIAR TO THEIR SEX. By J. Adams, M. D., M. C. P. and S. O. Toronto. Flexible cloth; price, \$1.00.

This little work of 80 pages, is an earnest and honest plea for the constitutional treatment of the diseases of women. The author says: "I do not mean to assert that local examinations are never requisite, or that local interference is always injurious, but I do maintain that the constitutional treatment is far more successful in the majority of female ailments, and that the local applications so generally employed, are repugnant to the best feelings of women, besides being rarely, if ever, of lasting benefit." These are brave and timely words. A hundred copies used as a circulating library would be a good financial investment for any homœopath, and this book is written for women to read.

A CYCLOPEDIA OF DRUG PATHOGENESY. Part XIII. Sabina—Sulphur.

As will be seen from the alphabetical arrangement of remedies, this work is rapidly nearing completion.

SCRIBNER'S MAGAZINE for October contains articles of life and adventure in unusual places and under a variety of circumstances, as on a cable ship, in the Maine lake region, and on board the "White Squadron" in port; and others about interesting natural phenomena, like Professor Shaler's second paper, and the description of destructive sand-waves; "The City House in the West," by John W. Root, a leading architect of Chicago, who is thoroughly acquainted with the rapid development of the taste for good art in house building in Western cities, in which he sketches the wonderful strides made in a few years from the "balloon-framed" house, which still makes possible the rapid growth of pioneer cities, to the handsome and stately residences of Cincinnati, Chicago, Minneapolis and other western cities.

DA COSTA'S MEDICAL DIAGNOSIS, seventh edition, is announced by J. B. Lippincott Company, as ready. The work has undergone a thorough revision at the hands of its eminent author, and many chapters have been entirely re-written, so as to inculcate all that has been added to our knowledge of disease up to the present time. A number of wood cuts are included. All the illustrations are original, and many are from sketches, or based on sketches, taken directly from cases of interest. There is no work more helpful to a young practitioner than this one, which has already been pronounced by eminent critics "the best book on diagnosis extant."

MAGAZINE OF AMERICAN HISTORY for October contains, in addition to an illustrated article on "Southold, her Historic Homes and Memo-

ries," by the editor, the second article on "The French-Canadian Peasantry," by Prosper Bender, M. D., of Boston, which will repay perusal, as few of our readers are aware of the characteristics of this peculiar people. We trust the Doctor will continue his historic sketches.

POPULAR SCIENCE MONTHLY.—In the October number the article that will be most generally attractive is a plentifully illustrated description of "Ancient Dwellings of the Rio Verde Valley, in Arizona," by Captain Edgar A. Mearns, M. D., U. S. A. These dwellings consist of cliff houses, built by walling in cavities high up in the sides of cañons, and pueblos, which stand on level ground. Dr. Mearns tells how both kinds are constructed and arranged, and what relics he has found in them. The article is one of the most attractive in this monthly feast of good things.

Liquor Laws not Sumptuary, by G. F. Magoun, D. D., is a reply to an article by Dr. William A. Hammond on sumptuary laws in an earlier number, and quotes old colonial and recent State laws to show that existing statutes against the liquor traffic have not been made to enforce economy.

THE OCTOBER CENTURY opens with a frontispiece portrait of Joseph Jefferson, and last installment of the autobiography, which the author considers the most important of all; perhaps, because it contains, at considerable detail, his own final reflections upon the art of which he is an acknowledged master. It is doubtful whether such practical suggestions can be found elsewhere from a source so authoritative.

Professor Darwin, of Cambridge, England, a worthy son of a worthy sire, contributes a paper on "Meteorites and the History of Stellar Systems." A striking photograph of a nebula, in which a system like our own solar system seems to be in actual formation, accompanies it.

"A Hard Road to Travel Out of Dixie," is the accurate title of a paper in new war prison series. It is by the well-known artist, Lieut. W. H. Shelton, of New York, who naturally furnishes his own illustrations for his story of hardship and adventure.

"Prehistoric Cave Dwellings" is a profusely and strikingly illustrated paper by F. T. Bickford, on the pre-historic and ruined pueblo structures in Chaco Cañon, New Mexico, the Cañon de Chelly, Arizona—the ancient home of the most flourishing community of cave-dwellers—and other extraordinary cave villages not now inhabited.

THE JENNESS-MILLER MAGAZINE for September contains more pages than any previous number, and the October number is still larger, evidence of the great triumph of its teachings of sensible and artistic dress for women, physical culture, and all those accomplishments which improve women mentally and physically. No women can afford not to read it.

THE NORTH AMERICAN REVIEW for October contains another admirable article on the "Speakership" question, this time from the pen of Prof. James Bryce, on the recent discussion as to the powers of the Speaker of the House of Representatives, Professor Bryce dealing with the matter in the light of parliamentary usage in England. This

is the first article which he has written for an American publication since the appearance of his great work on "The American Commonwealth," and he brings to the discussion the dual qualifications of a ripe student of modern history and a practical legislator. Professor Bryce is not only regius professor of civil law at the University of Oxford, but also member of Parliament for Aberdeen, in which capacity he is a familiar and active figure in the House of Commons. Read in connection with the previous contributions of Speaker Reed, the Hon. J. G. Carlisle, X. M. C., and Mr. Palgrave, the clerk of the House of Commons, his article puts the reader in full possession of the various bearings of a discussion which will pass into history.

Editor's Table.

THE SOUTHERN ASSOCIATION, will hold its seventh annual session at Birmingham, Ala., on November 12, 13 and 14, 1890, and every friend of Homœopathy in the South, every lover of the truth should make it a point to not only honor the cause but honor himself by being present. President Lippincott and the officers of the Association have left no stone unturned to secure a large and influential meeting of representative homœopaths from every part of the country, and they deserve success. From the bill of fare presented, we think it will be a most interesting and profitable meeting, and everyone who attends will be well repaid; he will receive more than he gives.

THE TENNESSEE STATE SOCIETY, after an interregnum of thirteen years, has been rejuvenated and again placed in working order, due largely to the efforts of Dr. French, of Chattanooga. Thirteen homeopaths responded to the call and a profitable session was held at Lookout Mountain, September 10, 1890, when some good papers were read and discussed.

KENT'S POST-GRADUATE COURSE.—The third course of Dr. J. T. Kent's post-graduate lectures will take place at 1419 Walnut street, Philadelphia, beginning Monday evening, October 13th, at 8:30 P. M., and will continue eighteen weeks, three lectures per week. This opportunity should not be lost by any homeopathic physician who desires to become more proficient in the noble art of healing; for, during these lectures he will have an opportunity to learn not only the nature and spirit, but genius of the remedy. The course is soon to be extended so as to include other subjects as well as clinics.

EDITOR ADVANCE:—I find a grievous mistake at page 104 in the third edition of my therapeutics where it says under

"Conium, > in the evening, and at night from horizontal position," while it ought to be <.

Such mistakes are apt to arise from abbreviation, and I would request all physicians when they discover such errors to kindly let me know it for rectification, or publish such errors in any one of our journals, for only by mutual labor can *Materia Medica* and *Therapeutics* be purified.

S. LILIENTHAL.

SAN RAFAEL, CAL.

THE
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SILICEA.*

From Silicea—of which drug I have read you the manner of preparation for homeopathic use—vegetation, grain, corn, etc., and all inanimate nature, as rocks and sands, receive that shining smoothness, the glazing as of the cane, which like a varnish, protects them from the destructive action of heat and moisture and adds strength, toughness and elasticity to their fibre, giving to plants their uprightness and resistance to wind and storms, without which they would be short lived and useless.

In the human family we find a perfect analogy. The toughness and elasticity of fibre, the external polish and softness of finish in both hard and soft structures, all are there. Without Silicea, the lime in the bones would be but a friable mass, the hair would lose its glossiness and fineness, the skin its softness and polish, the nails their toughness and smoothness, the mind its strength to do and dare. The whole physical world would fall into distress and decay beyond relief. Silicea is a necessity to both plant and animal life, and an inability to assimilate it creates an inanition for it, such as we find in provers of the drug. We see the need for Silicea in the similarity of its symptoms to such a condition in such provers and in sick humanity.

We find great mental and physical weakness, a general loss of tone and health of the whole system (for perversion of a strong mind, study Calcarea). This mental debility of the

* Notes from lectures by Prof. J. T. Kent.

patient leads to fear and shrinking from his ordinary duties, a dread of undertaking new projects, a fear of failing in his customary field of labor, especially when it involves an appearance before many people; yet, place the patient in a position which he could no longer avoid or excuse himself from accepting, and he nerves himself to action, going through the work gloriously. *Silicea* corresponds to mental conditions found among men of public life, lawyers, bankers, men of affairs whose minds have long been kept tense and unyielding, until at last nature gives way, and brain fag, preceding softening, is often the result. It may even progress until there is seen a semi-idiotic expression, showing want of firmness and stability; < from mental exertion; < from a jar, seems as if head would fall in pieces in the maddening headaches.

The proving of *Silicea* super-induced in the provers a tendency to, and a deposit of, tubercular and calcareous masses in the lungs, abdomen, lymphatic glands, brain, spinal cord and in old cicatrices; tubercular deposits in any part of the body, and in such as are found in phthisis tuberculosa, tabes mesenterica etc.; friable calcareous deposits, such as are found in arthritic and pulmonary calculi; the calcareous deposits of glands or any part of body, and it causes these deposits to suppurate.

Great danger to patients of these peculiar diatheses may follow a prescription of *Silicea*, especially if the disease is of long standing and well advanced and the remedy is repeated. The danger lies in that tendency in *Silicea*, as in Sulphur—to excite the suppurative process, especially about foreign bodies; the tubercle or calculus sustains such a relation to the system that *Silicea* seems able to excite in the vital force an effort at expulsion, which, if the deposit were deep and extensive, would in all probability be of fatal result through destruction of the parenchyma of the lungs, if the disease is there located. In a very small deposit there might be a chance of suppuration and healing without destroying so much of the lung tissue as would endanger life. Hence, we see that *Silicea* is a dangerous remedy in cases of tubercular deposits in any of the deeper and more vital organs, because of this suppurative tendency.

Silicea has another marked characteristic. Nature shows a tendency to encyst foreign bodies, as shot, balls, etc., which, when received into the body accidentally, remain

imbedded and finally become encysted with a protective plasma. They are thus often prevented from creating disturbance to the economy for many years. Should a patient, having suffered such an experience, come to you, no matter if Silicea were clearly indicated, beware how you give it if the foreign body is deeply located, or supposedly near a vital organ, as the remedy may, if repeated, excite the suppurative process, creating long, tubular sinuses, and before the expulsion can be accomplished you will have a funeral. Never give Silicea when you have reason to think you have a deeply imbedded bullet in a patient.

You will often be surprised at the opening of an old cicatrix, with a discharge of a tuberculous or calcareous deposit, showing again the common tendency to suppuration and expulsion of foreign bodies.

What signification could we find in the text of the *Materia Medica*, where it reads, "Expulsion of foreign bodies," were it not for this tendency to expulsion by suppuration.

Silicea is a wonderful remedy in tubercular meningitis, basilar meningitis, when indicated and not repeated, but if you do not know and observe well the disease in all of its modalities, you may destroy instead of cure your patient; you may consider that which is really improvement a worse condition, and interference at this time means death. You may have prescribed for a child, and may have aroused him from a state of stupor and general paresis, but he begins to roll and toss about the bed, screaming out in his agony, until he drives his friends and the doctor nearly frantic. The parents and friends will beg you to find him relief; they will implore you for opiates, for anything to relieve the agony, and if you are not very firm, with the firmness that knowledge gives, you will lose him yet. You must seat yourself gravely with these people, explain to them carefully the terrible alternative and the prospect of recovery if you allow the remedy its full and perfect work. You must show them that the distress is caused by the most violent formication in the skin, with biting, stinging, itching, almost unbearable, owing to the renewed activity of the nerves. Leave it alone for two or three days, and for your forbearance you will be blessed with his return to health.

A *Silicea* cold will begin with continued sneezing, dryness of the mucous membrane, headache and vertigo, coming up through the spine and neck and spreading over the head. This condition gives way to an excessive flow of thick, bloody mucus, or mucus streaked with blood, from the nose, which gradually changes to a yellow, pus-like, long-continued catarrhal discharge.

Babies suffering with a bloody mucous discharge from the nose, Calc. sulph. is often the remedy. *Silicea* corresponds to conditions of longer standing.

With an abscess in the mammary gland, a good homeopath is expected to deal so effectually that his patient passes the different stages without discomfort or pain, no matter how large or uncomfortable looking the abscess may be.

Right here, let me say: don't put on a poultice, for it will spoil the action of the homeopathic remedy. Why? Well, as I usually want a reason for what I do, and a pretty sound one, too, I will give you one which should be strong enough even for the physiological prescriber of this day. Administer the homeopathic remedy, and what do you expect to find as its law of action? What do you expect it to do? Why, you expect it immediately to begin the process of removing from the congested and inflamed parts the superabundant blood; it does so, the tension is relieved, the pain is gone, and only such part of the blood as has been effused into the tissue, remains to be washed out by the suppurative process, or re-absorbed into the system. Now, what is the action when the poultice is applied? Why, it is diametrically opposed to this process, calling the blood to the part and eliminating the effusion by a forcing process.

I am again reminded to caution you against the hasty use of such deep acting remedies as *Silicea* and Sulphur when you have reason to suspect a chronic miasm has had expression in the system, without carefully inquiring into the history of that earlier expression, as such prescribing might give rise to dangerous complications.

I saw a case in which Sulphur had been perfectly indicated, but on being given too late, caused the patient to die shortly. Why? The history of the case had not been fully taken, or it would have shown that the patient, an old lady, had an attack of apoplexia about five years before. The

result of the prescription showed that the clot, instead of re-absorbing, had become encysted; that Sulphur had set up an inflammatory process, leading to suppuration and death. Short acting remedies only should be given in such cases.

In tuberculosis, if a patient is known to have passive tubercles in the lungs, a dose of Sulphur or Silicea may set up so extensive a suppuration as to cause destruction of tissues. Remember then, in cases where there is a possibility of encysted foreign bodies, especially among the deeper and more vital organs, to leave such remedies as Sulphur and Silicea out of the question.

Silicea produces marked impression upon the bone, cartilage and periosteum. It grows many little nodules and suppurative centres in cartilages. The cartilage of the ear is one of its common sites, and we find little abscesses, blood-boils, swellings that are extremely painful in the external ear. Silicea particularly forms such parts of the human economy as have feeble circulation. This is especially true of white fibrous tissue, in which it creates a suppurative process in any part of the animal economy. After suppuration has continued for a length of time, there shadows forth a tendency to produce a peculiar thickening of the walls, either by fistulous openings, a sinus, or an abscess; hence, we see abscesses with elevated edges, and find the edges and bottoms of ulcers looking black or smooth, glossy and purple. A slow suppurative process having openings and canals with tough leathery walls, like unto the thick, shining, tough, pyogenic membranes of the olden times. After an abscess—you will frequently find it in felons—the finger, after granulation, becomes blue, hard and cartilaginous. Boils, leaving hard nodules and indurated cicatrices; continued recurrence of pustules, boils and styes, resulting in hardened nodules. Blood boils on the cheeks, acne on the forehead and backs of the hands, leaving nodules. Small boils, felons and run-rounds, or paronychia. Sycosis menti.

Slow suppuration and pustulation. Silicea has a fair record in the last stages of smallpox with the slowness of pustulation. Silicea has also made a good record in the cure of epithelioma of the tongue, lips, etc., and cure of such indurations as are caused by carrying a clay pipe in the

mouth. Syphilitic abscesses of slow formation. When Mercury has been given, Hepar is the intercurrent, and has the same sluggishness of formation. After Hepar, *Silicea* may be administered. Hepar is more sensitive to pain than *Silicea*, and this fact will differentiate it in quinsy and in abscess of the mammary gland. *Silicea* is well indicated in tonsillitis when the abscess will not heal. Indurations of the parotid gland when they become enlarged and sore every time the patient takes cold. Study Sulph., Calc., Baryta c., Sil.

Silicea is not the best remedy for abscesses when they progress favorably; but when found dead, doughy and inactive, it will rouse them to an efficient activity. In hard lupus and rupia, where the surface is cracked, bleeding and inflamed round about, and it is in a generally tardy and inactive condition, *Silicea* will liven them up. Small wounds bleed much, Lach., Phos. Small wounds suppurate much, *Silicea*. At times the discharges are thin and watery or bloody, bloody water; again it is like cheese in its consistency, looking like broken down glandular tissue. When it attacks the bone, of course it is briny, burning and watery pus; by this we know that necrosis is present.

The discharges are always exceedingly offensive. The stools, the excretions, the pus, the muco-pus, are all offensive and the foot sweat is simply horrible.

Silicea is a wonderful remedy in complaints brought on by suppression of foot sweat. A suppressed foot sweat followed by suppression of the menses. Suppressed discharges from the ear. Here the remedy has a most wonderful sphere in conditions which physicians have never been able to meet. A suppressed ear discharge resulting in basilar meningitis, with caries of the small bones of the ear, and severe pain. Coming on in childhood, there is little to be done in Old practice, and death quickly results. *Silicea* relieves the pain, re-establishes the flow, and restores the patient to health.

Violent headaches that come from suppressed ear discharges. A cold is taken, discharge stops suddenly, and on comes the headache. *Silicea* is often the first remedy.

Many of the discharges are excoriating, producing redness and burning of the parts over which they flow.

It has cheesy, offensive discharges from the ear. Mucopurulent discharges from eyes, ears and nose. A tendency

in the eyes to continue the flow until it results in ulceration of the lid and cornea. Silicea is wonderfully effective in opacities of the cornea—a frequent sequellæ of smallpox. Discharges of the ear coming on after suppressed eruptions, as after scarlatina, also after suppressed foot sweat. Scabs behind the ear; as they disappear the discharge increases. Hip joint disease following suppression of foot sweat years before. Sulphur may be the first remedy if its characteristics are present; it is common for some complaint to be present when foot sweat is not, and *vice versa*.

In general, the Silicea patient is better from warmth, except in its stomach symptoms; these cause him to crave cold food and drinks, and he is better for them. Always cold.

All pains and aches are > by warmth and < by cold, and by the weather changes; < by cold, damp, foggy, rainy weather. At these times the complaints “crop out,” spring up anew.

The headaches are relieved by pressure and wrapping up warmly. Psorinum is said to “wear a fur cap in the summer time,” but Silicea, although generally a cold patient, wraps the head during the pain; possibly because of the profuse perspiration of the head causing more sensitiveness to cold. Silicea has coldness of body and sweat of the head during menses, with cold feet, offensiveness, and a sickly face. Rhus, has sweating of body and head dry. Puls. has sweat of one side of the head.

The vertigo of Silicea is peculiar in that it appears to come up through the spine and back of the head; a sensation of its creeping up the spine to vertex, and he becomes dizzy.

The head pains, also, come up through the back of the neck, up over the head to vertex and forehead or the front of the head, preferring the right side.

Silicea has many other headaches and strongly resembles Sang. and Kalm.

Thuja is a complementary remedy to Silicea, and it has a headache going both ways. Sometimes it begins in the back of the head and spreads forward, settling over the right or left eye, right side preferred. It also has a headache beginning in the forehead, and going down the back of the head to the spine. That is something like Belladonna.

Sanguinaria has headache beginning in the right side of the occiput, spreading in rays from thence and settling over the right eye and in the right temple. Sanguinaria is the great cure all for what is called the North American sick headache when it takes this form of rays. The eye balls are sore; it begins in the morning and gradually increases until sundown, or until the sun is at its highest, then gradually subsides with > from vomiting of bile. When a Sanguinaria headache takes the left side, it is the exception, and then compares with Spigelia.

Spigelia has violent neuralgic headache over the left eye, in the supra orbital ridge. It is a tearing, rending pain, driving the patient almost to distraction.

Paris quadrifolia has a headache with violent pain in the eye, preferring the left, with a sensation as of string attached to the eye, drawing it backward into the brain.

In *Silicea* the pain is relieved by wrapping the head warmly by pressure and by bandaging. *Silicea* has an occipital headache so painful as to be almost crazing, driving to distraction < by the lightest touch and causing the patient to cry out. *Silicea* has < from wearing a hat.

Nitric acid has headache from wearing a hat. It is a frontal and temporal headache. Even when headache is not present, to put on the hat will cause it to appear. This is a very common headache in school girls; as soon as the little one puts on the hat the head begins to ache.

There is an extreme heaviness of the head in this remedy. A sense of weight in the occiput, as though the head would be drawn backward, like *Carbo v.*, and *Sepia*. There is a large amount of blood in the head, shooting pains from nape to vertex, and an < from looking upward. *Silicea* is a sovereign remedy for violent, periodical headaches; seven day headaches. Lying down in a dark room and vomiting of bile will almost cure this headache; but it returns in seven days.

Arsenicum has a headache every two weeks. When a headache is associated with a chronic aching in the bones and rheumatic complaints, and the rheumatic pains and aches are > by heat, and the headache is > by cold washing, with marked periodicity every two weeks. Arsenicum will positively and permanently cure. Little symptoms are then non-essential.

Magnesia mur. has a headache slightly resembling *Silicea*, in that he wants his head wrapped warmly and that it is > by compression; but there is this difference between the two: *Magn. mur.* desires to be in the open air even though his head is warmly wrapped. *Silicea* desires a warm room and to have his head warmly wrapped.

Silicea superinduces a slow development of bone, hence we find large headed, growing children, thin skulled and with open fontanelles. Its peculiar sphere in tumors and nodes beneath the periosteum show its usefulness, tumors of bloody formation underneath the scalp, cephalomatoma, etc. You find the scalp lifted up, and underneath the periosteum, a bloody pus, which seems to be eating into the skull. The tumor has the appearance of a margin round about, but there is none. *Silicea* will cure without resort to the knife.

There is slow formation of bones in all parts. The hair loses its gloss and becomes harsh.

Silicea has considerable sweat about the head and neck, wetting the pillow during sleep like *Cham.*, *Merc.*, *Calc.* The sweat is sticky and clammy. An attempt at mental effort will cause a profuse cold sweat.

Silicea resembles Mercury in many respects, particularly in the rending and tearing bone pains, even coming on in damp weather and sometimes < at night, especially when the pains are in thinly covered bone or cartilage. But while both are < after becoming cold, Mercury is greatly < by warmth of the bed, while to *Silicea* it is generally grateful.

There is a great amount of timidity and anxiety in *Silicea*. A yielding and faint hearted mood, whereby it shows its relation to *Pulsatilla*. *Silicea* is the chronic of *Pulsatilla* and follows it well. When a case has been covered and treated with *Pulsatilla*, and at last the symptom picture changes and we find the patient exhibiting < from cold, the bland discharges becoming acrid, and the general coldness has appeared, *Silicea* will take up the cure and go on rapidly to the finish.

There is that in the mental symptoms of *Silicea* that needs spurring up—that, like Mrs. Dombey, needs to “make an effort.” When the patient finally begins a piece of work, he goes on with it nicely, and has sufficient resistance and determination, but he dreads to go into it at first, and fears he

will make a failure. Dreads new enterprises, but when he once undertakes them seems to think and memorize well, yet it requires great effort.

Lycopodium has that timidity in relation to new enterprises, but it is with reason. With Lyc. it is reality; with Sil. it is imaginary. Lycopodium fears he will not do well, and really measures his own abilities, as he will not and can not do well, his mind is so confused; he is stupid, and can neither remember words nor ideas.

Primarily *Silicea* is not irritable, but if you rouse him you have roused a lion. When crossed, he has to restrain himself to prevent doing violence. Violent when disturbed and insulted. As a child he is obstinate and headstrong. Cross and cries when spoken to, no matter whether kindly or not.

Nervousness runs through this remedy, with much twitching of the muscles. *Silicea* runs deeply into those nervous diseases, showing both disturbance of function, as in epilepsy, and structural changes of the brain and spinal cord, as would be found in tabes and tuberculosis of either center.

Silicea produces cheesy deposits in the bones, lungs, organs and glands, which are followed by suppuration.

It has an aura relating to its nervous and mental symptoms, a creeping sensation up through chest or stomach; convulsions are preceded by this aura of the solar plexus.

Only one other remedy is as yet proven to have the aura in the solar plexus, and that is *Bufo*. *Silicea* is < during full moon.

Epilepsy usually dates back to some suppressed eruption or a tuberculous condition. Warm sweat after epileptic attacks.

The milk of the mother is offensive to the child; it refuses the breast. Milk disagrees and is suppressed. There is retraction of the nipple, showing its usefulness in carcinoma. Discharge of blood from uterus while nursing. Sil., Bor., Pal., Cal., like *Silicea*, has return of the flow during lactation, a weakness that should be corrected. Hard lumps in breasts.

In humid asthma, affected by moisture in the atmosphere, when other and apparently well selected remedies fail—asthma of stone cutters, supposedly brought about by the dust—*Silicea* sets up a suppurative process and gives relief. It is a wonderful remedy in chronic asthmatic bronchitis. It

has a peculiarly cracked voice, produced by the thickening of the mucous membrane and cartilages of the larynx. This voice is also found in the tubercular states of the larynx, caused by the roughness and thickening.

Silicea has a dry cough, excited by tickling, accompanied by hoarseness and soreness in the chest. In phthisis, when the parenchymatous tissue is broken down, and there is a history of a catarrhal and a cachectic state, with thick, yellowish green and fetid sputa. There is a marked coldness in this kind of consumption. Silicea will always alleviate this condition and may cure. This coldness is more pronounced than that of Calcarea; patient is not as dropsical. There is the same tendency to sweating of the head, and Silicea has accumulation of pus in the lungs; stitches in the chest and side; lungs feel sore, and there are excoriating deep seated pains in the chest. I think Carbo v. and Silicea the most prominent remedies in the *Materia Medica* for supplicative conditions of the lungs. Silicea meets the night sweats in advanced phthisical conditions, when the patient begins to sweat as soon as he falls asleep (Puls., Con.). It is a fetid sweat. Always chilly, even when exercising.

In caries of the spine, compare Puls., Sil., Calc., Mezer.

Silicea is a prominent remedy in constipation, having the peculiar cone shaped stool, which slips back when partly expelled. The patient has to sit a long time, make a great effort, which is often ineffectual. There is great straining and suffering attending this ineffectual effort, followed by great exhaustion. Stool in constipation is large, in hard lumps and light colored. Constipation < at the menstrual period.

Alumina has great want of power to expel the stool, and great tenesmus, even with soft stool. There is no desire and the stool is hard, dry, knotty like sheep dung.

Natrum mur. has a most obstinate constipation with this want of power to expel the stool requiring an enema. Stool hard, difficult, crumbling, or like sheep dung.

Magnesia mur. has crumbling stool or hard lumpy stool, covered with mucus and blood.

Nux vom. has a scant stool, frequent urging < from evacuation; every pain causes a desire for stool, every pain shoots downward and backward toward the rectum.

The diarrhoea of *Silicea* is pasty, mucous, mixed with feces and likely to be associated with ulcers, or fistula in ano. *Silicea* has an especial sphere in complaints affecting the anus. Fistula in ano, associated with tuberculous deposits in the lungs (Berb.). Abscesses with enclosed sinus, even perforation of the buttocks. Moisture about the anus. Hemorrhoids that suppurate. Suppose a case of fistula in ano, in which *Thuja* has been indicated and has done all it can toward the healing process, *Silicea* may follow, and most likely finish the case.

Scant discharge of urine for a few days before the menses, > by free discharge. *Gels.* has a headache coming on with scant urination > by free flow.

Compare *Calc.*, *Sulph.*, *Sil.*, in tapeworm. In the matter of prescribing for a tapeworm, don't do it. A tapeworm will not live in a healthy stomach, and when you have cured the patient, the worm will take his departure. It is both possible and probable that a stomach and intestine so diseased as to grow a tapeworm, may be restored to a state of health that will no longer furnish him the necessary nutrition. He then begins a search for it rather than starve, ultimately finds himself in new quarters, and is very quickly dispatched. Don't treat the worm. I am always sorry when I *know* he is present, as I keep thinking of his wormship and wish to give him a big dose and put him out; I know plenty of nauseous doses that will do it every time, but the curative method is far better.

Silicea is prominent in the cure of long standing gonorrhoea, thick, yellow and fetid discharge. Sulphur has a thick, yellow, long standing gonorrhoea. After coition, sensation in right side of head as if paralyzed.

In corns and horny growths *Silicea* competes with *Ant. c.* and *Graph.*

Fetid ozena from destruction of the nasal bones.

Silicea presides over the destruction of cartilages, sometimes the periosteum and bone, but particularly the cartilages.

Silicea has offensive axillary sweat, the bones of the arms feel bruised, right arm and wrist weak. Wens on the extensor tendons of the fingers. (*Graph.* has a strong record in the cure of wens.)

When rheumatism causes such soreness and tenderness in the soles of the feet that the patient can not walk, Silicea or Ant. c. will probably be indicated.

Silicea has produced ingrowing nails.

There is no fever in this remedy, merely a sensation of heat, not a real rise of temperature. Frequent short flashes of heat, particularly in the face during the day (Sulph., Sep., Lach.). Sweat on head and face upon slight exertion.

Debility mostly after midnight. Slow convalescence. Silicea will bring about reaction. Patient desires to be magnetized like Phosphorus.

Pyemia in its last stage; suppurating sinuses. Silicea is to the bone and cartilage what Sulphur is to the soft tissues.

In inflammation of the periosteum, Silicea compares with Asaf., Graph. and Con.

It is a great remedy with which to close a case of Syphilis. Spoil a Silicea case by repetition; give Fluoric ac.

Silicea antidotes the abuse of Mercury; is inimical to potentized Mercury; Hepar being the intercurrent. Silicea is a medicine that does badly if repeated, a single dose will cure if indicated, and poison if given often. Repeating a remedy will not make it homeopathic to a case. A single dose, well chosen, will act from forty to sixty days. It is complementary to Calc., Puls., Thuja.

Sil. is often a chronic to Puls. or Thuja.

Sepia is often a chronic to Sabad. and Nat. mur.

Nat. mur. is also followed by Hepar.

Hydrogenoid constitution.

S. L. G. L.

INCARCERATED FEMORAL HERNIA CURED BY HIGH POTENCIES.

The following case is reported for the benefit of our younger brethren, that they may have courage to adhere to the teachings of the master even in the most desperate cases.

August 9th. I was called to see Mrs. M.—, a lady sixty-eight years of age, who had a similar attack three years ago, and was then carried through by the untiring efforts and skill of our friend Dr. Allan B. Carr, now in Europe.

She was suffering from an incarcerated right sided femoral hernia since the day before. There was vomiting of white mucus with a *constant sensation of nausea* and a deathly sick, sinking feeling in stomach. She states that her stomach has always been sensitive.

If anybody enters the room it sets her vomiting.

Cold drinks never agree with her.

Pain in right side of abdomen, better drawing legs up.

Very restless, can not stay long in one position.

The inclination to vomit comes over her like a flash, which will stop when she moves. Ipecacuanha cm., 1, 2, 3, 4, 5, 6, 7, 8, three hourly.

August 10th. No vomiting except when wind wants to pass upwards, which gives temporary relief to a "packed full" feeling of abdomen.

But inclined to be cold. Tongue coated heavily. Hernia the same. Pulse 78.

Unsuccessful desire for stool, bowels constipated for the last three days. Nux vomica cm., one dose.

August 11th. No desire for stool, which has not passed yet. Vomiting set in again, and contains thin fecal matter. Opium cm., one dose.

5 p. m. No better. Burning in stomach, fecal matter vomited, burns her from stomach up to throat. Plumbum., two hundred every two hours.

August 12th. Vomiting keeps on and consists now of a *bright yellow* burning and fecal smelling fluid, *worse lying on right side or back*, has to remain on left side. A great deal of cutting pains in abdomen. Hernia very tender. (Taxis had only been tried on the first day for a short time, as I think it causes more injury than good, and will only retard the case.)

During effort to stool some round, hard, small pieces passed, which came evidently from the large intestines. Crotalus cm. (F. C.), one dose.

August 13th. No vomiting since 5 a. m.; feels better. Can retain the first nourishment; had so far lived entirely on small swallows of hot water.

She mentions a great commotion in bowels, is able to lie on right side. Crotalus cm. (F. C.), one dose, to be taken if vomiting should return.

August 14th. Vomited once in the night and then took the *Crotalus*.

A great deal of hiccough when moving in bed.

Great rolling and rumbling in bowels.

Lower abdomen feels stuffed.

Always worse toward evening.

Cold drinks aggravate. *Lycopodium* cm., one dose.

9 P. M. On calling found her in a sweet sleep, from which, to my sorrow, my entrance awakened her; said she felt entirely different. *Hernia* was gone.

August 15th. Does not feel so well; bowels have not moved yet; the flatulency still troubles her. I concluded that another dose of *Lycopodium* cm. would be necessary, as the effect of the first one was certainly interrupted by my awakening her from sleep, and gave it to her.

August 16th. Bowels commenced to move at 9:30 P. M., and emptied their contents in thirteen efforts until 2 A. M., when she fell into a sound sleep, from which she awoke this morning, well, except the weakness, which would naturally follow after so much pain, sleeplessness and want of food. She recovered fully without any more medicine.

JULIUS C. SCHMITT.

ROCHESTER, N. Y.

"LET YOUR LIGHT SHINE."

As homeopaths, we are not obeying the above injunction of our Saviour to the extent we should do. The world, and especially the allopathic school, need instruction in the fundamental principles of Homeopathy. Volumes of didactic literature have been written by our authors for popular reading, but they fall short of the mark, for various and obvious reasons. This is a driving, hard headed, practical world, and abstract reasoning engages the attention of but few; while a practical illustration of a cold fact immediately commands public attention and approval. Nothing can further the interests of Homeopathy and humanity so rapidly and effectually, as incontrovertible demonstrations, that we have a law of cure. If we can but convince men that we work by rule, and are not stumbling about in the dark moun-

tains of Empiricism, the great battle will have been fought, and this poor old suffering world will come out of its long night of disease, sickness and death, into the golden era when Similia shall banish all ills of the flesh from the face of the earth forever! To this end do I submit the following cases, and I adjure all homeopaths of all nations, tribes and tongues to attend to this call. There can be no mistake as to the indicated remedy in each case, and it may strike you as being too simple, and not worth your attention; but that is where you hide your light, and that which is so plain to us, Allopathy and the world know nothing of. Let every homeopath who reads this appeal, sit down immediately and send to my address the names of the remedies indicated in the cases which I shall now give. It is my intention to give the results publication in journals, papers, pamphlets, etc., so that the public and Allopathy shall know that there is a God in Israel, and that Homeopathy is built upon the rock—Truth!

CASE I.—Eddie K—, aged 6. Four weeks ago was allowed to go out of doors before desquamation had ceased after an attack of scarlatina. Condition now as follows:

Urine scanty and dark colored.

Swelling of feet and ankles.

Oedematous condition of the eyelids.

Yellowish, watery diarrhœa; painless; worse in the morning.

Complains of stinging pains like bee stings that occur in different parts of the body.

Great sensitiveness to touch.

Feels much better in the cold air; all the symptoms aggravated in a warm room.

CASE II.—J. Q. A——, young man, aged 22; received a kick in the stomach from a horse three months ago. Vomited a considerable amount of blood.

His symptoms at present are as follows:

Soreness all over the body as if bruised.

Bed on which he lies feels too hard.

Bitter, nasty taste in the mouth, foul, like spoiled eggs.

Repugnance for food; longing for sour things, alcoholic drinks, etc. Stomach tolerates little or no food.

Eruclatations tasting like rotten eggs. Considerable flatus from bowels that smells like rotten eggs.

Bowels constipated; always regular before receiving the injury.

Sluggish state of the mind; indifference.

CASE III.—J. A. P.— male, aged 35. Four days ago was attacked with sharp, stitching pain in right chest, introduced by several chills.

Can not cough or draw a long breath because of the pain.

Feels great inclination to take deep inspirations.

Must hold the hands on the chest when he coughs.

Worse from the least motion.

Feels much better lying on the painful side.

Very cross and irritable.

Head aches as if it would split.

Tongue coated white.

Thirst for large quantities of water.

Bowels constipated, stools dry and hard.

CASE IV.—Miss Kate C—, aged 16. For two days has been having frequent passages from the bowels of blood and mucus, attended with severe griping of the bowels and tenesmus before, during and after stool.

Pains in the rectum, continuing some time after passage.

Almost constant, cutting pains about the umbilicus.

Vesical tenesmus with scanty urine.

CASE V.—Miss Mary R—, aged 22, teacher. Six months ago menses were suppressed from getting feet wet. Has not been well since that time, though her previous health was excellent. Examination of chest reveals bronchial respiration and dullness on percussion over upper portion of right lung.

Always has severe coughing spell on lying down in bed at night.

Must sit up in bed and cough for an hour or so with great sense of tightness and weight over upper portion of chest.

Expectoration usually quite free, of a purulent character.

Has had several attacks of hæmoptysis.

Cough worse in a warm room, better in open air.

Her disposition is mild and amiable, often takes a big cry, but can not tell why she cries. Tears fill her eyes as she relates her symptoms.

Appetite fair, food however distresses the stomach, causing bloating and flatulency, and sense of weight.

Desires strong tasting acid foods and drinks.

Aversion to fat, greasy food which disagrees.

Thirstlessness.

Very bad taste in the mouth in the morning, bitter and putrid, must rinse the mouth frequently.

Tongue coated, yellowish, pasty mucus.

She has frequent, pulsating headaches, worse from moving the eyes, or stooping forward. Worse in warm room, better when in the open air walking slowly.

Has sour, musty, night sweats.

Emaciated; has lost more than twenty pounds of flesh.

Menses still suppressed.

All her symptoms better in the open air; worse in warm room.

Resembles her mother, several of whose near relatives have died of pulmonary consumption.

CASE VI.—Mr. G——, clergyman, aged 52. Applies for relief for periodical headache. Usually commences in the morning, increased by eating. Feels better lying down in-doors.

The pain is usually located in the occiput, very severe, worse from mental work, noise, coffee, stimulants or eating.

Often there is a sense of pressure on top of the head as if a weight were pressing down into the brain.

Determination of blood to the head with sense of heat and burning in it.

Face red. Head sometimes feels very large.

Headache moderates towards evening.

Appetite good, but eating causes distress in epigastrium two or three hours after. Sense of fullness and bloatedness in the stomach.

Feeling as of a weight or stone in that region.

Bowels constipated; stools large, hard and difficult.

Sometimes diarrhœa alternately with constipation.

Has been operated on for blind hemorrhoids.

Has been in the hands of numerous old school physicians, with but temporary benefit in any instance. Is very hypochondriacal, and comes to us as a dernier resort; so we receive him thoroughly drugged, and perfectly sceptical.

His habits have been sedentary, being a great student, but mental application is very irksome to him now.

Awakes at 3 A. M., lies awake one or two hours; then sleeps heavily until aroused, feeling weak and languid.

CASE VII.—John B——, aged 15. Applies for “something for his blood.” For several years his skin has been in a dry, scaly, unhealthy state. Wounds and sores do not heal readily, but suppurate.

Voluptuous itching on getting warm in bed.

Parts bleed easily and are sore after scratching.

Numerous boils have appeared about nates and nape of the neck.

Sensitive over pit of stomach, to pressure.

Feels fullness and pressure after eating.

Sense of great weakness, with empty or gone feeling daily at about 11 A. M.

Has a hot spot on top of the head much of the time.

Burning of the soles of the feet at night.

John is a thin, stoop shouldered, badly nourished little chap. His face has an old, weazened appearance. Can not Homœopathy straighten him up, fill him out, clear up his skin—in fact, *cure* him? I think so.

CASE VIII.—Mrs. T——, aged 39. Mother of five children. Very fleshy and of fair complexion.

Has been troubled since a babe with eczema, which about disappears at times, but always returns sooner or later. Has tried everything but Homœopathy.

Present condition: Rawness and soreness in flexures of limbs, between fingers, behind ears, etc.

Eruption of vesicular character, exuding a profuse, watery, sticky fluid, which forms scabs.

Skin is in an unhealthy condition; wounds do not heal well; ulcerate, leaving painful scars.

Skin inclined to crack; nipples always sore and cracked during lactation.

Nails of hands and feet rough and deformed.

Ends of fingers often crack.

Bowels constipated, stools large and knotty.

CASE IX.—Albert G——, aged 19. Second week of typhoid fever.

Mind is confused, wandering when closing the eyes.

Falls asleep in the middle of a sentence.

Stupor and delirium at night.

Head feels as if scattered about the bed ; tosses about to get himself together ; can not sleep on this account.

Face is hot, dark red, with heavy besotted expression.

Tongue coated brown in the center.

Teeth and lips covered with sordes.

Breath very offensive.

Frequent diarrhœic discharges, thin and dark, of an exceedingly offensive odor.

Flesh seems sore ; complains of bed being too hard ; of aching of the lower limbs.

Slides down in bed ; adynamic.

CASE X.—Laura W——, aged 11. Began complaining yesterday. Throat much swollen internally and externally. Began on left side and has spread to the right. Patches of membrane on tonsils and fauces. Fetid, excoriating discharge from nose and mouth. Can not bear anything to touch the throat. Exceedingly sensitive to slightest touch of throat.

Worse from hot drinks.

Can swallow solids better than liquids.

Always worse after sleeping.

Marked prostration since beginning of attack.

CASE XI.—Mrs. James H——, aged 60. Four days since was taken with a long lasting, severe chill, followed by high fever, sharp pain in right lung, dry hacking cough.

Present symptoms :

Respiration, 50 per minute, can not lie down, must be propped up in bed. Pulse 140. Temperature 105.

Dry cough, scanty expectoration, sputum rust colored. Sense of tightness and constriction of the chest.

Lower half of right lung hepatized.

Can not lie on affected side.

Chest feels bruised and sore.

Great thirst for cold water which is vomited as soon as it becomes warm in the stomach.

CASE XII.—J. H. P——, aged 50. Moulder by trade. Works in damp sand and is affected with rheumatism.

Drawing and tearing pains in the muscles and tendons of upper and lower extremities.

Pains worse at night, with great restlessness.

Better from motion and hot applications.

Very stiff and lame on first beginning to move ; better after walking about a short time.

For sixteen years this man has been unable to work more than two-thirds of the time. Like the woman with the bloody issue in the New Testament, he has "suffered many things of many physicians," spent all his substance, is nothing bettered, but rather getting worse. Has never tried Homeopathy. Beyond a peradventure we can cure him, and that right speedily.

CASE XIII.—A. R. K—, aged 34. Ate freely of fruit before retiring. During the night was attacked with cutting pain in the bowels, followed by vomiting and profuse, watery stools.

Present symptoms :

Before stool ; severe, cutting pains in the bowels. . During stool ; nausea, vomiting, and great weakness, with pinching colic. Pallid countenance, with cold sweat on the forehead.

Great sense of weakness and emptiness in the abdomen after stool.

Stools are profuse and watery.

Countenance pale, eyes sunken, lips dry and blue, tongue cold.

Great thirst for very cold and acid drinks.

Nausea from the least motion.

Very painful cramps of the legs.

The skin is cold and lifeless, remaining in ridge when pinched.

The breath is cold ; voice hoarse and weak.

CASE XIV.—R. H. P—, young man, aged 23. Subject to very severe congestive headaches. He is a large, fleshy, full-blooded person.

Headache is located in forehead and temples, accompanied with throbbing; head feeling as if it would burst.

Worse from stooping forward.

Intolerance of light, must close the eyes.

Noise aggravates pain.

Usually worse about 3 P. M.

Can not lie down.

Vertigo, and sometimes vomiting of bile.

Face red; throbbing of the carotids.

CASE XV.—Geo. H. W—, aged 62. Through worry from

loss of property several years ago, he fell into dissipation. He is brought to us for treatment. Symptoms as follows:

Memory much impaired.

Says things that he does not intend to say; misplaces words. Thinking is very difficult.

Fears he will lose his reason.

Restless and anxious; peevish and obstinate.

Constant headache; pain commences in the occiput and spreads up over the head; worse ascending hill or stairs, from walking or talking; can not endure being in the hot sun. Wants his handkerchief kept tightly bound about his head.

Speech thick and indistinct, as if the tongue were partially paralyzed.

Tongue and lips sore; complains that he can not eat because of soreness of mouth.

Digestion impaired. Eructates after eating. Food lies heavy in the stomach. Pit of stomach swollen like the bottom of a saucer turned out.

Appetite poor, but relishes food after he begins eating.

Has aversion now for stimulants and tobacco; says they hurt his head.

Bowels constipated; stools large and hard.

Skin dry, yellow and shrivelled; unhealthy; wounds do not heal well, suppurate readily.

Complains of great weariness, can not walk far.

Feet cold and damp. Can not sleep after 3 or 4 o'clock A. M. This case is doing nicely on the indicated remedy. I have never seen the law more beautifully exemplified than in this instance.

The cases I have given have been taken from my case book principally, and in every instance the simillimum has worked like magic. These fifteen clinical reports comprehend so much of the field of medicine, that a general consentaneity on our part as to the indicated remedy in each case, will confound the allopaths, and must advance homœopathic lines.

I leave it in your hands, hoping great good may come out of it. I would be glad to hear from the classes of students in our colleges all over the land. Let them send me the answers I solicit, either collectively or individually, and I will give them due credit.

Again I adjure all homœopaths to send to my address the remedies indicated in each case.

S. E. CHAPMAN.

WATSONVILLE, CAL.

AN OPEN LETTER TO DR. BURT.*

Dear Doctor Burt: I have received a copy of your late edition of *Physiological Materia Medica*, from the hands of Messrs. Munson & Co., and have carefully examined it. I am truly sorry I can not endorse it. The compilation is admirable, the guiding or characteristic symptoms are excellent and well chosen; so far the work is invaluable. I now turn with my pruning knife to the Clinical Index. Here I am astounded beyond measure. In diphtheria the remedies you cite are all correct, and should be carefully studied in every case of this formidable disease. But when I read under the head of "adjuvants," where you advise "strong doses of medicines," such as "Mercury in twenty-grain doses, frequently repeated in malignant forms; Alcohol and Glycerine, fumigations, gargles," and a long list of barbarous ideas, which smack of the antiquated methods of the old school of medicine—in fact, are recommended by them—I can not see how you can have the good of Homœopathy at heart. You certainly have no respect for The Law as promulgated by the Master.

Turn again to gonorrhœa: I see a list of well chosen remedies to be studied, and note your recommendation to "use injections to subdue the inflammation." Numerous are the formulæ cited to choose from. Pathological treatment! What more could we expect from our allopathic brethren? or from eclecticism? In all instances I notice you advise the crude drug in material doses, and the use of topical applications. I can not endorse such methods for the treatment of the numerous diseases to which mankind is heir. I profess to be a true Hahnemannian; a stickler for the sanctity of the Law. I use *only* the dynamic power of drugs, the single remedy, and nearly always the single dose of the highly potentized drug. I find them trustworthy in all cases when homœopathic to the case. "They cure speedily, gently, and permanently, and their efficiency can no longer be reasonably called in question. The fathers all agree that the more highly dynamized a remedy is, the more it becomes emancipated from the law of chemistry, the more potent in combatting disease.

*A criticism of the last edition of the *Physiological Materia Medica*, by W. H. Burt, M. D., Chicago.

I began the study of medicine in 1855 and graduated in the allopathic school. For twenty long years I groped about in darkness in quest of light; I studied dilligently, took and read during those long years the *Medical and Surgical Reporter*, of Philadelphia, and many other journals. I did not wear the seat of my breeches threadbare on dry goods boxes, but strived to thoroughly acquaint myself with all the modern or late fads; nor until they became unfashionable did I abandon their use. All this period I was ill at ease, and thought there was something wrong. The hypodermic syringe was my stand-by to alleviate pain. No *anti-kamnia* then as a "sovereign" substitute for this little instrument. My highest knowledge then was cathartics for constipation, derivitives of cataplasms, sinapisms, vesication, phlebotomy, the moxa, the seaton, *et cetera ad nauseam* to mitigate the ravages of disease. With all this damnable practice I became thoroughly disgusted; and, like Saul of Tarsus on his way down to Damascus to persecute the Christians, I, too, saw an "exceeding bright light." I was convicted and very suddenly converted. Mine eyes are now thoroughly opened, and I thank God I am not to be cut off in my unworthiness. Would that some of my allopathic friends could have a like experience before they "shuffled off this mortal coil." I do not "see through a glass dimly," but I see my way clearly, that the law of *similia similibus curantur* is a verity. That in times of great emergency it is all sufficient as an anchor of hope and safety.

Our superstructure is not built upon a foundation of the sand of doubt and speculation. We have a "foundation that is sure and steadfast."

Since I have emerged from the confines of Egyptian darkness, and been brought into the light and liberty of truth, I have become thoroughly disgusted with some of those who have long professed to espouse the tenets of the law. I see them ruthlessly trample under their feet that noble ensign of "like cures like," and endeavor to drag us back into the quagmire from which we have of late so miracuouly emerged. Their efforts will be in vain. We are fixed and steadfast, and unmovable in our convictions. Hering says: "If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to

be mentioned as a caricature in the history of medicine." I here make this declaration, that in two decades, the whole civilized world could be evangelized to the principles of Homœopathy, if those who profess to, be homœopaths were only true to their behests. How can we expect the respect of the old school or hope to make converts when they see those of our school, who have been chosen to teach the true principles of Homœopathy, recommending crude drugs and topical applications; in fact, everything in common with old school methods.

Why, my dear sir, do you have the audacity to profess to be a homœopath and proclaim to the world through your book *contraria contrariis curantur*? I am pained to know you are not alone in this great crime. There are scores of others who are equally guilty with yourself. In fact, a majority of so-called homœopaths are guilty of worshipping Baal, fawning sycophants at the shrine of scientific (?) barbarism.

The *London Lancet*, in one of the issues of 1888, says: "That homœopaths are no longer wedded to infinitesimal doses. When this breakdown of Homœopathy in the hands of its own practitioners is shown, no wonder it meets with little respect in the profession, and that in Europe it has practically no recognition." Dr. Potter, of San Francisco, who left our school some ten years ago after graduating from the Homœopathic Medical College of Missouri in 1878, because, he says, of the impression made upon him by "finding that ninety-nine out of every hundred so-called homœopathic physicians were in the habit of resorting to regular therapeutics whenever there was any active therapy to be done." The *Lancet* further says: "The Homœopathy in the United States is as unreal as the Homœopathy of Europe." By the publication of your book you confirm in a degree the statements made by the *Lancet*.

The Law *similia similibus curantur* is either true or it is false. I have seen its beauties. I have tested its merits. I have cured my patients by its application. I have never deigned to administer other than the potentized drug and single remedy; more often the single dose. We are taught that disease is dynamic in its character. That it is invisible; that it is imponderable; that it can not be discovered by the

microscope or spectroscope. That it should be combated by a like agent. How are we to know what cures our patient when we resort to topical therapy as an adjuvant? I firmly believe the principles of the law to be as true as the law of gravitation, and all sufficient in every curable case, and equally reliable as an efficient agent in euthanasia. Attest the long list of good men who have gone to their reward, who have endorsed it and found it never failing. Hahnemann, Böuninghausen, Stapf, Dunham, Hering, Guernsey, Felger, Lippe, and hundreds of others whose names might be mentioned; whose names are enrolled upon the pinnacle of fame; who have testified in its behalf and have been willing to abide by its merits in combating all diseases to which mankind is heir. They have been successful because they have individualized their cases and obeyed the law.

We are now told that pathology must be the basis of treatment. That we must first ascertain the name of the disease and the pathological condition. Well, it is well that we know all this; yet we must treat the patient. No, doctor, I can not accept your book. I admit nothing into my library of a suspicious character. It must be, like Cæsar's wife, above suspicion. I am sorry to write as I have, but duty compels me. The first edition is commendable, but I will return this.

W. L. REED.

St. Louis, Mo.

ONLY THE SIMILLIMUM CURES.

There are many of our profession who are easily appalled at the sight of a patient suffering pain, and, though firm believers in the existence of the homœopathic Law of Cure, still they have not yet brought themselves to that point where they feel sufficient confidence in the Law to place absolute reliance on it; but yield to the temptation and give Morphine. Consequently, I relate the following case, and make a few comments on the Law bearing upon the subject: Mrs. H. was taken suddenly sick with colic about half past two o'clock in the afternoon. She had been constipated for several days. At this time she had a stool, and immediately after was taken with severe pains in the abdomen. The pain

was not continuous, but it came in frequent attacks, each succeeding spell seeming to be more severe than the preceding one. As I found her, she was lying in bed on her right side; her knees were flexed and drawn up towards her abdomen, and, when the pain attacked her, she doubled herself up and tossed about the bed in agony. Her face was red, and her head was hot and dry. Her tongue was moist, yet she complained of dryness of the mouth and wanted to drink, but drinking did not relieve the dryness of her throat and mouth. She complained of cold feet and hands, yet she was feverish and her skin felt hot and dry. Her pupils were markedly contracted. As I sat beside her gathering these symptoms she had three such attacks of colic, the pains coming and going in rapid succession. Having fully made up my mind what was her remedy, I gave her Bell. cm., a few pellets dry on her tongue, and then went to the bureau, where I dissolved some Sac. lac. for her to take after I should go. Preparing this and giving instructions to the attendant as to how it should be administered, occupied nearly four minutes. I then walked back to the bed, and lo, the patient was sound asleep. I spoke to her, but she did not move nor did she wake until after several hours had elapsed, and when she did wake was free from pain and has had none since.

Here we have before us a case where the patient was suffering excruciating pains which it was our duty to relieve as speedily as possible. Our highest aim as physicians is to relieve and cure the sick as promptly, safely, and permanently as possible.

Whatever will accomplish this end is the method that should be adopted by all, and whatever fails must be cast into oblivion. Consequently we are confronted by the following problem: Which relieves pain quicker and more permanently, Morphine or the remedy that is homœopathic to the case? If we can show by actual experience that it is Morphine, we are in duty bound to use it; but if we find that it fails to fulfill these requirements, we must, if we are conscientious physicians, reject it. And if it be the indicated homœopathic remedy, must not every honest man give credit to Homœopathy and the Law *similia similibus curantur*, and use nothing but Homœopathy in curing the sick?

To judge of the success attending the administration of

Morphine as a cure-all for pain, we must, first, inquire into the experience and testimony of those who have used it.

Opium, in its various pharmaceutical preparations, has been used for centuries to relieve pain; therefore let us see what has been the verdict of these centuries. We find in the majority of cases that it relieves pain by benumbing sensibility and inducing a stupor, during which the patient suffers no acute pain. After a time, varying according to the size of the dose, a reaction of the vital force sets in, when an effort is made to throw off the oppression of the drug force. During this period the patient suffers from marked depression, nervous irritability, and sleeplessness, when the original pain is liable to return with an intensity equal to what it was before the Opium was administered.

Physicians have observed and tried to account for these phenomena. They have tried to reason out the whys and the wherefores in the case. They have thought there must reside in Opium a principle that is purely narcotic and soporific. Could they isolate this principle and separate it from the grosser matter with which it is mingled in the juice of the poppy, they might have something on which they could rely as an infallible cure for pain, something which would be unattended by a reaction or any of the undesirable concomitants which they had attributed to the gross matter in the Opium. As advances were made in chemistry, Opium was subjected to all sorts of manipulations to discover this hidden principle, until, at last, Morphine was placed before the profession as the long sought panacea for pain. It is now many years since Morphine was first employed. Sufficient experience has been had with it and sufficient testimony has been recorded from which to judge of its merits. While in the majority of cases it benumbs pain and quiets the patient, still there is a minority which it does not quiet or relieve, and its administration is invariably attended with the same-reaction as the administration of Opium itself. Here we have in a few words the experience of the past: that while Opium and Morphine usually relieve pain, still we can not place absolute dependence upon them.

Now, let us turn to Homœopathy and see what it will show us, and what it will do when called upon to cure pain and disease. We have seen the self-styled scientific school trying

to suppress pain with Opium, and have seen them disappointed at the results; we have seen them searching in Opium and subjecting it to chemical analyses to find a narcotic principle that would relieve pain and be followed by no disagreeable after effects or vital reaction, which from *theory alone*, they inferred ought to be contained therein; we have seen their pride and exultation on finding Morphine, and we have likewise seen their perplexity when it was found to be accompanied by the same uncertain results as Opium and also by the same untoward reaction. But in Homœopathy we find an explanation of this, which is clear and comprehensive, which satisfies our highest reason. Homœopathy teaches us that every drug when swallowed produces symptoms in the healthy organism that are peculiarly its own, which will be invariably followed by a reaction of the vital force diametrically opposite to, or the exact counterpart of, the individual symptoms of the drug. This reaction of the vital force being stronger than the medicinal action overcomes and throws it off, so that vital harmony, which is called health, is restored. Likewise this same primitive drug action, and the reaction of the vital force against the drug action takes place in disease the same as in health. When the drug action is dissimilar or opposed to the disease action, as is the case when Morphine is administered for pain, and the drug force is stronger than the disease force, then the drug force exerts its influence over the system, producing its own symptoms and masks and holds in abeyance for a certain period the symptoms of the previously existing disease. Experience teaches us that when medicines are administered for disease whose drug action is dissimilar to that of the already existing disease, they have no power of controlling the disease action after the primary drug effect begins to pass off and the reaction of the vital force commences. While the primary drug action exerts its influence, over the vital force, the disease force, which is weaker, is held in abeyance by the stronger drug force; but just as soon as reaction begins to take place, the old disease force becomes more powerful than the drug force, and, having no power to restrain it, again manifests its influence upon the system. Thus in order to suppress the disease symptoms the dose of the palliative drug must be repeated before the reaction of the vital force has

taken place and the disease symptoms have had time to recur. And, furthermore, experience has also shown that while this repetition is for a time capable of suppressing disease action, when it is continued for a length of time, it loses its power over the system, and fails to suppress completely the morbid process, even though the dose be increased to the very verge of poisoning. Thus we see clearly why our so-called scientific brethren have failed. First, they failed because they sought for a remedy that produces no reaction, when such an one does not and can not exist; and, secondly, they failed because they sought to cure disease by substituting dissimilar drug action for disease action. Their apparent success immediately after the administration of the dose was but a delusion, and was a demonstration of the principle involved in the suppression of one disease by another which is stronger. But now let us see what Homeopathy can do in disease and suffering.

We have seen that the action in the organism of a weaker disease force is supplanted by that of a stronger disease force, so that the weaker is held in abeyance by the stronger until the latter has run its course. We have also seen that the action of a drug force is invariably followed by a reaction of the vital force, which is the reverse or the counterpart of the disease. So that now we can see how it is that when the similar remedy is administered in disease, it, being stronger than the disease force, supplants the disease, and when the reaction of the vital force of the patient occurs, this reaction being the counterpart not only of the drug action but of the disease action, destroys both drug action and disease.

Thus are given the reasons why palliation fails to cure and why the indicated homœopathic remedy can not fail, and is the only safe, quick, and permanent method of curing disease and relieving the sufferings of our patients. Certainly the above mentioned case bears testimony to speed and permanency.

There is no need of further argument to prove the superiority, as well as the absolute certainty of the action of the Homœopathic remedy over all other methods that have been proposed for the relief and cure of sickness. No one can help seeing, after what has been said, that the indicated homœopathic remedy can never fail to relieve when adminis-

tered to the suffering patient. The physician who gives this remedy according to the Law of Similars may be as sure of obtaining the desired result as the mariner, who, with chart and compass, is certain of reaching port, though sailing in an unknown sea. To the physician, the Law of Similars is as unerring a guide as is the compass to the mariner; and his *Organon* is like the chart, which makes it possible to use intelligently the compass wherever he may be.

ARTHUR G. ALLAN.

PHILADELPHIA.

PROVING OF CENCHRUS-CONTORTRIX (COPPERHEAD).*

Bulletin No. 24 of *National Museum* gives check list of North American reptilia *Ancistrodon Contortrix*. Dr. Albert Günther, who furnished the article for *The Encyclopedia Britannica*, calls the "Copperhead" *Cenchrus-Contortrix*, and considers it very similar to the *Trigonocephalus* family, but smaller in size, generally found near the water-courses, closely related to the *Chenchrus Piscivarus*, which is the water-snake or crater-moccasin.

The *Cenchrus* family belongs to the temperate parts of North America, and its venom is of a deadly nature.

PROVERS.

- No. 1. Mrs. K., 6th potency, one dose only.
- No. 2. Dr. Mary S., 6th potency, one dose only.
- No. 3. Dr. Eliza M., 6th potency, one dose only.
- No. 4. J. A. T., 6th potency, one dose only.
- No. 5. Dr. Mary S., 2d proving, 10m. (F. C.) one dose.
- No. 6. Dr. Eliza M., 2d proving, 10m. (F. C.).
- No. 7. Geo. W. S., 6th and 30th potencies.

MIND.—Loss of memory.

Feeling of intoxication.

Anxiety, with a feeling that she will die *suddenly*¹ (8th day, lasting many days.)

The horrors of the dreams of the previous night seemed to follow her¹ (8th day.)

She could not banish the horror of her dreams¹ (9th day).

Instantly after lying down at night she was seized with a horrible, sickening anxiety, all over the body, but most at

*Trans.Jl. H. A.

the heart and through the chest, exclaiming, "I shall die! I shall die!" This soon passed into profound sleep, which was not interrupted until morning, but full of horrible dreams.

Afternoon and evening thinks her family plotting to place her in an insane asylum (this lasted four afternoons and ended 14th day of proving).

Suspicious of everybody.

Melancholy (old symptom worse).

No inclination to attend to her usual duties, which are pleasant.³

Angry when disturbed.³

Not able to rest in bed, must walk the floor to ease mind.³

Wants to be alone³ (14th day).

Nervous and irritable³ (14th day).

Catch myself staring into space and forget what people are saying to me, or that there is any one in the room² (4th day).

Inability to concentrate mind² (4th day, 6th and 10m.).

Absent minded² (two proverbs, 5th day, 6th and 10m.).

Very gloomy and discouraged³ (7th day).

Dreamy, absent minded, took the wrong car without realizing where was going. Misdirected letters² (13th day, 6th and 10m.).

Foreboding, gloomy without cause, frequent sighing² (21st day, 6th and 10m.).

Crying and very frequent sighing, as if very sad² (many days, 6th and 10m.).

Lack of determination and snap, have to use all my reserve mental force to make myself get up and go out⁶ (many days).

Painful procrastination, indecision.⁶

Time passes too slowly, seems to drag along. I am longing to go, yet I can not tear myself out of my chair and move along. When at last I do pick up enough determination to go, I go very suddenly.⁶

Feel hard and uncharitable⁶ (8th day).

Selfish, envious, easily slighted. Transient attack of anger 6 P. M.⁶ (9th day, 6 P. M., and 8:30 P. M. 14th day, and 6:30 P. M. 17th).

Longing for the woods so intense I wandered out to the park alone⁶ (2d day).

So absent minded and stupid that I tremble and shiver, and

my teeth chatter for some time before I begin to realize that I feel cold⁵ (3d day).

Great depression and gloomy foreboding, followed by great hilarity⁵ (9th day).

Alternation of opposite moods and desires⁵ (9th day).

SENSORIUM.—Sensation of intoxication in evening³ (2d day).

Sensation of intoxication came on at 4 P. M., lasting 3 hours, feeling as if I would fall; unable to walk in a direct line; go from side to side of pavement³ (2d day. Same symptom 4 P. M. 3d day. Same symptom 4 P. M. to 7 P. M. 4th day, and came every day for 4 weeks).

Vertigo, coming and going, with no inclination to attend to her usual duties, that are very pleasant; nervous and tired all the time³ (6th day).

Vertigo. Angry when disturbed.³

Compelled to lie all the afternoon. So dizzy³ (9th day).

Vertigo very bad from 4 P. M. to 7 P. M.³ (2d to 10th and 11th day).

When riding in the car, she rode by the place she intended to get off at.³

Her mind is all a blank for ten minutes, but people did not observe anything wrong with her appearance.

Dreamy feeling² (6th day).

Fainting spells.

INNER HEAD.—Sensation of fullness about the head¹ (18th day).

Dull, aching pain in the forehead, which finally extended to the occiput, leaving the forehead¹ (1st day).

Feeling as if all the blood in the body rushed to the head¹ (8th day).

Violent headache in both temples in forenoon; could not stand any warmth in the room; lips dry and parched¹ (13th day).

Headache in both temples on rising, passing off after breakfast³ (4th day).

Headache in temples; passes off after eating³.

Headache, not defined, with disgust for food³.

Aching in the frontal sinuses, nose and throat, as though she had taken a severe cold, but no discharge of mucus² (4th day).

Dull aching in the occiput² (4th day).

Dull aching in the frontal eminence³ (4th and 8th days).

Dull throbbing in vertex² (18th, 19th and 20th days).

Dull frontal headache during menstruation² (23d day).

Dull ache in left frontal eminence⁵ (7th day).

Hard pain over left eye⁵ (ninth day).

Hard, aching pain commenced in left frontal eminence and spread down left side to teeth, then spread to right frontal eminence, then to teeth on right side⁵ (16th day).

OUTER HEAD.—Sore feeling in the scalp after the headache passed away¹ (2d day).

Itching of scalp, better by scratching² (1st and 6th day—6th and 10m.).

Transient sensation of prickling in the scalp, like a gentle current of electricity⁵ (4th day).

One large, dry, scabby pimple on scalp, long and narrow, oval shaped⁵ (12th day).

SIGHT AND EYES.—Eyes ache, and there is dimness of vision³.

Lachrymation from left eye; left eyelid red on edges² (7th day).

Twitching in left eyelid² (17th day).

Dull ache in eyes, with sense of weakness⁵ (16th day).

Itching of eyes; begins in left eye and extends to right⁵ (17th day).

Margins of eyelids look red, especially at night⁵ (many days).

HEARING AND EARS.—Itching of ears at night³ (an old symptom not had for a year; 5th day).

Itching of ears during the day³ (7th day).

Burning of left ear² (1st and 7th days; many days—6th and 10m.).

Dull pain in and around left ear⁵ (6th day).

SMELL AND NOSE.—Sickening odor in the nose (1st day).

Copious flow of mucus, thin and watery².

Copious flow of mucus. Coryza.

Cold nose² (several days.)

Aching in throat and nose, tickling feeling in nose, as though it was just ready to run, but very little discharge when blowing it² (5th and 6th days).

Sneezing occasionally and eyes filled with water² (5th day).

Sneezing violently on awaking in the morning² (6th and 8th days).

Tingling from left nostril to left eye (lachrymal canal). Slight discharge of water from left eye, with weak feeling in the eye² (6th day).

Cold nose² (6th day, evening 7 P. M).

Aching in left side of nose as though in the bones, with dull headache² (7th day).

Sneezing in morning on waking² (7th day—6th and 10m.; many days).

Nose burning inside as though full of pepper² (7th day).

Nostrils sore, worse left side² (7th day).

Discharge of yellow mucus, sometimes tinged with blood² (7th and 9th days).

Discharge of mucus from nose, varying from cream to amber color, specked with blood² (8th day).

Can not breathe well through nose² (8th day—6th and 10m.; many days).

Impossible to breathe through the nose² (9th, 10th, 11th days).

Scabs in the nose, lasting many days² (10th day—6th and 10m).

Dry mucus in nose, can not breathe through it² (13th day).

Slight tingling in left nostril² (4th day).

FACE.—Flushes of heat about the face and head¹ (1st day).

Bloating of face, as if intoxicated¹ (9th day).

Bloating above and below eyes¹ (9th day).

Besotted countenance.

Mottled skin; purple, deep, dark red face.

Dry parched lips in evening, with fever that began at 3 P. M.¹ (10th day).

Swelling above eyes, below brow¹ (like Kali c.—12th day).

She can see the water bag that fills the upper lid¹ (12th day).

Face pale all through the proving³.

Flushing and burning of face² (1st day).

Great burning of the face, worse at night² (6th and 7th day).

Cheeks began to get red and hot about 2 P. M.; keep growing hotter and redder until she goes to sleep at 10 P. M.; became dark red like erysipelas² (9th day).

Woe begone expression of face² (12th day).

Burning face, 2 P. M.² (16th day).

Burning begins in left cheek and ear, spreads to right cheek 6:30 P. M.⁵ (2d day).

Baggy swellings under eyes⁵ (many days).

Blue circles under the eyes⁵ (all through the proving).

Face sallow⁵.

Very small red pimples in little clusters, between the eyes and on the upper lip⁵ (15th day).

Same tiny pimples on end of nose⁵ (16th day).

Formication on left cheek, like crawling of a fly, also on septum of nose⁷ (8th day).

LOWER FACE.—Lips cracked and hot.

Face chapped, dreads washing it² (18th day—6th and 10m.)

TEETH AND GUMS.—Aching through jaws after lying down at night, lasting until after midnight¹ (12th day).

Teeth ache from hot or cold drinks⁵ (12th day).

Teeth feel edgy, can feel that I have teeth⁵ (12th day).

Dull ache in right upper teeth when eating⁵ (19th day).

TASTE, SPEECH AND TONGUE.—Dry tongue.

Bitter, slimy taste in mouth on waking in the morning.

Taste of copper in the mouth² (14th day).

Dry tongue⁷ (4th day—30th potency).

INNER MOUTH.—Dry month in evening¹.

Increase of saliva² (7th and 8th days).

Profuse saliva² (8th day).

Profuse saliva, running out of mouth on pillow in sleep⁷ (4th day—30th potency).

PALATE AND THROAT.—Constantly hawking up thick, tough, stringy mucus, hard to get up^{1 5} (1st day).

Sore throat; painful, empty swallowing, but water swallowed without pain.

Sore all over throat, after an hour it located on left side in tonsil and muscles of left side of neck, was gone next morning¹ (11th day).

Throat feels scraped, warm drinks are grateful² (4th, 22d, 26th days—6th and 10m.)

Throat full of mucus, thick and yellow, slightly tinged with blood from posterior nares, in the morning on waking² (6th day).

During morning, twice discharged glossy thick mucus from throat, looking like gelatin with bluish tinge, not tough, easily broken up² (6th day).

Right side of throat red and swollen² (6th and 7th days).

Throat feels strained from the exertion of hawking² (6th day).

Slight pricking in the throat on empty swallowing, but no pain on swallowing liquid or solid food² (6th day).

Rawness of the throat with increase of saliva, which she swallows² (7th day).

Throat full of mucus, yellow, with specks of blood in it² (8th day).

Throat looks red all around, with blood vessels plainly outlined on uvula, fauces and pharynx² (7th day).

Right side of throat (pharynx), behind the posterior pillars of fauces, swollen and dark red, with sticking pains² (7th day).

Throat feels sore and full, have to swallow often in order to breathe² (8th day).

Aching in right side of throat² (8th day).

Constantly swallowing² (9th day).

The mucus is difficult to raise, loses her breath, and strangles in trying to raise it² (9th day).

Eustachian tubes filled with mucus² (9th day).

Had to hawk a half hour before I could get the mucus out of the throat so I could go to sleep; *mucus thick, tough* and yellow² (9th day).

Throat painful on empty swallowing, but not when swallowing solids or liquids² (11th day).

APPETITE, THIRST, DESIRES AND AVERSIONS.—Great thirst for cold water in the evening. Every evening during proving.¹

Great thirst in evening, with dry mouth.¹

Dislike for everything put before her to eat, and finds fault with everything³ (5th day).

No appetite for anything at breakfast³ (7th day).

Craves salt bacon³ (7th day).

Disgust for food at breakfast³ (9th day).

No appetite.⁷

HICCOUGH, BELCHING, NAUSEA AND VOMITING.—Erucations of tasteless gas a short time after eating² (3d and 6th day).

Vomiting of white gruel-like substance, with mucus and undigested food⁶ (2d day).

Nausea, > by ice, water makes sick^o (2d day).

STOMACH.—Transient throbbing in the stomach^o (6th day).

Acute cramping sensation in stomach, > by belching.

HYPOCHONDRIA.—Pain in the attachment of the diaphragm, right side^o (3d day).

Cough felt at the attachments of the diaphragm^o.

Aching all around the waist, at the attachments of diaphragm^o.

Felt as though a cord were tied around the hip^o.

Pain in the attachment of diaphragm, when laughing^o (9th day).

Hard ache in the attachment of diaphragm, both sides, < by breathing deeply^o (11th day).

Feeling of a bottle of water in left hypochondrium, shaking up and down with motion of carriage^o (13th day).

ABDOMEN.—Dull pain in two spots directly over pubic arch, 10 A. M., passing off after two hours^o (2d and 3d day).

Feeling as though that part of abdomen below umbilicus was not sufficiently expanded, on waking in the morning^o (2d day).

Dull pains in lower abdomen^o (2d day, 12th day, 6th and 10 m.).

Dull pain in abdomen when coughing^o (14th day).

Bands around the waist unbearable most of the time during the three weeks of proving.^o

Transient aching in a spot just above the umbilicus^o (11th day).

Sensation of a hard thump in left side of abdomen.

Bloating of abdomen after small amount of food, with diarrhœa^o.

Great deal of rumbling in the bowels, left side^o (11th day).

During breakfast, sharp, cutting pain in the left hypochondrium, from above downward; pain deep, took breath away, lasting but short time^o (2d day, 30th^o potency).

STOOL, ANUS AND RECTUM.—Itching and soreness of the anus^o (13th day).

Hemorrhoids that itch and are sore^o (13th day).

Urging to stool, which passes away before the closet can be reached^o (3d day).

Diarrhœa with tenesmus^o (35th day).

On waking in the morning, had to hasten to the closet; stool watery, dark with a black sediment like coffee grounds; stool intermits, have to sit a long time, passing small quantities every minute or two⁶ (2d and 40th days).

Unsuccessful urging to stool, strain until rectum feels as though prolapsed, but have no stool⁶ (3d day).

Waked in morning with itching of anus⁶ (13th day).

Soreness of anus⁶ (20th day).

Stool looks like bran porridge and of same consistency⁷ (10th day).

Stool gushing and frequent, watery, with a dark sediment at first without pain; after several hours great pain before stool⁶ (20th, 21st and 22d days).

Flatus at termination of stool. Painless and involuntary stool when passing flatus. Soiled the bed twice in sleep⁷ (10th day).

Had several diarrhœic stools at night, copious, gray in color, not debilitating. Several copious stools during the day with sputtering flatus, with bloating of abdomen after the smallest amount of food. Desire to be in warm room, with above symptom⁷ (14th day).

Several stools, not so frequent; weak to-day, good deal of rumbling in left side of abdomen. Stools profuse, each seems as if it would empty the bowel, but soon full again. Sensation of intestines filled with water. (Crot. tig.) Stool frothy, foamy, air bubbles like yeast⁷ (16th day).

URINARY ORGANS.—Loses her urine when coughing³.

Desire to urinate at night, just after getting in bed; must get up and press a long time before a few drops pass⁵ (many days).

When doing mental work, frequent desire to urinate, pass large quantities of colorless urine⁶ (several days).

MALE SEXUAL ORGANS.—Violent sexual desire⁴.

No sexual desire (unusual) since began the proving⁷ (10th day).

FEMALE SEXUAL ORGANS.—Yellow leucorrhœa; never had any leucorrhœa before¹ (11th day).

Sexual desire strong, in a widow who had long been free from such sensations.

Pain in right ovary³.

Herpetic eruption on labia majora³.

Menstrual flow very profuse, bright red, with dark clots² (23d day).

Dull aching in the small of the back and sacral region, at night during menses² (23d day.)

Soreness in coccyx and gluteal muscles, and aching in abdomen at night, during menses² (23d day).

Menses two weeks late² (old symptom, 13th day).

During menses, aching in small of back, when sitting up, must lie down.

Easily moved to tears. Throbbing about umbilicus² (13th day).

White leucorrhœa, only while at stool, during the whole proving².

Sharp shooting pain in left ovary, upon motion² (3rd day).

Pain in left ovary during menses² (10th and 38th days).

Cramping pains in uterus at each menstrual period, for four months².

Laborlike pains in uterus during menses.

VOICE AND LARYNX, TRACHEA AND BRONCHI.—Slight hoarseness, worse at night² (26th to 30th days—6th and 10m.).

Hoarseness² (8th day).

RESPIRATION.—Suffocating feeling after lying down in the evening¹ (7th day).

Dyspnoea as if dying from anxiety¹ (7th day).

Stops breathing on going to sleep¹ (8th day).

She was prevented from sleeping by thinking of dreams of the previous night¹ (8th day).

After lying down, a suffocating feeling came over her, with anxiety in the chest as if she would die, worse on first lying down. She must lie with head drawn back, as she chokes so¹ (9th day).

Dyspnoea on lying down and the thought of going to sleep brings on great anxiety¹ (12th day).

She says: "There is no use lying down, that suffocation will come¹" (12th day).

*Frequent sighing*² (8th day).

Impossible to breathe through nose and very hard to breathe through mouth, because of mucus in the throat² (9th day).

Can hardly find breath enough to talk, have to stop and gasp in the midst of a word or short sentence² (9th day).

Great difficulty of breathing at night, she had to gasp and struggle for breath² (9th day).

COUGH AND EXPECTORATION.—Dry, hacking cough, coming on at 3 P. M., continuing through the evening³.

Irritation to cough, felt in pit of stomach³.

Soreness in abdomen when coughing³.

Cough comes on when walking fast or walking up stairs³.

Coughs only when in the house³.

Cough at night after retiring² (7th day).

Cough caused a feeling of helpless hopelessness² (7th day).

Concussive cough, causing watering of left eye² (7th day).

Only cough twice, but felt quite concerned about it; a hopeless feeling comes over her at each cough² (7th day).

Dark, bloody expectoration; also bright red blood seems to come from throat² (12th day).

Cough seems to come from the diaphragm, causing violent contraction there. At other times it causes contraction of umbilicus².

Expectoration frothy white, all shades of yellow in morning² (14th day).

Loose cough in morning, with frothy sputa².

Concussive cough at night² (18th and 19th days).

Dry, short cough at 4 P. M., with constant irritation to cough, lasting until 10 P. M. Cough very hard, dry, frequent² (14th day).

Concussive, forcible, dry cough, shaking chest walls, can not be repressed, lasting many days² (16th day).

Expectoration of white mucus of a metallic taste² (18th day).

Gagging cough; gagged up some mucus² (20th day).

Cough only in evening² (20th day).

Hoarse, paroxysmal cough, with whitish expectoration² (21st day).

LUNGS.—Transient hard ache in lower lobes of lungs; am afraid to draw a long breath on account of the pain² (9th day).

HEART AND CHEST.—Anxiety about the heart in evening after lying down¹ (7th day).

Anxiety about the heart with palpitation¹ (8th day).

Anxiety in the chest, as if she would die, worse on first lying down; must lie with head drawn back, as she chokes so¹ (9th day).

Feeling as though the whole chest was distended and the heart very sore¹ (9th day).

Feeling as if the heart was distended, or swelled to fill the chest¹ (many days).

Anxiety in the region of the heart all night¹ (9th day).

Extreme realization of the heart¹ (strongest 12th day, lasting many days).

Pulse 120 in the evening¹.

Pulse 105 in the evening¹.

At 3 P. M. sensation of fluttering of heart, followed by feeling that heart fell down into abdomen; then pulse became feeble, with heat lasting until after midnight¹ (10th day).

Strong consciousness of the heart¹ (12th day).

At 11 P. M. sudden, sharp, stitching pain in the heart, followed by dull pain, which gradually subsided² (1st day).

Throbbing or fluttering under left scapula² (2d day).

Sudden, sharp stitches in apex of heart, worse evening² (3d day).

Pain, as through all attachments of the diaphragm, just below apex of heart. Pain in same region on right side of chest; hard aching, worse from deep inspiration² (3d day).

Sharp stitches in the heart² (4th day, lasting through the proving—four weeks).

Dull pain in region of heart at 10 P. M.² (7th day).

Drawing pain in right side of chest, below mammary gland, on lying down at night (three nights); makes him put the hand on the pain; > by lying on that side and < lying on left side⁴.

Sharp stitches in right side of chest² (7th day).

Aching in left side below apex of heart² (7th day).

Dull pain in apex of heart, transient⁵ (2d, 4th, 9th and 17th days).

Hard ache in heart at 10:30 P. M.⁵ (10th day).

Sharp, darting pain under right breast⁵ (13th and 16th days).

OUTER CHEST.—Hard dull aching across the chest, extending to axilla on both sides, < on pressure; moving the hand to opposite shoulder causes pain in muscles of chest² (6th day).

Transient sense of pressure over the lower sternum⁵ (12th day).

NECK AND BACK.—During the day, constriction about the neck, clothing disturbed her, choking feeling¹ (8th day).

Sore aching feeling below the left scapula, rubbing^{> 1}
(lasting many days).

Transient lame stitch in back of neck² (4th day).

Transient aching feeling in sacrum² (5th day).

Throbbing under the scapulæ, dull aching in small of
back² (13th day).

Transient dull aching in back of neck² (18th day).

Dull aching in small of back² (21st day).

Throbbing in buttocks² (21st day).

Soreness in coccyx and gluteal muscles when sitting² (21st
day).

Awoke with throbbing in vulva and in anus, followed by a
dull aching in sacral region, relieved by walking about (12th
day).

Throbbing carotids when lying down⁵ (12th day).

Awoke in the night with pain in region of left kidney,
worse lying on left side, better by turning on right side and
drawing up limbs⁷ (3d day).

UPPER LIMBS.—Transient aching in middle of right fore-
arm, on the radius² (3d day).

Heat in palms in evening² (9th day).

Hands get chapped easily.²

Hands vary, one minute hot and dry, then cold, then sweat-
ing in palms⁵ (3d day).

Dull ache in metacarpal bone of thumb⁵ (4th day).

Dull ache in cushion of right and left thumbs⁵ (12th day).

Dull ache in left palm⁵ (21st day).

Itching of left palm⁵ (17th day).

Cold air makes the hands look red and as though the little
red points of blood would ooze out. In the house hands
merely look rough⁵ (20th day).

LOWER LIMBS.—Feet painful in morning² (7th day).

Sharp stitching in 3d toe² (old symptom, 5th day).

Awoke with dull aching in four lesser toes of right foot,
acute pain when stepping or moving foot, gradually subsided
after bathing in hot water² (19th day).

Want to put the feet up; unconsciously cross the limbs⁵
(throughout proving).

Profuse foot sweat, can almost wring the stockings, not
acid or offensive⁵ (12th day).

Corn burns and twinges, can not bear my usual shoe; < in
wet weather⁵ (21st and several days following).

LIMBS IN GENERAL.—Hands and feet get numb early during proving.²

Small varicose veins.⁵

NERVES.—Extremely restless during night, compelled to move constantly¹ (Rhus—11th day).

Not able to rest in bed, must walk the floor to ease mind and yet has no mental trouble² (6th day).

Hysterical fainting at 7:30 P. M.² an old symptom (11th day).

Fainting from nervousness² (30th day).

Restless after stools¹ (11th day).

SLEEP AND DREAMS.—Unusually sound sleep during entire night¹ (7th day.)

The night was full of horrible dreams of drunken people, dead people, naked people, robbers, indecent conduct of men and women¹ (7th day).

While sleeping in afternoon the breathing ceased and she awoke suffocating¹ (8th day).

Sleepless until 3 A. M.¹ (9th day).

Wakeful with horrible anxiety and feeling that she must die¹ (many nights).

Wakeful until 3 A. M. with anxiety.

Sleepless until 1 A. M.¹ (10th day)².

Sleepless before midnight¹ (11th day).

Restless all night, could not lie in one place long enough to go to sleep¹ (12th day).

Dreams of wandering in the field with cattle, with fear of being hurt² (3d day).

Dreams of male animals following her in the field to injure her² (6th day).

Wakeful until midnight².

Dreams of seeing animals copulating (two provers).

Dreams of rape (confirmed).

Late falling to sleep; voluptuous dreams² (8th day).

Wakeful night with dreams of animals; voluptuous dreams² (9th day).

Dreams of male and female terrapin. Wakeful, after these dreams of animals² (13th day).

Dreams of wandering; of naked people; of wild animals pursuing her² (14th day).

Vivid dreams first night².

Vivid, horrible dreams; of dissecting living and dead people; of going up and down ditches; being in peril of engines; woke feeling as though that part of abdomen, the umbilicus, was not sufficiently expanded (constriction)² (2d day).

Dreams confused² (3d day).

Sleepy at dark² (4th day).

Dreams, horrible; of the dead; seeing dead infants² (5th day).

Very sleepy at 9 P. M., can hardly hold eyes open while people are talking to me² (6th and 7th days).

Dreams vivid and pleasant² (13th day).

Dreams vivid and fantastic⁵ (6th day).

Dreams vivid⁵ (6th, 7th, 8th days).

Dreamed had all the upper incisors pulled out⁷ (8th day).

Dreamed all night of snakes, they were coiled ready to strike, was bitten on left hand by one and hand swelled and pulse went up to 160 per minute⁷ (9th day).

Cold when in bed; not when had my clothes on⁷ (10th day).

Coldness of body, especially nates, early in bed, 8:30⁷ (10th day).

Sleepy at 11 A. M., took a nap. Biting sensation in left temple on waking⁷ (3d day—30th potency).

Sleep all night on left side without moving.

Dreams of plotting to fire the town or any building⁷ (4th day—30th potency).

Tongue dry; saliva running upon the pillow during sleep (unusual).

Talks in sleep (unusual).

Body always cold in bed since began proving⁷ (5th day—30th potency).

TIME.—Suffocating feeling after lying down in the evening¹ (7th day).

At 3 P. M., most symptoms; chill, fever, thirst, dry mouth, constriction of neck.

Most symptoms better in the morning.

Tired at 10 A. M., wants to lie down.

During breakfast, cutting pain in left hypochondrium.

At 11 A. M. sleepy, took a nap.

CHILL, FEVER AND SWEAT.—Chill at 3 P. M., icy cold hands and feet¹.

Flushes of heat to face and head (1st day).

- Fever at 3 P. M., lasting until midnight¹.
 Fever, afternoon and evening.
 At 3 P. M., dry mouth and lips, mouth feels parched, great thirst, pulse 105, choking and sensation as if chest was filling up, causing constriction and difficult breathing¹ (10th day).
 Considerable chilliness³ (10th day).
 Chilly all the morning³ (12th day).
 Very chilly, shiverings pass over body every few minutes, absent 9 to 10 P. M.² (5th day).
 The body feels flushed, but the contact of cold things is disagreeable, causing chills² (7th day).
 Chilly at night² (8th day).
 Feels flushed all over the body² (9th day).
 Face and hands feverish in afternoon² (12th day).
 At 10 P. M., cold chills in the back and chest, face and hands still burning² (12th day).
 Felt very cold for about a half hour, could not get warm even when wrapped up warmly² (12th day).
 Went to bed as 11 P. M., still feeling feverish² (12th day).
 Awoke at 5 A. M., still feeling flushed with fever² (13th day).
 At 10 P. M., hands hot and dry, nose cold² (14th day).
 Inclined to be chilly all day and more so at night, must keep wrapped warmly, even when feeling feverish² (14th day).
 Chilly at 11 A. M.,² (16th day).
 Chilly, shaking and trembling with cold at night in bed² (16th day).
 Shivering in bed, during evening and night, though (10 P. M.) loaded with blankets² (17th day).
 Sensitive to draft of air².
 Heat and chilly sensations alternate from 6 to 10 P. M.⁵ (8th and 9th days).
 Chilly, yet face is burning⁵ (10th day).
 Chilly, yet heat gives me a dull headache and makes me feel smothered⁵ (12th day).
 Fever, beginning left side of face and spreading over body about 4 P. M.⁵ (2d, 3d, 4th, 16th, 17th days).
 Chill from 9 to 11 A. M., worse from least motion, even moving finger⁵. (2d, 3d, 4th, 15th, 17th days).
 SENSATIONS.—Sensation of warmth over region of liver⁵ (many days).

Sense of a fluttering and beating, or throbbing in a small spot on the outer side of right thigh, near its middle, commenced at 5 P. M.

At 6 and 7 P. M., same sensation under right breast, alternates with that sensation in the thigh.

This beating sensation is next felt in the left hypochondrium, then in stomach pit, then in right ankle⁵ (18th day).

Throbbing in left calf⁵ (19th day).

Throbbing under right breast⁵ (21st day).

Heat over region of liver extends to heart region⁵ (19th day).

Cramping sensation⁷ (1st day—30th potency).

Sensation as though back were going to have a crick, while sitting on feet, < on left side, had to hold back with hands, soon passed off⁷ (3d day—30th potency).

Biting sensation, as of a fly⁷ (3d day—30th potency).

TISSUES.—*Abscesses.*

Hard pain in left iliac bone⁵ (1st day).

TOUCH, MOTION AND MODALITIES.—Immediately after lying down: suffocation; anxiety; palpitation; sinking; sensation of dying.

Horrible anxiety comes over her on lying down at night, also on lying down in afternoon.

Must lie with head drawn back, she chokes so.

Compelled to move constantly, which seems to quiet for a moment; compelled to change position from restlessness.

Sensitive to the clothing about the body and neck.

Symptoms > from heat, < evening and night.

Restless.

Stomach symptoms > by belching.

Catching sensation in back, < by holding with hands.

SKIN.—Spot on the right calf became red, then copper colored; it seemed deep in the skin³.

Some old scars from a burn, which became blue and deep red during the proving, have again become white².

Itching all over the body; flying over the body² (10th, 13th days).

GENERALITIES.—Feeling of general anxiety throughout the body¹.

Feeling as if the whole body was enlarged to bursting.¹

All symptoms come on when lying down at night¹.

Tired at 10 A. M., wants to lie down.

Weak, sick feeling all day⁶ (11th day).

Has lost much flesh, emaciation spreading from above downward, about the neck and face, then mammæ, then thighs and legs.

Most of symptoms come after 3 P. M¹.

Weary² (4th day).

A dog was bitten and an abscess forms upon his neck, which has re-opened three times; when it is about to open, he scratches it violently until it opens and discharges a yellow watery fluid.

Tight clothing unbearable² (throughout the proving).

Throbbing in whole body² (21st day).

So tired, the weight of my clothing is burdensome⁶ (4th, 5th, 6th days).

Bloated feeling, lasting all day⁷ (13th day).

Lost from 10 to 20 lbs. during proving⁷.

RELATIONSHIP.—Chamomilla antidoted its uterine hæmorrhage.

Cenchris. antidotes Pulsatilla.

Amm. c. > general symptoms.

CASES.—Man of 60 years, Col. K.

Diarrhœa. Pain before stool. Stool papæsent.

Cold, but not chilly.

A dose or two of 30th cured promptly.

Mrs. R., æt. 52. Blond hair, blue eyes, full habit.

May 28, 1889.—Had a chill a month ago, with sore throat after it, for which she took Chinin.

Since yesterday afternoon, soreness of the right ovary and aching inside, as if gathered in a knot; she can move and walk but with much pain.

Had a chill at 3 P. M. yesterday, shivering all over; could not get warm all night.

Pulse small and frequent.

Any little motion produces perspiration.

After taking supper, retching.

Took Chinin, which gives her a headache and bad taste.

Cenchris, 45m. 6 powders, one every night, dry.

June 5th. No better for the first two days, then *she was well*.

Mrs. H., tall, frail, married for five years.

Dec. 6, 1887.—After being married for three years, complains of a pain in the right ovarian region, like an ulcer, with a thrusting in pain; that she can not move her leg two days before menstruation.

Flow black, dirty discharge, followed a few days later with coagulated blood; later leucorrhœa of large brown and yellow lumps.

Under the use of Apis and Sepia, high and highest potencies, she considered herself well by January 4, 1888.

But the trouble came back in the form of cramps in the right ovary. Apis high did good service again, but did not cure.

Dec. 30, 1889.—The menses had come two days earlier.

First day, bright red, then dark, lasting four days; not much.

After it, pain in the right ovary, like a jumping toothache, for a day.

The size of the painful spot had tapered down from three or four inches in diameter to about that of a finger tip.

Cenchris cm.

Jan. 13, 1889. Had for the first time in her life a normal menstruation. There was only a slight intimation of pain in the right ovary. She feels good everywhere, and fattens up.

The ovarian trouble came probably from injecting cold water immediately after coitus, which the ignorant young thing did, according to the advice of her mother-in-law, who thought her unfit to bear children.

PHILADELPHIA.

J. T. KENT.

PROVING OF PYROGEN.

January 2d, 1890. Took one dose of Swans' cmm. at ten A. M., dry on the tongue.

9 P. M. Felt a pain in the region of the left nipple, as if in the heart, as if it was going to ache; only lasted a short time.

I feel a little chilly at times and a little aching, feel a little feverish.

Loud ringing in the left ear, like a bell ; lasted only a short time.

January 3d. Took a dose at 11 A. M., cmm.

6 P. M. Loud ringing in right ear, lasting for a few minutes. Dreamed I had nose bleed, and found on waking that my nose had bled all over the pillow.

Aching about the knees, deep in the bone, while sitting by a hot fire, > by walking around.

January 4th. Dreaming about various things ; about business ; dreaming all night ; dreaming three ladies were stopping at the same house ; we all had diarrhœa, and were all cured with the simillimum, which was Aloe.

January 6th. Belching of sour water after breakfast. Took a dose at 12 M., cmm. In fifteen minutes felt a pain in the umbilical region, with passage of sticky, yellow stool.

January 7th. At 7 A. M., on passing flatus per anus, a portion passed involuntary ; no appetite for breakfast ; feel too full in the stomach and bowels ; two soft, sticky stools, 8 to 9 A. M.

January 8th. Took one dose at 1 P. M.

At 8 P. M., pain in both mastoids, aching < on the right side ; never had it before ; there is a dull throbbing in the mastoid region.

January 9th. Took a dose.

January 10th. Dreamed all night of doing business.

January 11th. Took a dose of a solution in water.

January 12th. Stools very much constipated, large and difficult ; required great effort ; first part of stool composed of balls, the last natural ; on the stool there were streaks of blood ; leaving a soreness in the anus.

January 13th. Bowels moved this morning ; first part of stool hard, the last natural ; felt a soreness in anus. This constipation came on after eating graham gems.

January 15th. Took a dose of the 1m.

“ 16th. “ “ “ “

“ 17th. “ “ “ “

“ 18th. After dinner I felt bad ; commenced to ache all over, thought I had taken cold ; felt chilly, with increased heart action ; went to bed and slept a while ; awoke to roll and tumble in every conceivable position ; chilly all night ; ache all over ; bed feels hard ; can not lie but a few

minutes in one position ; pulse 120 ; great throbbing in the arteries of the temple and head ; every pulsation felt through the brain ; this throbbing would meet on top of the brain ; temperature, 99.3.

Heart feels tired, as after a long run.

Took a dose of Rhus mm. ; went to sleep ; wakened in the morning feeling tired and weak ; felt as though the night was thirty-six hours long ; on getting up I staggered as if drunk.

January 18th. Got up three times to urinate ; testicles hang down, relaxed, and the scrotum feels thin ; feel weak all over, in the back ; aching all over continues ; I am better by motion. Rhus is an antidote.

Coughing, spitting up phlegm from the larynx. Cough < from moving, turning over or the least motion.

Increased heart action from the least motion. Tongue coated white on the fore part and brown on the back part ; no appetite or thirst.

January 19th. Aching all day but not so severe as before. Pulse 92, temp. 98.5. No appetite to-day.

After getting into bed felt chilly, teeth chattered. Awoke at 10 P. M. in a perspiration. Sweating most on the upper part of the body. Slept well all night. I feel weak this morning ; no appetite for breakfast (I never miss a meal) ; tongue coated brownish, mostly on the back part.

January 20th. Very loquacious. I never talked so much in one day in all my life. I could think faster and talk faster than I ever could. I am naturally not much of a talker, and rather opposed to too much talking.

I feel good and buoyant, in the best of spirits, although I feel sick. This desire to talk is unnatural for me.

Cough more in a warm room. Burning in larynx and bronchi on coughing ; causes a pain in the back of the head.

Stitching in the small of the back on coughing, only noticed in the chair. Weak feeling in the back. Temp. 96.5. Pulse, 92 in a warm room. No appetite for dinner ; feel chilly at times. Not so much aching to-day.

While riding in a buggy aching in, or pain on, the left side of the umbilicus. < by drinking water. > by passing flatus downwards. Pulse 96, temperature 98. At 12 P. M., aching above the knees, deep in the bone, < in the left, > walking and motion.

Every pulsation felt in the head and ears, *painless throbbing*. I feel hot as if I had a fever, but the temperature is only 99. Feel as if it was 105. Burning of the face. Left eye ball sore, <by looking up and turning the eye ball outwards, aching above the knees in the bones, > by putting the legs on the stretch.

No stool to-day; something very unusual for me.

Urinated only twice to-day, very unusual for me; usually urinate several times during the day; normal in quantity each time. After going to bed feel a pain about the patella, by flexing the leg. Tingling sensation in the right little toe as if frost-bitten.

Sneezing every time I put my hands out from under the bed covers; cough every time I move or turn over in bed.

Bubbling sensation, or gurgling, in the left hypochondrium, extending back to the left side of the spine; this was felt when lying on the left side.

Could not sleep any last night, as the brain was too active; was making speeches and writing articles; could not keep my eyes shut; circulation was so active I could hear the blood pass through my ears and sounded like the steam escaping from a steam tug. The blood was throbbing all through the fore part of my head, and, in fact, I could feel it in every part of my body, even in my fingers.

I have not been free from that tired feeling about my heart and I feel as if I would like to take it out and let it rest. It would be such a relief to stop it and let it lie down and stop throbbing. I fell asleep just at dawn. Coughed up yellow sputa through the night.

Jan. 21st. No appetite for breakfast; tongue coated brown; bad taste in the mouth; temperature 98, pulse 96, at 9 A. M.

Sneezing at night; nostrils closing and alternating from side to side.

Urine very yellow after being made, scant; do not desire to urinate half as often as in health; urine, after standing, gets very cloudy with a substance that looks like orange peel; a red line was deposited on the side of the vessel (never had this symptom before); the red line was hard to remove from the vessel. Pulse 96, temperature 98.

Jan. 22d. Urine has a reddish cloud at the bottom of the vessel; urine still yellow. Urine scant; irritable to-day;

face yellow; tongue coated a yellow brown; bad taste in the mouth in the morning; aching about the left knee as though the bone was broken.

Jan. 24th. Tongue coated with a brownish coat; bad taste in the mouth this morning.

Urine not so cloudy this morning, but there is a red sediment that looks like red pepper; it floats on the bottom of the vessel.

April 17th. Took a dose of the 1 m., Swan's.

Five p. m. Aching in the left shoulder joint, in front; seemed to be in the joint extending down the arm for three inches, the pain lasting till I went to bed.

Where the potency is not mentioned it is always the Swan's cmm.

MIND. Dreaming about various things; about business. Dreaming all night; dreaming that three ladies were stopping at the same house. We all had diarrhœa and were all cured with the simillimum, which was Aloë (4th day).

Dreamed all night of doing business (10th day).

Very loquacious. I never talked so much in one day in my life. I could think faster and talk faster than I ever could in my life (19th day).

I feel good and buoyant, in the best of spirits, although I feel sick; this desire to talk is unnatural for me.

Irritable to-day (22d day).

SENSORIUM.—On getting up in the morning staggering as if drunk (18th day).

HEAD.—Dull, throbbing in the mastoid region (7th day).

Great throbbing in the arteries of the temple and head, every pulsation felt through the brain; this throbbing would meet on top of the head or brain. Every pulsation felt in head and ears; painless throbbing. Throbbing all through the fore part of the head; sounds like steam escaping from a steam tug; a puffing and purring sound.

HEARING AND EARS.—Loud ringing in the left ear, like a bell. Loud ringing in the right ear, lasting a few minutes.

NOSE.—Sneezing every time I put my hand out from under the bed covers.

Sneezing at night; nostrils closing, first one then the other, alternating from one to the other.

EYES.—Left eye-ball sore, < by looking up and turning the eye-ball outwards.

TASTE AND TONGUE.—Coated on the fore part whitish, and brown on the back part; no thirst or appetite (19th day).

No appetite for breakfast. Tongue coated brown; bad taste in the mouth (22d day).

Tongue coated a yellowish brown; bad taste in the mouth in the morning (22d day).

APPETITE AND THIRST.—No appetite for dinner; loss of appetite.

BELCHING.—Belching of sour water after breakfast.

STOMACH.—Feel too full in the stomach.

ABDOMEN.—Bloating and full feeling in abdomen.

RECTUM.—Very much constipated; large and difficult stools; require great effort; stools composed of balls or lumps, the first part, the last soft and natural; streaks of blood on the stool; soreness in the anus.

Involuntary; when passing flatus stool passed. (Aloes.)

HYPOCHONDRIA.—Gurgling or bubbling sensation, extending back to the left side of the spine; only felt when lying on the left side.

URINARY ORGANS.—Urine scant; only urinate twice in twenty-four hours. Got up three times to urinate in the night; urine very yellow as soon as it has been voided; scant; do not desire to urinate half as often as in health. Urine, after standing, gets very cloudy with a substance that looks like orange peel.

A red line was deposited on the side of the vessel, hard to remove.

Urine has a reddish cloud at the bottom of the vessel.

Urine not so cloudy this morning, but there is a sediment that looks like red pepper; it floats on the bottom of the vessel.

MALE SEXUAL ORGANS.—Testicles hang down relaxed; the scrotum feels thin and it looks that way.

RESPIRATORY ORGANS.—Wheezing when expiring; coughing; spitting up large masses of phlegm from the larynx; cough <by motion (Bry.); cough more in a warm room; burning in the larynx and bronchi on coughing; coughing causes pain in the back of the head; stitching in the small of the back on coughing; only noticed in the chair; cough up yellow sputa through the night.

HEART AND PULSE.—Pain in the region of the left nipple, as if in the heart, as if it was going to ache; increased heart action; pulse 120.

Heart feels tired as after a long run. Increased heart action < from the least motion.

Every pulsation felt in the head and ears; a painless throbbing.

I have not been free from that tired feeling about my heart, and I would like to take it out and let it rest; it would be such a relief. Temperature 96, pulse 98, at 9 A. M.

Sensation as if the heart was enlarged; distinct consciousness of a heart.

BACK.—Weak feeling in the back; stitching pain in the back on coughing.

UPPER LIMBS.—Pain in the shoulder joint; in front, passing down the arm for two or three inches, lasting till going to bed.

LIMBS IN GENERAL.—Aching in the bones; aching all over the body, as if I had taken a severe cold; aching with soreness of the flesh; the bed feels hard (Bapt. Arn. Rhus); > from motion, Rhus— < from motion (Arn. Bapt. Bry.).

Aching above the knees, deep in the bones, while sitting by a hot fire; > by walking. On going to bed aching in the patella; > by flexing the leg.

Aching above the left knee as though the bone was broken.

Aching above the knees in the bones, > by stretching out the limbs.

POSITION AND MOTION.—Aching deep in the bones above the knees while sitting by the fire; > walking around.

Can't lie but a few minutes in one position, > by turning over or any change in position.

Increased heart action from the least motion.

Cough < from the least motion.

Left eye-ball sore < by looking up or turning the eye-ball outwards.

Aching in the bones above the knees > by putting them on the stretch.

NERVES.—Great debility in the morning, so that I staggered when trying to walk. Great nervousness and restlessness. Could not lie long in one place without moving.

SLEEP.—Slept awhile; woke to roll and tumble in every

conceivable position. Chilly all night; aching all over. Bed feels hard. Can't lie but a few minutes in one position. Could not sleep on account of ideas crowding on the mind. Brain too active; could not sleep till towards dawn.

FEVER.—Chilly at times and a little aching; a little feverish.

After dinner, ache all over; chilly all night; bed feels hard. After getting in bed felt chilly; teeth chatter; awoke at ten P. M. in a perspiration on the upper part of the body. Relieved by motion.

RELATIONSHIP.—Pyrogen resembles Arnica, Baptisia and Rhus in the aching and the hard bed. It is more similar to Rhus, as the restlessness is better from changing the position or motion. The restlessness is as great as in Rhus, and Rhus is an antidote to Pyrogen.

The cough is more like Bryonia, as it is < from motion and in a warm room.

I have been cured of the purring in my ears and a sensation as if I could distinctly outline the heart. There was a consciousness of the beating, and its working in the chest was as plain as my fist or my nose. I have also been cured of palpitation of the heart from the least excitement or any anxiety. It was always worse when commencing to move, and it soon passed off, like Cactus, but Cactus did me no good; increased heart action from the least motion, as in turning the head in bed or turning over or straightening out one leg or moving one hand; this was always noticed, after having been still awhile, on commencing to move, here resembling Rhus, but it never did me more than temporary good. I have had such increased heart action that I could not sleep at night; this purring and throbbing in the brain would keep me awake all night. I quit tea and coffee, and it was just the same. I have had spells of intense congestion about the head; I would feel sometimes as if I would have apoplexia; I could feel the carotids pulsate, and also hear it in my ears, with redness of the face and ears; this has all passed off since the proving.

I had blood poisoning in the hospital, in 1863, and nearly lost my life; the only thing that saved me was my faithfulness in putting the medicine in the spittoon.

I wish to call attention to the discrepancy between the

records of the pulse and the temperature. I had increased heart action from first to last, and I felt at times as if I could not stand that everlasting thumping and throbbing; I actually felt it would be such a relief if I could only stop that heart and lay it down to rest.

CLINICAL. Mrs.—, primapara, was taken with child bed fever; she complained of being so sore all over, body aching, hard bed (Bapt., Arn. Rhus), a high fever, temperature 103. I tried to check it with Bap., for two days, without controlling it; her pulse was 140, and she was relieved by turning over, or any change in position; great restlessness; she thought she would break if she laid too long in one position. I gave her a dose of Rhus cm., and for twenty-four hours I waited on it without any change. The rapidity of the pulse called my attention to Pyrogen; one dose cured in twelve hours.

Miss W. E., after being convalescent from typhoid fever, in about a week or ten days, from unaccountable cause, a relapse came on; the most characteristic feature was the rapidity of the pulse, it being about 140; temperature 102; one dose of Pyrogen, cmm. cured in twenty-four hours.

Miss P., aged 17, was taken sick with a fever; tongue heavily coated and complete loss of appetite; aching in the bones; she complained of the bed feeling hard.

She moaned most of the time, was very restless; could not lie long in one place. She had to be turned to one side or the other; this she said she wanted done to relieve the hardness of the bed and the restlessness, as she was relieved for a short time and then the same thing over again. She complained of a soreness in the throat, yet no soreness could be discovered; in three or four days she became almost paralyzed, especially the lower extremities; she could not walk without help and then she had to drag her legs along in a paralytic manner. She now became so that she could with difficulty articulate. I could hardly understand her; she talked as if she had her mouth full of hot mush, and it imparted a nasal twang.

She became so helpless that she could not feed herself nor could she turn over in bed, and was so that she could not walk for a long time after she was convalescent. She complained of feeling numb all the time; it looked at one time as though she would not survive, as the paralysis was growing worse all the time.

She received Bapt. in the very highest potencies; also Rhus, cm. and mm. (Fincke), without any benefit. After her fever left her, her pulse kept on climbing up. I could not account for this, unless it denoted the approach of dissolution. Her pulse was 120 when her temperature was normal. With this symptom I thought of Pyrogen. She got it in the cmm (Swan) and it always helped her, and brought her pulse down and relieved that intolerable restlessness. A dose would not last long till relapse would come on and another dose would have to be given. But this strange case was cured with this nosode; it was so much like Rhus, and yet Rhus did not even palliate. Don't forget Pyrogen with rapid heart action, when the temperature is normal or subnormal, and in heart failure.

INVOLUNTARY PROVING OF TOBACCO.—While in a store I was invited to take a smoke from a very strong cigar. I accepted the invitation and soon was making clouds of smoke.

The first symptom I had was that of stimulation, like that felt after a drink of whisky.

The second one coming on was a little nausea, and a weak feeling.

Next I commenced to perspire on my hands and neck, and it went all over my body; an intense desire for fresh air; in fifteen minutes I was in a perfect torrent of sweat. I became so intoxicated I had to get in my buggy and get where I could get some fresh air. When I arrived at home I was so saturated with perspiration, that I had to change my clothing. I felt prostrated. I took Tabacum cc, and in two hours I was all right again.

G. W. SHERBINO.

ABILENE, TEXAS.

PROVING OF PYROGEN.

Took one dose of Pyrogen cm. Swan in the afternoon. During the evening had a terrible fetid taste, as if mouth and throat were full of pus, which lasted some twenty-four hours. The only thing I could associate it with was a sensation of a broken abscess in the mouth.

M. FLORENCE TAFT.

MIDDLETOWN, CONN.

AN INVOLUNTARY PROVING OF SECALE.

June 4, 1890, I was called at 7:30 P. M., to come at once to Mrs. P., who was suffering from severe abdominal cramps. I found her-curved up in bed, shrieking with pain, which seemed to start from the lower part of the abdomen, more on the left side, and run upward toward the chest, shooting and stabbing in character, and coming suddenly in spasmodic attacks. They cause her to toss about in agony. The abdomen was very sensitive to touch, the pain doubled her up, but she could not bear much pressure. There were also sharp pains from the fingers running up the arms. The pains made her silly and foolish, as if intoxicated, but she had taken no stimulants. She had been taking essence of peppermint in water without relief. I gave her one dose of Bell. cmm (Swan). She had one severe attack of pain and several milder ones, but was free from them in fifteen or twenty minutes. I then found that she had taken several ergot pills, and her pains being relieved, she began to complain of numbness in her fingers and toes, numbness in left hand and arm to shoulder and head, numbness in right arm to elbow, numbness of feet, legs heavy. She exclaims, "Where are my hands? I can not feel them." She was not conscious of having hands, and did not feel severe pricks of a pin. The abdomen was, perhaps, slightly swollen, but she felt swollen from abdomen to the throat, and said it felt as if the swelling were choking her. Dryness of mouth, with tingling in tongue and throat. Very thirsty, craves ice. Sensation in head as if she were afar off; sensation on closing the eyes as if falling, as if the bed and everything were going down, down.

Self-willed, restless, insists on walking about the room, which brought on an attack of the severe pain before my arrival.

Eyes dull, heavy; face flushed; acts in a foolish and silly manner; talks and laughs as if intoxicated. The next day, June 5, I was enabled to obtain a history of the case. It seems that, fearing she was pregnant, she took six or eight two-grain ergot pills the night before I was called. The next morning she was nauseated and vomited. She had considerable nausea all day and an almost constant vertigo.

She could not see well; things appeared hazy.

She had the sensation of falling on closing the eyes, and the feeling in head as if she were afar off, at times during the day.

About half-past 4 o'clock in the afternoon she started to go out, thinking it might make her feel better, when a severe pain seized her in the outer and middle part of the left thigh, as if she were clutched by a hand. It moved quickly up to just below the crest of the ilium and then across the abdomen to the uterine region, when she began to have severe cramps and bearing down pains, and she passed a small lump of gelatinous mucus, tinged with blood. It was carefully examined, but seemed nothing more than a little mucus that the uterine contractions had expelled. Then the pains became more severe, and resulted in the spasmodic, shooting, stabbing pains, for which the Belladonna was given. She had all these symptoms before the peppermint was taken, which had no effect on any of them.

It seems that she laughed and talked nearly all night. This morning she has an almost constant vertigo; her hands feel big and swollen; feet feel numb, and on walking, the soles feel swollen and as if pins were sticking into them. Still has the sensation of falling on closing the eyes, as if the bed were going down with her.

Legs feel heavy and not just right. Region of stomach sore, abdomen slightly swollen; feels swollen and sore; eyes slightly sensitive to light. Disagreeable, nasty, brassy taste in mouth.

June 6. She says there is a black and blue spot on the outside of the left hip, a little below the crest of the ilium, where the clutching pain was most severe, and also on the left side of the abdomen, low down, where the pain there was most severe. All this time she was rocking in a rocking-chair, and I asked the reason. She said, "It makes the dizziness better." The vertigo had been constant; walking, sitting, stooping, going up stairs, etc., and only relieved by rocking. Very sore in the uterine region.

Yesterday about 5 p. m., the same time that the severe cramps seized her the day before, she began to have cramps in the uterine region, bearing down pains, as if the menses were coming on. The pains were at first constant, then inter-

mittent, and were relieved by doubling up, pressure and heat. Eyes still sensitive to light, with desire to close them, but still has the sensation of falling on closing them.

Sees frightful visions on closing the eyes ; she saw a rat in the room, she thought, the night before.

Chilly all over at 11 A. M. ; began in feet, went to head.

Soles of feet still feel as if asleep when walking.

Feels discontented, uneasy, wants to go out. Thirsty for a lemonade ; feels dry from mouth to stomach.

June 7. She was out when I called, and I did not see her again until June 19, when she informed me that she had been having the vertigo most of the time, chiefly in the occiput, but it was much better when rocking.

There was numbness in the finger tips at times during the day, more in the fingers of the left hand, and occasionally numbness and tingling in the toes. She still had the sensation of falling on closing the eyes at night and on waking in the morning. She had been having a diarrhœa, but as she had been treating it herself with "home made" remedies, the symptoms were not trustworthy enough to be recorded. She had been feeling restless ; uneasy all the time, and yet, without energy enough to apply herself to anything ; this was before the diarrhœa.

The symptoms arranged according to Hahnemann's schema, are as follows :

MIND.—Silly and foolish with the pains, as if intoxicated.

Talks and laughs in a foolish manner ; could not tell where her hands were. Sensation in head of being afar off. Sensation of falling on closing the eyes, as if the bed and everything were going down. Sensation of falling when awaking in the morning.

Sees frightful visions on closing the eyes. Saw a rat with eyes open. Sensation as if swollen from lower abdomen to throat.

Discontented, uneasy, self-willed, restless, wants to go out. Has not energy enough to do anything.

SENSORIUM.—Constant vertigo in whole head when walking, stooping, going up stairs, etc.

Vertigo in occiput.

Vertigo relieved by rocking in a chair.

HEAD.—Numbness in right side of head.

EYES.—Things appear hazy.

Eyes sensitive to light, desires to close them.

Eyes dull, heavy, as if intoxicated.

FACE.—Flushed.

Heavy, stupid, or silly, foolish expression.

TONGUE.—Tingling in tongue.

MOUTH.—Dryness of mouth, with tingling in tongue and throat, with thirst. Dryness from mouth to stomach. Taste disagreeable, nasty, brassy.

THROAT.—Tingling in throat with thirst. Dryness in throat.

Feels swollen from abdomen to throat, with a choking feeling in throat.

DESIRES.—Craves cold drinks, ice, lemonade.

NAUSEA AND VOMITING.—Nausea and vomiting in the morning. Nausea all day.

STOMACH.—Soreness in region of stomach externally.

Swollen sensation in stomach.

ABDOMEN.—Clutching pain from left hip to left side of abdomen.

Black and blue spot on left side of abdomen low down where the clutching pain was most severe.

Abdomen slightly swollen.

Sensation of swelling from lower abdomen to throat.

Abdomen very sensitive.

Stabbing, shooting pains from abdomen toward chest, most on the left side.

Pains intermittent, come suddenly in spasmodic attacks.

Pains cause her to toss about in agony.

Pains cause her to double up without much relief.

FEMALE SEXUAL ORGANS.—Severe cramps in uterine region, at first constant, then intermittent. Bearing down pains as if menses would appear; with the pains a discharge of gelatinous mucus tinged with blood. Cramps came about 5 P. M., relieved by doubling up, pressure and heat.

UPPER EXTREMITIES.—Numbness of fingers. Numbness of finger tips, especially of the left hand. Numbness and tingling of hands. Numbness and insensibility of hands, can not tell where they are. Hands feel big and swollen. Numbness of left hand and arm to shoulder, and left side of head. Numbness of right hand and arm to elbow. Did not

feel pins stuck into hands. Sharp shooting pains from fingers up the arms.

LOWER EXTREMITIES.—Numbness of feet and toes. Tingling in toes. Soles of feet feel swollen on walking, and as if pins were sticking into them.

Legs heavy.

Clutching pains in middle and outer part of left thigh, extending to just below the crest of the ilium and then across to uterine region.

Black and blue spot on outer part of left thigh below the crest of the ilium.

Chilly all over at 11 A. M., began in feet and went to head.

Aggravation of abdominal and uterine pains; pains at 4:30 to 5 P. M.

The left side was chiefly affected or the symptoms were more pronounced on that side.

Most of the symptoms given are confirmations of other poisonings by *Secale*, but there are a few that I can not find in other records. These are notably, the relief of the vertigo by rocking; this is unique. I can not find it under any other remedy. Dr. Wesselhœft tells me that the asthma of *Kali carb.* is relieved by rocking, but I know of no other in which rocking affords relief, certainly not of vertigo. Then the frightful visions on closing the eyes, which is also found under *Calcarea*, *Causticum* and *Lachesis*.

The sensation of not knowing where her hands were, could not feel them, did not know that she had any hands; this may be important in paralytic conditions, such as sometimes follow diphtheria, where patients are not aware of the position of their hands or feet and can not tell where they are unless they see them.

The sensation of falling or sinking, on closing the eyes, as if the bed and everything were going down with her, and also the same sensation on awaking in the morning.

The remedies having the sensation as if falling through the bed are, *Bell.*, *Chin. sulph.*, *Dulc.*, *Lach.*, *Rhus* and *Sacch. alb.*

Bryonia has the sensation as if she were sinking deep down in the bed.

Arsenicum has the sensation as if the bed had gone from under her and she had alighted on the floor.

We have no proving of *Secale*; all our information is obtained from monographs of epidemics, supposed to have been caused by the ergot of rye, and from poisonings; no doubt a proving of the potencies would give us valuable symptoms.

Dr. H. C. Allen: We have a proving of *Secale Cornutum* in the 200th, published in the *MEDICAL ADVANCE*.

Dr. Kimball: I am very glad to know that there is a proving, and shall endeavor to obtain it.

Dr. Wesselhoeft: This is a very interesting case and confirms the symptom of relief from rocking. This symptom, as far as I know, is unique. I do not know of any remedy which has anything similar to it unless it may be Kali carb.

I once cured an old asthma with Kali carb., which was greatly ameliorated by rocking. She was impelled whenever the asthma came on to seek a chair and rock violently. The symptom of vertigo relieved by rocking, I believe to be the most valuable one brought out by this proving. The feeling of numbness in the hands I have seen in post-diphtheritic paralysis, and *Secale* may become indicated.

Dr. Butler: We might trace from the symptoms of this proving, why "our friends, the enemy," have met with some success in treating spinal sclerosis and other spinal diseases with *Secale*.

Dr. Baylies: Did she say the pains were relieved by heat?

Dr. Kimball: As soon as she was warm the pains passed away, but they might have passed away without heat.

Dr. H. C. Allen: One of my provers with the 200th developed a peculiar symptom. There arose a number of small boils, especially on the right side, up to the nape of the neck. One of them was on the cheek about the angle of the jaw; it was as large as the end of the finger. It was painful, slow in maturing, and finally evacuated a green pus. These characteristics were true of all the boils. This prover did not entirely recover from the effects of the drug for nearly three years. The boils had a dark, purplish base and left a number of ecchymosed spots for weeks.

Dr. Farley: Did any of your provers notice relief from rocking?

Dr. H. C. Allen: They did not.

Dr. Kimball: Every time I saw my patient she was rocking to and fro to relieve the dizziness, she said.

HOMŒOPATHY AND GYNECOLOGY.*

There is no question as to what Homœopathy means with the members of this society, but among the physicians who consider themselves homœopaths because they are members of a county or State society, there is most certainly lamentable ignorance as to how so-called gynecological cases should be treated by any person who claims the name of a homœopath. This fad has run such riot among the allopathic school, and the people are so impressed with the necessity of having "something done" that one is often at his wit's end as to how he can keep his patients from openly or secretly going to a specialist, who is supposed to know so much and who so often knows nothing except how to hold his patients.

Some of our school go so far as to say a speculum should never be used, and while there is a strong argument for this side of the question, such an assertion is, I believe, the result of indignation at its persistent and undeniable abuse.

There is no more objection to the proper examination of a patient in one part of the body than another, and while diagnosis and prognosis may not be, and are not necessary to a cure, in very many instances they enable us to conduct the case in hand in a much more satisfactory manner, especially to the patient. The ignorance and false modesty of some women is as provoking as the frankness and true modesty of others is pleasing, and the simple fact remains that we cannot depend upon what is usually told us in regard to the location of the annoyance and the character of the discharge in this class of cases.

In unmarried women an examination is usually unnecessary, almost always if her friend will let you and your patient alone; but in married women, especially those who have borne children, an examination is as often necessary, if they complain of severe distress in the uterine region.

I have recently seen a woman, mother of a large family, who, since her first child, has been a great sufferer from prolapsus. The vaginal and uterine discharges which this condition produced were treated for years by her allopathic attendant without a proper and intelligent examination, which would have revealed to him nearly complete rupture of the perineum with laceration of the vaginal wall.

I was called to see an unmarried woman more than a year since. The miserable general condition of the woman could

* *Trans. I. H. A.*

not account for her distress during menstruation, nor the painful menstruation for the general disturbance. Careful prescribing gave her great relief from the suffering she had experienced under the allopathic school, but I was not satisfied and insisted on an examination which revealed a tumor as large as a teacup in the right fallopian tube. I advised removal, if after a year's treatment her condition is not so much improved that the tumor may be let alone.

A woman nearly forty-three years of age is now under my care, who since she was sixteen has carried an ovarian tumor. Her physician, a most conscientious man, promised to cure it, and her life has been spent in doing nothing but watching and waiting for its disappearance. Twenty, certainly fifteen years ago, the operation for the removal of this tumor had reached such a state of perfection that it should have been removed by the knife.

Two cases recently came to my notice, a young unmarried woman from a mongrel homœopath, and a young married woman from an allopath. Both were suffering from profuse leucorrhœa, backache, headache, etc., etc., and the miserable local treatment was practically the same.

The unmarried woman came with her mother and requested an examination, which was made, and their curiosity satisfied, my diagnosis being the same as that of the mongrel. I explained the danger of injections, showing how the fluid could pass into the womb and even into the fallopian tubes, producing an inflammation there from which she might never recover until Tait's operation removed them. Mr. Tait assured me that there was no doubt but what two-thirds of the cases of salpingitis that came to him were caused by vaginal injections, and he denounces them in unrestrained terms. This young woman suffered from headache only when she went to the mongrel. Failing to cure them he declared the cause to be in the womb and commenced the dangerous and uncalled for treatment, and brought on a host of symptoms which made her an invalid half her time. I am pleased to say that she has improved, and at her last visit told me she had not been as well for years, and that work is once more a real pleasure.

The married woman suffered pain with menstruation, and of course her allopathic doctor resorted to "trade methods." She never had leucorrhœa until she took the douches, and it

was now so annoying that she resorted to them several times every day. In that case I refused to make any sort of an examination—for she had never borne children—except of her subjective symptoms for the selection of the remedy.

I desired, also, to appear as to my method, different in every respect to her allopathic advisor. She is discharged cured, not only of the leucorrhœa but also of the menstrual discomfort.

One dose of Pulsatilla, one dose of Nux vom. and one dose of Sulphur, all in the cm. of Swan, did the work.

I could easily give a dozen more of such cases that have come under my observation this winter.

The most dangerous man in the community—barring the rumseller—is the “gynecologist;” but both are necessary evils so long as allopathy exists, which will not be another hundred years.

A mistaken idea prevails as to the length of time these men take to finish a course of treatment. After Emmet’s operation on the cervix, three to five months is required in the best cases. Tait wants two years to pass before a patient should expect to get the full benefit of his operation for salpingitis.

Local applications and vaginal injections are continued for months at least, and often for years, with an occasional intermission of a few weeks. A large number of women come to New York (and every other city, I presume) spring and fall for their bonnets and local treatment. Our law comes in here, as in every other case, and the fact is, that disease, no matter where its location, should never be treated locally.

Bilroth says, “The medicine of the future will be largely surgical.” We say the surgery of the future will be largely medicinal, and under the law of cure, for surgery cannot cure, it can only remove the product of disease. It is applicable as a rule only to accidents and the results of accidents. We must instruct our patients with comparisons and facts from every source, and be familiar with the methods and results of all Schools of Medicine.

It behooves us also to show as much energy and enthusiasm and persistency in doing the right thing for our patients as the allopaths and mongrels do in doing the wrong thing.

NEW YORK.

T. M. DILLINGHAM.

NEW YORK MEDICAL COLLEGE AND HOSPITAL
FOR WOMEN.*

SURGICAL CLINIC.

At this institution, students are instructed in sound surgical principles and practice, illustrated by abundant clinical cases cured by homœopathic prescriptions, where "professional knivesmen," not surgeons, would have claimed their "pound of flesh," more or less, and possibly a subject for an autopsy in a little shorter time.

All prescriptions are made with a strict regard to "history of the case" and "totality of the symptoms." In traumatic cases, *Calendula* is given for clean cut wounds; *Arnica* for contusions; *Staphysagria* for lacerations; and *Hypericum* for wounds of the nerves.

In cases where operative surgery becomes a dire necessity, this work is performed under strictly aseptic conditions. Under no circumstances are carbolic acid, bichlorides or any so-called antiseptics allowed to enter the surgical ward. The surgical ward (in which operations are performed) is thoroughly cleansed and aired on day appointed for operation. All instruments are washed in clean hot water, thoroughly dried and polished. Perfectly clean sponges, free from all grit, are laid in solution of *Calendula* and hot water, from which they are taken and squeezed dry before applying to wash away blood. *Calendula* has not only a marked effect on the healing process, but is an efficient styptic.

Perhaps, while under influence of the anæsthetic (ether) or while recovering from it, pulse flags, or respiration becomes feeble, possibly wanting. In these cases the bastinado is applied freely, agent used being wooden back of a clothes brush, or sole of a slipper. The effect of this process, original with Dr. Edmund Carleton, Professor of Surgery, is instantaneous, and needs only to be seen to be appreciated.

After the operation is finished, *Nux Vomica* is administered until effects of ether have disappeared, and then *Calendula* is prescribed until symptoms of some remedy are present. Simple dressings are the rule. Occasionally *Calendula* is used *in conjunction* with that remedy internally.

*Trans. I. H. A.

Many of these cases are gynecological, such as lacerated cervix and ruptured perineum. Sometimes the two operations are performed at one time, but these double operations take place only by urgent request of patient, and are not advised.

In case of lacerated cervix, a day is chosen midway between menstrual periods. Rectum is thoroughly evacuated by means of an enema, and parts rendered anemic by hot water douche. Patient being anæsthetized, uterus is drawn downwards by volsellum forceps, and held by two tenacula of silk — one passing through anterior and the other through posterior lip of cervix, uterus at points corresponding with cervical canal. Surface of laceration is then denuded with a straight uterine knife, carefully avoiding central canal, unless patient has passed menopause, when the entire opening is obliterated. Parts being thoroughly cleansed and hemorrhage checked with *Calendula* solution, edges of wound are approximated by interrupted silver sutures if operation be single, or catgut if double; vaginal canal is sponged or douched with warm water, and patient put to bed.

After similar preliminaries have been observed, in cases of ruptured perineum, same process of denuding and application of sutures takes place. In latter cases, urine is removed by catheter until sutures are removed. This takes place in both cases after nine or ten days, and then we challenge any hospital to show better results than are here obtained from homœopathic surgery, pure and simple.

Following may be of interest :

CASE I.—Woman about seventy years of age. For several years had a number of growths corresponding in situation to chain of lymphatic glands on left arm, extending from axilla to wrist. Size varies from hickory to walnut; bluish and knotty in appearance. From some, of late, dark colored blood oozes constantly. Patient much emaciated. Complains of tenderness and sticking pains in growths. Latter part of April, one of staff physicians gave one dose of *Thuja* cm. Repeated May 21. Patient discharged May 28. Great improvement.

CASE II.—Mr. H——, appeared before class with an abrasion, nearly circular, one inch in diameter, on dorsal surface of right hand, result of wound received a few weeks previous from barbed wire. Ointments, etc., had been used

without benefit. Wound healed on one side and spread toward another. Few granulations noticeable. Wound seemed almost indolent. Upon careful examination, learned of a "previous history," also use of intoxicants.

Hepar sulph. 30 prescribed, and in about ten days wound entirely healed and patient in good condition, having suspended the use of stimulants.

In conclusion, would say, any member of the I. H. A. calling at our hospital will be cordially welcomed by Prof. Carleton to his surgical clinic, at the cleanest and sweetest hospital to be found, as regards odors, etc., and may see homœopathic surgery taught as nowhere else.

NEW YORK.

E. J. MYERS.

A FEW CASES IN SURGICAL PRACTICE.*

This report of surgical cases is not made because of any particular merit in the operative measures, but as showing the merit of Homœopathy in meeting whatever demand is made upon it for the welfare and general comfort of such cases, and to further show, how unnecessary are the usual routine exhibits of the old school.

CASE I. MAMMARY TUMOR.

Mrs. D. S.—, a lady forty-eight years of age, one year and six months ago, noticed a sensitive tumor in the axillary border of right breast. The tumor was subject to paroxysms of heat and sharp lancinating pain; was firm, hard, nodulated, and steadily increased in size until it involved nearly one-half the breast. At its summit it inflamed and ulcerated, and occasionally bled. She was not strictly cachectic, but began to have a little rise of temperature, some thirst, and considerable alarm when she applied to me for an operation. Putting her under treatment for a month or more we set a day for the operation, and removed the entire breast December 12th, 1889. She made a nice recovery, the wound healed by the first intention, and she had but four prescriptions, two of them Sac. lac.

The first prescription given was Belladonna 500. It essentially modified the inflammatory symptoms, the soreness, sensitiveness to touch, and the swelling, fever and redness of face. Pulsatilla 200 was given after the operation, for the relief of dyspepsia, worse in a warm room; and nausea at night sometimes aggravated by the *odor* of the ejecta.

*Trans. I. H. A.

CASE II. — Fracture of right tibia, followed by extensive ecchymosis, blistering and exfoliation of the epidermis.

David D—, a mechanic sixty years of age, a man addicted to the use of the ardent, in an intoxicated condition fell from the steps of his shop upon the sidewalk, breaking his right tibia in its lower third. The fracture was long and oblique, the lower point of upper fragment nearly penetrating the skin on the inner face of the tibia. As the patient was very garrulous and uneasy, we anæsthetized him, reduced the fracture, confining the limb in an anterior and posterior Ahl's porous felt splint. Three days after the fracture I was obliged to re-dress the whole fractured limb on account of great swelling, erysipelatous inflammation, and the formation of many large bullæ, that covered at least three-fourths of the front and sides of the limb. Ulceration had taken place over the lower line of fracture, so that it was necessary to adjust the limb in a fracture box, packing it with fresh, sifted and baked pine sawdust. He complained of burning heat, soreness, aching in the limb, and instinctively put out his hand to keep people away from the limb. Arnica 30 made him very easy, and after the second night, he slept, on the average, six hours, getting, also, naps by day. His limb is now doing well; is of good shape and length; there is slight œdema of the foot, and he is fully convalescent. The limb was fractured May 6th, and now, June 10th, he is wearing a starch bandage and getting about on crutches. He has had no whisky, alcoholic stimulant, morphine, chloral, anodyne, or physic, but is doing nicely in all visible respects.

In closing, let me speak in praise, of nice, clean, baked-brown or slightly-charred pine sawdust, in the treatment of fractures with suppurative, serous or sanguineous discharges, erysipelatous inflammation, etc.

CASE III.—EPITHELIOMA. About the middle of November, 1889, a seventy-four-year old gentleman—a farmer by occupation—came to get a prescription for a sore on his lower lip, a little to the left of the raphe. The tumor was quite hard, well defined, as large as an ordinary chestnut; had on its surface a dirty gray, slimy mucus, which, when wiped off revealed a reddened surface. Under a magnifying lens it had the characteristics of the columnar or cylindrical variety of cell. He complained of great soreness, burning, some sharp cutting pain in the tumor, worse in the wind or

out of door; better near the stove; better when covered with adhesive plaster or lint. He was also worse before, or just after, midnight, and he was much inclined to be chilly. I put up a few powders of Arsenicum 300, one prescription. The Arsenicum mitigated the subjective symptoms, and on the 15th of February, assisted by Dr. Bennett, I excised the tumor by a V incision, cutting away about one-half the lip, the wound thus formed being an equilateral triangle. The edges were approximated by transfixion with silver pins, and figure of eight ligature. Union was perfect on the fourth day, and he made a fine recovery. He called on me Friday, June 6th, a well man—visibly. There is no scar visible; only a preternatural tension and attenuation of the labia.

CASE IV. A QUEER CASE.—Wednesday, May 28, 1890, a physician of Mexico, N. Y., called to take me to see a patient that, to use his language, “puzzled him.”

The patient, a young man of twenty years, unmarried, was very sick, having much fever, thirst, restlessness; temperature, 104, 3-5, frequent pulse, tongue coated white, dry and red in the center, red edges and a dry, red, triangular tip; lips dry, with a tendency to scale. The penis and its gland were enormously swollen and inflamed, and, commencing on the dorsum, behind the corona, was a sloughing phagadenic ulcer, that rapidly spread from a pimple, on Friday, May 23, to a foul ulcer destroying all tissue down to the corpus spongiosum, bounded by the frænum preputium below. Paraphimosis was present, and a large abscess was formed along the dorsum of the organ. The lower portion of prepuce, each side of the frænum, was very œdematous, and the whole organ was very sore and painful to touch or movement. During the night and morning there was frequent and profuse hemorrhage from the ulcer. We controlled hemorrhage by sub-integumental transfixion of the dorsalis pedis artery. Some three months prior to this, the patient contracted gonorrhœa, which was treated in the usual way by old school methods. Some three days prior to the acute attack, he got warm and sweaty while working on the railway track, and was caught in a heavy but warm shower, and wet through. The attack mentioned was ushered in by a shaking chill, aching of bones, backache, thirst, etc. All in all, he was in a pitiable condition.

He stoutly denied having any unclean connection whatsoever since he had gonorrhœa, but the edges of the ulcer were raised and hard and of a suspicious character. I should state that his physician applied carbolic acid to the ulcer two or three times. For two more days the case was alarming. We slit up the prepuce to relieve the constriction and give vent to the rapidly accumulating matter; thoroughly irrigated the ulcer with hot water and a weak solution of Lloyd's aseptin; covered the parts with Lister protective and plain absorbent cotton. Internally we gave Rhus 30. He began to improve at once, and on June 1st he was out of danger, the sloughing and foul smelling discharges having ceased, the ulcer looking clean and paler. The gland, now almost detached from the penis, we kept in position by means of a rubber stem inserted in the urethra to steady it, and by adhesive strips confined to the dorsum and sides of the penis. The gland has united to the body of the organ, and is covered daily with fresh protective and cotton.

I neglected to state in the proper place that during the febrile stage there was ischuria requiring the use of the catheter; also, painful priapism.

Query: Was this a phagadenic chancre, or was the frightful ulceration due to the carbolic acid?

If it were a chancre, the rapid recovery was simply amazing. If the ulcer were, in the main, syphilitic, and the patient innocent, how did the patient become victimized? If the phagadenic ulcer were produced by the carbolic acid, what shall be said of such treatment.

DISCUSSION.

Dr. Bell: I have no doubt that the ulcer was due to the strong carbolic acid used. It is capable of producing such ulceration.

T. DWIGHT STOW.

MEXICO, N. Y.

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.

VALUE OF SYMPTOMS.—In an able course of lectures on the *Organon*—which were more apologetic and critical than explanatory—delivered at the Cleveland Homeopathic Hospital College, session of 1889-90, Prof. E. R. Eggleston says:

And now may we say, and that with never ending emphasis, that *safe treatment depends upon correct diagnosis*. What, then, is meant by a distinguished teacher*, who says: "The greater the value of a symptom for purposes of diagnosis, the less its value for the selection of the remedy." Let him answer who can; I confess to you I do not know.

* * *

Prof. Huxley is credited with the pungent remark, that; "The next best thing to being right, is to be clearly and definitely wrong."

While there are many beside Prof. Eggleston, not only in our college faculties but among the rank and file of the profession, who fail to distinguish the vast difference between the diagnostic and therapeutic symptoms, there are few who are frank enough to acknowledge it. It is this failure to recognize the true value of symptoms, much more than the question of potency, which marks the dividing line between the two wings of our school. For those who rely on the diagnostic symptoms, it must necessarily mean generalization, pure and simple; while for all who use the *peculiar*, *uncommon* and *characteristic* symptoms as defined in § 153 of the *Organon*, it is individualization. To the former it means, treat the disease; to the latter, treat the patient. The former are clamorous for a revision of the *Materia Medica*; the latter, with the *Organon* for their guide, are very well satisfied with the symptomatology of Hahnemann with which Hering, Dunham, Farrington and the pioneers of our school did such splendid work. The therapeutics of Allopathy and Eclecticism are based upon the diagnostic; the therapeutics of Homeopathy upon the characteristic symptoms. Prof. T. F. Allen never made an assertion more pregnant with truth

*Prof. T. F. Allen, New York.

than when he said: "The greater the value of a symptom for purposes of diagnosis, the less its value for the selection of the remedy."

* * *

But perhaps a common-place, every-day illustration may help to clear up this mystery:

A chill more or less pronounced; bone pains; muscular soreness; rapid pulse; high fever; severe headache; difficult and painful deglutition; tonsils swollen, red, and one or both covered with a fibrinous exudation; great prostration, and an offensive odor of the breath, once smelled never to be forgotten, are a train of symptoms *diagnostic* of and common to almost every case of diphtheria. But there is nothing peculiar, nothing individual, nothing to distinguish this from any other case, and one remedy is just as well indicated as another. These are *diagnostic* symptoms and of them Hahnemann says: "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 (case of diphtheria) and to almost every drug."

But when the soreness, swelling and deposit begin on the left and extend to the right side; when all the symptoms are worse after sleep; the neck or throat sensitive to touch or pressure; aggravation from warm drinks; solids are less painful to swallow than liquids, we have a train of symptoms peculiar to this individual case, and valuable "for the selection of the remedy." To our allopathic and eclectic brethren these *peculiar* and *uncommon* symptoms, so invaluable to the followers of Hahnemann, would be entirely meaningless. And if our brethren who are so anxious to revise, curtail, and otherwise demoralize our *Materia Medica*, would study the subjective symptoms more and the objective and diagnostic symptoms less, they would have much better success in curing their patients and much less fault to find with Hahnemann's schema.

THE CLEVELAND MEDICAL COLLEGE.—For years it has been our boast, that for harmony of action and unity of purpose the homeopathic profession of Ohio has been a model. But personal ambitions are no longer subordinate to the general welfare; the old college has been rent in twain and a new one inaugurated. Instead of strengthening the

weak points in the old college—the department of Homeopathy and the *Organon*—a new college has been founded with Homeopathy dropped from its name and the United States Dispensatory inserted as a text-book in *Materia Medica*. To an outsider, this looks as if the teachings of the *New York Medical Times* had at last found an exponent in a college, and this, too, in Ohio. In the announcement we find: “In therapeutics, the truth of the law of similars will be thoroughly inculcated by precept and example; at the same time, the *Materia Medica*, as given in the United States Dispensatory, will be taught.” The knowledge of Homeopathy which the student will obtain from the U. S. Dispensatory will be on a par with that obtained from the *Times*. The entire affair is to be sincerely deplored by every true homeopath in the land, for Homeopathy has not been strengthened, nor is the cause likely to be advanced by such additions to our teaching force.

New Publications.

REPERTORY OF CONVULSIONS, By E. M. Santee, M. D. New York: H. Hitchcock, M. D. Price, paper 35 c.; cloth 50 c. 1890.

In the preface the author says: “The only excuse I have to offer for compiling this repertory is that the inclination to do so was born of necessity.” Personally, we thank him that he was compelled to do a piece of practical work that will not only help him, but be an aid to many others. It is a pocket reference book, printed only on one side of each leaf, thus leaving each alternate page a blank for additions, which we hope will be liberally used. These monograph repertories are valuable additions to our libraries, and if the work, *as it will*, only helps a physician cure a single case of convulsions, whether catalepsy, eclampsia or epilepsy, it will repay the outlay.

THE HEALTH OF THE SKIN. By E. B. Shuldham, M. D. American Edition, with a Chapter on the Chief Skin Remedies and their Homeopathic Uses. Philadelphia: Hahnemann Publishing House, 1890.

There are some excellent hints on “diet,” “nerve influence in skin disease,” “exercise,” “bathing,” “clothing,” “local applications,” including soap, etc., etc., to be found in this practical little book which is intended for popular use, but will well repay a careful study by any practitioner. We can not endorse the local medicated applications recommended by the author, yet there is much besides than can be read with profit.

GRASSES OF THE SOUTHWEST. Plates and Descriptions of the Grasses of the Desert Region of Western Texas, New Mexico, Arizona and Southern California. By Dr. Geo. Vasey, Botanist Department of Agriculture, Washington: Government Printing office. 1890.

ON THE TOXIC, PATHOGENETIC AND THERAPEUTIC QUALITIES OF THE CACTACEÆ. By E. M. Hale, M. D., Reprint. 1890.

REPORT OF THE PROVOST OF THE UNIVERSITY OF PENNSYLVANIA, for the two years ending October 1, 1889.

ANNALS OF SURGERY. A Monthly Review of Surgical Science and Practice. Edited by Dr. Pilcher, of Brooklyn and Dr. Keeley, of London. St. Louis: J. H. Chambers & Co.

This is the only journal in the English language devoted exclusively to surgery and contains many articles of great value to every surgeon and to every practitioner who is compelled to do his own surgery. Every surgeon in our school should have it on his table.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Vol. 8, Number I. October.

One article in this number, "The Urine in Neurotic Diseases," will alone repay for the purchase of the entire number. It is a careful compilation by Dr. Alexander Peyer.

ALDEN'S MANIFOLD CYCLOPEDIA. Vol. XXIV. MEMORY—MONTEM. New York and Chicago: John B. Alden.

The twenty-fourth volume of this popular work is just issued. Though conducted in a quiet manner, this Cyclopaedia is one of the great literary undertakings of the time. Something of its magnitude may be seen by the fact that the closing topic of the present volume is Montem. Sixteen more volumes will be required to complete the alphabet, all of which are promised within the year 1891. In the present volume five states are treated: Michigan is given over 16 pages; Minnesota, about 13; Mississippi, about 9; Missouri, 12, and Montana, 10. Mexico is also treated at length. Among the cities described are Memphis, Tenn., and the historic Memphis of Egypt; Meriden, Mexico, Milan, Milwaukee, Minneapolis, and Mobile. Paper, printing and binding are good, and the prices, 75 cents a volume for cloth binding, \$1.00 for half-Morocco, with easy installment terms, place it within easy reach. Specimen pages mailed on request.

BÖNNINGHAUSEN'S THERAPEUTIC POCKET-BOOK. New, Revised and Enlarged Edition. By T. F. Allen, M. D.

A sample page from the forthcoming work:

Desire for Acids.—Ant. cr., Ant. t., Arn., Bor., Bry., Carb. an., Cham., Chin., Con., Conv., Dig., Hep., Ign., K., carb., Kre., Lach., Mag. c., Mang., Phos., Pod., Puls., Sabi., Sec. c., Sep., Squ., Stram., Sul., VERAT. A.

—**Beer.**—Acon., Ars., Bry., Calad., Calc. c., Carb. Sul., Caust., Chin., Coc., Graph., K. bi., Lach., Mang., Merc., Mos., Nat. c., Nux v., Op., Petrol., Pho. ac., Puls., Rhus., Saba., Spig., Spo., Stro., Sul., Zinc.

—**Bitters.**—Dig., Nat. m.

—**Brandy.**—*Acon.*, *Arg.*, *Ars.*, *Asar.*, *Bov.*, *Bry.*, *Cal. c.*, *Chin.*, *Cic.*, *Fer. ph.*, *Hep.*, *Mos.*, *Mur. ac.*, *Nux v.*, *OP.*, *Puls.*, *Sele.*, *Sep.*, *Spig.*, *Staph.*, *Sul.*, *Sul. ac.*

—**Bread.**—*Aloe*, *Am. carb.*, *Ars.*, *Bell.*, *Bov.*, *Fer.*, *Hell.*, *Ign.*, *Mag. c.*, *Nat. c.*, *Nat. m.*, *Pb.*, *Puls.*, *Staph.*, *Stro.*

—**Bread and Butter.**—*Fer.*, *Ign.*, *Mag. c.*, *MERC.* (*Puls.*)

—**Cakes.**—*Pb.*

—**Chalk and Lime.**—*Nit. ac.*, *Nux. v.*

—**Cheese.**—*Arg. n.*, *Ign.*

—**Coal.**—*Cic.*

—**Coffee.**—*Ars.*, *Aur.*, *Bry.*, *Caps.*, *Chin.*, *Colch.*, *Con.*, *Mos.*, *Nux m.*, *Sele.*

—**Cold Food and Drink.**—*ACON.*, *Ant. t.*, *ARS.*, *CANNAB. I.*, *Ced.*, *Croc.*, *EUP. PER.*, *Merc.*, *Merc. c.*, *Nat. s.*, *Pho. ac.*, *RHUS.*, *VERAT. A.*

—**Cucumbers.**—*Ab. c.*, *Ant. cr.*, *Verat. a.*

—**Farinaceous Food.**—*Saba.*

—**Fat.**—*Ars.*, *Nit. ac.*, *Nux v.*

—**Fat of Ham.**—*Mez.*

—**Fruit.**—*Aloe.*, *Alum.*, *Ant. t.*, *Ars.*, *Chin.*, *Ign.*, *Mag. c.*, *Puls.*, *Sul. ac.*, *VERAT. A.*

MAGAZINE OF AMERICAN HISTORY for November is particularly rich in material, reminding one that the events of our own day have a definite understanding with the events of the past, and also with those before us, beyond our own horizon. The well-known eloquent divine, Rev. Charles H. Parkhurst, D. D., contributes the opening chapter "Divine Drift in Human History," in which he says "it is the consummating glory of history that it spells out thoughts and purposes hundreds and thousands of years long;" and that "we are so endowed with inquisitiveness and with intelligent sympathies that we enjoy knowing what has transpired in the world—whatever man has done appeals to us as being to some degree our own matter." The best portrait ever published of Dr. Parkhurst forms the frontispiece to this number. The second article, "American Outgrowths of Continental Europe," by the Editor, covers a large field of inquiry; it is based upon the *Narrative and Critical History of America*, and is handsomely illustrated. One of the longest papers in the number is that of Dr. Prosper Bender, the third in his instructive series of "The French-Canadian Peasantry."

Editor's Table.

"SOUTHERN HOMEOPATHIC MEDICAL COLLEGE.—A meeting of the Board of Trustees was held in the hall of the State Society, and a faculty for the new college, the first and only homeopathic medical college south of Mason and Dixon's Line and east of the Mississippi river, was selected. For some years the advisability of establishing a college in

Baltimore has been a debatable question with the bulk of the profession ; but, with the growing South and all its possibilities and the recent progressive development in this city, it is not thought that there is any longer a question about the need for such an institution. Already the Homeopathic Hospital is an assured success, and having had a "God-speed" from some of the foremost men in the profession, the homeopathic physicians of Maryland have decided to open next autumn a college, properly equipped to fill the need. The faculty for the new college is as follows : Dr. Elias C. Price, institutes of medicine ; Dr. N. W. Kneass, gynæcology ; Dr. C. H. Thomas, clinical medicine and physical diagnosis ; Dr. John Hood, hygiene and sanitary science ; Dr. Eldredge C. Price, materia medica and therapeutics ; Dr. Robert W. Mifflin, pathology and the practice of medicine ; Dr. O. Edward Janney, pædology and orthopædic surgery ; Dr. Henry F. Garey, ophthalmology and otology ; Dr. Henry Chandlee, physiology and neurology ; Dr. E. H. Condon, anatomy ; Dr. F. C. Drane, obstetrics ; Dr. C. Wesley Roberts, Washington, D. C., pharmacy ; Ex-Judge Henry F. Garey, lecturer on medical jurisprudence.

"The chairs of principles and practice of surgery and of operative and clinical surgery will be filled at a future meeting of the board. Dr. F. C. Drane was chosen dean of the faculty, and Dr. Henry Chandlee registrar. The college will be conducted according to the principles advocated by the American Institute of Homeopathy, and in common with all other Homeopathic colleges in the United States, viz.: a preliminary examination and a graded course of three years will be required."

HAROLD WILSON, M. D., oculist, Lafayette avenue, Detroit, and Miss Alice Graves were married in September.

DR. CHAS. DEADY may be addressed at 59 West Forty-ninth street New York, after October 1.

EVELYN A. CHURCHILL, M. D., of Newton, Kans., and Mr. F. H. Hollock were married September 25, and will make their home at Peabody, Kans.

BOERICKE & RUNYON is the new firm name of the San Francisco pharmacy.

GRACE HOSPITAL, Detroit, will hold its examination for Assistant to the House Surgeon, November 13, at 8:30 P. M. Applicants must be graduates of a recognized homeopathic college.

IN MEMORIAM. Died, at Anderson, Ind., October 10, at 9:30 A. M. Dr. Zimri Hockett, after a long and tedious illness, from diabetes.

Such is the brief yet sad announcement which closes the career of perhaps the most successful prescriber in Indiana. He was a true disciple of Hahnemann, and his death leaves a vacancy which will long remain unfilled.

Dr. Hockett was born January 17, 1830, in Clinton county, Ohio. He began the practice of medicine at Morrow, Ohio, in 1855, in which he continued about three years, when, because of poor health, he stopped and embarked in mercantile business, in which he was engaged five years.

Having regained health, he re-entered college, and graduated from the Physio-Medical College, of Cincinnati, Ohio, in 1864, and again returned to practice. He came to Anderson August 23, 1867, where he has continued practice until about three months before his death.

The doctor, being possessed of an enquiring mind, and not content with present attainments, continued to seek for something better in medicine, and coming in possession of one or two old homeopathic works he sought to test the statements therein by trying the treatment in some of the most simple cases under his care.

Results were more than satisfactory and his investigations were carefully conducted until 1872, when he adopted the system. It was a difficult lesson to unlearn what he had learned and practiced, and to forget the materialistic idea of disease and its treatment. But he made the *Organon* his guide and he became a true follower of the Master, using nothing but the higher potencies in his last years of practice, in which he was unusually successful.

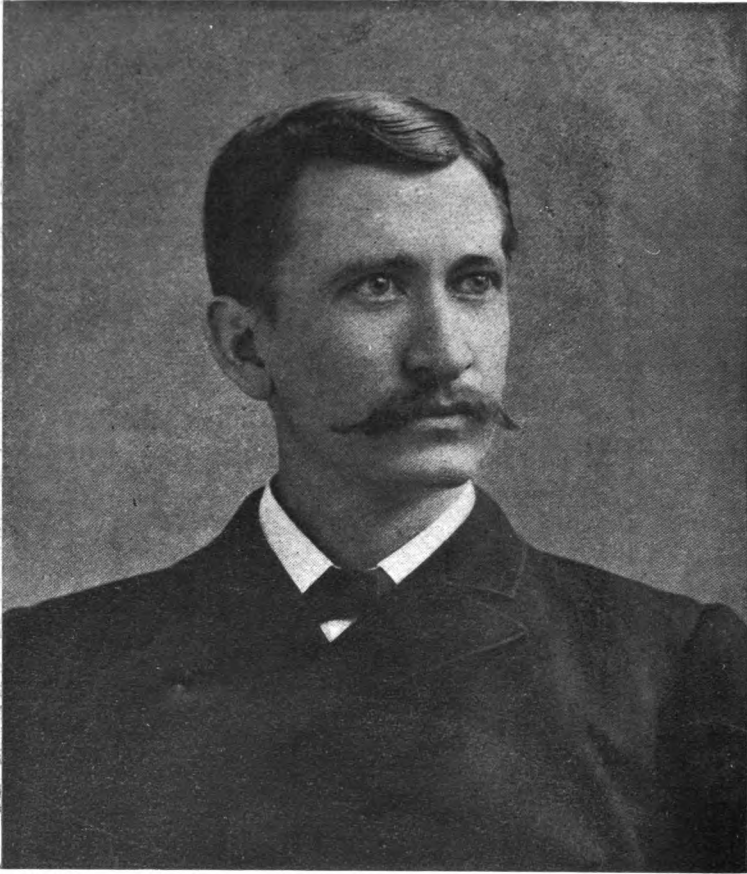
Just a few weeks before his death he remarked of himself, "I have practiced medicine for many years, yet have been a physician only the last five."

To another friend he said, "I have only been a doctor five years, but in the last five years I have followed the Master and know I have done some good."

He was a man of strong characteristics, positive in his views, and stout in maintaining them. Temperate to total abstinence, his morality was unquestioned. Honest as the day was long, sincere and true, the sands of his life have run out as gently as his days were upright and honorable. He leaves behind him as a legacy to his children that which is richer than virgin gold—an untarnished name.

J. R. H.

WILLIAM S. GEE, M. D., Associate Editor of THE ADVANCE, and Professor of Materia Medica in Hahnemann Medical College, died November 11, aged 34. A more extended notice will appear in our December issue.



WILLIAM STANLEY GEE, M. D.

THE
MEDICAL ADVANCE.

A HOMEOPATHIC MAGAZINE.

VOL. XXV.

DECEMBER, 1890.

No. 6.

LEUCORRHOEA AND ITS TREATMENT.*

“ Homœopathic, the only treatment that ever cures.”

I grant the absurdity of calling your attention to a fact so well established.

This subject was selected because the chairman of the bureau desired me to read a paper on some practical topic, and under this head I can, in a very few moments, say what I desire on suppression of discharges in both sexes, and also call your attention to the opinion of some of the most prominent men of the day in the allopathic school of medicine, as to the very alarming results of their own work, and prove in a negative sort of way the truth of our assertion.

That there is an increase of suffering among women there can be no shadow of doubt, and that this increase is largely due to the increase in the number of specialists in diseases of women, is equally true.

More than once in my professional life I have heard young homœopathic physicians, and old ones as well, roundly abused because they did not know how to make a skillful vaginal examination. That is to say, they could not tell *pari* from *peri* metritis. They could neither locate the ovary nor tell a vaginal from a uterine discharge; but getting as well as they could the symptoms of the case, sent the woman away with a simple prescription, and this sort of thing would be kept up until she was cured, or some good friend convinced her that she should see *her* doctor, who made the examination, gave a *remarkable diagnosis*, and proceeded to make her, in ten cases out of fifteen, worse than before.

* New York State Society, September, 1890.

Now, to my mind, the first physician who now and then overlooks, it may be, a case that should receive surgical treatment, is more desirable in a respectable community than the man who sees so little outside the speculum.

There is no use in deceiving ourselves, the ways of the specialists are peculiar. If there is a discharge, they try to stop it. If there is none, they try to produce one.

I have under my care now two cases, where the effort to produce a discharge was carried to a most absurd extent. (In one of these cases by the most prominent and well-known men in London, Philadelphia and New York.)

When they get a case of inflammation of the skin, they cauterize a line about it to prevent its spreading, and when it is in the vagina, womb or throat, they cauterize it in the center and all over, so that it will spread. Perhaps the best way to estimate, as far as possible, this misery, is to look to their own system of practice for endorsement or condemnation of the means used to "stop" discharges from both the vagina and urethra, and then briefly congratulate ourselves that we follow a law and not a notion.

I am able to give you the ripe and emphatic opinion of two of the most noted gynecological "specialists" of the old world, towards which all old world eyes in the past have been turned for instruction in this particular, as well as in many other branches of science. The ideas of these two men are not new to any of us. Any one who has been blessed with an opportunity to study and *understand* that most remarkable of all books ever written on physical and mental diseases—I refer, of course, to the chronic diseases of the illustrious Hahnemann—could come to no other conclusion. Certainly, the self-evident truths contained in that book are not to be lightly set aside for the advertisement of some enterprising German medicine manufacturer, or a Mrs. Winslow.

While with Martin, in Berlin, I was surprised at the freedom with which he used the knife. Not once did I hear him order a vaginal application, except the hot douche. To be sure, he stuck to Listerism after Lister himself had abandoned it, but why should he give up the methods so popular in every other hospital in Germany? Can he have found them dangerous? or even injurious? Has he seen metritis, salpingitis and peritonitis result, time and time again, from

it ? or would he recognize these things as the result of such methods of treatment, if he did not see them ? *No! not he.* But in reply to my question: "Why do you always use the knife?" he replies, "*Nothing else does any good.* All the cases you see in my private wards have been through with all 'little treatments' before coming to me, and you see the result, *they do no good.*" There is no better operator in the world than Martin, and it may be that his great skill with the knife leads him to neglect less formidable, and equally good, or better, methods. But he is not alone in this, for I went from him, the best man in Germany, if not the best in all Europe, to his better, that noted Scotchman, Lawson Tait, and found the same conclusions. I went to Tait with a perfectly open mind. That is, I knew nothing of him or his methods; I did not even know that he had discarded antiseptics. All I had seen and learned in Germany and Austria had increased my faith in, and love for, Homœopathy, and I had not the least idea that Tait would shake it. Certainly, I did not dream that he, above all men I ever met, would confirm it, as he did by his work, his reasoning, his remarkable career and his undeniable results. It did not occur to me to tell Mr. Tait that I was a homœopathic physician in both practice and theory. I had spent so much time among the Germans, where such a question is never asked, that it entirely slipped my mind.

After several weeks with him the question came up, and I was much relieved by having him say he took no interest in "pathies" of any kind. His views are too well known to you all for me to occupy a moment of time in reviewing his reasons for discarding antiseptics, which he so faithfully used for years, and I will state briefly his answer to my question regarding so-called local treatment. He said: "Two-thirds, I think, of my cases are either the result of vaginal douches and other local treatment, or of badly treated gonorrhœa in men."

In the first instance he explained the effect of local treatment in producing inflammation in the uterus, tubes, ovaries and abdominal cavity, as is perfectly plain to the reason of every physician who has studied Hahnemann, if they have not seen or recognized it with their eyes.

As regards the bad treatment of gonorrhœa, Tait declares

that women, without number, are infected by husbands who had gonorrhœa when they were young, *perhaps only once*. That this disease was never cured, only suppressed; and that soon after marriage a slight gleet broke out which often causes sterility of the wife, and more frequently salpingitis. How gonorrhœa can be properly cured, of course he does not know, having nothing to do with such cases, and knowing nothing of the law of cure; but as a practical man, doing an enormous amount of work, he has made the above deductions. He is a man of few words and great works. Many of his sentences, short and abrupt, contain more truth than volumes of popular medical books. So much for the opinions of Lawson Tait and E. Martin.

Let me now call your attention to the opinion of one of the best known Professors of Gynecology in this country, on the "*Nerve Counterfeits of Uterine Diseases*," which he says "*are legion*." Now if this is true, and *they are treated as we know they are, and as Tait and Martin say that they are*, it seems more than likely that *Tait has underestimated the enormous amount of suffering which local treatment produces*.

Let us read what these counterfeits are in the opinion of this noted man.

NERVE COUNTERFEITS OF UTERINE DISEASE.

Dr. Wm. Coodell, the well-known Professor of Gynecology, University of Pennsylvania, Philadelphia, says:

"*The symptoms of nerve-prostration so greatly resemble those of even coarse uterine lesions that the nerve mimicries can readily be mistaken for signals of actual organic disease. Nor, indeed, are they always distinguishable the one from the other, for the marvellous kinship between mind and matter is a tangled skein, not yet unravelled by dead house or by laboratory.*"

"What, then, are these symptoms? *Their name is legion*, but the most common ones are, strangely enough, those which lay and professional tradition, with singular consent, have labelled as the symptoms *par excellence* of womb disease. They are, in order of their frequency, great weariness, more or less of nervousness and of wakefulness; inability to walk any distance and a bearing down feeling; headache, napeache, and backache; cold feet, and irritable bladder; spinal tender-

ness and pain in one ovary, usually the left, or in both ovaries. The sense of exhaustion is a remarkable one; the woman is always tired; she passes the day tired, she goes to bed tired, and she wakes up tired, often, indeed, more tired than when she fell asleep. She sighs a great deal, and her arms and legs tremble or "fall asleep" so frequently that she fears palsy or paralysis."

"Other symptoms not quite so common are the cerebral ones, such as low spirits, bad dreams, nightmares and night-terrors; explosive sounds in the head; a loss of memory; suicidal thoughts; the fear of impending insanity; the dread of being left alone or of being in a crowd.

"From a large experience I humbly offer to the reader the following watchwords as broad helps to diagnosis:

"*First.* Always bear in mind what another has pithily said, that 'woman has some organs outside of the pelvis.'

"*Secondly.* Each neurotic case will usually have a tale of fret or grief, of cark and care, of wear and tear.

"*Thirdly.* Scant or delayed or suppressed menstruation is far more frequently the result of nerve exhaustion than of uterine disease.

"*Fourthly.* Anteflexion *per se* is not a pathological condition. It is so when associated with sterility, or with painful menstruation, and only then does it need treatment.

"*Fifthly.* An irritable bladder is more often a nerve symptom than a uterine one.

"*Sixthly.* In a large number of cases of supposed or of actual uterine disease which display marked gastric disturbance, if the tongue be clean, the essential disease will be found to be neurotic; and it must be treated so.

"*Seventhly.* Almost every supposed uterine case, characterized by excess of sensibility and by scantiness of will-power, is essentially a neurosis.

"*Eighthly.* In the vast majority of cases in which the woman takes to her bed and stays there indefinitely, from some supposed uterine lesion, she is bed-ridden from her brain and not from her womb. I will go further, and assert that this will be the rule even when the womb itself is displaced, or it is disordered by a disease, or by a lesion that is not in itself exacting or dangerous to life.

"*Finally.* Uterine symptoms are not *always* present in

cases of uterine disease. Nor when present, and even urgent, do they *necessarily* come from uterine disease, for they may be merely nerve counterfeits of uterine diseases."

So much for a noted American specialist in a noted American school of medicine. But how soon will the former graduates of this college, even begin to follow such advice as this?

Bulwer has said that "when a lie once gets into the world it is astonishing how hard it is to get it out." Not one student in a hundred that Dr. Wm. Goodell instructed before he came to the above conclusions will follow him in the effort for something better.

Now, for a word on gonorrhœa and its treatment. For the want of better authority we will quote from the "Annual of the Universal Medical Sciences." This, by the way, is a most instructive and interesting series of books, a sort of *medical necrological record*, and, as a matter of course, says nothing about Homœopathy, as it is neither dead nor dying. In Vol. III, 1890, we find: Gonorrhœa, E—9. The editor says: "The usual number of sure cases from gonorrhœa have appeared this year, wearisome to read, and truly disheartening. It is painful to observe how many foolish things people will write, others publish, and, doubtless, others experiment with. He was a wise man who stated that [observe this closely] the curability of a disease might be estimated inversely *as the number of drugs alleged to overcome it* (instancing rheumatism)."

Here we are shown the difficulty with which the old school contends, since their methods *cause* that which results in the misfortune and distress Tait so emphatically and clearly points out. An exceedingly interesting article on "Gonorrhœal Infection in Women" can be found in the Manchester (England) *Medical Chronicle*, 1887.

That Tait is correct about this infection of wives, there can be no doubt. At the present time I have four cases of gleet under treatment, all from old school hands, one of five years' standing, one of seven, one of one year and one of eight or nine months. All were stopped up but they did not stay stopped. Since Koch's last failure before the Berlin Congress it may be better for me not to refer to that father of all disease, the microbe. For argument's sake, however, let us call to

mind some of the theories regarding the passage of the lively spermatozoa through the uterus and tubes to the ovary. What will be the natural result if each spermatozoon has a gonococcus on his back. It is no laughing matter, and Tait has hit the nail on the head, as usual.

And right here, while our attention has been called by one of the best regular (?) authorities to the *disheartening number of cure alls*, let me again quote Mr. Tait, as reported in the *Medical Record*, September, 1860, on the same subject:

“No sooner is a new drug placed on the market than everybody rushes to try it; at first all is well and ‘rubbishin’ is good for everything. Then come a few isolated hints about the *toxic effect of ‘rubbishin,’* and finally ‘rubbishin’ gets dropped altogether and we hear no more about it. It is positively awful to think of what some of these new drugs—say chloral, for instance—may have done before they get settled. For mischief that is done in this way the public is largely to blame, if indeed it is not wholly to blame. They like the idea of a new discovery, especially the upper classes, and I am told by men practising near the dwellings of the princes of the land, and at fashionable watering places, that the great burden of their lives is to keep up with the *new drugs and new dodges*. He distrusts men who are always going in for new drugs.”

Tait says the same thing exists in surgery, and that removal of the appendages is being overdone. Emmet has also said the same about his operation. But how can this be, and what are we to expect when the evils which produce disease of the tubes and ovaries are more in vogue than ever. How can Tait blame a public for an unnatural appetite for “new drugs and dodges” when their doctors have nothing else to give them. Of course they are not cured, and of course they want to be, and are compelled to pocket their prejudice and come to Homœopathy with its steady going wheel horses, “consistency” and “*Similia Similibus Curantur,*” or to the surgeon who can often do much and often nothing.

I desire to call your attention to the fact that the *effects* which are undoubtedly produced by vaginal douches and local applications are injurious often to a fatal degree, and that what *our philosophy teaches us must and will be so and so*, the old school have to learn at the sacrifice of human life

and comfort. Neither their assumed dignity nor their efforts to compel by process of law will enable them to cure their patients or hold public confidence. Their medicine will each year become more and more surgical, as Billoth long since declared.

There is but one law of cure known to-day, and that is the law we follow. That we fail with it at times is not the fault of the law, but *our fault*, as has been often and truly said.

There is no class of diseases more easily, quickly and agreeably cured by our remedies, *given under the law*, than leucorrhœa and gonorrhœa. If the patient has a weak constitution, surroundings unfavorable and the disease is of long standing, it will require careful prescribing on our part and patience on her or his part; but the time will *invariably be less*, and the result a cure, at least *not a suppression* which may cost the patient further bodily comfort in one way or another.

How the works of the enemy give way as we advance. One by one they drop their methods, either resorting to surgery or adopting, as far as possible, our methods. They imitate the size of our dose—*thinking wise old Hahnemann a fool and that little pills mean Homœopathy*—not yet recognizing our *two great laws*: Similia Similibus Curantur, and Potentization.

The world does move, and as we pass off the stage of life, after conscientiously practicing Homœopathy, we shall have no cause to blush.

In our efforts to relieve suffering we must not forget the value of knowing *what not to do*.

THOMAS M. DILLINGHAM.

NEW YORK.

PROVINGS OF KALI PHOSPHORICUM.*

EXPERIENCE WITH KALI PHOSPHORICUM 30.

1880, Dec. 28th. Five doses, at 9 A. M., 12 M., 3, 6 and 9 P. M.

Gaseous eructations, < after eating (continued throughout proving).

December 29th. Five doses, at 9 A. M., 12 M., 3, 6 and 9 P. M.

* Prover, æt. 42, in good health, of an active, nervous temperament, a total abstainer from all alcoholic beverages, tea, coffee and tobacco.

Much offensive flatus is passed (continued six days).

Empty, gnawing sensation in the stomach, > for a short time only, after eating (four days).

Appetite increased (five days).

Saliva profuse and thick (two days).

Dull aching in the occiput, extending through the base of the brain, > by eructations of gas.

December 30th. Four doses, at 6 A. M., 12 M., 3 and 6 P. M.

Sexual desire increased; erection persisting, even after dressing in the morning (two days).

Aching in the throat just below the tonsil at the right of the larynx, in the evening.

December 31st. Sensation as of sand under the eyelids (five days).

Pains shooting from the right hypochondrium into the chest, while lying upon that side in the morning.

Offensive, undigested stool, followed by an uneasy urging, as if not all had been expelled, in evening (two days).

Sleepiness with yawning (three days).

January 1, 1890. Muscular soreness in both shoulders in the morning on awaking, with drawing pain from the right shoulder to the hand, < while lying upon that side (two days).

Foul, bitter taste in the morning (four days).

Offensive odor from the mouth (four days).

White coated tongue in the morning (four days).

Gums pale, swollen and sore (four days).

After micturition a few drops of urine moisten the linen (continued through the proving).

Aching in knees and shoulders, > by motion (six days).

January 2d. *Offensive, undigested stool after every meal*, followed by unsatisfied urging.

A decayed tooth (with fistulous opening) is ulcerating.

The edges of the tongue are sore (two days).

Pharynx feels dry, with the sensation of a husk in the upper part.

Lameness in the sole of the right foot.

Despondency.

Memory defective for familiar names.

January 3d. *Eyeballs sore, painful when touched or turned.*

Conjunctivæ inflamed, with bland mucous discharge.

Teeth painful; feel sore when pressed together.

Appetite lost (continued throughout the rest of the proving).

Constipation, with frequent urging to stool, often ineffectual, but sometimes a small stool is passed without relieving the urging (continued through the remainder of the proving).

Muscular soreness and pains, > by motion (two days).

Feverish and chilly by turns in the evening, with general aching, > by walking about.

January 4th. Empty faintness throughout the stomach and abdomen. Drawing pain from the lumbar region down the whole length of the right leg, following the sciatic nerve, > by walking.

January 5th. No new symptoms were developed.

January 6th. Sexual desire was strong in the morning, but upon attempting intercourse almost complete impotency, erection incomplete, emission immediate with slight thrill, followed by great exhaustion.

January 7th. After retiring, legs cold, both subjectively and objectively, with drawing pains from knees to ankles so severe that I could scarcely keep from groaning; most severe on the right side, > by getting thoroughly warmed.

(On the following day so many cases of La Grippe came under my care that I had no time for observing symptoms closely; besides, I did not believe that an overworked and irregularly-fed body could furnish a reliable proving.)

January 16th. An involuntary emission of semen during sleep (the sexual instinct has been depressed since Jan. 6th.)

January 19th. Thick yellow mucous discharge from the nose, crusts form during the night and are expelled in the morning, often bloody (this condition remained unchanged for several days and then gradually improved).

January 22d. Throat swollen throughout, bluish red, tonsils enlarged, with soreness, < at night (five days).

Painful glandular swellings at the right side of the throat and neck (five days).

Saliva profuse, ropy, with salty taste (five days).

January 27th. An abscess discharged into the throat just at the right of the larynx (this relieved all the throat symptoms).

January 28th. Feeling quite well.

EXPERIENCE WITH KALI PHOS. 200.

1890. January 29th. Six doses at 6 and 9 A. M., 12 M., 3, 6 and 9 P. M.

Appetite increased (six days).

Much offensive flatus is passed (seven days).

January 30th. Six doses, at 6 and 9 A. M., 12 M., 3, 6 and 9 P. M.

Gaseous eructations < after eating (throughout the proving).

Trembling sensation with emptiness in the stomach before breakfast.

A pustule on the inside of the tragus of the left ear near its base.

Edges of tongue sore (two days).

Offensive undigested stool followed by uneasy urging as though not all was expelled, in the evening.

Sleepiness with yawning (eight days).

Scalp and face, under the beard, itch intensely, < in evening (three days).

January 31st. Three doses, at 9 A. M., 12 M. and 3 P. M.

Sensation of sand under eyelids (five days).

Borborygmus.

Offensive undigested stool after every meal followed by an unsatisfied urging to stool.

Urine moistens the clothing after I think I am through urinating (continued through the proving).

February 1. Conjunctivæ inflamed, bland mucous discharge (eight days).

Small water blisters developed on the margin of the left alæ nasi. These spread and coalesced on the second day, forming a crust, which dropped off on the sixth day, Feb. 6th.

A festering pimple at junction of rt. alæ nasi and upper lip. Upper teeth, right side, are sore with grumbling pain.

February 2. Eyelids agglutinated in the morning (four days).

Itching pimples on the forehead and face (two days).

Flatulent colic in descending colon in afternoon (two days).

February 2d. General itching when undressing in evening, > by scratching.

February 3d. No new symptoms noticed.

February 4th. Colic in hypogastrium in afternoon.

February 5th. Pains shooting from stomach into chest, > by eructations of gas.

Involuntary emission of semen during sleep.

Despondency.

Taciturn and inclined to be irritable (two days).

Physical debility.

February 6th. Must frequently wipe the mucous secretion from the eyes in order to see clearly.

Margins of eyelids itch (three days).

Appetite lost (continued through the proving).

Constipation with frequent urging to stool, often ineffectual, but sometimes a small stool is passed without relief (through proving).

Sexual instinct depressed (through the rest of proving).

February 7th. *Eyeballs sore, painful when touched or turned.*

Sneezing in the morning with thick yellow mucous discharge from the nares.

Teeth painful, feel sore when pressed together.

Gums pale, swollen and sore. Roof of mouth swollen.

Swelling all through the throat, tonsils enlarged, soreness < at night.

Lymphatic glands again swollen at the right of the larynx.

Aching from the sole of the left foot to the knee, > by walking.

February 8th. Empty faintness throughout the stomach and abdomen.

Heavy weight in stomach before dinner, not > by eating.

Dull aching from occiput through base of brain, > by eating.

February 9th. All symptoms better.

February 10th. Feeling very well.

EXPERIENCE WITH KALI PHOS. 1000.

February 12th. Four doses at 2, 4, 6 and 8 P. M.

February 13th. Five doses at 9 A. M., 12 M., 3, 6 and 9 P. M.

Awoke at 1:30 A. M. with intense itching of the scalp, and profuse sticky sweat in popliteal spaces, also a slight moisture in the bends of the elbows, none perceptible elsewhere; also itching in other locations, especially on the third and fourth toes of the right foot, > by rubbing. Soon after dropped asleep and dreamed a burglar was in the house.

- Despondency (six days).
 Lachrymation profuse.
 Gums pale, swollen, and sore (four days).
 Taste foul and bitter in the morning (four days). Tongue white in the morning (four days).
 Gaseous eructations, < after eating (continued through proving).
 Qualmishness, < in evening (three days).
 Appetite increased (three days).
Much offensive flatus is passed (five days).
Offensive undigested stool in evening, followed by urging to stool.
Urine oozes from urethra after micturition (continued through proving).
 Physical debility.
 February 14th. Four doses, at 9 A. M., 12 M., 3 and 6 P. M
 Sensation of sand under eyelids (four days).
 Eyelids agglutinated in the morning (three days).
 Throat feels dry, is slightly reddened and swollen.
 Abdomen painfully full of gas and sore to the touch (three days).
 Soreness in muscles of right shoulder, painful on motion.
 February 15th. Dull aching from occiput through base of brain (six days).
 Itching of scalp and face under the beard, < in evening (five days).
 February 15th. Teeth painful and feel sensitive.
Offensive, undigested stools after breakfast and supper, not satisfactory.
General itching on undressing for bed, > by scratching (three days).
 February 16th. Eye balls sore and painful (three days).
 The dead tooth is ulcerating again.
 Roof of mouth swollen (two days).
 Glands of neck are swollen on right of the larynx.
 Bowels constipated, with ineffectual urging, or a small, unsatisfactory stool (continued through the proving).
 February 17th. Margins of eye lids itch (three days).
 The face is peeling all over with itching.
 Pain from the occiput through the base of the brain, with vertigo, > by eating.

Appetite lost (continued through the proving).

A dryness in the trachea just below the larynx causes a cough, no expectoration.

General itching over the body during the day.

February 18th. Memory poor for familiar names (two days).

Difficulty in getting words to express ideas (two days).

Eye lids much swollen and red.

Itching pimples on the forehead and face.

Drawing pains from the knees to the feet, < at night (three days).

February 19th. Taciturn and irritable.

A suppurating pimple at the junction of right *alæ nasi* and lip.

February 20th. Dull occipital headache, < by shaking the head.

Sharp pains from the orbits to the temples, > by pressure on the temples.

Empty gnawing in the stomach, > for a short time by eating.

February 21st. Pimples on the inside of the right *alæ nasi*.

February 22d. A crack at the tip of the nose at the junction of the left *alæ nasi* and the septum (two days).

February 23d. No further symptoms were observed.

The catarrhal condition was again < during this proving, but not so severely as while under the influence of the 200th.

SUMMARY.

MIND.—Despondency (6th day with 30th; 8th day with 200th; 2d to 7th day with 1000th).

Taciturn and inclined to be irritable (8th and 9th days with 200th; 8th day with 1000th).

Memory defective for familiar names (6th day with 30th; 7th day with 1000th).

Difficulty in getting words to express ideas (7th and 8th days with 1000th).

HEAD.—Dull aching in the occiput extending through the base of the brain (2d day with the 30th; 4th to 9th day with 1000th); > by eructations of gas (2d day with 30th); with vertigo, > by eating (11th day with 200th; 6th day with 1000th); < by shaking the head (9th day with 1000th).

Sharp pains from the orbits outwards to the temples, > by pressure on the temples (9th day with 1000th).

Scalp itches intensely, < in evening (2d to 4th day with 200th; 4th to 8th day with 1000th).

EYES.—Lachrymation profuse (2d day with 1000th).

Must frequently wipe away the mucous secretion in order to see clearly (9th day with 200th).

Conjunctivæ inflamed, with a bland mucous discharge (7th day with 30th; 4th to 11th day with 200th).

Sensation of sand under the lids (4th to 8th day with 30th; 3d to 7th day with 200th; 3d to 6th day with 1000th).

Eye balls sore, painful when touched or turned (7th day with 30th; 10th day with 200th; 5th to 7th day with 1000th).

Eye lids much swollen and red (7th day with 1000th).

Eye lids agglutinated in the morning (5th to 8th day with 200th; 3d to 5th day with 1000th).

Margins of eye lids itch (9th to 11th days with 200th; 6th to 8th day with 1000th).

EARS.—Pustule on the inside of the tragus of the left ear near its base (2d day with 200th).

NOSE.—Thick, yellow, mucous discharge from the nose, crusts form during the night and are expelled in the morning, often bloody (23d day with 30th; this condition remained for several days and then gradually improved).

Sneezing in the morning with thick, yellow, mucous discharge from the nares (10th day with 200th). The catarrhal condition increased again during the proving with the 1000th, but not so markedly as with the 200th.

Pimple on the inside of the right *alæ nasi* (10th day with 1000th).

A crack on the tip of the nose at the junction of the left *alæ nasi* and the septum (11th and 12th days with 1000th).

Small water blisters developed on the margin of the left *alæ nasi* (4th day with 200th). They spread and coalesced on the second day, forming a crust which dropped off on the sixth day (9th day of the proving).

A festering pimple at the junction of the right *alæ nasi* and the lip (4th day with 200th; 8th day with 1000th).

FACE.—Intense itching of the face under the beard, < in the evening (2d to 4th day with 200th; 4th to 8th day with 1000th).

Itching pimples on the forehead and face (5th and 6th days with 200th; 7th day with 1000th).

Face peeling all over with itching (6th day with 1000th).

MOUTH.—Teeth painful, feel sore when pressed together (7th day with 30th; 10th day with 200th; 4th day with 1000th).

Upper teeth right side sore, with grumbling pain (4th day with 200th).

A dead tooth (with fistulous opening) is ulcerating (6th day with 30th; 5th day with 1000th).

Gums pale, swollen and sore (5th to 8th day with 30th; 10th day with 200th; 2d to 5th day with 1000th).

Foul, bitter taste in the morning (5th to 8th day with 30th; 2d to 5th day with 1000th).

White coated tongue in the morning (5th to 8th day with 30th; 2d to 5th day with 1000th).

Edges of tongue sore (6th and 7th days with 30th; 2d, 3d and 10th days with 200th).

Saliva profuse and thick (2d and 3d days with 30th).

Saliva profuse, ropy, with salty taste (26th to 30th day with 30th).

Roof of mouth swollen (10th day with 200th; 5th and 6th days with 1000th).

Offensive odor from the mouth (5th to 8th day with 30th; 2d to 5th day with 1000th).

THROAT.—Pharynx feels dry with the sensation of a husk in the upper part (6th day with 30th).

Swelling all through the throat, bluish red, tonsils enlarged, with soreness < at night (26th to 30th day with 30th; 10th day with 200th; 3d day, but less marked, with 1000th).

Aching in the throat just below the tonsil at the right of the larynx in the evening (3d day with 30th).

Gland swollen at the right of the larynx (10th to 12th day with 200th; 5th and 6th days with 1000th).

Painful glandular swellings on the right side of the throat and neck (26th to 30th day with 30th).

An abscess discharged into the throat just at the right side of the larynx, in the same location where the pain was felt on the third day of the proving (31st day with 30th).

STOMACH.—Appetite increased (2d to 6th day with 30th; 1st to 6th day with 200th; 2d to 4th day with 1000th).

Appetite lost (through the proving from the 7th day with 30th ; from 9th day with 200th ; from 6th day with 1000th).

Gaseous eructations < after eating (continued through the provings with 30th, 200th and 1000th).

Qualmishness < in evening (2d to 4th day with 1000th).

Empty, gnawing sensation in stomach, > for a short time only by eating (2d to 5th day with 30th ; 9th day with 1000th).

Empty faintness throughout the stomach and abdomen (8th day with 30th ; 11th day with 200th).

Trembling sensation, with emptiness in stomach before breakfast (2d day with 200th).

Heavy weight in stomach before dinner, not > by eating (11th day with 200th).

Pains shooting from the stomach into the chest, > by eructations of gas (8th day with 200th).

ABDOMEN.—Pains shooting from right hypochondrium into the chest while lying upon that side in the morning (4th day with 30th).

Borborygmus (3d day with 200th).

Flatulent+colic in the afternoon (3d to 5th day with 1000th), in descending colon (5th and 6th days with 200th), in hypogastrum (7th day with 200th).

Abdomen painfully full of gas and sore to the touch (3d to 5th day with 1000th).

STOOL.—Offensive, undigested stool, followed by uneasy urging to stool, as though not all was expelled, in evening (4th and 5th days with 30th ; 2d day with 200th ; 2d day with 1000th) ; after breakfast and supper (4th day with 1000th) ; after every meal (6th day with 30th ; 3d day with 200th).

Constipation, with frequent uneasy urging to stool, often ineffectual, sometimes a small stool is passed without relieving the urging (continued through the proving from the 7th day with 30th ; from 9th day with 200th ; from 5th day with 1000th).

Much offensive flatus is passed (2d to 7th day with 30th ; 1st to 7th day with 200th ; 2d to 6th day with 1000th).

URINE.—After micturition, a few drops of urine moisten the linen (through proving from 5th day with 30th ; from 3d day with 200th ; from 2d day with 1000th).

MALE SEXUAL ORGANS.—Sexual passion increased, erection

persisting even after dressing in the morning (3d and 4th days with 30th).

Sexual desire strong in the morning, but upon attempting intercourse, almost complete impotency; erection incomplete; emission immediate, with slight thrill, followed by great exhaustion (10th day with 30th).

Involuntary emission of semen during sleep (20th day with 30th; 8th day with 200th).

Sexual instinct depressed (through proving from 10th day with 30th; from 9th day with 200th; less markedly with 1000th).

COUGH.—A dryness in the trachea, just below the larynx, causes a cough—no expectoration (6th day with 1000th).

EXTREMITIES, UPPER.—Soreness in muscles of right shoulder, painful from motion (3d day with 1000th).

Aching in shoulders, > by motion (5th to 10th day with 30th).

Muscular soreness in both shoulders in the morning on awaking, with drawing pain from right shoulder to the hand, < by lying upon it (5th and 6th days with 30th).

EXTREMITIES, LOWER.—Drawing pain from lumbar vertebræ down the whole length of the right leg, following the sciatic nerve, > by walking (8th day with 30th).

Heavy aching in the knees extending to the ankles, > by walking (5th to 10th day with 30th; 7th to 9th day with 1000th).

After retiring legs cold, both subjectively and objectively, with drawing pains from knees to ankles, so severe that I could scarcely keep from groaning; most severe on the right side, > by getting thoroughly warmed (11th day with 30th).

Aching extending from the sole of the left foot to the knee > by walking (10th day with 200th).

Lameness in sole of right foot (6th day with 30th).

GENERALITIES.—Muscular soreness and pains > by motion (7th and 8th days with 30th).

Physical debility (8th day with 200th; 2d to 7th days with 1000th).

SLEEP.—Sleepiness with yawning (4th to 6th days with 30th; 2d to 9th days with 200th).

Dreamed a burglar was in the house (2d day with 1000th).

FEVER.—Feverish and chilly by turns in the evening, with general aching > by walking about (7th day with 30th).

Awoke at 1:30 A. M. with a profuse sticky sweat in the popliteal spaces, also a slight moisture in the bends of the elbows, none perceptible elsewhere (2d day with 1000th).

SKIN.—General itching when undressing in the evening > by scratching (5th day with 200th; 4th to 6th days with 1000th).

Intense itching on third and fourth toes of right foot at 1:30 A. M., also general itching (2d day with 1000th).

General itching over the body during the day (6th day with 1000th).

CONDITIONS.—General relief from gentle motion; vigorous exercise, however, seems to < on account of muscular soreness.

General relief of pain from warmth.

CLINICAL CONFIRMATION.

April 1st, 1890. Mrs. S—, æt. 40 years, applied for medicine for a severe menstrual headache which began yesterday. This is a monthly visitor and usually precedes and continues throughout the flow. The pain is severe in the occiput, also over the right eye, > from hot applications or from gentle motion, < by noise. She is excessively hungry with the headache.

Kali phos. 1000. A powder to be taken every hour until improvement begins, then placebo. Two powders only were needed.

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HAHNEMANN VS. DUDGEON.

In the August number of the *Homœopathic World* was published a paper by Dr. Dudgeon, entitled "How Hahnemann Cured," in which the author made the statement that Hahnemann, in his latter years, endorsed and advised the repetition, at short and arbitrary intervals, of the dose of the remedy homœopathically selected. Had this come from the pen of one of less reputation among the members of the profession, or from one whose opportunities for knowing what Hahnemann actually did say were meagre, it would be just as well to let this whole matter go unnoticed, and to allow it to pass into oblivion; but, taking into consideration the source whence it came, the weight that it will carry, and the impression that

it will make upon the minds of some of the members of our profession, it is necessary to refute this statement while the paper is fresh in the minds of its readers.

The statement that Hahnemann advised frequent repetition of doses at short and arbitrary intervals is erroneous. In looking over his writings, we find that he has stated that as soon as the remedy has been selected, a single dose should be administered, which must be allowed to act without being disturbed by the administering of a second dose, or even of a different remedy, until this dose has exhausted itself and the disease shows signs of returning. This period varies according to the case and to a variety of accessory conditions or circumstances, which Hahnemann likewise endeavored to elucidate, so that all might understand him. He said that under no circumstances ought a second dose to be administered until we have made a second review of the case; and then if we find, being guided by intelligible reasons, that a second dose is required, according to the symptoms taken at this new examination, we may give another single dose, and again await its action, as we did in the first instance, and so on.

With such explicit instructions from Hahnemann upon the repetition of doses, let us for one moment see if such repetition would or would not conform to the requirements of the Homœopathic Law of Cure.

In the *Organon* we read that the administration of medicines is invariably followed by two actions, a primitive one and a secondary one. The primitive action is that of the medicine's own individual force acting upon the vital force of the patient; but the secondary action is not caused by the medicinal force. It is the reactive effort of the vital force in its endeavor to throw off this action of the primitive or medicinal force which has been acting upon it. Again, we read that the curative action, that is, the action that destroys the disease and restores the health of the patient, is not the primitive drug action, but the reaction of the vital force, which has been aroused into activity by the medicinal force that has been brought to bear upon it. Consequently, the object of the physician in administering medicines to the sick is not to annihilate by the medicines or by the medicinal force the disease which is destroying the vital power of the human organism; but it is simply to administer a remedy that

will stimulate the vital force into action so that the vital force will be able to rid itself of the depressing influence of the disease.

The problem, then, which we have before us is this: Is it homœopathic in treating sick persons to repeat at certain short and arbitrary intervals the dose of the remedy that has been selected? We have seen that it is not the primitive effect of the medicine that cures, but the secondary effect, or the reaction of the vital force, that annihilates the disease. As the curative force exerts its power in a line exactly opposite to that of the medicinal force, the action of the true medicinal force, when a medicine is administered to a sick person, must intensify, to a certain extent, the already existing disease. If this is the case with the first dose, it must, when doses are repeated at short intervals, be also the case with every subsequent dose. If a second dose be administered before the reaction of the vital force has commenced, then the second dose will prolong the period of primary drug action, and thereby delay the commencement of the secondary action or the vital reaction, and consequently retard the cure. If, on the other hand, the second dose be administered after the reaction has commenced, it will, since it acts contrary to the vital reaction, suspend or destroy the vital reaction which has already begun, and will likewise retard the cure or even prevent the cure from taking place.

It takes but a slight effort of the reason to comprehend this, and to see, not the plausibility of the argument, but the truth of it and the correctness of the assertion that repetition of doses retards in place of hastening the cure.

When we seek for rules to guide us in practicing the Law of Homœopathy, we have only to turn to the *Organon* and *Chronic Diseases* which Hahnemann wrote, to find all the necessary instruction. These books may be read from end to end, and there will be found no mention made of the repetition of doses at certain short and arbitrary intervals, except to condemn such an irrational practice. After the publication of the first edition of these books, had Hahnemann found from more extensive observations and greater experience, that the frequent repetition of doses at short intervals was the true way of administering medicines for the cure of

the sick according to the Homœopathic Law of Cure, would he not, in publishing his last editions, have rewritten his text to conform to the experience of his maturer years, and not have allowed the original text, which mentioned this practice only to condemn it, to have again gone out before the world? Certainly he would.

The practice of repeating remedies at short and arbitrary intervals is mere routine, and shows ignorance of the fundamental principles of Homœopathy. It is a relic of Allopathy and palliative medicine whose practice requires a succession of doses, each to be administered before the primitive effect of the preceding one has ceased to act. As such it has no place in Homœopathy, and should not be followed blindly by honest practitioners who desire to live up to the teachings of Hahnemann, and to practice medicine according to the Law, *similia, similibus, curantur*.

ARTHUR G. ALLAN.

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AZADIRACHTA INDICA,—A SYNOPSIS OF ITS PATHOGENESIS.

This tree known as *Nimba* (Sanskrit) and *Nim* (Bengali and Hindi) belongs to the natural order of *Meliacæ*. The leaves, bark, wood, roots, fruit—in short every part of this tree is intensely bitter. According to Ayurveda (Hindu system of medicine) the different parts of this tree possess different medicinal properties. Bháva Misra and several other Sanskrit authors agree that its bark, though very disagreeable in taste, is generally used with success in cases of lassitude, thirst, cough, fever, loss of appetite, helmenthiasis, boils, bilious derangements, catarrh, vomiting, cutaneous diseases, hiccough, gonorrhœa, etc.; its leaves are used in some forms of ophthalmic disease, helmenthiasis, and disorders brought on by deranged bile or use of poisonous things, while the fruit is purgative, demulcent, and is used in some forms of cutaneous affections, hemorrhoids, etc. *Nim* is also praised by some of the allopathic physicians for its tonic, antiseptic, astringent and antiperiodic properties. Its febrifuge action is well known in this country. Kavirájs (Native physicians) use *Nim* as the principal substance in their febrifuge medi-

cines. The vast range of its action is chiefly due to azaderine margoicin, and katechin, the three active principles found in this tree. Tincture prepared from the bark of *Nim* was proved by Dr. P. C. Majumdár and me with help of two assistants. A full report of its proving by Dr. Majumdár and his assistant was published in the *Indian Homœopathic Review*, Vol. III, No. I. Here I give the most reliable and peculiar symptoms obtained in its proving instead of encumbering the valuable columns of the *ADVANCE* by reproducing the details of each case of proving. And in order to show the comparative trustworthiness of the symptoms noted, I have cited the numbers of the provers who observed, by the side of each symptom. Those that have been verified in the sick are in italics.

MIND.—Forgetful², mistakes in writing and spelling words¹, dull², as if tipsy¹.

HEAD.—Giddiness as if the head were moving to and fro², especially when rising from a sitting posture¹.

Headache², throbbing in the temporal arteries, especially of the right side², with vertigo¹.

Aching, drawing and throbbing in the whole head².

Headache <by wet compress¹; with much pain in the right eyeball¹.

Headache <on moving¹.

Intense headache, with throbbing in the temples².

Dull pain with slight pressure in the forehead¹.

Scalp sensitive and painful to touch, even the hair¹.

EYES AND EARS.—*Burning* in the eyes².

Eyes red, congested and burning with slight coryza¹.

Sense of pressure in the right eye¹.

Cracking in the ears <on opening the mouth¹.

Buzzing in the ears².

FACE AND NOSE.—Glowing heat in the face². Countenance pale.²

Running of watery fluid from the nose¹.

MOUTH AND THROAT.—Mouth dry⁴.

Bitter taste in the throat².

Thirst, compelling to drink at long intervals.³

Increased thirst².

Slight difficulty in deglutition¹.

Left-sided sore throat¹.

STOMACH AND INTESTINES.—Great fullness in the stomach, notwithstanding loud eructations of tasteless wind², especially when moving about¹.

Frequent eructations².

Painful tension in the hypochondria².

Slight distention of the abdomen, with frequent passing of offensive flatus², especially when walking¹; also with rumbling¹.

Stools insufficient² and knotty.¹

URINARY ORGANS.—Urine scanty, high colored and scalding¹.

RESPIRATORY AND CIRCULATORY ORGANS.—Very troublesome cough after bathing, white lumps expectorated with difficulty¹.

Dry cough² in the afternoon¹ and at 10 or 11 P. M.¹

CHEST AND SIDES.—Aching in the lower part of the right chest, below the nipple². Stitches in the chest.

EXTREMITIES.—Numbness in the limbs.¹

Gnawing in the legs².

Strength of the hand diminished¹.

Pain in the coracoid process of the right scapula felt when writing or moving the arms¹. *Burning* in the hands and soles of feet².

SLEEP AND DREAMS.—Sleepiness in daytime².

Dreamy and interrupted sleep at night².

Dreams of quarrels and beatings in the latter part of night¹.

Sleeplessness at night, probably owing to burning in the hands and soles of feet.

FEVERS.—Fever commencing with every slight chill² or without chill², mostly in the afternoon².

Glowing heat and burning, especially in the face, eyes, palms of hands and soles of feet², > in open air¹.

Copious sweat, especially on the forehead², neck², and upper part of the body¹.

SKIN.—Itching of various parts of the body, without the appearance of any eruption². Nettle rash appeared on the forearm only, without any previous itching¹.

H. D. CHAKRAVARTI.

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CASES FROM PRACTICE.

CASE I.—Child aged 2 years. Had suffered from dysentery, which was followed by an attack of intermittent fever. Chill every day at 3½ P. M., lasting for more than an hour. Sweat follows heat at 8 or 9 P. M., and breaks out, simultaneously, on various parts of the body. No thirst during the entire paroxysm. Passes 3 or 4 papescent stools, during the day only. Petroleum 6 on being given every 4 hours during apyrexia cured the case in one day. In this case Petroleum was preferred to Pulsatilla on account of the diurnal aggravation of diarrhœa.

CASE II.—Man aged 25. Had been suffering from intermittent fever since September of '89. He was dosed with Quinine, which could only suppress the fever for a week or two whenever used. Paroxysms of fever alternately more or less every other day. On the days of aggravation they were preceded by aching in the limbs, then chill at 2 P. M., lasting about 2 hours and followed by an intense burning heat for 6 hours. Sweat very slight. Thirst compelling him to drink little and often. Gave Arsenicum 200, one dose at 9 A. M. The next paroxysm consisted of only a violent burning heat. Gave placebo on the following morning; no paroxysm of fever thereafter.

CASE III.—A married lady aged 18, was attacked with influenza during the last epidemic, which was complicated with lobar pneumonia of the left lung and diarrhœa. She was attended by one of the best allopathic physicians, who treated her for more than six weeks, but, with all his skill, entirely failed to bring on any material improvement in her case. At last, the husband resolved to place her under my treatment. On the 25th of June last I saw her for the first time. She was so weak and emaciated that, as she lay in bed, her body could hardly be distinguished from a skeleton covered with skin. She passed every day forty or forty-five stools, mostly consisting of scanty, bloody mucus, and preceded by rumbling in the bowels and tenesmus. Sore like pain in the lower part of the left chest and right hypochondriac region < on slightest movement; very dry and tight cough day and night with stitches in the chest; expectoration of very scanty white mucus tasting like blood, only in the morning. Physical

examination revealed consolidation of almost the whole lower lobe of the left lung. As she had already taken a dose of the allopathic mixture that morning, I gave her a few globules of *Nux vomica* 30 to be taken in the evening, and placebo for the following morning and evening.

On the 27th of June I called at her place and could add following symptoms in my notebook; viz.—diarrhœa, consisting of white mucus stools, worse in the morning; fever exacerbating in the afternoon; no thirst; sweat in the evening; tasteless eructations, especially after meals. Gave Phosphorus 6 every six hours. After about a week's use of Phosphorus she had nothing to complain of, except the pain in the left chest. Examination showed the consolidation to have been reduced to about the size of a dollar. Gave Sulphur 200, one dose, followed by placebo. July 8th, the pain assumed an erratic character. Also she had few spells of cough every night at 3 A. M. Kali carb. 30, on being given twice daily for 2 days, completed the cure.

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PAINFUL MENSTRUATION.

The following case, and "working" according to my plan, may be of interest to your readers, in the copy from my case-book, that I send you. I have left out all medicines that do not give four symptoms, so that it may not take so much of your valuable space.

May 14, 1890, Miss M., age twenty-four, unmarried, dark complexion, spare, has had for four or five years excessively painful menstruation, the pains are shooting and aching, and begin a *week* before the period, which is regular, and lasts five days, the pain continuing all the time; there is excessive retching and vomiting as soon as the flow begins. The pain is most severe just before the discharge takes place; she gets excitable, very low-spirited, and must cry, but crying gives her fearful headache over the forehead and temples. The pain in the bowels extends to the knees, with great bearing down before the period begins. There is leucorrhœa before the period, which is acrid, excoriating the *thighs*. Period, at first, pale, and not so much as formerly, can take

nothing for the first day or two, perspires during the retching, has hot flushings some days before with creeping all over back of, and top of head. The case was "worked" up to the *three crosses*, with the result that Sepia was indicated, and this medicine was given in the 12th decimal trit.

June 5.—Much better, period passed with much less pain, lasting *only nine hours*. Pain did not make her cry; had only three attacks of sickness with bearing down; after the pain stopped felt pretty well; continue Sepia.

June 17.—Complained of pains in lower part of bowels for some days, with bearing down and pricking and aching; headache and dizziness, leucorrhœa for some days; continue Sepia.

July 10.—Pain in bowels gone, quite a new thing to have it when not unwell; thinks she took cold; able to take a walk without being tired; Sepia 30.

July 28.—General health better; had great pain at her last period for about twelve hours, with sickness, both of which began as soon as the flow commenced; but thinks she was better than the previous time; leucorrhœa quite gone, and has had no bearing down during the period; Sepia 200.

August 15.—Feeling well, can take long walks without feeling tired; continue Sepia 200.

August 25.—Period came on on the 17th, lasted till the 21st; pain came on a little before; relieved by bending double (Puls.); the vomiting began with the flow, and both pain and sickness lasted twenty-two hours; pain quite low down; caused her to *shiver very much; considerable bearing down with the flow*; discharge at first pale, then more natural; headache at back of head, over the top of head, into forehead and eyes; *eyeballs tender to touch*; when she closes them has a dragging or drawing down in the eyes; a full feeling in the ears; noise or any excitement aggravates the pain in the head; can not eat anything, if she does it comes up again, with retching; no leucorrhœa this time; back feels weak after the period; flushes directly after food; pain like a load in stomach to back; burning of face, forehead and temples; is very drowsy; has palpitation on the least exertion or excitement; *dreams of things she has done or thought of during the day*.

I amended my "working" by adding the four new symp-

toms above italicized, namely—shivering, bearing down with the period, tenderness of eyeballs, and dreams of doings by day—which altered the totality, bringing it under Pulsatilla. It will be seen in the former part of the “working” that Pulsatilla does not give leucorrhœa excoriating the *thighs* and Sepia does, and I was induced to go by the statement of *fact*, although I know that Pulsatilla does produce excoriating leucorrhœa. Allowing that Pulsatilla was sufficiently indicated by *excoriating discharge* it would have covered *every* symptom, and Sepia and Pulsatilla would have given symptom for symptom. I should still have given Sepia in the absence of other symptoms, because it is a more deeply acting antipsoric. The Sepia did, undoubtedly, do a great deal of good, although it does not appear to be the absolute *simillimum*. The dreams, shivering, and especially pain in the eyeballs are given by Pulsatilla and not Sepia, therefore, I prescribed Pulsatilla 200, which she has taken up to the present time.

September 23.—When she writes: “I am pleased to tell you that I am feeling very well, indeed; able to go long walks without fatigue. My period came on on the 14th of this month. I had very little pain, and only two attacks of sickness, and was able to get along again after the first few hours.”

ALFRED HEATH.

LONDON, ENGLAND.

ON THE TREATMENT OF COMA DIABETICUM.

In the so-called coma diabeticum we must differentiate whether the coma, just developing itself, is caused by a beginning weakness of the heart, or whether we have to deal with the consequences of an acute auto-infection, which some call acetonæmia. It is certain that the sugar circulating in the blood has a destructive action on the muscular fibrillæ. Even in diabetic patients, looking still plump and with well developed panniculus adiposus, the muscles feel flabby and of very little consistency in the trunk as well as in the extremities; their gait lacks all vigor, and they tire out easily. Suddenly symptoms set in which might have been prevented if the weakened heart had been earlier recognized, but after their appearance the physician must act promptly

to ward off a fatal issue, and it can be done when we immediately recognize the cyanotic coloring of the face in consequence of the overfilled veins and the short, rapid and difficult breathing. The pulse during rest is mostly slow and small, 68-72, but increases after the least exertion, often becomes irregular and intermittent, which also may happen during absolute rest. The ictus cordis can often be hardly seen or felt, even when cardiac action is somewhat increased during motion. Percussion gives us an increased area of dullness in breadth when walls of the heart are thinned, not only at the apex but also at the aorta, the first sound of the heart is not clear, and in severe cases it can hardly be heard. The beat of the heart may become irregular and intermittent; hence such patients complain of dyspnoea, increased by the slightest exertion and somewhat diminished by rest; they also complain of dizziness, surring in the ears and great debility. As soon as such a weakened heart is driven to more exertion than it can well bear, the short breathing increases, appetite is lost, headache, vertigo and tendency to vomit set in. Auscultation reveals nearly a total absence of the first sound at the apex and aorta, and it needs all our attention to strengthen and to uphold such a relaxed and worn-out heart, which can only be accomplished by horizontal rest, for when the ventricles and arteries are emptied of their blood the veins must become overfilled and carbonic acid accumulates in the body. The restless and dyspnoic patient becomes somewhat somnolent and dies finally in coma, which we also see in fatal pneumonia, where they also succumb to carbonic acid poisoning. In some cases death happens suddenly, without warning, from coma or from rupture of the heart. In relation to treatment, all ascension of mountains or hills, all exhausting walks, early rising and walking out with an empty stomach, every abuse in *Venere et in Baccho* must be strictly forbidden. Food must be easily assimilable and strengthening, a moderate use of alcoholics, pure fresh air must make the basis of all treatment. As soon as such an attack threatens, horizontal rest is the best tonic, but it must be kept up for weeks energetically and no deviation allowed, for only such a position alleviates the action of the heart. *Excitantia per os* and subcutaneously, and the best excitans is black coffee, for reaction from alcohol means collapse.

The second form of coma diabeticum differs totally, for here the sopor is part and parcel of an auto-infection, it does not appear at the end, but at the very beginning of an attack and passes gradually into the comatose state. Here we meet a prodromal state which is absent in the coma of weakened heart, and it is a pity that such prodromes are not valued enough by the patient, by his physician or by his family and considered as mere indigestion or gastricismus. The patient complains of inappetency, of foul eructations, especially mornings, of foul breath, of somnolence and great debility. Sleep, which they compare to a feeling of intoxication, is not refreshing, renders their brain more heavy and lassitude increasing. There may be constipation or diarrhœa; the tongue is coated and dry, the fœtor ex ore becomes unbearable to their surroundings. Such prodromes exist for several days before the attack sets in; the somnolent patient becomes restless, throws himself about and moans piteously; respiration increases to 45 and pulse to 130 and more. The patient may still respond to a loud call, may try to answer, but the mind is too much under a cloud to accomplish an answer, or they may complain of great thirst and colicky pains; tongue dry, abdomen soft and not bloated; temperature 38–39° and higher; they feel the colicky pains more in the upper, especially left part of the abdomen, which is not sensitive, even to hard pressure. The pains appear off and on and they must be severe, as the patients scream out suddenly in their soporous state, and only after severe vomituration they may be able to vomit some green fluid, which gives relief for a little while, till a new attack of colic awakens them from their sopor. Examination of heart and lungs shows them to be normal; pupils are contracted and react slowly. Toward the end severe clonic and tonic spasms set in and death in deep coma follows. The whole attack may not last longer than ten hours from the very start. The treatment here naturally consists in the removal of the poison as rapidly as possible, perhaps a ptomaine or toxine in the tractus intestinalis, a process of decomposition, manifesting itself by the eructations of foul, cadaverous smelling gases, and as soon as this becomes absorbed, its effect on the brain follows. The more rapid the absorption, the sooner grave cerebral symptoms, convulsions, coma and death follow the intestinal manifestations. Our

only treatment consists in eliminating this poison as quickly as possible and to prevent any further absorption. Castor oil, a teaspoonful every hour, till copious, cadaverous smelling stools are passed to the relief of the patient, is here the great tonic; for the patient feels stronger and more cheerful after such antidotal treatment. DR. SCHMITZ NEUEWAHR.

B. KL. W., 34, 90.

Poisons must be antidoted, and, as Dr. Schmitz found in simple castor oil such a reliable drug in removing all danger, there can be no objection for its use even by the followers of the master and strict homœopathic treatment must then follow to prevent its recurrence. When death may happen in less than a day from this poison, the question needs elucidation, and I beg our colleagues to instruct us in the treatment of such rapidly fatal cases as this coma diabeticum ex toxæmia seems to be. The symptoms are clear enough.

Cuprum metallicum, or better still, *Cuprum arsenicosum* seemed to us to be at any rate a close simile to the case in hand. Buchner and Köck demonstrated its great use in all choleraic diseases and among its symptoms we read: Choleraic discharges with severe and painful cramps in abdomen and extremities; cramps in fingers and toes; singultus; blueness in skin; intense coldness of body; epigastric distress with most intense dyspnœa; uræmic eclampsia with dyspnœa and loquacious delirium, followed by apathy, cold tongue and breath and death-like prostration.

Ricinus (Tincture of Seeds) enjoys a great reputation among our East India friends in these severe intestinal affections and in many cases prevented collapse, total anuria being one of its most characteristic symptoms, in fact the keynote for its use, and we may well ask whether in its potentiation it will not act equally well as in its crude state.

Allium Cepa looms up in my memory on account of its very offensive flatulency; bowels loose after midnight or towards morning with offensive flatus; pains begin in hepatic region, and radiate over whole abdomen, with relief of passing wind.

It is an old and trite saying that *Nux Vomica* may be as well indicated for diarrhœa as for constipation, as it is said of *Strychnia* that it corresponds just as well to paralysis as to

spasms. The former gives us oppression of chest; putrid, sour or bitter eructations, pressure under short ribs as from increased flatus, frequent small offensive alvine discharges, with cutting before stool; frequent scanty urination. Schmitz truly remarks that it is the prodromal stage during which our aid becomes life saving, and just in gastro-intestinal troubles the resources of our *Materia Medica* are inexhaustible, especially when we keep in mind the etiology of the affection, and though such a *coma diabeticum ex toxæmia* may become rapidly fatal during an attack, we have at least a prodromal stage, which we miss in the diabetic coma from weakened heart, and our armamentarium is here not so well supplied. In well-preserved patients one might think of *Aconite*, which Hempel and others used to praise in the collapse of Asiatic Cholera, for we meet here cardiac oppression and syncope, attacks of intense pain with fear of sudden death, and the tincture of the root did me good service till reaction took place, and then a change to a high potency became necessary; oppression worse when exerting is another hint in its favor. Nearly every symptom of this *coma diabeticum* from weakened heart corresponds to the *Carbonate of Ammonia*. Dilatation of heart, dyspnœa from exertion; cyanosis, sensation as if heart and veins would burst; debility and soreness of the whole body; great anxiety, as if dying and tendency to somnolence. *Argentum Nitricum* may in suitable cases be able to ward off a threatening attack, for few drugs are better indicated than nitrate of silver, when belching of wind gives decided relief, the heart's action is intermittent and irregular, with an unpleasant sensation of fulness; but we would meet a contra-indication for its use in a full-fledged attack, for the patient is better while walking fast, and a horizontal position aggravates.

The *Iodide of Arsenicum* produces a chronic weakness of the muscular fibres of the heart, dyspnœa when ascending, with tendency to faint, intermittency of the beat of the heart and of the pulse; rapid emaciation (*Bromide of Arsenic*). *Bromine* helped me in some cases of weakened, dilated heart, where we could not detect any valvular troubles, and where sometimes the patient was not cognizant of the state of his heart, mental and bodily depression from the oppression of the heart, felt at every little exertion.

Erythroxylon Coca and the *Kola Nut* deserve considera-

tion, in both we meet palpitations from incarcerated flatus; angina pectoris from over fatigue while climbing mountains; exhaustion of heart, with irregular action and intermitting beat, pulse intermitting, weak and small. The Kola Nut deserves proving, and Schmitz's Café Noir may be kept in view. Here, again, we can give a favorable notice of the *Arsenite of Copper*; irregular rythms of the heart's action, and of the metallic cuprum with their cardiac asthenia only comfortable when quiet and at rest and dyspnœa from the least exertion, though we might think more favorably perhaps of the snake poisons, Lachesis and Naja, with their depressing effects on the cardiac action. How quickly this faint cardiac depression follows the bite of these snakes with that horrible smothering feeling about the heart. We are so used to our Lachesis that we often neglect its valuable compeer Naja tripudians.

Arsenic or Phosphorus? Buchner in his essay on *Morbus Brightii* answers it. Arsenicum is for the arterial heart what Phosphorus is for the venous heart. Venous stagnation prevails and carbonic acid poisoning causes the coma. To do its work a high potency is here necessary or failure will follow. Do not blame Phosphorus, but your own cussedness, as my friend Sam Jones says, for your failure.

A flabby heart is characteristic for *Plumbum* and it deserves here our careful study.

At your entrance into a student's vagaries did you then smoke your first cigar and do you recollect your subsequent feelings at that time? Tobacco may come into your mind when you have to deal with a weak dilated heart, with its lassitude from muscular relaxation and dread of vertigo and fainting on motion.

We might yet speak of *Zincum metallicum* or cyanuretum, of *Kalmia*, *Spigelia* and many others, but this old man really tires one out when dealing with homœopathic *Materia Medica*. He can not help it when he sees the abject poverty of the "so called" physiological *Materia Medica* and compares it with the clear cut indications set before us. All hail to hygienic measures. In therapeusis the law of hygiene is one thing and the law of drugaction another thing. Both complement each other and it would not do to neglect either one and let us always keep in mind the adage, that one ounce of prevention is worth a pound of cure.

S. L.

DIFFERENTIATION ABSOLUTELY NECESSARY.

Materia Medica, as applied by the Hahnemannian, is in no sense the *materia medica* of the medical profession in general. Its features are so essentially distinctive, its minutiae so peculiarly characteristic, that it at once carries with it the impress of originality, subtleness and adaptability. Its past was the marvel of its adherents; its present revolutionizes the therapeutic world; its future bids fair for a place in the exact sciences. This last prediction, I am confident, will be realized.

We need not feel discouraged by the frequent declarations of the utter worthlessness of our pathogeneses, when we know that thousands of conscientious men are testing the provings and generally verifying them.

The iconoclastic few who see nothing but a record of vivid imaginings, who find life too short to master the intricacy of comparisons, who impress their people through the sense of taste and smell, can never know the opportunity they neglect to do good.

To be butcher, baker and candlestick maker was, perhaps, a necessity in times past, but now the butcher neither bakes, nor does he make candelabra, so to speak. Each devotes his time to the exclusive duty of developing his business to the highest possible degree of perfection.

The same must obtain in the healing business. We are surgeons and therapeutists. I question whether an extensive practice in both branches admit, as a rule, of perfection in both. This soft impeachment will be controverted by those who essay surgery with its multifarious antisepses, but the rapidity with which surgical conclusions are arrived at, and the plodding manner in which the therapeutic problem is solved, at once show that those who are mentally adapted to the former hardly appreciate the necessity for the latter.

Differentiation is the one thing absolutely necessary in therapeutics. A knowledge of many drugs, their qualities in common, their peculiarities in particular; this is, parallel lines and points of divergence. We illustrate this by taking the symptom :

Pain in the Stomach.—*Rumex* and *Verat. alb.* Pains go up.

Verat. v. Pains go down.

Nux v. Pains go up and down.

Burning in Stomach.—Tril. and Zinc. extend into abdomen.

Arg. nit. and Mangan., into the chest.

Digitalis, into œsophagus.

Aconite, into mouth.

Conium, into back and shoulders.

Anacard., into throat.

Pain *concentrating* in pit of stomach. Coloc.

Pain radiating in all directions from stomach. Arg. nit.

Pains radiating from navel. Dios.

Sulph. acid and Staph. both have a relaxed feeling in the stomach, but under Sulph. acid it is *cold*.

These are but a very few examples showing the necessity for making correct selections, without which nothing can be expected from the high or low potency.

Homœopathy suffers from two causes—*ennui* and overcrowding. I am certain the latter is its greatest drawback. By crowding, I mean too much business. It is practically impossible to hew to the line when the time allowed enables us to skim the bark only. The man who makes ten prescriptions per day upon which the verdict “as good as could be done,” *is just*, is one whom I envy every minute of my life.

Z. T. MILLER.

PITTSBURGH, PA.

HOMEOPATHY IN PNEUMONIA.

On a recent afternoon a young business man came from his desk to my office and requested me to examine him. He said he felt very weak and feverish and was fearful of some impending malady. He had pneumonia; pulse 110; temperature 103°; appetite gone, bowels costive. Calling a carriage I sent him at once to his apartments.

Now, this is one of the cases in which we are solemnly warned not to put our trust in small doses of the indicated remedy, but to combat the disease “vigorously” with “strong” doses of this, that or the other medicine. We are told, even

by those who profess to be homœopaths, that while single remedies and high potencies may be tolerated in chronic cases, nothing short of "shot-gun" work will be of service when a violent disease takes possession of the system.

Before my patient left my office I gave him a dose of Aconite 200, to be followed by a similar dose every two hours, until I should see him. Three hours after the first dose of medicine I called at his home and found him in a profuse perspiration, with a pulse of 96 and a temperature of 101°. A fearful headache came on, for which he begged me to give him that king of lazy men's remedies, antipyrine. Belladonna 200, two doses, relieved all pain and brought a good night's rest. The following morning I found my patient far on the road to convalescence. The pulse was 78; temperature 99.5°.

Taking another picture of the disease Sulphur 200 was found to be the indicated remedy, which was given. The young man made one of the most remarkable recoveries I ever saw. The effusion into the air cells had not gone far when he reached my office, and which the Aconite promptly arrested. The fourth day after the first prescription my patient left for the East for a much needed vacation.

An extensive use of Aconite has convinced me beyond all question that its most splendid effects are not attained with the lower potencies. I once used the third decimal exclusively; I now use nothing but Dunham's 200th. I may also add that I rarely use anything lower than the thirtieth, and generally use a much higher preparation.

HOWARD CRUTCHER.

CHICAGO.

POST SCARLATINAL DROPSY.

Sequelæ are the exceptions, rather than the rule, following acute diseases which have been treated by homœopathic physicians, and I have to confess to an "exceptional" experience in my management of a case of scarlet fever. Whether due to my own incompetency, or the carelessness of the nurse allowing the patient too much latitude, may not seem becoming in me to state, yet I (confidentially) incline to the latter proposition.

May 12, 1890, I was called to attend J. S., female, aged

seven years, sick of scarlet-fever. It is unnecessary to detail the symptoms and treatment, further than the assurance that it was a typical, well marked case, with high fever, rash, sore throat, red strawberry tongue, desquamation, and lastly the sequela. It regularly went through all of the stages in proper order, and except for "sequela," was discharged as cured on the 24th, having been under treatment and observation twelve days.

May 2d she was brought to my office showing symptoms of dropsy. A careful examination and review of the case led me to exhibit *Apis* 1m., one dose, followed by *Sac. lac.* every $\frac{1}{2}$ hours.

May 6th I was called again to see her. She had been restless, crying and feverish all night. Violent headache; pupils dilated, eyes red; pains in bowels coming and going suddenly, causing her to scream; vomited several times during the night; face was more swollen than at any time previous, while the œdema was becoming general; had been up frequently to pass water, but voided only a small quantity each time, there being nearly a constant urging. At 9 A. M. I exhibited *Belladonna* 200 in solution to be given every hour till better.

At 4 o'clock P. M. the mother reported that the medicine had quieted the patient some; "not so much pain and headache, or nervousness," but, "the swelling is increasing rapidly; the face is so much swollen now, that she can not open her eyes or see; she breathes very fast and with some difficulty." I realized that the symptoms were becoming alarming, and the friends anxious. Something must be done. I could not get away just at that time, but I sent one dose of *Nat. sulph. cm.* to be given at once, dry on the tongue, and a powder of *Sac. lac.* for solution, to be given every half hour till better, and directed them to report at the end of three hours if there was no change in her symptoms.

May 7th. The next morning not having heard from the patient, with some misgivings that I had been superceded, I called at the house, and was as much surprised as gratified to find my patient "up and dressed." I have never witnessed such a change before or since in all of my experience as a physician. I was informed by the mother that "that last medicine acted like a perfect charm. She quieted down

in a little while, and slept all night ; only she was obliged to get up about once an hour to empty the bladder, but would drop right to sleep again as soon as she touched the bed." I was shown also a large sized "chamber" about three-fourths filled with urine which I was assured she had passed during the night. I have not seen her since that morning, and she required no more medicine ; though her mother told me a few days since that she had coughed a good deal all summer.

I must confess that I prescribed the Nat. sulph. rather empirically being guided only by Schussler, "It prevents the elimination of such water from the tissues as is produced by oxidation of organic substances," and the "Hydrogenoid Constitution" of Grauvogl, as found in Farrington's Clinical Materia Medica, pp. 639-40.

Besides it seems to me (unconscious cerebration ?) that sometime, somewhere I have heard or read of this remedy being successfully used in post-scarlatinal affections. It came to me intuitively, and was exhibited with the happiest and most gratifying results to all interested.

This was a clinical experience not entirely valueless, as Nat. sulph. must have been homœopathic to the case ; must have been the Simillimum or it could not have accomplished such wonderful results.

S. MILLS FOWLER, M.D.

GAINESVILLE, TEX.

There is very little doubt that the above case would have eventually been cured by Sepia, and it is instructive in several ways, as it shows that cases can be, and no doubt are, cured by similia (or medicines that cover only part of the symptoms), but it takes much longer and the cure is not so brilliant as when the simillimum (the medicine that covers all symptoms) is given.

It has been long a matter of argument with men who alternate, that they can get better results by giving A and B in alternation, provided A covers half the symptoms and B the other half, than by giving A or B separately. Is not this apparently the case sometimes : to be in strict accordance with the "law of similars," a remedy may be found (C) that will cover *all* the symptoms and be the simillimum. In similia there does not seem to me to be that absolute necessity

expressed for the use of a simillimum, granted that simillimum is *most* similar; but when we daily hear of cures made by remedies that do not absolutely cover the symptoms of the case, and we often say to ourselves, and also in print, that another medicine covered the symptoms better, does it not seem to be a fact that diseases are cured by drugs that only cover part of the symptoms? Is it not possible that if all the symptoms are covered, even if it be by two medicines (they are covered, and antipathy must exist between the medicines and the disease in those parts that the medicines act on), that the disease *may* be held in check? And if held, why not cured? It certainly is not so scientific, and the result may not be so certain. Do not think that I am advocating such practice, but I should like an expression of opinion from you, Mr. Editor.

ALFRED HEATH.

LONDON.

SUPPRESSED INTERMITTENT.

Mrs. C., age 40. June 12 I was called hurriedly about 8 P. M. to see my patient, who was suffering greatly.

Pain was referred to the cardiac region, of a neuralgic character, which she described as if *a knife was cutting her*; *great restlessness*, constantly changing position on the couch on which she was lying; as a hot water bag applied to the painful region gave temporary relief. The restlessness, character of the pains, relief from warm applications gave the cue for Arsenicum, of which I gave one powder, 200 (B. & T.) dry on the tongue. At the expiration of half an hour there was slight relief. I repeated the remedy in the same potency and dose, and in another half hour she was comparatively comfortable. Mrs. C. said the medicine I gave her was very powerful, as she felt it to her finger tips.

June 13, I called at 1:30 P. M. There had been no return of the neuralgic pain, but she had had a chill, followed by fever and perspiration in regular succession. *Chill came at 12 m., commenced in extremities* and ran up the back; *weak, all gone feeling*. Pulse 96, temp. 101. *Gelsemium* 1 m. (B & T.) one dose on tongue. Sac. lac. every 2 hours.

June 14, 2 P. M. Pulse normal; temp. the same. Since 2 A. M. has been troubled with diarrhoea and up to this

time has had ten to 12 stools; pain less < in the early morning. Podophyllum 1 m. (B. & T.) one dose, Sac. lac. as before.

June 15, 2 P. M. Bowels normal, better every way, except *she is so weak. Loss of appetite.* Cinchona 1 m. (B. & T.) one dose and Sac. lac.

The next day as I called to see another member of the family I found the lady about her work. Said she had had no further trouble. She then told me that five years before, while living in Atlanta, Ga., she was sick with what I judged from her description to be intermittent fever, and every summer she had had some trouble similar to this. Had usually had allopathic treatment, probably Quinine etc., etc.

W. O. CHEESEMAN.

CHICAGO.

VERIFICATIONS.

CASE I.—DRY CATARRH.—*Ammonium Carb.*—Mr. H—, age 70, for many years suffered with a dry nasal catarrh; nose all the time obstructed; could not breathe through it. There was little discharge. For over a year I prescribed different remedies in various potencies with little or no effect. I finally gave Amm. carb. 3 x trituration in repeated doses, which relieved him.

CASE II.—RHEUMATISM.—*Pulsatilla.*—Mrs. K—, colored, age 30, May 28, 1889, had been suffering with articular rheumatism for two weeks. Had a prejudice against all doctors; had taken all kinds of liniments, but was getting worse.

Pain appears in different joints; only stays in one place about two days, when it changes location, as from ankle to knee, and then to hip and back, leaving parts first attacked only to return to them again. Joints swollen, sore and throbbing < by motion. Little or no thirst; no sleep for a long time because "so nervous." Pulsatilla 30.

May 30.—Better than any time for past two weeks; much less throbbing and pain, but joints are stiff. Continued Puls. 30 x.

June 1.—Very little pain now, only stiffness on attempting to move. Rhus. 30.

June 4.—Stiffness relieved, but one knee joint is very sore

and painful. Has had very little pain for three days, but knee began to be worse last night. Pulsatilla 30.

June 6.—Patient walking about yard, and received no more medicine.

C. N. PAYNE.

PORT JERVIS, N. Y.

CENTRAL NEW YORK HOMŒOPATHIC SOCIETY.

SYRACUSE, N. Y., March 20, 1890.

Minutes of the last meeting read and approved. Members present: Drs. Wells, Stow, Hooker, Dever, Grant, Martin, Gwynn, Seward, Schumacher, Hawley, Leggett, Emens, Chase, Carr, Sheldon, Brewster and True. On motion the reading of the Organon was deferred until afternoon session. Dr. Grant's paper—subject, "A Few Neglected Duties"—was read.

A FEW NEGLECTED DUTIES.

In presenting these few rambling and disjointed remarks, I am aware that I tread upon well beaten ground. We have all thought similar thoughts, and said similar things to one another and to others—and have forgotten them again, or at least have forgotten to put them into practice. And this is my only excuse for resaying it all. We forget to do what we are well aware we ought to do; or in other words, if we do not "do the things we ought not to have done" we certainly "leave undone the things we ought to have done."

I will assume, for convenience, that we are all convinced that the principles we subscribe to in this Central N. Y. Homœopathic Medical Society, are the principles of truth; that our faith in the God-given law of Similars as taught by Samuel Hahnemann, is limitless and enduring. We believe that this law embraces *all* that any physician needs to guide him in the administration of medicines to the sick—both for their cure and for their relief from pain. And that whenever medicines are administered *outside* the pale of this law, it is with more or less detriment to the patient.

While all this may be debatable ground, it is fair to assume that those here present do not need or wish argument on these points,—indeed it is only on the assumption of the acceptance of these suppositions that my further remarks

rest. Then, of course, it follows as a natural sequence that every prescription made by those of this faith should be in accord with this law: and for the purpose of this paper it is as well to assume that this is done.

But our duty does not end here; if this is truth, it should be shared by all. If Homœopathy really *is* the best mode of curing the sick, then each man who holds this conviction should constitute himself a missionary to spread the truth among those who have not been enlightened on the subject both among physicians and laymen.

How can this work best be prosecuted?

Our most natural field of action will be among our patients; and first of all we must be able to demonstrate to them our ability to treat sickness successfully; our *second* duty to show them *why* we have been able to do so. A good missionary must be always ready to sink his individuality in his cause; and we should be ever ready to say that it was the correct application of pure, simple Homœopathy that made each cure, whether brilliant or common-place. It is astonishing how ready the average layman of intelligence is to grasp the underlying truths of Homœopathy and how tenaciously they cling to them when once this knowledge is attained. Why I have at least two patients who could give the average Homœopathic physician points in the principles of Homœopathy. Each patient so instructed is in turn a missionary among his friends and acquaintances, and the demand for Hahnemannian physicians is increased, and according to the unvarying law of supply and demand there will be an increase in our numbers, whether the physician is willing or not.

Then comes our work among those who *should* know, but do not. I mean the young physicians who have had what they suppose to have been a homœopathic education, and they are doing the best they can with the light they have. On this subject I can speak feelingly—I have been there, and probably should be there now, had it not been my good fortune to have removed to Rochester, seven years ago, chiefly that I might be in good company. It did not take me long to decide *who* were the earnest men, and *why* they were earnest. They were working under a law, and for a principle. They were right and they knew it, and to their own personality was

added the force that truth and right always impart. They possessed light, and they did not "hide it under a bushel," but came and lighted my small lamp; and although the flame produced is not *bright*, it emits as strong a light as the size of the lamp will permit. I fear the older ones among us do not appreciate the difficulties attending the development from nothing into something; by this I mean from an empiric into a homœopath. You show them a case—perhaps you counsel with them—and make a brilliant cure of a difficult case, and in such a way that there is no room for doubt that it was strictly in accord with the best Homœopathy. Perhaps a sickness of a year's standing is cured by a single dose. You sit down and say, "There! if he can't see that, he is not worth bothering about." Well, perhaps he *does* see it; perhaps he is deeply impressed by it; perhaps he says to himself, "I will never prescribe in any other way." Alas! it is easier said than done. There comes a long list of trials and failures. The case may not have been well taken—or the remedy was not well selected—or a late aggravation has been mistaken for a new development, and a new remedy given to the detriment of the case—or, what is quite as likely, in his ardor he imagines that no disease can withstand this kind of practice, and he essays to cure disease that riper experience would teach him could not *be* cured. *Now* is when he needs help. Now he needs some one to stand beside him and show him *why* he failed, to tell him of rough and stormy ground over which they had trod before they reached the plane above him, else he will drift back into the old way of palliation, where he has been able to trace very distinct and decided results, and after a while he will remember his late struggles to do better work as a kind of nightmare—a period of mental aberration—and he is marked for life as an unconverted and unconvertable empiric. And yet a little more encouragement at the time of his efforts to do right would have saved him to a life of usefulness—would have put him in a position to save life and alleviate suffering as he never could do in his slipshod way. This is not a fanciful picture; there are plenty of young men who would be glad to learn a better way than they know, if those who *do* know had but the patience to labor with them. The right way is seldom the easy way.

There is one other field I will mention, where the work may be most profitably carried on, and which is sadly neglected. I refer to the education of students in our offices. I know it may seem a thankless task, and sometimes is barren of results. But if our friends can take students and bring them up from mercenary motives, I am sure we should be willing, for the love of truth, for the spreading of pure Homœopathy to do as much. Each physician who believes in the truths of Hahnemann should leave behind him at his death at least two students to hold up the banner he has labored to keep out of the dust. And to do this, he must be sure that his candidate has the right mental and moral make up to do the right kind of work; unless he has, he will bring disgrace upon himself and instructor, sooner or later.

First of all, never take a young man into your office unless you are *sure* he is absolutely honest.

Take one who wishes to study medicine because it is an honorable calling, and *not* because he expects to get rich out of it. And third, he must not be lazy.

Because, *first*: none but an honest man will ever make a good homœopath. Truth must always be upheld by honesty.

Second, an avaricious man will sacrifice even principle to his greed of gain.

Third, a lazy man, of course, will not succeed, as the practice of Homœopathy necessitates the most methodical and laborious work to realize its best results, and a lazy man will be sure to drift into empiricism.

Then look to the intellectual attributes. He must be possessed of a fundamental education, and the intellect and judgment to meet the demands that are constantly made upon *all* physicians of whatever school.

Never take a student until you are sure of *all these points*. And once you have such a one, be careful that he is thoroughly grounded in the principles of Homœopathy before he goes away from you for his first lectures. Do not let him get his first ideas of practice from an allopathic—or “God save the mark,” the average homœopathic college. Make sure of that part yourself, and then the probability is that the more he hears of—well, what shall I call it? Malpractice? Very good. The more he hears of empirical malpractice the firmer he believes in the truths you have held up to him. Do not

be content to let him simply see that you are successful, and to say that it is because you practice the Homœopathy of Hahnemann, but let him know what that means, and also what deviation from it means.

Gentlemen, if these few suggestions could be thoroughly fulfilled, we would not be in minority twenty years hence, as alas! we are to-day. As a rule, we work too much for *self*. and too little for the general good of our common cause.

R. C. GRANT.

ROCHESTER, N. Y.

DR. STOW: A very interesting and most applicable paper. In looking over the world and the difficulties that grow out of the medical practice, I believe it far easier to do the right thing. A case in point: An acute inflammation of the urethra; scanty urine; burning sensation and smarting. I gave Cantharis followed by Sac. lac., and after a due amount of study I decided that it was not Cantharis the patient needed, but Sulphur, and it cured the case which had baffled every effort of the old school for three years.

DR. GRANT: The right way is seldom the easier way. The doing of it takes hard work. The thing that prompted the paper was hearing many of our oldest and best homœopaths say that they suppose when they died their practice would fall back into the embrace of the old school. It is a great mistake and should be corrected.

DR. HAWLEY: You can not make a homœopath out of a man whose chief end is the dollar.

DR. DEVER: Some of the best homœopaths are those who never saw a homœopathic college, but have dug it out for themselves.

DR. WELLS: It should be known only to the profession that a simple dose does the work. Old Dr. Kirby said, "Sac. lac. is one of the most valuable remedies we have."

DR. HOOKER: I am often called because they wish to try me, and it is very hard to do our best work under such circumstances.

DR. GWYNN: In speaking of collections, when we go to the grocer or clothier, they want their money and it is right they should have it. It is quite as important and just that we should have ours.

DR. HAWLEY: I believe in the application of heat as a means of helping to decide upon the remedy.

On motion society took a recess until 2 P. M., when §§ 61 to 67 of the Organon were read.

DR. HAWLEY said it took him a long time to find out that an aggravation called for a discontinuance of the remedy.

DR. STOW: I find it a great study the difference between the aggravation of remedies and the development of the disease.

DR. HAWLEY: If I had given a remedy, and there were marked indications along the line of the action of the remedy, then I should think the patient had had enough; and if the remedy was not doing anything along the line of cure I should think I had made the wrong selection.

DR. CARR: In the case of Lachesis my rule is that if the objective symptoms be aggravated I look for an improvement of the subjective symptoms.

DR. BREWSTER: Hahnemann's idea was to kill time when there is no disease to kill.

DR. DEVER: Chemistry is one thing, Surgery another and *Materia Medica* another. Hahnemann was at home with all of these.

Essayists for next meeting, Drs. Dever and Hooker.

DR. GRANT cited cases sent to the Homœopathic Hospital and the success of the Hospital.

On motion society adjourned to meet in Syracuse on third Monday in June.

RICHARD S. TRUE, Secy.

SYRACUSE, N. Y., June 23, 1890.

The report of the last meeting read and approved. The reading of the Organon was postponed until afternoon. Dr. I. Dever's paper—subject, "The Dose"—was read.

THE DOSE.

Permit me to say that this is both an unexpected and unsought honor, and one which we would gladly transfer were it not that, as a member of this society, we have a duty to perform which demands individual responsibilities on our part, consequently can not be delegated to others.

The Central New York Homœopathic Society is a representative body which is both just and generous; nevertheless, its loyalty to principle far exceeds its generosity to those who dare teach that which in any way falls short of the full measure of Homœopathy; therefore, it was with serious misgivings that we obeyed the behest of the President in attempt-

ing to do that which on former occasions has been done so well.

There is no reason why the student of Homœopathy should regard the dose question as an open question, for the best writers and prescribers in our school have, in our opinion, settled the question beyond a reasonable doubt.

But a short time since we heard a confessed homœopathist say, "I give anything to cure my patients." Just as though "anything" would cure his patients. We told him that his patients must be an obliging lot of fellows to be cured by "anything"; ours would only be benefited by the similar.

The bottles, on a long, dirty shelf, told their own story, as they were a conglomeration representing all the ready made prescription houses in the State, and this filthy stuff he prescribes in the name of Homœopathy.

The reputation of Homœopathy is due not to the class of physicians who give "anything" to cure, but to those noble men who teach and demonstrate in their practice the law made operative by the single similar dose, only repeated at long intervals. Neither is *quantity* to be substituted for *quality*, as is frequently done by those whose education has qualified them only to expect results from matter in its crude form. The oft repeated operation in nature is a dead letter to them. They overlook the fact that force can exist independent of perceptible matter.

They can not, in any intelligent way, deny the fact that the smallest quantity of animal poison will produce its own peculiar zymotic effects, just as quickly and with as much certainty as though a large quantity had been repeatedly inhaled. In this case one little dose is all that is necessary, and "Zymoses is sure."

The physician who enters the practice with no different idea in regard to the homœopathic dose should at once settle the question for himself; not by testing the efficacy of his medicine on the sick, but by a careful reading of the *Organon*, which, we are happy to say, is being taught in all our first class homœopathic colleges, and will eventually be more generally understood by those who aspire to the healing art.

The *Organon* is replete with instructions regarding the selection, as well as the repetition, of the dose, and we are at a loss

to see how any one can pretend to be governed by the law in their selection of the dose, and violate every rule relating to the same, and then expect results obtainable by the careful prescribers. But a short time since a medical gentleman of the homœopathic school attempted to demonstrate to us by figures that there was absolutely nothing in the 200, but facts beat figures in this particular and cures made by the em. are quite common in these days. And it is now as in the days of Hahnemann, cures are being made by a single olfaction of the highest potencies. Uterine hemorrhages are cured without the use of the tampon, ice bags, or anything but the single similar dose, high, higher, highest. We could give many clinical cases going to show the truth of our statement, but will give only two.

CASE I.—In March of this year I was called to see a lady whom her husband and neighbors thought to be dying with uterine hemorrhages. I had two miles to go, and when I found her she was indeed flooding to death; she was having hard forcing pains with dark hemorrhage of offensive clots which were hot to the organs of generation.

I had no time to ask further questions but prescribed Belladonna 200, which relieved her in twenty minutes. The hemorrhage was the result of an abortion which had taken place a month previous to my call. She had been attended by an allopathic physician who had prescribed Morphine.

CASE II.—Called to see Mrs. H——, young woman, mother of one child two years old. She was of sanguine temperament. Previous to my call she had aborted. I found her cold, faint and pulseless. The quantity of blood was much greater than I had supposed could be lost and the patient recover. It was bright red with large clots. She could hardly see or hear, on account of noise in the head, which she compared to the noise of a threshing machine. I went to my case and found but two No. 0 pellets of Cinchona 200, which I prepared in water by a thorough stirring and gave her. Her first dose did the business and she recovered without other dosing.

From a careful reading of the Organon and the recorded experience of those who accept the law of similars as a guide to their practice, we are forced to the conclusion that the preponderance of testimony is not only in favor of the single similar, but the highly potentized remedy as well. And to

all who are in the habit of employing those who regard the dose as an open question, we would say read 11 Chronicles, 16, 12 and 13 verses. "And Asa in the thirty and ninth year of his reign was diseased in his feet until his disease was exceedingly great. Yet in his disease he sought not to the Lord but to the physicians. And Asa slept with his fathers and died in the one and fortieth year of his reign."

I. DEVER.

CLINTON, N. Y.

An informal discussion of the paper followed, much to the profit of all who participated.

DR. STOW cited a case of a patient who had previously employed a supposed homœopath who had proposed to give Opium for diarrhœa, but who was discharged because of his proposition. The patient, strange to say, was a naval officer who had lost faith in the old school and wanted pure Homœopathy or none at all. His symptoms were urgent stools, loud rumbling, profuse, watery, and sounded like water running from a bottle. The patient was cured with one dose of *Jatropha* cm. The resemblance of *Aloe*, *Croton*, *Pod.*, *Jatropha*, *Ver. alb.* and *Gamboge* were discussed.

DR. MARTIN: I use *Ver. alb.* in diarrhœa produced by cucumbers.

DR. NASH: Dr. Farrington's papers upon "Studies on *Materia Medica*," as published in the *Hahnemannian Monthly*, particularly upon the animal poisonings, are exceedingly valuable.

DR. STOW: I wish to present a queer case: Fever temp. 103, dry tongue, triangular tip, penis badly swollen, an ulcer of considerable size, dark red, painful to touch, bleeding profuse. Three months previously he had gonorrhœa. The edges of the ulcer were raised. I gave *Rhus* 30; slit up the prepuce, and gave vent to the impurities. Query: Was this a phagedenic chancre, or was it the ill-use of carbolic acid prescribed by previous old school authority? The patient had a severe wetting while perspiring, which, with the triangular tip, led to the selection of *Rhus*, one dose.

DR. NASH: A case of a schoolgirl, throbbing headaches, menstruation always scanty. Phosphate of lime 30 first year gave relief, but second year, though school work was discontinued during menstrual period, was compelled to lie down,

and one Sunday evening, while playing the church organ, she fainted, and took her bed. One symptom prevailed, that of persistently putting her feet out of bed. I was too anxious, as her father, to trust myself further, and took her to Dr. Kent, who gave her *Natrum mur. cm.*, one dose, and it seems to be settling her case beautifully.

A case of inflammatory rheumatism taken from an old school physician, cured with a single dose of *Pulsatilla cm.* Johnstone, followed with *Sac. lac.* The potency is certainly an important factor.

DR. BREWSTER: A case of schoolgirl headache relieved by *Natrum mur.*

On motion, Society took a recess until 2 P. M.

DR. STOW: A case on going into a public assembly, vertigo, followed by a liquid stool. *Argentum nitricum* cured the case.

Reading of the Organon, §§ 70 and 71.

DR. STOW: The old school man says unless you know the physiological condition, you are prescribing for something you know nothing about. Symptomatology has nothing to do with the case.

DR. MARTIN: I count the physiological condition as one of the totality of symptoms. Disease starts from way back of the bioplasm.

DR. STOW: If it were necessary for us to have the pathological conditions we should "get left" just as often as our old school brethren do. It is not necessary to dwell upon the pathological condition in the treatment of the case.

DR. NASH: I have cured more cases where I have left out the pathological conditions than I have where I have considered them. The symptoms that serve to guide us in the selection of the remedy may be entirely outside of those which go to make up the pathology of the case.

DR. TRUE: If our fire departments should wait for the cause of the conflagration to be explained and insist upon knowing all about the construction of the building and the family history of those inhabiting it, how many fires would they extinguish or how many lives would they save?

DR. NASH: I was called in consultation in a case of a young girl who was said to be suffering from "kidney disease gone to the brain." Her symptoms were sighing,

very anemic, no pain, very weak and emaciated, restlessness and great thirst. In semi coma, pulse very slow and weak, and was of several months' standing. My eye caught sight of a vessel which stood under the bed, brimful of clear urine, passed since morning. Very thirsty, eats everything she can get hold of. Diabetes, I said, and she will be dead inside of twenty-four hours; and she was. Yes, "*kidney disease gone to the brain.*"

Essayists for next meeting were Drs. Nash, Hooker and Schumacher.

On motion a vote of thanks was extended to Dr. Dever for his valuable paper.

On motion, Society adjourned to meet in Syracuse on third Thursday in September next.

RICHARD S. TRUE, *Secretary.*

SYRACUSE, N. Y., Sept. 18, 1890.

Meeting of the Central New York Homœopathic Medical Society was held at Mead's Business College Assembly Rooms at 10:30 A. M.

Present: Drs. Martin, Wells, Hooker, Seward, Carr, Grant, Dever, Leggett, Schumacher, Santee, Sherwood and True.

Minutes approved as read.

The application of Dr. Alfred J. Norman, of Rochester, endorsed by Drs. Carr, Grant and Leggett, also that of Dr. E. M. Santee, of Cortland, endorsed by Drs. Dever, Leggett and True, were duly received and referred to the proper committee.

Dr. Fred Hooker produced a paper, subject, "Calling, Duties and Responsibilities of the Homœopathic Physician."

DR. DEVER: I endorse this paper. I am wondering whether those who use magnetism are successful in its use only with those whose mental calibre is below that of their own.

DR. CARR: I think many times those of a higher level of intelligence love to be humbugged.

DR. TRUE: This city, like all others, is afflicted with a long list of local and transient supposed healers of the various ills with which the human family suffers. Advertisements flood every avenue and dwelling in the city, and long lines of invalids may be seen couring their way to hotel parlors,

Polypathic institutions, the Sacred Halls of Christian Science and possibly to some market square, only to be duped and robbed of their money and receive nothing in return. We have in Syracuse an eccentric old woman, known as the "Rag Priestess," who crosses herself and mumbles a prayer over a cloth band which has been previously worn by the victim, and which serves as the text for a trance. Scores of those who call themselves intelligent and sane are caught in her trap, and she has built a beautiful house and paid heavy fines for practicing medicine illegally, and still she goes on. Men and women who seem thoroughly educated and sensible follow in her motivitous wake, and induce others to do likewise.

DR. GRANT: The humbugs do worse than to take money and render no return. I think they do give something more than nothing; they ruin and break down many cases which otherwise might be cured.

DR. SEWARD: The fact that so many of the laity are misled in the matter of treatment of disease is due, I think, to the fact that though they may be well educated and intelligent in all other relations, they know but very little of medicine and are as likely to follow one medical authority as another. We, as physicians, should do all we can to educate our patients in Homœopathy and make all the converts to our faith and practice we can.

DR. DEVER: I think we should all do mission work among our patients. It is my custom to educate my clients to the perfect knowledge of Homœopathy. This little society is being felt the world over—our transactions are published to the education of the public.

DR. TRUE: I have the honor of being a member of the medical staff of the "House of the Good Shepherd," and though that hospital is supported by a large variety of contributors there is so much of an element in sympathy with Homœopathy as to compel the hospital to entertain the request of any patient who may be desirous of homœopathic treatment, and two other homœopathic physicians besides myself are holding the fort as best we can. There is a training school in connection with the hospital, and not long ago one of the members of the graduating class accosted me in this wise: "Doctor, will you not give our class some idea of what

is expected of a nurse among patients treated by homœopathic physicians?" I replied I would gladly comply with her request; provided when they came up for examination I might be permitted to become a member of the examining board. I told her I would only be too glad to talk to them twice per week, but that I must first be formally invited by the matron, and second, be elected to such a position as should enable my vote to count in the examination, and so week by week I am doing such mission work for Homœopathy as I trust may ere long make it possible for us to establish a homœopathic branch and build a wing of even larger magnitude than the entire building as it now stands, where pure homœopathic measures may prevail and the mixing of drugs be counted out.

DR. HOOKER: I think Dr. True has a fine opportunity for mission work, and I wish him success in his efforts, and while I believe in missionary labors, we must first show good results and thus render our arguments the more convincing. In speaking of humbug practice, I know a woman who had been to consult the "Rag Priestess," who told her that she was coughing up her liver.

DR. CARR: We should hedge in our statements by saying if this prescription fails it will not be the fault of Homœopathy but because we are at fault in prescribing.

DR. BREWSTER: Many give medicine empirically. Mercurius for its characteristic stools, Aconite for restlessness and Belladonna for headache—all given at the same time perhaps.

DR. HOOKER: I was called to a patient who had Cholera Morbus. He had been treated by a supposed homœopathic physician for some time, who had prescribed ac., mer. cor. and used Morphine injections, gr. $\frac{1}{3}$ doses. I took his symptoms carefully and found Sulphur the indicated remedy. I administered the 200th potency and cured my patient immediately.

Dr. Carl Schumacher's paper—subject, "Carduns Mariamms"—was read and discussed, and this and Dr. Hooker's paper were ordered sent to THE MEDICAL ADVANCE for publication.

Recess until 2 P. M.

AFTERNOON SESSION.

MISCELLANEOUS BUSINESS.

Dr. L. B. Wells presented the following resolution which was unanimously adopted:

WHEREAS, There has been in our medical journals a discussion of the question, "What Constitutes a Homœopathic Physician?" in which a marked difference of opinion exists and the teaching in a large proportion of our homœopathic medical colleges leaves the question still an open one, so far as written opinions are concerned, and

WHEREAS, The Dean of the Faculty of the N. Y. Homœopathic Medical College, when asked his definition of a homœopathic physician, replied: "One who is a member of a homœopathic medical society, even though he may resort to other means in the treatment of diseases, and

WHEREAS, Such eminent jurists, as Hon. Noah Davis and Judge Barrett, of New York City, define a homœopathic physician as one who practices medicine in accordance with the laws of *Similia Similibus Curantur*, as taught by Hahnemann, not allopaths, not eclectics, not hydropaths, not electricians, and

WHEREAS, The opinion of the Dean of the N. Y. Homœopathic Medical College, and that of the Deans of many other so called homœopathic medical colleges in the land, are directly adverse to the highest legal authority and the constitution of this society, as well, and

WHEREAS, We realize the necessity of our advising all students who desire a knowledge of Homœopathy to select such institutions as teach the true science of medicine as taught in the *Organon*; therefore,

Resolved, That this Society recognizes no one as a homœopathic physician who uses other methods than those in accordance with the law of *Similia Similibus Curantur* as taught in the *Organon* of Hahnemann, and further

Resolved, That in recommending students to medical colleges, we advise them to attend only those where the *Organon* is thoroughly taught and made the foundation of the study of *materia medica*.

§§ 72 and 73 of the *Organon* were read and discussed.

Report of treasurer was made and accepted.

The election of officers for ensuing year resulted as follows: President, Dr. A. B. Carr, of Rochester; vice-president, Dr. R. C. Grant, of Rochester; the re-election of Dr. R. S. True, of Syracuse, for secretary and treasurer; also the re-election of Drs. Hawley, Seward and Stow, censors.

Essayists for next meeting: Drs. Nash, Gwynn and Martin.

On motion the society adjourned to meet at Rochester, on Thursday, December 18, 1890.

RICHARD S. TRUE, Secretary.

CHRONIC ENLARGEMENT OF TESTICLE.

The following is a copy of a letter written August 5, 1889, and tells its own tale:

"About two years ago my right testicle commenced to get hard and enlarge. I did not pay much attention to it for some time, but it still grew larger, and I went to a doctor here. He has been treating me for over a year without giving me any relief. The testicle continues to enlarge, and at present is about ten inches around and seven inches long; hard as a rock. I have worked until the last two weeks. There is not much soreness, but some pain in my groin, and it seems as though the testicle weighed ten pounds. My health otherwise is good. There is some inflammation, but not much. I had two doctors examine me the other day, and they thought the best thing to do was to take it out. Now as that is a pretty severe operation I thought I would write to you to know what you thought about it, for I can put more trust in you than in doctors here. Please answer soon and give me your opinion—if you think I can be cured without an operation—as I must have something done."

The patient, a soldier of the late war, was about fifty years of age. Sanguine temperament, black hair, blue eyes, and a tendency to spells of despondency. Patient had contracted gonorrhœa in the army, and was treated there for a while, but it returned as chronic gonorrhœa or gleet, for which I treated him with Balsam Copaivæ, one drachm to nine drachms of alcohol, dose, ten drops three times a day. But he was always inclined to have a little discharge.

Six years after, while living in St. Louis, he wrote to me that he was troubled with chancre. I sent him Natrum sulph. 6th, then gave him Kali mur., but did not treat him locally. He reported some improvement, but being some ways from me, I did not pay much attention to him. He might have been treated by some one after that.

Then I heard no more of him till he wrote for advice this last time. I had given him gold before, as he was subject to spells of melancholy with a suicidal tendency, and a few powders always relieved him.

As mentioned in his letter, the tumor was treated for one year by one physician, during which time he has taken a good deal (as he expressed it) of "nasty medicine," also some local applications were made and the tumor grew larger.

"I gave him no opinion in my letter," Dr. Washburn continues, "but sent six powders of Aurum foliatum, 3d cent. trit., to be taken one at night and one in the morning."

"About a week after he had commenced taking the powders I met him. He said *four days after he had taken the powders the testicle began to soften in spots*. On closer inquiry I found he had taken a great deal of bad medicine; health was not good, felt very weary at times and despondent. Gave him eight or ten powders of Aurum foliatum 4th cent. The tumor continued to soften and grow less."

September 18, 1889, patient writes: "Am feeling well and happy. Swelling has almost disappeared. It gradually decreased until it is almost down to the natural size, and you don't know how glad I feel. I am truly thankful for the good you have done for me."

In February, 1890, patient reported the swelling all gone and being in splendid health.

S. H. WASHBURN.

ELMWOOD, ILL.

COMMENT BY B. FINCKE.

The foregoing case of chronic enlargement and induration of the testicle presents one of the largest tumors on record, and its cure by internal medicine is one of the miracles of the nineteenth century, which no science except homœopathics can explain. The only explanation possible can be given by our own science of homœopathics on the Hahnemannian hypothesis which has been dilated upon extensively by the writer in his commentaries on the Organon, published in the *Journal of Homœopathics* in the year 1889.

Here we have to deal with a fact the most certain. The tumor was so large that it was easily accessible to measurement in all three dimensions—the circumference of ten, the diameter of over three, and the length of seven inches. The

case nearest approaching to it was one of Dr. Kirsch, published in the *Allg. Hom. Zeitung*, vol. 40, p. 346, where a man 35 years old had suffered from a swelling of the testicle of the thickness of $1\frac{1}{2}$ fist, hard as sarcocele, for nine months, for which everything had been done without avail. Patient took Aurum fol. 200 and 300, and likewise Spongia, at intervals of four weeks, with visible success. Four weeks after the lastly given ten doses of Aurum fol. 30, one each tenth day, the swelling had disappeared after four doses, but began to show itself again after one year. He now received Aurum fol. 30, one dose every ninth day, when the patient, during his work, under the sensation as if a fine knife went through it, got rid of his tumor and disease. Four years later it had not returned.

Another case cured with Aurum, dose not given, was that of Dr. Gastier, *Allg. Hom. Zeit.*, vol. 18, p. 89. After several gonorrhœal infections a shoemaker suffered for fourteen years from considerable swelling and induration of the left testicle, more troublesome lately on account of its weight and some pain; sad, discouraged. Was treated for two months, lastly with Mezereum and Arnica without success. After Aurum fol. the sound right testicle swelled as much as the diseased left one with much sensibility. After a few weeks both returned to their natural size.

Rhododendron has also been used with curative effect in these chronic affections of the testicle. A man sixty-four years old had, for the last ten months, a considerable enlargement of the testicle, painful in walking and making it difficult. Dr. Schreter gave Rhod. 30 in solution, six doses. For one month no change could be perceived, then the organ diminished to its normal size after three months.

The writer, in the beginning of his career, forty years ago, cured a young printer, about twenty-five years old, affected with secondary and tertiary syphilis and gonorrhœa, not only of these affections by various remedies in middle and high potencies, but besides of an enlarged and indurated testicle of considerable size by Aurum met. 1100, one dose. On the eighth day a remarkable pathopoetic symptom occurred, viz.: waking up in the night with cutting in the bowels, followed by vomiting of butter-like masses, and then water. Patient testified twenty years afterward, that he was cured perfectly. He then had six living, healthy children.

From these cases it appears that gold in various potencies from the third centesimal trituration up to the 1100th cent. potency proved curative in such severe affections as enlargement and induration of the testicles. Such cases are owing to previous venereal infection producing gonorrhœa. This generally considered trifling affection frequently is followed by frightful degenerations in the organism and furnishes more victims to a short sensual pleasure, than many physicians even imagine. One of the most loathsome sequelæ to gonorrhœa if it had been maltreated in the common fashion by local application, is the enlargement and induration of the testicle. If the young man, inexperienced as he is, would know of such a probability following his trespass in his later years, he might think twice before giving way to the imperative promptings of his animal nature. But what can we say when even physicians advise a young man to help his sexual passion—which he seems too weak or unwilling to conquer by mental and physical work and exercise and proper living—by impure coition. They commit a crime in a double sense by destroying the innocence of the young man and his victim, and by conniving at the bad practices of his victim if no longer innocent.

The case of Dr. Washburn excels all the others in the promptness with which the medicine acted upon such an enormous tumor of ten by seven inches, hard as rock and growing for two years. Patient had taken six powders of the third trituration of Aurum fol., night and morning; they, therefore, lasted three days. The fourth day already the tumor commenced to soften in spots. It is not stated whether the eight or ten powders of the fourth trituration were also taken, one each night and morning successively, but it is to be supposed. He then had taken medicine only for the first twelve days. After six weeks the tumor has almost disappeared and was all gone within six months from the beginning of the homœopathic treatment. It is to be remarked, that after six weeks no more inconvenience was felt. Well may the patient exclaim: "I am truly thankful for the good you have done for me," and good Dr. Washburn must have felt as grateful as surprised at the success of a cure of which Hahnemann himself might have been proud.

Aurum was recommended by Hahnemann for old indura-

tion of testicles. In his provings the symptom of Hermann: Swelling of the right testicle with pressing pain only on touching and rubbing which for several evenings began at 6 P. M. and ceased after 11 P. M. (after 5 days) is in point. The melancholic state of the mind and the tendency to suicide is also characteristic for Aurum. It was, therefore, the correct remedy and homœopathic to the case. The success proves that it must also have been homœopathic in regard to the dose. The doctor had, at the time of prescribing, no higher potency to give and hence gave what he had, triturated according to Hahnemann's rule by himself. It would seem, when comparing the cases cured with the 3d and 4th trituration, the 30th, 200th, 300th and 1100th centesimal potencies, that it seemed immaterial which potency was given. But Dr. Kirsch had given the 200 and 300 with four weeks' interval with visible success. Then he changed for Aurum 30 in shorter intervals, and the swelling disappeared after four doses. But it returned after a year and disappeared again after Aurum 30 in doses repeated every nine days. No time of recovery is given in the writer's case, but the few pellets of Aurum 1100 certainly removed the tumor, and this was owing to an effect of a high potency. The effects of the 30, which must be classed as a high potency, because physical science can not detect in it the least material thing—aside from the vehicle carrying it—of the 200, 300 and 1100, shows conclusively that, if the 3d and 4th trituration was as efficacious as the course of the disease proved to be, the curative agency could not have been the material which we, from its physical appearance, call gold, but the medicinal force carried by this matter, called gold. This medicinal force resides in it, unconnected with what the physicist and chemist calls the physical and chemical properties of matter, and is some force *sui generis* with which the Creator, in his bounty, has endowed all kinds of matter for the benefit of his human children. Matter being inert, by nature, serves as a vehicle as well for the physical and chemical, as for the medicinal forces which Hahnemann was the first to discover and develop by potentiation. This medicinal force inherent in matter belongs to a higher form of life than the physical and chemical properties which represent the inorganic life force, while the medicinal force represents the

organic life force and hence is similar to the life force which, according to § 9 *Organon* rules the organism during life. Hahnemann himself, after showing how the older physicians, especially the Arabians, had applied gold powder with success which they obtained by trituration under water on rough linen, or dry on a rubbing stone, tried his first trituration with milk sugar in watery solution, and found it sufficient for producing strongly marked symptoms, but later he recommends the thirtieth cent. potency as sufficient for medical purposes.

Therefore, in our case, it had been the pathopoetic force in the administered triturations of gold, which developed from the crude substance by potentiation turned the disease into its contrary, health, on homœopathic principles.

Dr. Buchmann made a highly interesting experiment in this regard which confirms this view. He took,

September 29, 1880, fifteen ten-mark gold pieces, cleaned them with soap and water from all impurities. He then submitted them to a careful rinsing with distilled water and dried them under avoidance of all friction. The gold pieces were washed several times in a glass with distilled water, and at last fifty grains of distilled water were poured over them in a glass. The glass was gently swung to and fro, so that the coins could not leave their relative position, and this was repeated fifteen minutes later. From this gold water Dr. Buchmann took about a teaspoonful in the mouth, and swallowed it, after a few seconds. The taste of the water was astringent, sourish bitter, and combined with a contractive sensation on the whole tongue. During the time following he observed the following symptoms: The water was taken:

10 A. M. After 10 minutes burning at soft palate.

“ 20 “ “ confusion of head. Pressing on both parietal bones. Nausea.

After 25 minutes: Burning at lower side of nasal cavity as in coryza.

After 30 minutes: Drawing pain through left side of lower jaw.

Toward 11 A. M.: Drawing pain in left tibia. Aching in region of heart. Drawing in lower radius, first left then right.

Afternoon: Sensation as after a blow to lower part of left tibia.

Pressing upon left instep as if boot were too tight and foot swollen (the ankle joint sprained several years ago). Right eye lachrymating from noon to night (right eye lachrymating for some time in 1879, from paralysis of right facial nerve).

After Dr. Buchmann had taken of the gold water, his most sensitive prover, a lady fifty years of age and healthy, took unsuspectingly a large swallow, more than a tablespoonful, which, on account of her exceeding sensitiveness to the action of metals experienced on former occasions, she afterward regretted very much. For, immediately after taking the gold water, a proving commenced, and brought out fifty well marked symptoms within two days and a half, which not only verified the Hahnemannian symptoms, but gave new ones, and many with characteristic distinctness. At the end the prover was so disgusted that she did not want to drink any more of the precious water. As this proving has probably never been published in English, as far as I know, it may be acceptable to insert it here.

ACCIDENTAL PROVING.

Mrs. F. B.—, fifty years, in good health, suffers only from a hemorrhoidal knot and inclines to constipation.

Took a large swallow of Dr. Buchmann's gold, treated with water, as described above:

September 29, 1880. Hahnemann's symptoms are placed on the opposite side.

10 a. m., immediately:

Hahnemann's symptoms.

- | | |
|---|---|
| 1. Taste sourish, bitter, astringent, burning similar to arsenic. | Sometimes a sourish taste on tongue (after two and a half hours). Bitter taste in mouth with dryness (after eight hours). |
| 2. Burning and sore sensation in throat. | Stinging sore pain in throat only on swallowing. |
| 3. After two minutes:
Retching and vomiting of slime and bile, twice repeated till noon. | Retching with pressure in abdomen.
°Vomiting of butter like masses and water (Fincke) |

- | | | |
|-----|---|--|
| 4. | After fifteen minutes:
Cold sensation in lower
legs with cramp like pain
in calves. | Coldness of legs up to knees
in bed, can not get warm. |
| 5. | Tremulous sensation
right above stomach pit. | Heart seems to tremble in
walking like loose. |
| 6. | Faintness with great
weakness. | Sensation of inner vacuity
and weakness in whole
body. Very tired on
awaking, morning. Great
weakness, afternoon, sud-
denly on sitting and
reading. |
| 7. | Heaviness in head. | Confusion of head after ris-
ing with heaviness in oc-
ciput. |
| 8. | Great appetite for coffee;
eats a roasted coffee bean
to allay it. | Great longing for coffee. |
| 9. | Sudden, violent aching
in stomach pit. | Aching in stomach region.
Stomach aching as of
hunger. |
| 10. | Shortly after, a strong
blow, as with a hammer,
below left mamma, re-
peated after a few sec-
onds. | At times a single very strong
beat of the heart. |
| 11. | At 11:30 A. M.:
Swollen, red cheeks, left
more, burning, hot to
touch. | Swollen shining face as of
sweat with protruding
eyes.
Swelling of both cheeks.
Swelling of one cheek. |
| 12. | Sensation of foreign
body in œsophagus. | A painful impediment in the
œsophagus on swallow-
ing. |
| 13. | After dinner irresistible
sleep for half an hour. | Invincible sleep after dinner. |
| 14. | After awaking, vomiting
of some food. | |
| 15. | Accumulation of sweet
tasting water in mouth. | Accumulation of pleasant
tasting saliva in mouth. |

16. Curative symptom:
The hemorrhoidal knot is quite shrunk and pains in anus never returned since.
17. Drawing together pain at inner thigh; that knee can not be extended properly.
18. Blow as with a hammer below l. m a m m a repeated several times in longer intervals.
19. Stinging pain on tongue.
20. Swollen sensation in nose as of coryza.
21. Sensation of swelling at upper lip, not to be drawn over teeth.
22. Pain in masticatory muscles as of a thrust or blow from afternoon to night.
23. Copious, watery evacuation, with griping about navel till night.
24. Cold feeling in whole body, especially back, from 5-6 P. M.
25. Restlessness and anxiety, with depression in evening; must go to cemetery, though much affected, about dark.
- The margin of anus painfully swollen, sharp stitches in anus and rectum.
- Painful stiffness and lameness of knees.
- See 10.
- Excoriation of tongue (clor).
- Swelling of nose in room after being in open air. Swelling and redness at and under r. nostril.
- See 20.
- Parotid painful on touch like pressed or bruised.
- Unusual copious stool in evening. Colic, griping and cutting in abdomen, then diarrhoea and after that distended abdomen.
- Coldness in whole body without fever, morning. Coldness of body, esp. hands and feet. Coldness almost all day.
- Restlessness and hasty urging to bodily and mental activity. Melancholic and inclining to solitude.

26. Scintillation before lower half of the field of vision, as if she must look above something. Halfsidedness of vision, or as if the upper half of eye were covered with a black body, so that she could only see with lower half, and the upper remains invisible.
27. Loss of appetite for supper. Appetite for nothing.
28. Awakening at 2 A. M. with dryness of tongue and impossibility to close mouth because of complete stoppage of nose. Sensation of stoppage of nose as of dry coryza with passage of air free.
29. Constrictive sensation in the region of garter. Pain below knees as if ligated tightly in sitting and walking.
30. Cramp, pain in calves and toes, as if toes were drawn under in bed. Curative symptom: rapid cure of tonic spasm in fingers and toes by laying on a gold watch. Dr. Horbach.
31. Sept. 30, after rising: Edematous swelling of lighter colored skin over zygomatic bones. Swelling of both cheeks, morning.
32. Vomiting of coffee immediately after drinking it. See 3.
33. Watery diarrhoea with griping in intestines eight times till noon. See 23.
34. Heat, redness and swelling of both cheeks toward noon. See 11.
35. Difficulty of extending knees. See 17.
36. Vomiting of meat soup after dinner. See 14.
37. Constrictive sensation below knees with spasmodic bending of toes. See 29, 30.

38. Watery evacuation four times from noon to night. See 23, 33.
39. Sudden attack of anxiety by oppression in stomach pit with eruption of sweat. Dyspnœa with anxiety.
40. Immediately after the last symptom: pain in upper abdomen more to right, with much distention of colon transversum, dyspnœa and stinging under left mamma in heart. Swelling in whole upper abdomen with stinging pain on pressure. Oppression of chest with dumb stitches in it.
41. Several times vomiting of bitter mucus with after taste of gold water accompanied by cold sensation on chest, abdomen and back with cessation of oppression. See 3, 14, 24, 32, 36.
42. Accumulation of water in mouth till night. See 15.
43. Painful distention in intestines with frequent eructations of air. Flatulent colic.
44. Bitter sweet taste till 11 P. M. See 15.
45. Frequent awaking in night by spasmodic pressure in stomach region, eructations of air, oppression and spasmodic pain in calves.
46. October 1. Twice in morning after rising watery diarrhœa, the first time with nausea, both times with slight griping in abdomen. Every morning light stool, with some griping.
47. Frequent eructations of air. S. —

48. Vomiting of meat soup See 36.
for dinner, in afternoon.
49. Pains in intestines in bed See 43.
by distention of air.
50. Sensation of icy coldness See 24.
of whole body with com-
mon warmth of body.

See: *Mikroskopische und anderweitige Beobachtungen, etc.*
Gekroente Preisschrift Leipsig. Baumgaertner 1881, pp. 92.

Buchmann communicated this experiment in order to prove the solubility of the gold, even in the mere bringing this indifferant metal in contact with distilled water for a short time. He desired to add to his investigations on the solubility of metals and hard substances by the microscope this physiological experiment, resting upon the supposition of the infinite divisibility of matter.

The writer, escaping an error which he held with many others some thirty years ago, has in some other place shown the incorrectness and untenableness of this idea and in the refutation of this theory shares the opinion of the greatest chemists and philosophers. The fault in Buchmann's reasoning upon his experiment is a twofold one, viz.: the infinite divisibility, being a mere hypothesis, can not be proved by experiment and a physical question can not be solved by a physiological experiment. The physiological experiment is a symptom of the working of the organic life force, while the physical question relates to the inorganic life force residing in matter uttering itself in physical and chemical properties and being amenable to physical and chemical treatment, but not to that life force, the medicinal force of which is similar to the organic life force of man, in being able to turn the organism into opposite states. Here is, therefore, a fallacious disjunction of the concepts of physics and physiology. It must, of course, not be disregarded that the physico-chemical school throws life out of physiology altogether and puts in its place the physical and chemical properties of matter, a reprehensible confusion of ideas to be emphatically rejected as illogical and unphilosophical. For physiology is the science of organic but not of inorganic life, the latter of which it taught in the books on Physics and Chemistry.

Furthermore, the infinite divisibility of matter loses all

ground when we observe the action of the high and highest potencies. The objection of the materialists who put their action into the infinite division of the matter originally employed, under the names of molecules and atoms, which if they *could* be compared at all, are far too large quantities to be compared with high potencies, is a mere prevarication, for they can not fortify their position by proof and experiment, and defer it *ad græcas calendæ* "if it last a thousand years," as one defender of the materialistic faith, though he himself applies and makes high potencies, told us in a public discussion in the Homœopathic Union. But we can prove the correctness of our position in every new case of proving or cure with a homœopathic high potency either in the first case by producing the symptoms peculiar to the remedy, or in the second by the restoration of health.

After all this we arrive at the conclusion that, what in our case of Dr. Washburn acted, was not the physical and chemical property of the metal gold, but its immaterial medicinal force which in that third cent. trituration was just proportioned to the disease or to the force with which the pathogenetic potency acted upon the human life force. That this action is mediated by the nerve system needs not any further asseveration, for no data are extant, that a millionth part of a grain of gold in a little milk sugar, or an indefinite quantity of gold after bringing it in contact with water for a short time, should dissolve and enter the system by the absorbents, or by the blood, or by some other inferior organs or by osmosis or by mere contact, and in this manner produce the wonderful action we are talking about. The supposition of the solubility of gold in water is flatly denied by chemical science, which is authoritative in this respect. But the translation or transference of the medicinal forces with which all matter, being inert by the uniform testimony of dynamic science, is endowed, upon other matter by means of potentiation through inert vehicles, is a scientific explanation in accordance with experience which is the only valid proof of the soundness of a theory. The question is entirely of a philosophical nature. The fallacy, as above said, is in the mixing up physiology with physics and rendering it subordinate to it, and in this way subservient to the materialistic tendency of the age in which we live.

The gold leaf triturations, used in our case, the gold water used for the provings in Dr. Buchmann's experiment, the gold leaf in Hahnemann's provings and the potencies used in the other cases for cure were all derived from gold alloyed with copper. But in the writer's case the gold potency was made from chemically pure gold prepared in the mint of Frankfort on the Maine. The alloy evidently made no difference and the effects were owing exclusively to the gold in it. For Copper has no pathopoetic action upon the testicles as our provings show.

Can the physico-chemical school show anything like the cure of Dr. Washburn of chronic enlargement and induration of the testicle as described above? No, the only reliance this school has in such severe cases is local application and surgery. It is utterly incapable of dealing with them by internal medication and gives the lie to the famous dictum of the great surgeon of Vienna, Dr. Billroth, when he says: "Medicine must become more and more surgical."

The biologico-dynamical doctrine of Hahnemann consists in this:

Life force runs through all the substances inorganic and organic, forming a continuous series of degrees and it constitutes their real existence.

Hence inorganic substances contain life force and owe their existence to it as well as organic bodies.

The life force of organic bodies is a higher degree of life force than that possessed by inorganic bodies which is twofold: the inorganic life force relating to the physical and chemical properties of matter, and the organic life force relating to the medicinal property of matter, of acting upon the life force of man by conversion of its state into its opposite.

This medicinal life force of matter is employed in sickness by administering a remedy which is capable of producing similar symptoms to those to be cured.

This medicinal force to be curative must be graduated to the state of the human life force, in order to avoid unnecessary aggravations or production of new symptoms by the medicine.

This graduation of the medicinal force is attained by the process of potentiation of the medicinal substances by imparting their force to inert vehicles in certain proportions.

These preparations called high potencies contain of the original substances employed nothing but the organic life force and are thus assimilable by the organic life force of man.

These high potencies act upon man by turning the state of his life force into its opposite, viz., health into disease, and disease into health, provided in the latter case that the law *Similia Similibus* and in both cases the homoeopathicity to the life force is satisfied.

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.

IN MEMORIAM.

WILLIAM STANLEY GEE, M. D., associate editor of the *MEDICAL ADVANCE* and co-professor of Materia Medica and Therapeutics in Hahnemann Medical College, died November 11th, 1890, at 7 A. M., aged 34 years.

Dr. Gee was born at Clinton, Mo., August 6th, 1856. In 1859 his parents moved to Anderson, Ind., where his boyhood was spent on a farm. At the age of 17 he began to teach school in winter, working on the farm in summer, and taught for five years. During this time he began the study of medicine, but the uncertainties of allopathic therapeutics were not encouraging. His philosophical mind yearned for something more scientific, a system founded on law instead of experience, and he abandoned empirical therapeutics. While on a visit to Three Rivers, Mich., he met a homeopathic physician who explained the law of similars and he was so pleased with the revelation that on his return he matriculated in Hahnemann College in the autumn of 1879, taking his degree in the spring of 1881. During his college course he was a close student and so diligently did he pursue his studies that on a competitive examination he captured the position of house surgeon in Hahnemann Hospital, which he acceptably filled for a year. In April, 1882, he began practice in Hyde Park, then a suburb, but now a part of the city, where by his close

prescribing he soon obtained a phenomenal practice. In 1885 he became co-professor of *Materia Medica* and Therapeutics in his *Alma Mater*, giving a weekly lecture on the philosophy of Homeopathy as expounded in the *Organon*. With the large class of students these lectures soon became very popular, as he had learned the secret of the true teacher, viz.: that of making his subject intensely interesting and of inspiring the student with his own zeal and fervor. In expounding the philosophy of Hahnemann, he had few superiors in our ranks, and in no field of labor will his loss be more keenly felt than by his colleagues of Hahnemann College. He may justly be regarded as the Farrington of the West.

The excessive labor demanded by the epidemic influenza of 1889-90 severely taxed his strength. He had completed his lecture course, and on a cold night in March, 1890, while walking from a faculty meeting in the Palmer House to the train he was attacked with hemoptysis, which, unfortunately, proved to be the beginning of the end. He went at once to Colorado where he had previously experienced great benefit, but despite careful prescribing and change of climate the hemorrhages returned and pulmonary phthisis rapidly developed. He returned to Chicago in September, greatly emaciated and fully prepared to meet what he now plainly saw was inevitable, and he passed away at 7 A. M., November 11th, surrounded by his family. He leaves a wife and two sons. Both the A. I. H. and I. H. A. lose a valuable member in his early demise.

The funeral services were conducted in the Hyde Park Presbyterian church of which he was a member, and were attended by the Faculty and students of the Hahnemann Medical College, and a large number of his former patients and friends.

On the following Sunday afternoon, November 16th, a Memorial Service was held in the hospital amphitheatre. The platform was occupied by the Faculty and the body of the room by a large gathering of medical students who had come hither to pay their last tribute to their departed friend. The President of the Institution, Dr. D. S. Smith, occupied the chair. The services were opened with prayer by Professor Leavitt. The following resolutions were then presented and

pending their adoption brief and touching addresses were made by Professors Hall, Crawford, Arnulphy, Halbert, Ludlam and Smith.

WHEREAS, In the order of Providence we have been sorely afflicted by the illness and death of our colleague, Professor and friend, DR. WILLIAM S. GEE, and are therefore in mutual condolence, be it

Resolved, That in every regard, and in all the relations that we have sustained with Dr. Gee, we have found him to be earnest, honest, sincere and capable.

Resolved, That we shall always remember and cherish his friendship and kindly feeling, his interest in our work and welfare, and shall take his example as worthy of imitation in our professional capacity and in our future studies.

Resolved, That we hereby tender our warmest sympathy to his esteemed widow and to all the members of his afflicted family, and that we request the publication of these resolutions in the *Clinique* and the medical press.

A special meeting of the College Class for the session of '89-'90 was also held, at which the following preamble and resolutions were unanimously adopted:

WHEREAS, It has seemed good to Almighty God to remove our late worthy and highly esteemed PROFESSOR W. S. GEE; and

WHEREAS, The intimate relations held by the deceased with the students of this College render it proper that we should place upon record our appreciation of his services as an instructor and of his merits as a man; therefore,

Resolved, That we deplore his death with deep feelings of regret, which are softened only by the hope that his spirit is with those who, having fought the good fight here, are enjoying perfect happiness in a better world.

Resolved, That we extend to his afflicted relatives our sincere condolence and our earnest sympathy in their affliction at the loss of one who was a good citizen, a thorough physician and an upright man.

Resolved, That the students of this College attend the obsequies of our deceased professor in a body and that the college be hung with the emblems of mourning until the funeral ceremony shall have been performed.

Resolved, That a copy of the foregoing resolutions, signed by the committee appointed to draft such resolutions, be tendered the relatives of the deceased.

H. A. NOYES, MRS. HATTIE BIGGER, G. H. RIPLEY, BEATRICE CHURCHILL, H. J. MACOMBER.	}	<i>Committee.</i>
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AURUM METALLICUM. In this issue will be found a remarkable and brilliant cure of orchitis by Dr. S. H. Washburn, for which we ask the careful and thoughtful attention of our readers. The comments on this case by Dr. B. Fincke, who adds an accidental proving and the experiments of Dr. Buchmann made for scientific purposes, form one of the most convincing arguments in behalf of Hahnemann's system of medicine that has ever appeared in our school. No more or better evidence of the curative power of small doses has ever been presented, and no more convincing document could be placed in the hands of an honest man, of either school, in search of light and evidence of a better way.

THE CLEVELAND MEDICAL COLLEGE.—Recent events appear to demand a second notice of this quasi homeopathic college. At least one of the chief promoters has for a long time been an advocate for striking our colors, for blotting out the name of Homeopathy from our colleges and our professional ethics, and in the new incorporation his peculiar views have evidently been adopted. The dropping of the name and everything that would make it distinctly homeopathic, and the adoption of the United States Dispensatory as a text-book of homeopathic *Materia Medica* ought to satisfy the ambition of the promoters, for in the November issue of the *New York Medical Times* their act receives the following editorial sanction :

The prospectus and first announcement of the Cleveland Medical College has been received. This college has been founded, we believe, by ex-professors of the Homeopathic College, and will doubtless to a certain extent take its place. We are pleased to see naturally, that the new college has no *sectarian* designation, and that it is proposed to teach the *whole* of medicine instead of a part, as is done in some schools. [The editors of the *Times* can not mention a homeopathic college in which the whole of medicine is not taught.—ED.] It is announced that the *Materia Medica* as given in the United States Dispensatory will be taught, as well as the art of applying drugs, in accordance with the theories of Hahnemann !

We do not hesitate to say that this plan meets our views exactly, as it is what we have been advocating for years ! It is a source of gratification to the *Times* to observe that the seed which it has been casting broadcast for many years has taken root, and that we are to have medical union at least so far as the teaching of this college is concerned. The college has our best wishes and will have such support as we can give it, and we urge our friends everywhere to use all possible influence to make the school a success.

To this endorsement we append another from the November editorial of the *Cleveland Medical Gazette* (old school) which ought to be convincing :

We are pleased to note that the announcement of the new medical college recently founded in this city by the outgoing faction of the Homeopathic Hospital College has discarded all sectarian designation. We regret however that they have selected this name as the graduates of this new institution will be confounded with the graduates of the old Cleveland Medical College which did a noble work for medical education in this city for so many years.

We greatly mistake the temper of the American Institute, manifested at Saratoga, when the *Times* was so unceremoniously stricken from the list of homœopathic journals, for a similar offense, if the graduates of this nameless college do not meet with opposition when they apply for admission. And is it not about time for the American Institute to demand, as it has the right to demand, that new colleges shall not be started solely to gratify personal pique or private ambition? It is not more colleges that we need but *better ones* and *better teaching*.

New colleges may with propriety and justice be organized:

1st. In localities where, as in the South, the territory is not now occupied by accredited institutions.

2d. To secure some assured endowment that would better remunerate the teachers and thereby enable the college to employ the best talent obtainable for such positions.

3d. To secure enlarged hospital and clinical privileges.

These would be legitimate objects for the establishment of new colleges and would warrant and receive the approval and patronage of the profession. But no such claims can be put forth in this instance, for the old Homœopathic College was never so well prepared for good work, and especially for teaching Homœopathy, as now. For the first time in its history it had made provision, and so advertised, for the teaching of the Organon.

In his introductory address Prof. Sanders says: "The college was never so ably equipped as now for the teaching of Homœopathy pure and simple—Homœopathy made practical for the every day bed side necessities of human sickness and suffering." The aim of the founders has apparently been to cater to the liberal (?) element of the profession. To the homœopaths they are "firm believers in Homœopathy" and will so pass before the American Institute. To the allo-

paths and eclectics they will claim to be liberal (?) and appeal to their name and the endorsement of the *Times*, as witnesses. Under such a transparent guise the hybrid venture is launched and Homœopathy must bear the burden. This is "sowing the wind" and soon Homœopathy will reap the legitimate harvest. Well may she say, "deliver us from our friends."

New Publications.

INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON GENERAL'S OFFICE, U. S. ARMY. Vol. XI. Phædronus-Régent.

This volume contains 9,539 author-titles, representing 4,535 volumes and 8,908 pamphlets. It also includes 14,262 subject titles of separate books and pamphlets and 38,080 titles of articles in periodicals. It will when completed be a magnificent work of reference.

A CLINICAL MATERIA MEDICA. By the late E. A. Farrington, M. D. A course of lectures delivered at the Hahnemann Medical College, Philadelphia; reported phonographically and edited with the assistance of the author's manuscript by Clarence Bartlett, M. D. Second edition. Philadelphia: Hahnemann Publishing House, 1890.

The fact that a large edition has been exhausted and a new one demanded in so short a time proves this to have been a most popular work. In fact, it ranks next to Dunham's as the best Lectures on *Materia Medica* that have yet been published in our school. In the preparation of this edition, the editor has had, "in addition to the author's manuscript lectures, the notes of students whose privilege it was to receive instruction from Dr. Farrington in more recent years than was accorded the editor. The result has been the addition of a number of symptomatic indications for drugs, which have been pretty evenly divided over the whole work." Like all progressive students of *Materia Medica*, Dr. Farrington was continually adding valuable symptoms to his notes, and in this edition we have the latest and perhaps the last, as the editor has not been idle. Every student should possess a copy.

A CLINICAL STUDY OF DISEASES OF THE KIDNEYS; including Systematic Chemical Examination of Urine for Clinical Purposes; Systematic Microscopical Examination of Urinary Sediments and Systematic Application of Urinary Analysis to Diagnosis, Prognosis, Treatment. By Clifford Mitchell, M. D. Pp. 431. Cloth, \$3.00. Chicago: W. T. Keener. 1890.

The author's preface says: "Harley has well said that the state of the urine is a key to the condition of the body. While some diseases may not affect the urine, morbid urine indicates disease." The object of the author has been to make the work a practical guide in chemical and microscopical examination of the urine as an aid in diagnosis and prognosis, and in this he has succeeded. He has also explained the

relation of diet in affecting the urinary excretions, often a valuable factor in the treatment of many affections of the kidneys. In diagnosis, prognosis and hygienic management of these diseases, there are many valuable hints to be gleaned in nearly every chapter; e. g., in "Catheter fever: In cases of chronic retention of the urine, death sometimes results from removal of too much urine." Also the diet to *avoid* in albuminuria is practical and worth remembering, as many cases can not be cured without strict attention to diet.

But the therapeutics are more than disappointing. What use has the homeopath for Tyson's advice in renal colic: "Antipyrin in fifteen-grain doses, frequently repeated." Or in enuresis: "The omnipresent Antipyrin in two doses of 10 or 15 grains, one at 6 and one at 8 o'clock, evenings, is said to cure enuresis in two or three days." There is altogether too much of such senseless reference to allopathic palliatives. It sadly mars a professedly homeopathic work, and we hope for the credit of the school to see it eliminated in a future edition.

THE GENESIS OF NATURE, considered in the light of Mr. Spencer's philosophy, as based upon the persistence of energy. By Thomas H. Musick. New York: John B. Alden. Pp. 377. 1890.

The author of this very readable book is evidently not only a thinker, but has the courage of his convictions, for he is one of the first, if not the first, to subject the philosophy of Herbert Spencer to controversial criticism. For years the doctrine of the "Conservation of Energy," "Persistence of Force, or Correlation of Forces," has been generally received as universally applicable. But, as he says in the preface: "If true as generally accepted, discussion will do no harm; if in any respect erroneous, it has long enough held place as the bottom fact in mind and nature, long enough served as the very bed-rock in physical science; long enough yielded vantage ground to the assaults of materialism upon spiritualistic faiths."

But when our author goes further and attempts to point out serious defects, or even grave errors in such master minds in science and physics as Galileo, Newton, Mayer, Grove, Helmholtz, Tyndall, Stewart, Tait, Darwin, Hinton, Grant Allen and Spencer, he certainly deserves a patient reading. In the concluding chapter on "Life"—and here is where we, as homeopaths, are interested—the author defines his theory and why he differs from Spencer. "Professor Hæckel, Mr. Hinton, and, as I understand him, Mr. Spencer also, find no principle in the plant or animal not also present in the crystal. As they regard the matter, all the phenomena of organic growth and development are the simple results of the co-ordinations of the ordinary physical forces of physical nature acting outside the domination of any other principle. With them 'Life' has a single, simple meaning, and may be defined as the phenomena of organic action. But with this view I can not agree, for I find that while the plant and the animal are built up by the ordinary natural forces, these forces do not behave as they do in the crystal or in the watch. . . . For want of a better term, I call this higher principle 'Life.'" Buy the book and read the rest of this interesting chapter. It will pay.

THE RUBRICAL AND REGIONAL TEXT-BOOK OF THE HOMEOPATHIC MATERIA MEDICA. SECTION ON THE URINE AND URINARY ORGANS. By William D. Gentry, M. D. Octavo, pp. 239. Philadelphia: Hahnemann Publishing House, 1890.

The author says: "This *Materia Medica* differs entirely in arrangement from any work heretofore published. It is *rubrical* because it gives *only* symptoms which may be underlined with red ink as perfectly reliable." The question will at once be suggested, if not plainly and bluntly asked, upon what authority or whose *ipse dixit* are these symptoms *alone* selected as "perfectly reliable?" The work professes to give the symptoms of the urine and urinary organs of the homeopathic *Materia Medica*, yet there are many omitted, and omitted on the plea of unreliability. This work will have to be tried in the practical work of curing the sick and commended on its merits, for at present they are somewhat obscure. We frankly confess that we fail to see its advantages as a working *Materia Medica*.

A COMPEND OF SURGERY, FOR STUDENTS AND PHYSICIANS. By Orville Horwitz, M. D., Demonstrator of Anatomy in Jefferson Medical College, etc., etc. Third Edition, revised, enlarged and improved, with ninety-one illustrations. Philadelphia: P. Blakiston, Son & Co.

Another of those excellent little hand-books adapted to the every-day use of physician or student. It is a perfect *Multum in Parvo* for the busy man.

MEDICAL DIAGNOSIS, WITH SPECIAL REFERENCE TO PRACTICAL MEDICINE. A guide to the knowledge and discrimination of diseases. By J. M. Da Costa, M. D., LL. D. Prof. of Practical Medicine and clinical medicine, at the Jefferson Medical College, Philadelphia, etc. etc. Illustrated. Seventh Edition. Pp. 995. Philadelphia: J. B. Lippincott Company, 1890.

The acknowledged value of this great work on medical diagnosis, could not be more fittingly shown, than by referring to the fact that this is the seventh large American Edition; that a second edition of the German translation, by Drs. Engel and Posner, has appeared in Berlin; that a Russian translation has been issued; and that a French translation by Dr. Laurent, is now in progress. Much new matter has been added to this edition and a number of wood cuts inserted wherever illustration could add to clearness and differentiation. The volume is a splendid specimen of the printer's art, and reflects great credit on the taste and enterprise of the publishers. It is well printed, on heavy paper and substantially bound. It is probably the best and most complete work on diagnosis in the English language, and no more useful volume, on one of the fundamental branches of general medicine, can be added to your library. We heartily commend it.

EPILEPSY: ITS PATHOLOGY AND TREATMENT. An essay to which was awarded a prize of 4,000 francs by the Academie Royale de Medicine de Belgique, December 31, 1889. By H. A. Hare, M. D., B. S. Clinical Prof. of Diseases of Children, in the University of Pennsylvania. Philadelphia and London: F. A. Davis, 1890.

An essay upon epilepsy that was considered of sufficient value by the

Royal Academy of Belgium, as to be worthy of a prize of 4,000 francs, is surely worthy of preservation in permanent book form. The treatment is, however, of the stereotyped variety, the bromides, as usual, being first recommended for "trial." The author considers Curare "about as fit for the treatment of this disease as so much sawdust," and yet Curare has cured some patients suffering from epilepsy. It depends upon how it is used. In the therapeutics of epilepsy, the author has much to learn.

OINTMENTS AND OLEATES, ESPECIALLY IN DISEASES OF THE SKIN. By John V. Shoemaker, M. D. Second Edition. Revised and Enlarged. Philadelphia and London: F. A. Davis, 1890.

The use of oleates and ointments has become very popular with our brethren of the dominant school, so much so that the first edition has been exhausted long ago, and the work enlarged and brought up to date, has been republished to supply the demand.

THE PHYSICIAN'S VISITING LIST (Lindsay & Blakiston's) for 1891. Philadelphia: P. Blakiston, Son & Co. Chicago: W. T. Keener.

This sterling and popular physician's companion, which for forty years has made its annual appearance, combines strength, compactness and convenience, while it is durable and one of the lightest visiting lists published. There are a number of editions, to accommodate a large or small practice.

BACTERIOLOGICAL TECHNOLOGY FOR PHYSICIANS, with 72 figures in the text. By C. J. Salomon, Sen. Authorized translation from the Second Revised Danish Edition, by Wm. Trelease. New York: William Wood & Co. 1890.

For the student engaged in physiological or biological research a text book on the technology of bacteria is absolutely necessary, and this compact, yet comprehensive, work, for which the profession is indebted to the enterprise of the publishing house of William Wood & Co., is pronounced by experts one of the best in the English language. Many physicians are obliged to take up this work without a complete laboratory and even without an instructor, and such a work as this is just what they require.

HELMUTH HOUSE REPORTS (fourth series). September 15, 1889, to June 15, 1890. Illustrated.

During the nine months ending June 15, 1890, there were 321 cases treated, 176 operations performed, and only four deaths. This is a good showing for surgery. But as Tait, Bell, Dillingham, and even Lister himself, have shown as good, if not better, results *without* than *with* the use of the bi-chloride solution, we suggest a six months' trial in the Helmuth House without any medicated aseptic precaution, and venture to predict even better results than are now obtained. The cleanliness obtained from hot water is the only aseptic precaution required.

THE MEDICAL STUDENTS' MANUAL OF CHEMISTRY. By R. A. Witthaus, A. M., M. D., Prof. of Chemistry and Physics in the University of New York, etc. Third Edition. Octavo: Pp. 528. New York: William Wood & Co. 1890.

The author has endeavored to produce a work with reference to those portions of special chemistry of direct interest to the medical practitioner. By this plan he has given more attention to chemical physiology and the chemistry of hygiene, therapeutics and toxicology and less space to the purely technological.

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Part third describes chemical manipulations which are essential to both student and physician, where the laboratory is not accessible. In short, this is a work for which the medical student has been looking, and which we think is sufficiently practical for a valuable college textbook.

HISTORY OF HOMEOPATHIC MEDICAL SOCIETY OF EAST-ERN OHIO.

This history of an aggressive society is timely and it would be well if other societies took the hint. A few clinical cases and some poetic effusions also grace the work. It is a good beginning.

THE TRANSACTIONS OF THE MAINE HOMEOPATHIC SOCIETY embraces the work of 1890 and much of it is very good work too. Our brethren in Maine are active and enthusiastic workers.

TO THE LEGISLATORS OF THE SOUTHERN STATES.

An appeal of the Southern Medical Association for Non-Sectarian Legislation. Since sectarian licensing boards were first established for the exclusive benefit of the dominant school, there has not been a more vigorous plea for right, justice and fair play issued in our school than this. It is a good missionary document for members of the legislature and should not only be read but distributed generally.

Editor's Table.

A SEMI-CENTENNIAL.—A half century ago, December, 1840, three physicians formed a Homœopathic Fraternity which as numbers increased developed into a full grown Society. This growth, with a history of its struggles and triumphs, its contests and victories, will be celebrated by the Massachusetts Medical Society by a reception and banquet at the Hotel Vendome, December 23, 1890. Its splendid achievements deserve commemoration. We are making history rapidly.

PHYSICAL TRAINING. A committee of the Overseers of Harvard University makes the following interesting and significant statement: "The interest in athletic sports, though it interferes greatly with the progress in school studies, does so much to improve the physique of boys that it is probable that the business or professional man may gain more time from this cause at the end of his career in prolonged life and capacity for good work than he loses at the beginning in his delay in entering and graduating from college, so that the loss of time is more apparent than real. Most graduates of a generation ago would be glad enough today to have graduated a year older than they did, for the sake of the physique which the school and college life of today would have given them, if they had had it in their time."

ANNALS OF SURGERY.—When you are selecting your journals for the coming year, we wish to call your attention to this publication. It is devoted entirely to surgery, the only journal in the English language which is a truly Surgical journal. In the August number are a few articles: Nephrorrhaphy; Rupture of the Middle Meningeal Artery, without Fracture; Removal of an eight ounce vesicle calculus by the Suprapubic Route and Rupture of the Rectum by Petersen's Colpeurynter, are alone worth a year's subscription to any surgeon.

A MOTHER AT SEVENTY-TWO.—Fond du Lac, Wis., December 6.—*Special Telegram.*—Early this morning Mrs. Kimball was delivered of a healthy six-pound male child. The strange fact in the case is that Mrs. Kimball is seventy-two years of age, and her husband seventy-five. Both mother and babe are doing well, and there is every prospect that the child will live and thrive.—*Daily paper.*

[Being a "special telegram" in a daily paper renders this remarkable occurrence undoubtedly true. Ed.]

THE HAHNEMANN HOSPITAL, Rochester, was inaugurated over a year ago, and in its success every true homeopath has an interest. For years the allopaths have boasted that when we have serious or dangerous cases to treat, either medically or surgically, we dare not depend upon our own resources. And, we regret to say, there has been some truth in the claim, for many so-called homeopaths continually resort to such measures. But here is a hospital in which only homeopathic measures are used; no antiseptics, morphine, quinine, etc., and it deserves the support of the profession. If you have a chronic case you are unable to cure send it to the hospital and thus support a worthy charity.

DR. L. W. THOMPSON, late chief of the Surgical department of the dispensary has been appointed demonstrator of Surgery in Hahnemann College, Philadelphia.

THE FREE HOMEOPATHIC DISPENSARY of Bay City, Mich., has been opened to the public and is well patronized. Hard work will make it a success.

ORPHA D. BALDWIN, M. D., is doing well in her new location, East Portland, Ore. Under the salubrious climate of the Pacific slope the doctor has regained her health.

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HENRY C. ALLEN, M. D., Editor.

WILLIAM S. GEE, M. D., Associate Editor.

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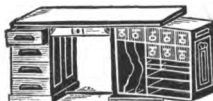
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For the coming year will be noteworthy for a number of special features which the

publishers believe are of very unusual interest, and among them the following may be mentioned:

Sir Edwin Arnold contributes to the December number the first of a series of four *Articles upon Japan*, its people, its ways, and its thoughts. Mr. Robert Blum, who was commissioned to go to Japan for Scribner's Magazine, has prepared a very remarkable series of drawings to illustrate Sir Edwin's papers. Articles upon the recent *Japanese Festival* will follow, illustrated by Mr. Blum.

Henry M. Stanley has prepared for the January number an important article upon "*The Pygmies of the Great African Forest.*" Another contribution in this field will be Mr. J. Scott Keltie's account of the recent *African Exhibition* held in London. Both papers will be amply illustrated.

The price of Scribner's Magazine admits of adding a subscription to one's other reading at very small cost. Orders should be sent at once. \$3.00 a year; 25 cents a number. Charles Scribner's Sons, publishers, 743-745 Broadway, New York.

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[Continued on page 8.]

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(Continued from page 6.)

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A GREAT AMERICAN MAGAZINE.

THE SUCCESS OF "THE CENTURY" AND ITS PLANS FOR 1891.

THE CENTURY MAGAZINE is now so well-known that to tell of its past success seems almost an old story. The *New York Tribune* has said that it and its companion, *St. Nicholas for Young Folks*, issued by the same house, "are read by every one person in thirty of the country's population,"—and large editions of both are sent beyond the seas.

A few years ago THE CENTURY about doubled its circulation with the famous War Papers, by General Grant and others, adding many more readers later with the Lincoln History and Kennan's thrilling articles on the Siberian Exile System. One great feature of 1891 is to be "The Gold Hunters of California," describing that remarkable movement to the gold fields in '49, in a series of richly illustrated articles *written by survivors*, including the narratives of men who went to California by the different routes, accounts of the gold discoveries, life in the mines, the work of the vigilance committees (by the chairman of the committees) etc., etc. General Fremont's last writing was done for this series. In November appears the opening article, "The First Emigrant Train to California,"—crossing the Rockies in 1841,—by General Bidwell, a pioneer of pioneers. Thousands of American families who had some relative or friend among "the Argonauts of '49" will be interested in these papers.

The November CENTURY begins the volume, and new subscribers should commence with that issue. The subscription price (\$4.00) may be remitted directly to the publishers, The Century Co., 33 East 17th street, New York, or single copies may be purchased of any newsdealer. The publishers offer to send a free sample copy—a recently back number—to any one desiring it.

A FAVORITE PAPER.—The publishers of *Youth's Companion* have issued a beautiful Calendar for 1891, unique and convenient, which contains also the Announcements for next year. Among the new names which will grace this model young folks' weekly paper are the Lord Chief-Justice of England—Coleridge, Hon. Seth Low, the venerable Hannibal Hamlin, Camille Flammarion, Sir Norman Lockyer, Gen. O. O. Howard, Rev. Lyman Abbott, Jules Verne, Max O'Rell, Julia Ward Howe, Walter Besant, Benson J. Lossing, the eminent historian; and Carl Lumholtz. Truly a host of names in themselves sufficient to warrant the success of a paper.

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Up to the time of the issue of the *St. Nicholas Magazine* seventeen years ago literature and children's magazines were almost contradictory terms, but the new periodical started out with the idea that nothing was too good for children; the result has been a juvenile magazine genuine with conscientious purpose—the greatest writers contributing to it, with the best artists and engravers helping to beautify it—and everything tuned to the keynote of youth.



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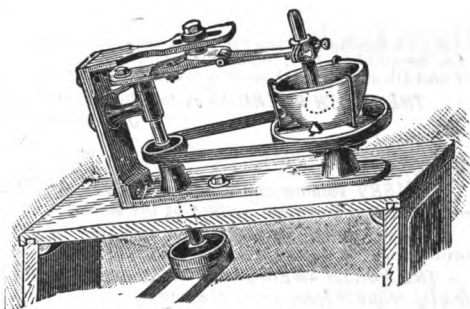
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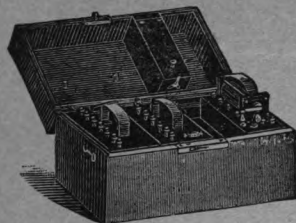
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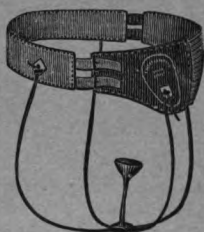
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