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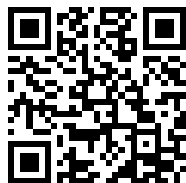
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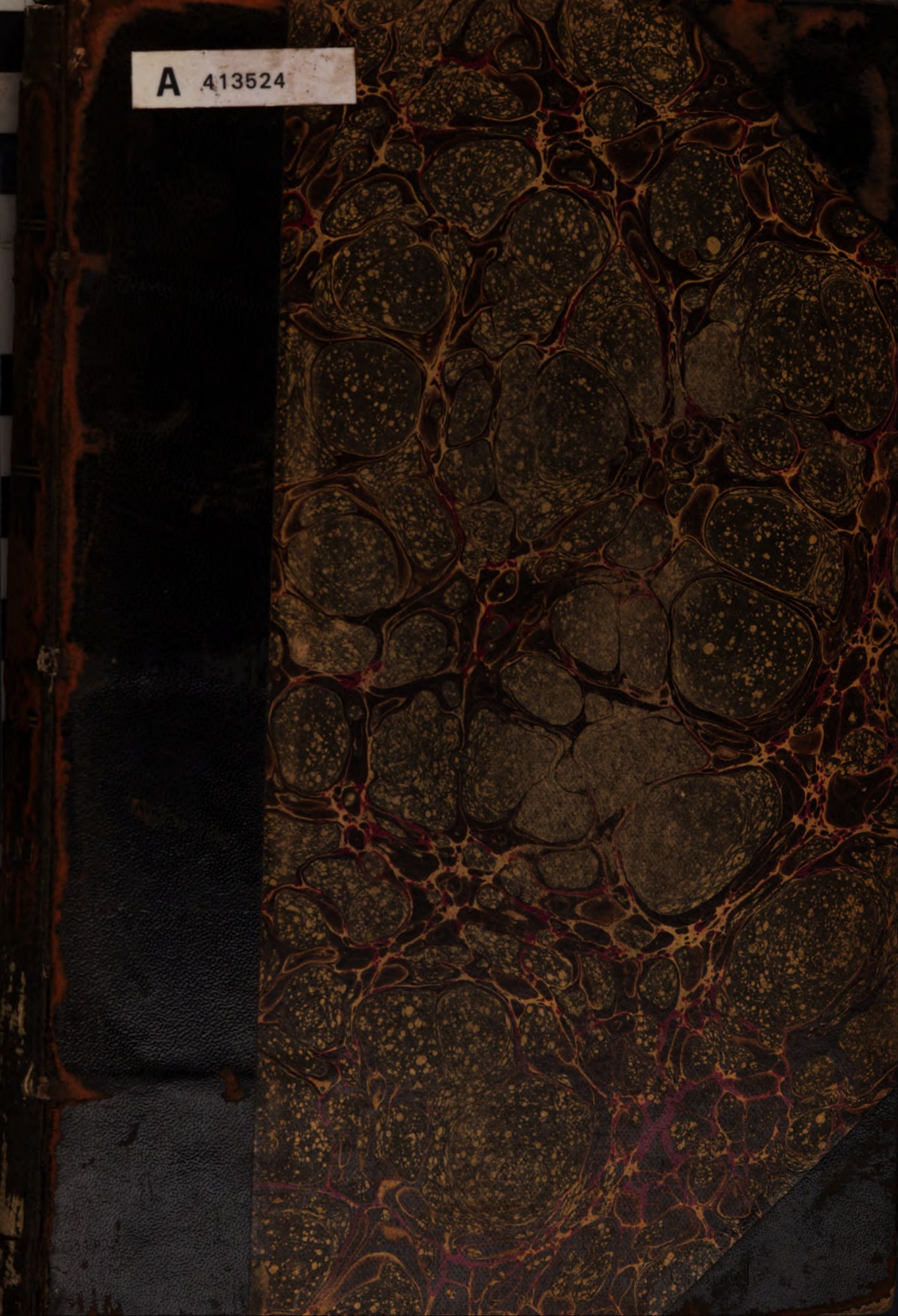
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MEDICAL ADVANCE.

A MONTHLY MAGAZINE OF

HOMEOPATHIC MEDICINE

HENRY C. ALLEN, M. D.,

EDITOR.

J. B. S. KING, M. D.,

ASSOCIATE EDITOR.

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INDEX.

- A**BDOMEN, 300, 369.
Abdominal Surgery, 16.
Acetate of Morphia in Electrical Sensitiveness, 152.
Aconite, 114, 138.
Albuminuria, 45.
Allegheny County Society, 346.
Allan, Arthur G., 191, 278, 473.
Allen, H. C., 37.
Allen, John V., 27.
Aloes, 38, 144.
Alumina, 108, 406.
Amaurosis, due to Changes at the Visual Center, 401.
American Institute of Homœopathy, 187, 391.
Ammonium Carb., 109, 112, 114.
Ammonium Mur., 86, 111.
Anagallis Arvensis, 358.
Apis, 131, 414.
A Remarkable Case, 351.
Argentum Nitricum, 104.
Arnica, 45.
Arsenicum, 109, 118, 458.
Asthma, 129.
Astigmatism, 128.
- B**ACK, 33.
Bamber, O. S., 74.
Baptisia, 110, 136.
Baylies, B. L. B., 55.
Beckwith, E., 242.
Belladonna, 86, 107, 127, 138, 425.
Belladonna : Amaurosis, 402.
Belladonna in Colic, 139.
Belladonna in Hemorrhage, 141.
Belladonna in Tonsillitis, 207.
Beneficial Aggravations, 115.
Bentley, W. R., 408.
Berridge, E. W., 91.
Biegler, J. A., 182.
Black Jaundice Cured by Nux., 149.
Boger, C. M., 436.
Borax, 111.
Boston Hahnemann Society, 177.
Boston Homœopathic Hospital, 237.
Bovista Officinalis, 175.
Breathing, 303, 374.
Bronchitis, 130.
Bryonia, 108, 199.
Bryonia and Nux., 278.
Burnett, J. C., 419.
- C**ALCAREA, 55, 113.
Calcarea Fluorica, 6, 433.
Calcarea Phos., 111, 132.
Carbolic Acid in Intermittent Fever, 249.
Carleton, E., 50.

- Carr, Allen B., 218.
 Case from practice, 38, 85, 207.
 Cases illustrating Homeopathy of Hahnemann, 214.
 Cash, Nathan, 94.
 Caulophyllum, 141.
 Central N. Y. Homeopathic Med. Society, 146, 333.
 Chakravarti, H. D., 222.
 Chamomilla in Colic, 140.
 Champlin, H. W., 444.
 Chapman, S. E., 65, 292, 413.
 Chelidonium, 109.
 Chill, Fever, Sweat, 34, 305, 377.
 China, 437.
 Chionanthus, 135.
 Chorea, 257.
 Chronic Cough, 86.
 Chronic Headache, Sepia, 364.
 Cimicifuga, 103, 112.
 Cina, 87.
 Cinchona in Spasm of Glottis, 50.
 Clark, G. E., 413.
 Clinical Case, 22, 53, 141, 144.
 Clinical Notes, 102, 105, 140.
 Clinics, 118.
 Coccus Cacti in Whooping Cough, 94.
 Cohen, S. W., 285.
 Colchicum, 109.
 Colocynth, 109, 138.
 Comment and Criticism, 61, 222, 315, 385, 467.
 Comments on Erysipelas cure, 123.
 Comments on Phos. cure, 93.
 Confirmations of the Mat. Med. compiled from Vols. XX and XXI of
 THE MEDICAL ADVANCE, 295.
 Conium, 107, 87.
 Consumption, 273.
 Consumption cured by Tuberculinum, 186.
 Consumption, the cure of, by its own Virus, 419.
 Corallium Rubrum, 106.
 Cough and Lungs, 33, 303, 374.
 Cramps in Limbs, 359.
 Crocus in Metrorrhagia, 143.
 Crotales, 109.
 Culex musca, 6.
 Cuprum sulph., 109.
 Cyclamen, 110.
- D**AVIS, F. L., 190.
 Deafness hereditary, 423.
 Diphtheria, 53.
 Dolor, 137.
 Drawing pain, 359.
 Durand, C. S., 220, 288.
- E**ARS, 29, 298, 367.
 Eating and Drinking, 300, 369.
 Eczema, 51, 201.
 Editorial, 76, 154, 287, 309, 391, 461.
 Editor's Table, 79, 160, 240, 318, 397, 479.
 Electricity, Use and Abuse of, 150.
 Epilepsy, 9, 14.
 Epithelioma, 212.

Erysipelas, 120.
 Experience with Diuretin, 290.
 Eyes, 28, 297.

FACE, 299, 368.
 Female Sexual Organs, 302, 372.
 Fever, 131.
 Fielding, C. H., 226.
 Flincke, B., 56, 260, 325.
 Fitz, W. H. A., 361.
 Fluoric Acid, 70.
 Force in Drugs we Employ, 408.
 Fowler, S. M., 454.
 Freedom in Medical Matters, 268.
 Fracture of Lower Third of Femur, 132.
 Fucus in Obesity, 226.

GAMBOGE, 98.
 General Symptoms of Pain, 33.
 Ghosh, R. K., 224.
 Gilbert, C. B., 201, 459.
 Gladwin, F., 305.
 Glonoine, 305, 437.
 Gonorrhœa instead of Psorinum, 459.
 Graphites, 51, 201, 352.
 Guernsey's Bönninghausen, 389.
 Gundlach, J. G., 53.

HAHNEMANN, 459.
 Hahnemannian Cure, 91.
 Hahnemann's Method, 75.
 Hale, E. W., 290.
 Hale, G. P., 433.
 Hamamelis, 141.
 Hatfield, W. S., 473.
 Haynes, J. R., 98.
 Head, 366.
 Headache, 358.
 Heart, 33.
 Heart Coldness and Trembling, 87.
 Heath, Alfred, 175, 272, 380.
 Hepar, 113.
 Hepar Sulph. in Jaundice, 150.
 Higher Medical Education, 461.
 High Potencies, 88, 254.
 High Temperature, 421.
 Hogs as Disease Producers, 438.
 Holmes, H. P., 178, 360, 419.
 Homeopath—What he Is and What is to Become of Him, 309.
 Homeopathic Graduates for 1891, 460.
 Homeopathic Practice by Allopathic Physicians, 444.
 Homeopathy, 459.
 Homeopathy Dying Out, 446.
 Houston, H. C., 438.
 Hydrocephaloid: A Case and Its Lessons, 413.
 Hyoscyamus, 434.
 Hyoscyamus in Nervous Prostration, 145.
 Hypochondria, 300.
 Hysteroid Epilepsy, 133.

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INDIA, Letter from, 220, 288.
 Indiana Institute of Homeopathy, 407.
 Inner Head, 28, 297.
 Instruments of Precision and Curing, 297, 315.
 Intermittent: Sepia, 86.
 Ipecac, 110, 141.
 Irvin, J. F., 458.
 Isopathy in Physio-Chemical School, 56.

JOHNSTONE, R. B., 362.

KALI Bichro., 24.
 Kali Carbonicum, 87.
 Kalmia, 305.
 Keat, J. T., 161, 221, 434.
 Kimball, S. A., 66.
 King, J. B. S., 222, 329.
 Koch's Discovery, 179, 182.
 Koch's Isopathy, 76.
 Koch's Lymph, 391.
 Kraft, Frank, 439.

LACHESIS, 208, 427.
 Lachesis in Snake Bite, 260.
 Lapis Albus, 41, 43.
 Ledum: Verifications, 362.
 Left-sided pain, 360.
 Leonard, Wm. E., 287.
 Leonard, W. H., 102.
 Limbs in general, 304.
 Lippe, Ad., 75.
 Lowe, J. N., 105.
 Lower limbs, 304, 375.
 Lungs, 303, 375.
 Lycopodium, 53, 63, 118, 129, 224, 292.

MAGNETIS polus Articus, 108.
 Mahony, Edward, 107.
 Male Sexual Organs, 302, 371.
 Materia Medica: A Study, 154, 169.
 Materia Medica, How shall we study? 410.
 McKenzie, P. L., 291.
 McLaren, D. C., 115.
 McNeil, A., 117.
 Medley, Jennie, 425.
 Melancholy, 85.
 Meningitis, 127.
 Mental Delusions, 449.
 Mental State, 361.
 Merc. Cyan., 100.
 Mercury in Iritis, 192.
 Miller, Z. T., 346.
 Mind, 27, 295, 365.
 Morbid Growths, 86.
 Morphia, 111.
 Morphia antidotes Electrical Paralysis, 152.
 Morrow, H. C., 217.
 Motion, 360.
 Mouth, 299, 361.

N A J A, 108.

Naja in Asthma, 465.

Nash, E. B., 118.

Nasty Remedies, 346.

Natrum Mur., 45, 87, 486.

Natrum Phos. in Spermatorrhœa, 221.

Nausea and Vomiting, 30, 300, 369.

Neck, Back, 303, 375.

Nerves, 305, 377.

Neuralgia, 358.

Neurasthenia, 185.

New Publications:

Alden's *Manifold Cyclopeda*, 478.

A *Mystery of New Orleans*, 398.

Annals British Homœopathic Society, 397.

Annual of the Universal Medical Sciences, 477.

Cholera and its Treatment on Homœopathic Principles, 475.

Concordance and Repertory, 394.

Compend of Gynecology, 396.

Cyclopedia of Diseases of Children, 158.

Cyclopedia of Drug Pathogenesis, 395.

Darwinism and Politics, 159.

Diseases of the Eye, 475.

Dust and its Dangers, 476.

Electricity in Gynecology, 478.

Five Years' Experience in the new cure of Consumption by its own Virus, 156.

Heredity, Health and Personal Beauty, 395.

International Clinics, 477.

International Medical Annual, 395.

Manual of Clinical Diagnosis, 476.

Medical Education, Medical Colleges, and the Regulation of the Practice of Medicine in the United States in Canada, 476.

Modern Treatment of Headaches, 157.

Orificial Surgery, 395.

Practical Manual of Gynecology, 158.

Secret Nostrums and Systems of Medicine, 394.

Sexual Neurasthenia, 390.

Significance of a Reconstructed Materia Medica, 157.

Six Centuries of Work and Wages, 475.

Text-book of Hygiene, 158.

Text-book of Materia Medica, 393.

Text-book of Materia Medica for Nurses, 157.

The Daughter; Her Health, Education and Wedlock, 477.

The Physician's Leisure Library, 478.

Transactions of Homœopathic Medical Society of New York, 395.

University of Pennsylvania—Catalogue and Announcements, 157.

Wood's Surgical and Medical Monographs, 157, 393.

Niccolum, 112.

Nipples, 217.

Nitric acid in Amaurosis, 406.

Noe, A. T., 201.

Norman, A. J., 208, 211.

Nose, 29, 298, 361, 368.

Nux Vom., 112, 131, 161.

OBSERVATIONS on the Climate of the Pacific Coast, 342.

Ophthalmia, 129.

Organon and *Materia Medica Society of Philadelphia*, 276, 353, 424.

Oxalic Acid, 113.

- PASSAFLORA** *Sucarnata*, 106.
 Patch, F. W., 295, 365.
 Pathology as it relates to Therapeutics, 439.
 Payne, F. W., 401.
 Pease, G. M., 121.
 Peculiar Symptoms of Remedies, 27.
 Phosphoric Acid, 112, 133.
 Phosphorus, 5, 91, 112.
 Picric Acid, 356.
 Plumbum, 40, 108.
 Podophyllum in Diarrhœa, 444.
 Poisoning, 132.
 Poisoning by Quinine, 383.
 Pompili, G., 144.
 Popularity of Homœopathy, 308.
 Post Diphtheritic Dropsy, 458.
 Potencies, How to lessen the labor of making, 474.
 Potencies, My experience with, 190.
 Potency, Dr. Terry and the, 291.
 Pregnancy, 302, 376.
 Pressing Pains, 359.
 Preston, Mahlon, 124.
 Principiis Obsta, 325, 467.
 Prunus, 108.
 Prurigo, 136.
 Psorinum 128.
 Pulsatilla, 101, 107, 113, 120.
 Pyrogen, 36, 37, 301.
- QUININE**, 313.
 Quinine in pernicious Intermittent Fever, 311, 285.
 Quinine in the South, 61.
 Quintessence of Bigotry, 155.
- DANUNCULUS** *Scel.*, 110.
 Reger, C. Albert, 357.
 Relation of Albuminuria to Puerperal Eclampsia, 222.
 Relationships, 361.
 Relative Value of the Principle Tests for Sugar in the Urine, 329.
 Remarkable Temperature, 465.
 Remarks, 121.
 Renal Colic, 131.
 Repertory, 217.
 Repertory, The Use of the, 416.
 Repetition of the Dose, 191, 417.
 Reply to Dr. Dudgeon, 66.
 Rest, 360.
 Rhees, M. J., 214.
 Rheumatic Fever, 87.
 Rheumatism, 22, 54, 129.
 Rheumatism. Inflammatory, 130.
 Rhus, 132, 144, 426.
 Rhus Rad., 109.
 Rhus Tox, 23.
 Right-sided Pain, 360.
 Riley, C. T., 351.
 Rochester Hahnemannian Society, 202.
 Rushmore, Edward, 86.
- SANICULA**, 97, 129, 133, 134.
 Sarcoma of Great Size Cured in an Infant without Surgical or Local Treatment, 82.

Sarsaparilla, 7.
 Sawyer, E. W., 88, 407.
 Schmitt, J. G., 202.
 Secous, R. F., 474.
 Scrofulous Adenoma, 55.
 Sensations, 378.
 Sensorium, 27.
 Sepia, 38, 86.
 Sepia in Sterility, 272.
 Sexual Organs, 32.
 Sherbino, G. W., 63, 127.
 Schultze, Ephraim, 199.
 Silicea, 14, 114, 143, 206.
 Skin, 305, 361, 378.
 Skinner, Thos., 82.
 Sleep, 305, 377.
 Southern Homeopaths, The Stigma that Rests Upon, 454.
 Spasm of Glottis, 50.
 Spigelia, 112.
 Staphisagria, 105, 106.
 Stitches, 358.
 Stomach, 31, 300, 369.
 Stools, 31, 301, 358, 369.
 Stow, T. D., 136.
 Stramonium, 111, 115.
 Stramonium, A Partial Proving, 287.
 Stramonium in Chorea, 257.
 Strychnine, Paralyzing Action of, 384.
 Stupidity Curable, 199.
 Sulphur, 85, 107, 136.
 Sulphuric Acid, 111.
 Suppressed Eruption vs. Suppressed Foot Sweat, 205.
 Sutlin, J. H., 140.
 Sycosis Hahnemanni, 117.
 Symphytum, 113.
 Symptoms, a few Confirmed, 98.
 Symptoms, Proper Manner of Taking, 415.
 Symptoms, Relative Value of, in Selecting the Remedy, 230.
 Syphilis, Case of, 124.

TALCOTT, Selden H., 268.
 Talleyrand, 453.
 Tearing Pain, 359.
 Teeth, 299.
 Tela Aranea, 102.
 Temperature and Weather, 305.
 Terebinthina, 74.
 Thomson, J. W., 26.
 Throat, 299, 368.
 Thuja in Epithelioma, 212.
 Thurston, Rufus L., 230.
 Tongue, 368.
 Tracheotomy, 200.
 Treatment of Phthisis, 385.
 Tubercular Meningitis Cured, 380.
 Typhoid, 212.

ULcers, 361.
 Upper Limbs, 375.
 Urine, 32, 301, 361.
 Uterus, Bearing Down, 86.

VENEREAL Case, 209.
Verifications, 127, 365.
Vicarious Brain Work, 238.
Violent Pain, 359.
Vipera Acontica Carinata, 103.
Voices of the Leal, 227.

WASP Sting, 131.
Was the Knife Necessary? 473.
Wells, L. B., 169.
Wesselhoeft, Wm. P., 8.
Whiting, L., 38.
Whooping Cough, 94.
Wilson, Harold, 386.
Woods, J. U., 51.

YINGLING, W. A., 254.

ZINC in Typhoid, 212.

THE
MEDICAL ADVANCE.

A HOMEOPATHIC MAGAZINE.

VOL. XXVI.

JANUARY, 1891.

No. 1.

CONFIRMATIONS.

Asarum Europ.—In the preface to this remedy, Hahnemann in his powerful manner discusses the absurdity of grouping remedies according to their coarser or toxic symptoms, such as colic, vomiting produced by massive doses of a drug. Based upon these coarser symptoms, the allopathic school regards the action of *Asarum* as identical with that of *Ipecac.* “No!” says Hahnemann, “such profanation of *Asarum* and *Ipecac* is intolerable, in the light of true experiment.” He further asks: “Do these substances, with Arsenic, Sulph. of Zinc, Acetate of Copper, *Veratrum*, etc., exist merely to be used as emetics?”

“What else such a remedy as *Asarum* can produce,” he adds, “may be seen, by studying the provings. And every thoughtful physician must recognize its wide sphere of action.”

I hope by detailing the following case, to corroborate *two* of its very important symptoms.

Mrs. J. H. S., a light, graceful blonde, aged thirty-seven, mother of one child.

Two years ago, an artificial abortion in the third month of pregnancy. Has not seen a well day since.

Has been treated by a self styled “homœopathic” physician, locally, for eighteen months, “for uterine disease,” and steadily growing worse.

Has a burning, pushing out sensation back of eyeballs, accompanied by a steady dull pain all through the head. This is much aggravated by any use of the eyes.

When the pain in the head and eyes is relieved has a dis-

trressing internal soreness in lower abdomen, with great sensitiveness to jar, but not to touch or pressure. Has never had any bearing down sensations, and only a slight watery leucorrhœa, staining the clothing yellow.

Has a raw, sore sensation in right ovary, aggravated by drawing legs up. Has slept from childhood with left leg drawn up, which she is unable to do now.

For the last month, has suffered less severely from the symptoms in lower abdomen, but has greatly increased distress in head and back of eyeballs.

She lost very little blood during the abortion, but two months later had a very severe flooding.

She sleeps well at night, and feels constantly sleepy during the day, when first waking head and eye symptoms are aggravated.

Great depression of spirits, fears insanity. Is morose, irritable, petulant, which is entirely foreign to her when well.

Desires fresh air, and the colder the weather the better she feels. Appetite, digestion and stools normal. Menstruates every twenty-five days, without amelioration or aggravation of symptoms. Examination by speculum, neither os nor cervix show the least sign of disease. Probe enters freely two and a half inches. The uterus is freely movable and not enlarged.

Was told by her former physician that she had "serious" uterine disease.

My first choice was Lachesis based mainly upon the mental symptoms, the aggravation after sleep, and the forcing out sensations in eyeballs. Of this remedy she received a single dose in the cm. potency.

Two weeks later she reports: Menses again appeared in twenty-five days. Head and eye symptom markedly relieved till appearance of menses (yesterday). Fever blisters on lips. Nausea on awakening in morning. Less sensitiveness to jar in lower abdomen (till the appearance of menses). Right arm goes to sleep frequently.

Gave Sac. lac.

Two weeks later reports: Mentally better, less fear of insanity. Abdomen has been entirely free from pain, and sensitiveness to jar. Eye and head symptoms have been much

worse, to which is added a constant nausea during the day. Gave Lachesis cm. one dose.

A fortnight later reports :

Mental improvement continues, also less nausea. Catamenia appeared on the 27th day. Complains more of the pressing out sensation in the eyes, and the constant dull headache ; while talking with me she frequently presses against her eyeballs, as if she would press them back into her head.

On closer questioning, I discovered that the sensation was not only an outward pressure, but as if the eyeballs were pressed *asunder* and *outwards*, greatly aggravated by reading.

I now restudied the case, and after a long search found the remedy. The repertories gave me little help, not even the excellent "Berridge's Eye Repertory." In this I found on page 69 : "Eyeballs pressing laterally outward." Baptisea, Phosphoric acid, and on page 179, under the rubric "Aggravation from reading" I found "Pressing," but not "Pressing outwards or asunder."

Neither Baptisea nor Phosphor. acid suited the case in other respects.

As the "Relief from cold" was one of the "marked and peculiar" symptoms, I looked through all the remedies which had this peculiarity, and in this way discovered the following symptoms, No. 48, of Asarum : "When using the eyes for reading, there occurs in each of them a feeling as if forced asunder."

Then the *old*, well known symptom of Asarum came to my mind, and I asked my patient if she was not relieved by washing her face and eyes in *warm* water? "No," she exclaimed, "nothing but the *coldest* water, splashed upon my face and eyes, gives me any relief, and that relief continues only a short time."

Now Asarum has the following symptoms : "On washing the face with *cold* water, the vertigo, headache, burning on tongue, contraction of cervical muscles and weakness of knees went off ; but after *drying* the face, they returned."

These *two* symptoms, coupled with the constant nausea and drowsiness during the day (Symptom 238) gave me great confidence that I had found the appropriate remedy.

She received three doses in the cm. potency, about a fort-

night apart. She is now entirely free from her eye and head symptoms, and has no return of abdominal pains, which formerly alternated with those of the head.

In this case Lachesis did much. It relieved *entirely* the soul symptoms, but it remained for Asarum, which was wholly specific for the "individual and peculiar symptoms," to finish the cure.

This case was under treatment and entirely cured in four months, after a "homœopathic" (?) fraud had tampered with it by local applications and inappropriate internal remedies, for eighteen months, with constantly increasing misery to his patient.

I would advise you to insert into your repertories the following symptoms: "Pressing asunder and outwards of the eyeballs aggravated by reading," and *under* score, the following symptoms: "Relief by washing the face with cold water." "Drowsiness during day." "Constant nausea."

Asarum is a great, and probably much-neglected remedy. Its ameliorations in damp, cold weather (like causticum) have been its chief indications, and by me, used mainly in rheumatic affections, relieved under these atmospheric conditions.

Arnica.—Child six years old; whooping cough, two weeks standing, during which time one dose of Bry., and later, one dose of K. carb. had been given. The following symptoms developed: Frequent severe coughing spells, *especially* severe after eating and during night. Tears flow from eyes during the paroxysm, *weeps as if her heart would break after the attack*. Arnica cm., one dose in water given every four hours for twenty-four hours. On the 11th of July, received the following note from the mother: "Laura's last remedy acted like a charm from first to last. She seems quite well, eats, sleeps, and plays as usual. Gives a little cough perhaps twice in the twenty-four hours. Has no *spells* of coughing. It is a marvel how this medicine has helped her. From the first night she slept eight hours, and night was her worst time. I consider her quite well, and that there is no chance of her giving it to any one. Your *more* determinedly homœopathic friend and follower than ever, C. H. S."

Arnica has: "Crying before the paroxysms," also "Crying in children excites cough."

From the above observation, I have added to the provings: "*Weeping as if her heart would break after the paroxysm.*" "*Profuse lacrymation during the paroxysm.*"

No one can deny (except a homœopathic microscopist) that this cure was due to the action of a homœopathic simillimum, because no case of severe whooping cough, in the second week of its existence, recovers spontaneously in three days.

Arnica.—Double pneumonia. Blonde married woman, æt 41, left lung solidly hepatized. Right lung, crepitant râles to middle of scapala. No vesicular respiration audible anteriorly. Respirations from 56 to 62 a minute.

Stitches in right lower chest anteriorly, running into right hypochondrium, *worse from the slightest motion* (even the moving of a finger or a toe, or the slightest jar). *Relieved by external pressure over the lower rib region of right side* (the attendant was obliged to bear nearly her whole weight upon this portion of the chest). There was no cough present during the entire course of disease. Resolution followed by absorption rapidly, and no expectoration.

Similar symptoms in the proving, occurring on left side, have been observed.

Therefore, "*Aggravation from motion,*" "*Relief from pressure,*" are confirmed. *Arnica*, probably, acts equally well, if otherwise indicated, on right or left side.

Phosphorus: Married woman, aged 34, large stout brunette. Troubled with following symptoms, for several years: After eating, pressure in pit of stomach. Food, if regurgitated soon after eating is sweet; if it occurs later, is accompanied by a rancid fluid. The expulsion of food relieves the pressure in stomach.

Desires only cold food and drink. Hot or warm food burns in stomach. Cold food distresses her much less. Very regularly, every two weeks, has an attack of cramp in stomach, accompanied by distressing dyspnœa. The cramp extends into back. It lasts 20 to 30 minutes, during which time she is in great agony, finally relieved by eructation.

During the attacks of cramp she passes great quantity of colorless urine.

Every slight cold produces aphonia.

She received a dose of Phosph. ^{cm.}, February 28, 1885. Had no return of cramp till August, 1886, and no regurgi-

tation or pressure in stomach, was able again to take warm food. On August 15, 1886, she received a dose of Phosph. dm. No return of cramp or gastric symptoms to this day.

This confirms symptoms: "*Desire for cold food and drink*" (which is digested better than warm).

Cramps in the stomach, extending to back. This symptom is not found in Hahnemann's proving. In "*Herings' Guiding Symptoms*," however, the symptom stands, and is hereby confirmed.

"*Cramp in stomach accompanied by dyspnœa.*" This symptom is found in Hahnemann's proving, but it is *not* recorded in the "*Guiding Symptoms*."

"*Food is regurgitated soon after eating*" has been confirmed innumerable times before.

"*Urine profuse, pale, watery*" is also confirmed.

Apium graveolens. A blonde, rather delicate, aged 30. For two weeks has a queer "fullness" in whole head, *with constant, painless throbbing.* Tired ache in sacrum, relieved by standing and pressure; attributes sensations in head to over study. The painless throbbing and fullness were promptly relieved by a dose of the cm. The backache was not improved.

Culex musca. Short, thickset, light brunette man, aged 40. Bright red swelling on upper maxillary bone, over first right bicuspid. Slight redness of cheek. Threatening abscess with paroxysmal throbbing, dull pain. Relieved by warm applications. Came on after exposure to wet weather. Merc. sol. and Rhus did no good.

He then told me that *whenever he blew his nose he had vertigo*, with a sense of occlusion in both ears. A dose of the cm. potency dissolved in water, and taken every three hours during the day, relieved all pain, and in 48 hours all the swelling.

Calcareæ fluorica. Two cases of syphilitic periosteal swelling; one, occurring on the right radius; the other on the left ulna, both situated near the centre of the bone. One, the size of a bean; the other, more than three times as large. One of them very sensitive to touch, the other without sensitiveness. One occurred in a brunette man, aged 30, the other in a light blonde woman, aged 37. The latter, also, had a similar enlargement on right frontal protuberance. In

both cases the swellings disappeared gradually, during a month, after a dose of the cm. potency.

Silicea does *not* affect bone enlargements of a syphilitic origin, I think.

Fluoric acid.—Syphilitic mucous patches on soft palate and avula. *Throat sensitive to cold air. Hair of head, eyebrows, beard, had fallen.* Complete recovery after a dose of the cm. dm., and cmm., potency about 6 weeks apart.

“Throat sensitive to cold,” “Falling out of hair,” are confirmed symptoms.

Sarsaparilla.—A. B. C., aged 38; short, delicately built, light brunette man.

In 1883, had “inflammation of colon.” Since then has suffered almost continually from indigestion.

Constant pressure under lower end of sternum.—Pressing up into cardiac region.

Can not bear pressure of clothing over epigastrium.

Stomach is swollen after eating and scrobiculum protrudes like a saucer.

While eating, frequent bitter eructations.

When stomach symptoms are relieved, has for the past year attacks of dull aching in the lumbar region, *with frequent and scanty urination.*

Calcareo and Lycopodium, given a month apart, gave him no relief.

Sarsaparilla cm., one dose, relieved the symptoms of the stomach entirely in a short time, and since January last he has had no return of the lumbar pain or frequency of urination.

I was led to this remedy, mainly upon the symptom: “Bitter eructations while eating.”

Besides this symptom, the following ones are confirmed:

“Pressing pain directly under the ensiform cartilage, increased by pressure.”

“Frequent desire to urinate with scanty urine.”

These three symptoms may be underscored as verified and confirmed. The *keynote* to the remedy was: “Bitter eructations while eating.”

DISCUSSION.

DR. KENT: I wish we could find what time of day the symptoms of the face and eyes were aggravated. I have come

across a verification of that symptom. I had a patient who could never let lager alone; he was, in fact, a dipsomaniac, and had taken a number of remedies and made a great many failures to overcome his appetite. After a spree he would get up in the morning with pains in his face and eyes, which were relieved only by splashing his face with ice cold water. At last, I found this under *Asarum*, and I found also the terrible craving for stimulants it has. It cured him of his appetite completely. Since then I have found it indicated several times in old alcoholics.

DR. H. C. ALLEN: Was the menstrual function regular and profuse in the *Lachesis* case?

DR. WESSELHÆFT: It occurred on the twenty-fifth day.

DR. ALLEN: That might exclude *Lachesis* from your prescription.

DR. WESSELHÆFT: I do not agree with Dr. Allen. I claim that if we have a strong preponderance of *Lachesis* symptoms, we should give *Lachesis*, whether the flow is early or late.

DR. H. C. ALLEN: My experience is that the menstruation of *Lachesis* occurs with clock like regularity. But I confess that we must be guided by the totality, however prominent a single symptom may be.

DR. THOMSON: The case of pernicious, progressive anæmia, that I referred to this morning, was one of the most irregular cases of menstruation in my experience, and *Lachesis* was the most helpful of her remedies.

DR. FINCKE: *Lachesis* always brought on copious menstruation in some of my sensitive women provers, so I have had to stop giving it to them.

DR. KENT: I have verified that symptom of *Culex* in connection with erysipelas of the face. I cured erysipelas of both sides of the face, eyes and lids, and one ear, with sensation of stiffness in the nose that inclined one to blow the nose—the blowing being attended with vertigo.

WM. P. WESSELHÆFT.

BOSTON, MASS.

A CASE OF EPILEPSY.

April 9, 1889.—Miss G——, a seamstress, 44 years of age, of medium size, dark hair, came to my office with the following history: She has been having epileptiform attacks for the last eight years, almost every month.

The first attack came on after seeing an old lady fatally injured by falling down an elevator well at a house where she was working. This was in February and the first convulsion occurred the following August, she having been in a very excitable, nervous condition since the accident. Her father was a drunkard, her mother and eldest sister died of phthisis.

Her present condition is as follows, some information being obtained from friends: The attacks usually come before or during the menses; they are apt to be induced from any over excitement or in an overheated room; she can not bear heat; the blood rushes to her head. Two or three days before an attack her head feels badly, as if all the blood were in the vertex; it burns and feels hot. There is almost always an aura, a sizzling in the fore part of the head; sometimes, however, there will be no warning at all, as is shown by several scars on her forehead where she has struck herself in falling, and at the time of this visit her left eye and temple are black and blue from falling on the stove. During the attack the convulsive movements are mostly in the lower limbs; she bites her tongue, making it bleed and very sore, but does not froth much at the mouth. She often passes urine during the fit and sometimes has an involuntary stool.

After the fit she has a long, heavy sleep, and when she awakes her abdomen is very sore.

She began to menstruate when eleven or thirteen years old, and has always been regular but scanty, the flow lasting but three days.

Before menses her head feels badly. During menses the flow relieves her head. She sometimes has a pain in lower back.

Last summer she did not menstruate for three months, and her head felt badly all the time. Since then she has been regular but scanty.

Her appetite is good and bowels regular. Face flushed. Tongue trembles on putting it out.

She can not bear anything tight about neck, must have

everything loose. Her legs go to sleep occasionally, usually the left.

Memory impaired. Can not remember dates or numbers, and she has a rather dull, stupid expression.

Is discouraged and depressed.

Her last menses came March 26; two days before she had a convulsion without any warning and fell against the corner of the stove, striking the left eye and temple and causing the black and blue mark before mentioned. This shows that she fell toward the left side.

She has been taking bromides off and on for four years without any effect, and has lately been to a homœopathic dispensary without relief.

The symptoms point to but one remedy, the heat and burning of the vertex, the regular but scanty menstruation, the relief by the flow of all head symptoms before menstruating, the inability to bear anything tight about the neck, the trembling of the tongue on putting it out; all these, with the general left-sided tendency of the symptoms, point unmistakably to *Lachesis*, and she received one dose dry of *Lachesis* cm.

May 30.—Menses came on May 21, not as much discharge as usual. No convulsion before, no congestion to head before. Tongue does not tremble as much on putting it out.

Face still flushed and she can not bear anything tight about neck. Thinks she remembers better, is much more cheerful and feels very well. Sac. lac.

June 25.—Last menses came all right, no trouble, no convulsion. Is away for the summer at Williamstown, Mass. Sac. lac.

July 22.—Has been quite well; last menses all right; no convulsions. Writes that she can not remember of being so free from trouble with her head as she is now. Sac. lac.

August 21.—Writes that she has the same story to tell; menses all right, no return of the convulsions. Sac. lac.

Sept. 17.—Writes that everything has been all right this month. Sac. lac.

Oct. 21.—Returned last week from Williamstown, where she has been for the summer. She looks very well, and says she has not been as well for years. Menses have been regu-

lar; no headache. Once or twice this summer she has had a slight vertigo, and once a little pain in the back of the head. She appears very calm, not at all nervous. Good color, appetite good; legs do not go to sleep. Sac. lac.

January 16, 1890.—Has had no convulsions. In December she had an attack of congestion to the head with vertigo and nausea. She has had "la grippe," with pains and aching all over. She was very weak after it, but has taken no medicine, and now feels very well. Sac. lac.

February 4.—She had a convulsion, January 24, two days before menstruation. She was sewing in a cold room and her feet were very cold, she became unconscious without warning, and on "coming to" found herself on the floor. She does not know how long she was in that condition; but it was probably a mild convulsion as there was no biting of the tongue, no involuntary stool or urine and no sleepiness after the fit, but she finished her day's work and went home as usual. Menses came two days after, January 26, without pain.

Her head had been feeling badly before the convulsion, but feels all right now.

This was the first convulsion since March 24, 1889, an interval of ten months. The reaction of the vital force in a direction toward health which was set in motion by the dose of Lachesis given April 9, 1889, had evidently lost its forward impetus and was beginning to be overcome or go backwards, under the influence of the increasing abnormal condition. This retrograde action began the preceding month in December, as was shown by the attack of vertigo and nausea, and was increasing in force as shown by the convulsion of January 24. No doubt "la grippe" was to some extent responsible for this, as it interfered very seriously with the treatment of chronic patients. It now seemed necessary in order to give another impulse to the reactive power of the vital force that either a new remedy should be selected or the last one repeated.

A careful review of the case disclosed the same general condition as at the first examination, although much modified, and many symptoms entirely gone. There being no indications for a new remedy, she received another dose of Lachesis cm.

March 4. Menses came February 25.

No convulsion, but for a week before menstruation she had a sharp pain in the back of the head extending to between the shoulders, and considerable pain in the teeth of the right lower jaw. There was no pain after the flow began, which lasted four or five days and was about normal in quantity; this was an increase in the length of time and amount over her usual condition. Sac. lac.

April 1.—Menses came March 24. No pain or convulsion before. The flow lasted four days; feels very well. Sac. lac.

June 11. Menses, April 22. Head felt badly two days before, with vertigo and rush of blood to the head, but no convulsion, and she was entirely relieved as soon as the flow began. The next period came May 22d. No trouble with head before menses; no convulsion, no pain during. She is now in excellent health and about to go away for the summer. Sac. lac.

There can not be much doubt that this is a true epilepsy, the only disease of a convulsive nature that would require differentiation is hysterо-epilepsy. In this latter affection the patients rarely injure themselves in falling, the attacks seem to have no effect upon their mental or physical condition, the tongue is not bitten, and the convulsions are marked by periods and phases. I can not find that such attacks are attended by involuntary stool or urine.

All of these symptoms were present in a marked degree in my patient, with complete loss of consciousness and deep heavy sleep after the fit, but I do not know whether there was a rise of temperature during the convulsion, which is regarded by some authors as a strong diagnostic point for true epilepsy in doubtful cases.

This case is not given as an instance of a cure of an epilepsy—two or three years immunity from convulsions would be necessary to insure that—but the decreasing of the number of convulsions from one every month to one in four-months promises well for a complete cure.

It also seemed worthy of note as well illustrating the effect of the action of a properly selected remedy upon the vital force when compared to the oscillations of a pendulum. We have the long swing toward health of eight months from April to December, 1889, the backward swing of two months

to the convulsion of January 24, 1890, then the forward swing of two months to April, then the slight backward swing of one month, as shown in April by the vertigo and rush of blood to the head, then the onward swing toward health to a state of rest which is now continuing, and which, it is hoped, will be lasting.

DISCUSSION.

DR. CARLETON: I have never listened to a paper with more pleasure and I trust with more profit than that one. It covers a great deal of ground and shows deep thought.

DR. KENT: He did not repeat. He let the remedy alone and let the patient get well, and that is always a good lesson.

DR. KIMBALL: Bönninghausen once said that when in epilepsy the memory was impaired, he had always found the case very difficult to cure. Has anybody here verified that?

DR. KENT: What Bönninghausen said I think was this: If the mind was impaired in the direction of true imbecility, the case was a very grave one. But the memory may be impaired, and very generally is in epilepsy, but that does not necessarily make a grave case. Weakness of the mind looking towards imbecility does, however, make the case a grave one.

DR. BUTLER: I have a case of epilepsy on which I would like some help. A girl, of twenty-four years, who had suffered from epilepsy since she was five years old. She came into my hands about a year ago. For a long time she had been under old school treatment and her organism had been under the influence of bromides for years. A so called homœopathic physician, my immediate predecessor, had given her morphine for pains here and there, and she became an habitual morphine eater. She was taking about three grains a day and had to be given a dose before she could be persuaded to let me see her.

I found the girl about twelve years old, mentally. That was her last dose of morphine, and it was a hard fight to get her out of the habit. She made things lively for the neighbors. As her remedy, I was led by a careful comparison of symptoms to select opium, of which she received one

dose and has never received another. When she got out from under the influence of the bromides and morphine she commenced having convulsions every other day, and sometimes every day. She had a very peculiar aura; it was an impulse to run. She would suddenly run into another room and fall into a convulsion. Gradually during thirteen months she has got into this condition: She has convulsions about once a week, without biting her tongue, as she formerly did. For the last three months all her symptoms are lighter, but not less frequent. General health improved most wonderfully. She has become a rather plump girl; jolly, good-natured, never cross; and she has not grown a particle, mentally, but still remains as to her mind about twelve years old. She has still the same aura, but lighter.

DR. CAMPBELL: I would suggest Belladonna.

DR. KIMBALL: I think Sepia has that symptom.

DR. SAWYER: I have treated a number of cases of epilepsy successfully and I have never cured one without producing an eruption. An old eruption reproduced and the cure becomes simple and easy. Dr. Kimball's case is a magnificent one.

DR. KENT: Some two years ago an epileptic patient came to me with an eruption over the palms of the hands. The case bothered me for some time. The convulsions came both day and night, most violent in the night; they were very prolonged. I carefully selected Silica as his remedy. They gradually became less frequent and less violent until a condition that might be called petit-mal ensued; this improved finally into a vertigo. At the present time he occasionally has a feeling come over him, as if he would become unconscious; it amounts to an absentmindedness. It may last two or three seconds and then pass away. It has been ten or twelve months since the last convulsion. His mental condition is also greatly improved. He has had a continuous succession of boils ever since. His age is about forty-six or seven, and he has had epilepsy thirty years. He had two doses of Silica.

DR. CUSTIS: I have been particularly interested in epilepsy and particularly unsuccessful in treating it. I never have cured a case, although I have thought several times that I had.

One man, with inherited epilepsy, came to me, whose case

I studied very carefully. I soon found that sweet things aggravated his trouble; in fact, if I could keep him from touching anything sweet he would have no attacks. But he had an uncontrollable craving for sweet things; it was as strong as some men have for liquor. He would actually steal preserves and sweetmeats from his own wife. For two years we managed to control his appetite, but the first time he ate of sweetmeats, which was in Paris, he had a severe attack and died.

One reason of my poor success is, I think, that all my patients had been saturated with the bromides. I have two children to whom epilepsy has clung from birth up to the present time; one is sixteen and the other twenty-five. Neither has ever taken any bromides, but both Dr. Hering and Dr. Lippe failed on these cases. I have found the avoidance of sugar a help in epilepsy.

DR. REED: I have only had one case of epilepsy—a Swede girl; The trouble started at her fourteenth year from a fright while playing with her sisters. She touched a goose egg with a stick; it exploded with a loud noise and threw her into a fit. She would have two or three attacks in the night and terrible ones the next day. One dose of Calcarea cm. was what I gave her. Six months of freedom from them followed; they then came back and I have never been able to control them since.

DR. KENT: It is perfectly proper to ask why we fail to cure epilepsy;—sometimes because the symptoms of the disease are masked by the previous drugging, and sometimes it is difficult to find symptoms peculiar to the patient, because there are so many symptoms peculiar to epilepsy which would be worthless on which to prescribe. There is nothing peculiar and distinctive about epilepsy to prescribe for; but there is in every patient, if we can find them, peculiar symptoms not distinctive of epilepsy, which are important as guide posts to the simillimum. Violent screaming, sinking in the pit of the stomach, an aura in the knees or in some particular part of the body, or an awful fear; these are peculiar and worthy of study, because they are peculiar to the patient and not peculiar to epilepsy. On the other hand, the biting of the tongue, the fall, the frothing at the mouth, the rigidity of the muscles, are common to all cases of epilepsy, and are poor things to prescribe on.

DR. SAWYER: I do not believe there ever was an epileptic who did not have either sycosis, psora or syphilis. Too much eating, too much work, and so forth may be the exciting cause, but there must be a predisposing cause at the bottom.

DR. KIMBALL: The symptoms for Lachesis were very evident in my patient. Dr. Lippe quotes Bönninghausen as saying that cases with night attacks followed by headache are almost helpless; but, says Lippe, he did not have at that time the proving of *Bufo sahytiensis*, which is often indicated in such cases.

S. A. KIMBALL.

BOSTON, MASS.

ABDOMINAL SURGERY.

A DISCUSSION BEFORE THE I. H. A.

DR. J. B. BELL: The day before yesterday it became my duty to assist a young colleague, Dr. Emerson, in a laparotomy. I did not see the patient until she was on the table. The operation was the removal of the uterine appendages, for the relief of annoying and dangerous reflex symptoms, and was very beautifully and skillfully performed. It is sometimes called Tait's or Battley's operation, and consists in the complete removal of the ovaries and other appendages of the uterus, without the excuse of large tumors and abnormal growths, for the purpose of giving relief to numerous symptoms of ill health depending, or supposed to depend, upon the diseased conditions of these organs. It is an open question whether the operation is ever justifiable or not. Surgery is the opprobrium of medicine. There should be no surgery except that small amount rendered necessary by accidents. There should be no tumors, no cancers, to remove; but we have not yet reached our ideal in surgery or medicine or obstetrics, and we can not accomplish all we desire.

Poor people can not wait for a careful, scientific study of their case and a perfect cure, which would come in time; they have to take what they can get, and we have to give them such prompt, if imperfect, relief, as we can, especially in hospital practice.

Of course, as Homœopaths, we do not want and do not need Battley's operation, but do we as surgeons? The case in question was a young girl who suffered so greatly from menstruation as to be incapacitated from the ordinary duties of life.

Our young friend, the doctor, believed that the removal of something from the pelvis might help her. The specimen I here show you is the ovary and its tube. I do not believe she will be cured by the operation, and the question is whether it is proper and advisable to do this.

The ovary, as you see, is cystically degenerated, and in course of time would probably have become a large tumor. The operation is more frequently required in salpingitis and pyo-salpingitis; their most frequent cause being gonorrhœal infection.

Nœggerath was the first to point out the danger of gonorrhœa being transmitted from a man to his wife, long after the man was supposed to be well, and giving rise to deep seated and serious affections, thus confirming our doctrine that the malady is not at all due to the gonococcus, but to an internal miasm or virus. These views have been generally accepted by the old school, but they do not seem to have received much help thereby, as regards treatment. The question is whether, in cases of deep seated pelvic trouble, from the above or any other cause, with numerous reflex symptoms, where treatment has been carried on for some time unsuccessfully, we are justified in removing the ovaries and appendages.

The removal of the uterine appendages for the cure of fibroids is also a question on which there is much difference of opinion in the old school. The object of the operation is to bring about an early menopause. It is often unsuccessful, and the case sometimes progresses very rapidly to a fatal issue.

Even when successful, so far as producing a cessation of the catamenia goes, it often brings on a state of ill health with an increase of the distressing symptoms peculiar to the climacteric period. The woman is then harder to cure than before the operation.

Hence, the old school has called a halt, more or less, at least the trend of the discussion is that way. Our remedies are usually able to tide over the patient until the natural arrival of the menopause. Besides the cystic ovary, there is here a small cyst of the broad ligament. Surgically, I approve of this ovary having been removed, but homœopathically I can not.

DR. WINN: The patient spoken of by Dr. Bell underwent the operation for a severe retroflexion.

It was questioned at the time whether the ovary was not prolapsed behind the uterus. I was present at the examination just before the operation. I have been reading Tait the last few days, and find that he advises in these cases two modes of treatment. When the patient is wealthy and surrounded by the comforts of life, he advises conservative, hygienic treatment, especially complete rest during the menstrual flow; but when the patient is poor and dependent upon her daily labors for a livelihood, he advises early surgical interference as the most satisfactory.

DR. BELL: In the operation for the relief of pelvic pain caused by adhesions, the object is very apparent, but as a rule the adhesions re-form and the relief is only temporary.

DR. WINN: Tait speaks very strongly against the use of the pessary. He says it is a useless practice, and generally makes the case worse. He also directs that the uterus should not be straightened, but let alone in its mal-position.

DR. ADAMS: In a case of a woman suffering with a large fibroid and excessive hæmorrhages relief was obtained under the use of Lil. tig. cm. The monthly sickness did not stop but became normal in character and duration.

DR. HAWLEY: It seems to me the surgeons give up the question. They say practically, that these conditions are curable by homœopathic treatment, only give them time enough. But the poor girl can not wait so long; she has no place to stay; therefore we will remove the ovaries.

Now, it would not cost any of us much in dollars and cents to treat that poor girl for a year or two or three, and I, for one, would do it, and I could find friends enough who would pay her lodgings. It is the doctor's first duty to cure the sick, not to cut them to pieces. Besides, when the operation is performed, the opportunity of curing has probably been lost.

I have had within a month a young woman under my charge, married and a mother, who had been for three years in the care of the gynecologists with the idea, which they had put in her head, that she had an ovarian tumor. I do not know whether she had a tumor or not; if so, the ovary was

not larger than a walnut ; but I do know that she is now, under a little homœopathic treatment, free from pain and so happy she does not know what to do with herself.

DR. FINCKE : I cured within a year and a half a large heavy tumor in the left ovarian region of one year's standing with *Lachesis*, 90m, one dose each month ; no traces of it now.

DR. THOMSON : Four years ago I was called to see a case of uterine fibroid in a lady about the menopause. She had been under many physicians, both allopathic and homœopathic. I also had the diagnosis of one who had been a Professor of Bellevue College. It was a case of progressive, pernicious anæmia ; there seemed to be very few blood corpuscles in her system. She looked horribly ; like a corpse.

After an examination by the surgeon, he stated she might live a month or six weeks, and that an operation, on account of the poverty of the blood, would be impossible.

I have been treating her four years, and she is better than she has been for ten years ; goes about the house and does a good deal of her work. Her lips are red and the tumor, which was growing rapidly, has ceased to grow. When a tumor is ten, fifty or a hundred pounds I believe an operation is sometimes necessary to relieve the patient of the great mechanical weight, but in many cases operating only shortens the patients life. The true thought is, that when these cases are taken in time, the homœopathic remedy is the one thing needful.

DR. BAYLIES : I had a case of fibroid tumor of the uterus that was diagnosticated by Dr. J. C. Miner of New York, in conjunction with myself. I treated the case and was successful in the course of two years. The remedy was *Belladonna* 90 m.

DR. STOW : I have had three cases like Dr. Bell's in which the consulting physician advised ovariectomy. The first operated upon had both ovaries removed in a degenerated condition. She had a very slow convalescence, and I can not see that she is much better than she was before. The second also had both ovaries removed, and has now fully as much trouble as before. The third had only one ovary removed at first and in a year the second one ; but she still

menstruates and has had severe flowing spells since. She is to-day a worse sufferer than before the first operation. This being my experience, I have felt considerable disappointment in the operation. I have two other cases in which the consulting physician has advised ovariectomy, but I prefer treatment with homœopathic remedies for a time at least, and see if the results will not be as favorable; certainly they can not be worse.

DR. HAWLEY: Dr. Bell has expressed the idea that the woman could have been cured under proper homœopathic treatment. I should like to ask him if the operation has not acted as a bar to the proper cure of the case. Can she ever be cured homœopathically since the surgical interference?

DR. H. C. ALLEN: No.

DR. J. B. BELL: I do not believe that I would have operated in this case, but I do not say that I would never do it in an appropriate case; I do not think that an appropriate case would ever come from good homœopathic hands. I do not know whether such an operation prevents the homœopathic cure or not.

DR. H. C. ALLEN: The most frequent cause of this trouble is the gonorrhœal poison, as has been shown in many able articles written on the gonorrhœal infection and its effects upon the ovaries and tubes. The old school, while they have given us admirable descriptions of these troubles, are impotent to cure; they drop the matter at the description of it. If they only knew the power that lies in Thuja and Medorrhinum, how much better they would get along.

I agree with Dr. Bell that in our own number we do not see these cases. Six month's treatment before the operation would have done away with the necessity of the operation. Seven or eight years ago the wife of a homœopathic physician, now in Iowa, was taken ill. Her case was diagnosed by Dr. Orme as uterine fibroid. This diagnosis was confirmed by many physicians, both old and new school. She was sent to an institution where she could have electrical treatment, and returned no better. Dr. Orme said that nothing but removal of the uterus and ovaries would cure her.

Her husband wrote to me to get my opinion as to who was the best ovariectomist. Dr. Porter, whom I recommended, confirmed the previous diagnosis, and said the tumor was as

large as a coconut. She had severe hæmorrhages. She decided that when she died she would take her uterus and ovaries with her. Under the action of two remedies in six months, she was pregnant, and at the seventh month of pregnancy was delivered of a two and one-half pounds boy. In two years she was delivered of a healthy child, weighing eight pounds, and there could be found no trace of a tumor of any kind.

The remedies indicated and used successively were Psorinum 42 m. and Conium 70 m.

DR. HAWLEY: About a month ago I had a call from a lady, whose physician had found, three years ago this spring, a tumor in the region of the left ovary. By his advice she went from Nebraska to New York and saw Dr. Thomas, who, after an examination, confirmed the diagnosis of a tumor, but advised her to wait until the following autumn before submitting to an operation. During this interval a sister of her's, who was a patient of mine, advised her to consult me. I prescribed for her by letter, and there was very soon a reduction in the growth, and a few months later pregnancy announced itself. The physician attending her proposed to produce an abortion, because he thought she could not be delivered at full time with that tumor there. She went safely through the labor, however, and the tumor was discovered to be no bigger than a hen's egg. It had been much larger. When she called, as I have said, she was as well as she ever was in her life. I can not remember for certain what her remedy was, but I think it was Psorinum 42 m. (F.)

DR. DEVER: A lady who had been injured in the right ovary was told by Dr. Franklin that nothing under the sun would relieve her but an operation. I prescribed Conium and she was cured by it.

DR. FINCKE: I should like to call on the surgeons to give us their idea of the physiological use of the ovaries and tubes.

DR. STOW: I suppose the nearest we can get to this esoteric question, is this: the uterus, as well as the ovaries, is concerned in menstruation. At the time of the escape of the ovum from its follicle the uterus is engorged with blood, and from its lining membrane exudes blood, which escapes with the ovum. Now, there becomes established, from con-

stant repetition of this, a neuropsychologic habit of becoming congested at certain times of so strong a nature that this turgescence continues to recur even when the ovaries have been removed. It is a peculiar attendant upon the normal function of the uterus, continuing even after the extirpation of the very organs upon which that function (primarily?) depends. There is a rapidly growing tendency on the part of both old and new school surgeons to operate when there is no necessity for operating. Ovariectomy has actually been performed many times for the relief of headache! A surgeon in Syracuse has performed it five or six times for the relief of monthly occipital pains. He claimed there was no other permanent cure of the trouble. In three of them the headache continued, and one was slightly lessened. Such cases as have been cited here are very impressive and we need more such to counteract the growing tendency to extend the field of surgery where it does not belong.

The idea ought to be impressed upon the women of this country that pure homœopathy will cure, where surgery will fail!

A CLINICAL CASE.

April 2, 1890. Called to see Mr. F. A., aged seventy-six.

I was informed that he had been nearly ten weeks under the care of a prominent homœopathic physician for rheumatic-gout, asthma and irregularity of the action of the heart.

The treatment had comprised the use of strong drugs, mixed and in alternation; feet and legs had been painted with iodine, and various other scientific procedures had been adopted showing that everything for the patient's good had been done; yet the patient was constantly getting worse. Sometimes there would be temporary relief from the suffering in the feet and legs; then the asthma, the breathing and the heart's action would be worse; and when the asthma and the heart received special attention, the feet and legs, especially the great toes and r. knee, would be so much worse as to cause indescribable torture. Between these diverse proced-

ures the patient was in a most unenviable plight. Trying to avoid Scylla he fell into Charybdis; avoiding Charybdis was nearly wrecked on Scylla. Pulse including the cessations about 82. Twelve beats and would then stop during the time of one pulsation, then twelve jerky beats again, and so on. Tongue a thick, dirty brown coat, cracked, when protruded, trembles; it has a rough and stiff feeling after he has lain in bed all night; does not get much rest; after has been up awhile in the morning, it limbers up.

Anorexia: Coughs and chokes when eating.

Urine of a dark, rich brown color; a small quantity of whitish sediment.

The cough is < lying; raises a profuse quantity of thick yellow and white mucus; dryness and tickling in the throat which is very irritating. Patient says that he "could rest lying if it was not for that cough." When is able to move at all, feels < when going about a little. A great deal of wheezing and mucus râles in l. lung.

Intense pains in toes of both feet, in the feet, ankles, legs and r. knee. Great toes are swollen to more than double their normal size; mottled, pale red and purple; sometimes one toe feels worse and sometimes the other.

The r. knee is even swollen to greater proportions than the great toes, is puffy, shining, causing almost as much agony as the toes.

The great toes, feet and ankles have been in this condition for about ten weeks; but the trouble was not so noticeable in the r. knee until after the treatment. Has had this trouble of the lower extremities, however, off and on for about six years. Rhus cin. in water, 2 hours, six doses.

April 3d.—Pulse about 102. Intermits irregularly.

R. knee feels much worse; has suffered dreadfully; but the toes, feet and ankles feel better.

Cough has changed its character; is now short and dry; has not raised this A. M., which is very unusual.

"I must do something for that r. knee, because he can't stand it." Sac. lac.

April 4th.—Pulse is very difficult to count; intermits irregularly; a double beat, then stops; then three or four, and ceases the time of one beat. It is about 90.

Tongue is partly clean and looks much better.

It is quite an effort to cough ; expectorated a great deal of mucus during the night ; some yellow, but mostly white.

R. knee feels much better.

Stood for a short time on r. foot this A. M., which has not done for ten weeks.

The râles can scarcely be heard in l. lung, and the wheezing is decidedly relieved. Sac. lac.

April 5th.—Pulse 75. The intermissions are less marked.

Feels > in some respects, especially the gouty and rheumatic symptoms. The cough is, however, much worse.

The expectoration comes up in strings of yellow and white mucus, and also like the white of an egg, beaten into froth.

Wheezing all over chest. I was told that he had taken cold from an open window yesterday.

Acute pain in l. elbow, can not bend or lift it. Kali bi. 200th, one dose.

April 6th.—Can not count the pulse. One pulsation, then stops ; then two or three and stops ; then will be four or five beats and ceases again for the time of one beat. I have frequently noticed irregular and intermittent pulsations, but this is diverse from any in my experience.

Tongue coated white.

Not satisfied with one tumbler of water ; will take two at once. Bry.

Coughs and coughs and coughs ; expectoration bright yellow, white and thick.

There is much less wheezing.

Urine is clear and looks normal. Sac. lac.

April 7th.—Pulse from 85 to 90. Intermits so irregularly that it is impossible to count it accurately.

Tongue has a thick, yellowish-white coat.

Less expectoration ; cough is dryer, tighter.

A very sore spot under r. patella, and soreness on inner aspect of r. ankle. Restless at night.

Always > when walks about a little, although very stiff at first.

Rhus cm. in water, 2 hourly, four doses.

April 9th.—Pulse about 87, including the intermissions which are less marked.

Feet feel bound up tightly, as though there was no elasticity in them.

Coughed and raised much less, all other conditions relieved. Sac. lac.

April 12th.—Pulse 80; does not intermit. The improvement is wonderful.

There is a sensation as of something screwing in l. heel, almost constantly, for the past two days. Sac. lac.

April 13th.—Pulse 80. Screwing sensation in l. heel only at night now; it goes away after has been up a short time.

Very little cough or expectoration; the cough is loose. Sac. lac.

April 15th.—Pulse 82. Still that screwing sensation in l. heel at night. Ball of r. great toe and the toe itself is very sore; but for that could walk very well. Led. 200, one dose.

April 17th.—Pulse regular, 78. Feels very much improved. The soreness and screwing sensations have departed. Dryness of the mouth in the A. M. on rising. Sac. lac.

April 20th.—Pulse 78. Dull ache in the ball and joint of r. great toe. Walked about a little too much yesterday. Sac. lac.

April 23d.—Pulse 92. Stiffness in both knees; l. worse; > if goes round a bit, seems to get "limbered up." Rhus 200, one dose.

April 26th.—Pulse 78. Feels very much >. The stiffness is confined to the l. knee, and that is not as bad as it has been. It is < when resting and at night. Sac. lac.

April 28th.—Pulse 93. Wheezing low down in centre of chest; < at night and when lying. Can hear it quite plainly when lying in bed at night. Raises white mucus. When asleep the breathing can be heard in the next room. Hepar 200, in water, 4 doses, every two hours.

April 30th.—Pulse intermits, 90. Short, dry, hacking cough; sometimes raises white and sometimes thick yellow mucus. Only raises in the night; the feeling is that it comes from very low down in the chest; there is a good deal of rattling therewith.

Feels > and that he is improving. Sac. lac.

May 2d.—Pulse 78. Very thirsty. Hacking cough, < lying on r. side.

Acute pain in r. great toe; can not bear it touched, and to bend it gives much pain. Has been moving about for the past fortnight and going up and down stairs until yesterday; now must keep quiet. Bry. cm., one dose.

May 4th.—Pulse full, 90.

Took cold from sitting in a draught at an open window yesterday. Had a very restless night; thought that morning would never come; came near sending for me in the night. Acon. cm., 1 dose.

May 6th.—Pulse about 84; intermits.

Soreness and acute pain in r. knee, < on the slightest movement. Coughed all night. Bry. cm., in water, every 2 hours, 4 doses.

May 7th.—Pulse 90.

Feels >; r. knee is >; but it hurts to cough. Raises a thick yellow mucus; the cough is a short, dry hack. Sac. lac.

May 8th.—Pulse 94.

Pricking sensation posterior to and below sternum. Coughed nearly all night; it would ease it to sit up for a short time and have it out, but the same trouble would soon return, requiring the same operation to be repeated; it is so tiresome. Raises a thick, dirty-looking, yellow mucus. Con. 200 in water, every 2 hours, 6 doses.

May 9th.—Pulse 84, intermits once in about 7 beats.

Coughs mostly lying, very little during the day. It is much looser than it was yesterday, < after midnight.

Thought strongly of Hepar, but as there was decided improvement, more strongly of a placebo. Sac. lac.

Saw the patient again on the 13th and 16th inst. The pulse was even and regular. Had improved so rapidly that I discharged him. He said that he was better than he had been for many years.

DISCUSSION.

DR. BELL: I should like to know why Dr. Thomson takes so much account of the pulse in that case?

DR. THOMSON: Simply on account of its very peculiar character.

DR. H. C. ALLEN: Did you not aggravate your pulse symptoms with Kali bich.? It never follows Rhus well.

DR. THOMSON: No; the remedy was indicated. At my next visit the patient was decidedly better.

DR. FARLEY: The trouble began in the feet and ascended to the knee. I noticed that after the administration of the Rhus the improvement began also in the feet and went up.

NEW YORK.

J. W. THOMSON.

PECULIAR SYMPTOMS OF A FEW REMEDIES.

- MIND.** Bashful: China.
 Calmness: Opium.
 Cautiousness: Graph.
 Cowardice: Baryta carb.
 Hunts for pins: Silicea.
 Repeats all questions before answering them: Zinc.
 Irresistable desire to talk in rhymes or repeat verses:
 Ant. c. Agar.
 Loss of location when walking in the streets that he
 has traveled for years: Glonoine.
 Imagines that she is three persons and that she can
 not keep them covered: Baptisia.
 Sensation as if he would creep into his own body,
 he crouches together as much as he can: Cimex.
 Extremely scrupulous about the least thing: Thuya.
 Cuts up clothing: Varatrum.
 Destroys clothing: Sulph. Tarent.
 Creeps about in bed: Stramonium.
 Desire to set fire to things: Hepar.
 Time seems to pass very rapidly: Theridion.
 slowly: Arg. nit. Nux v.
 Pretending blindness: Veratrum.
 deafness: Veratrum.
 Fear of cholera: Lachesis.
 being devoured: Stramonium.
 going in a crowd: Aconite.
 Forgetful of the word when speaking: Arnica.
 time and place: Mercury.
 what he has said: Muriatic ac.
 dates: Fluoric. ac.
 words: Baryta c. Lyc. Pod.
 names: Guaj. Sulph.

SENSORIUM.

- Vertigo, as if one would fall forward, from looking
 up: Puls. Sil.
 vertigo, as if one would fall forward, from looking
 down: Kalm. Spig.
 vertigo, < lying down and closing eyes: Apis-
 Thuja. Ther.
 vertigo, < lying down and opening eyes: Lac. v. d.

vertigo when talking: Bor. Paris.
 in sunshine: Agar.
 when writing: Sep.
 alternating with colic: Ver.
 > supporting the head: Sabad.
 < after sleep: Carbo v.
 when going to sleep: Tell.
 < after wine: Bov. Nat. c. Zinc.
 feeling as if being swung to and fro: Ign.
 feeling of lightness or buoyancy; as if he was
 raised from the ground and could fly away:
 Cani. Val.

INNER HEAD.

pain in vertex as if hair were pulled: Alum. Mag.
 c. Mag. m.
 headache > sneezing: Lil.
 < sneezing: Kali c. Culex.
 pain in occiput from right to left, as if a piece of
 wood: Psor.
 > smoking > open air: Aran.
 headache < from tea: Thuja. Selen.
 > by tea: Carb. ac. Glon.
 > nose bleed: Bufo. Mgn. s. Mel. tab.
 > coffea: Can. i. Glon. Col.
 < change of temperature: Ran. b. Ver.
 > eructations: Lach. Polyp.
 > emissions of flatus: Æth. Cic.
 < bathing: Ant. c.
 > bathing: Lact. ac.
 sick headache every other day at 11 A. M.: Ced.
 sick headache every day at 11 A. M.: Nat. m.
 headache at night; has to sit up and hold head
 with both hands to prevent it from falling to
 pieces: Carbo a.

EYES.

wheels, and colored rings before the eyes. Nitrum.
 Stront.
 blindness momentarily, when blowing the nose:
 Caust.
 feeling as if eyes were compressed in a vise: Rat.
 flashes of light shoot up from the eyes then break
 and fall down in a shower

feeling as if eyes were being forced out, when throat is pressed: *Lach.*

sensation of coldness in eyes: *Con.*

as if cold air blew in the eyes: *Croc.*

hot air blew in the eyes: *Dios.*

blood oozes from eyes while blowing the nose and shaking the head: *Nit. ac.*

EARS.

stitches first in left then in right ear: *Aloe.*

stitches first in right then in left ear: *Sulph.*

pains extending to ears from other parts: *Mang.*

roaring in ears, relieved by music: *Ign.*

sensation as if the ear stood wide open: *Aur.*

like a worm in the ear: *Rhod.*

like water in left ear: *Graph.*

like water passing out of ear: *Calc. Spig.*

Sulph.

pain in the ear, > blowing nose: *Mang.*

from throat to ears on swallowing: *Gels.*

from throat to left ear on swallowing: *Kali. b.*

from throat to right ear on swallowing: *Brom.*

Sol. n.

NOSE.

epistaxis during pregnancy: *Sep.*

with heat of face: *Graph.*

with pale face: *Carbo v.*

squirring in nostril as if a small worm: *Nat. m.*

FACE.

One cheek pale and hot, the other red and cold:

Mosch.

In children:—

aged expression: *Abrot. Æth. Hydr. ac.*

anxious expression: *Æth. Bell. Cup.*

bewildered expression: *Plumb. Stram. Zinc.*

TEETH.

pressing teeth together sends shocks through head, ears, nose and eyes: *Amm. c.*

painful reverberation of sounds in the teeth: *Ther.*

wandering, shifting pain in all the teeth: *Mang.*

Puls. Tilia.

toothache, > from smoking tobacco: Aran. Bor.

Nat. s.

> vinegar: Puls. Tong.

> warm things: Nux m. Kali i.

> hot drinks: Lyc.

< smoking tobacco: Spig. Sab. Thu.

< salt food: Carbo v.

< sweet things: Sep.

< eating bread: Carbo a.

< after fruits: Nat. s.

< noise: Calc.

TONGUE.

tongue feels as if scalded: Col. Ver. v.

in talking or chewing they bite the tongue: Ign.

Caust. Petr.

cheek: Petr. Ign.

coldness of the tongue: Cist. Carbo v. Laur. Ver.

tip: Cup.

Sensation of hair on the tongue: Kali b. Nat. m. Sil.

hairy sensation of the interior of the mouth: Ther.

greasy feeling of tongue: Iris

mouth and palate: Ol. an.

THROAT.

can swallow liquids only: Bapt.

but has aversion to them: Sil.

food passes into the choanæ: Petr. Sil.

coldness, sense of, in throat: Cist. Carbo v. Kali chl.

Ver.

pain in the throat *after* eating: Amb. Ars. Laur.

> eating: Cist.

on empty swallowing: Lach.

Merc.

> empty swallowing: Cist. Ign.

NAUSEA AND VOMITING.

eructations like rotten eggs: Arn. Ant. t. Graph.

Psor.

taste of rotten eggs, especially in A. M.: Arn.

only in A. M., after rising

Graph.

at night: Ant. t.

eructations, with hot saliva in the mouth, and
tasting like garlic: Mosch.

nausea and vomiting when closing the eyes: Ther.
nausea after eating or drinking, except from lemonade, nausea referred mostly to the throat: Cyc.
the sight of food makes her sick: Mosch.

smell of food makes her sick: Ars. Colch. Sep.
excessive flatulence, belching gives no relief: Chin.

relief: Carbo v.

nausea in morning, disappearing after a swallow of water: Lob. i.

amelioration after the first mouthful of food: Cur.

STOMACH, ETC.

pain in stomach from drinking: Arn. Iris.

> from drinking: Phos.

colic, which bends one double, > by eating: Bov.

< by eating: Col.

comes on or is < by bending double, > rising and walking about: Dios.

hiccough after eating: Bry.

too much: Nux v.

cold drinks: Nux v.

craves nothing but sour things: Aur. Chin. Phos.

ac.

gastric symptoms < 4 A. M.: Ptel.

STOOL, ANUS, ETC.

stitch up rectum from hemorrhoidal tumor: Æsc.

from anus to sacrum: Aloe.

abdomen: Aloe.

rectum: Ign.

urethra: Coc. Thu.

left groin: Kreos. Croc.

feeling in the rectum as if boiling lead were passing through: Thu.

sensation as if a rough body were traversing the rectum during stool: Plumb.

discharge of wind from the bladder: Sars.

diarrhoea from eating potatoes: Alum. Sep.

chocolate: Lith. c. Bor.

cabbage: Bry. Petr.

melons: Zing.

onions: Thu.

oysters: Brom. Sulph. ac.

drinking cider: Calc. p.
 impure water: Zing.
 swallowing saliva: Colch.
 when riding: Coc. Nux m. Petr.
 from looking at shining objects: Stram.
 during thunder storm: Nat. c. Rhod.
 when thinking of the pain: Ox. ac.
 watery stools, running right through the diaper:
 Beng. ac. Pod.
 diarrhœa before menses: Bov. Sil. Ver.
 during menses: Bov. Amm. m. Ver.
 after menses: Graph.

URINE.

wets the bed after eating sugar or sweets: Bell.
 sensation of a ball in bladder: Lach.
 worm in bladder: Bell.
 can only pass water when pressing upon musles of ab-
 domen: Mag. m.
 straining at stool: Alum.
 flow of urine intermits: Clem. Con.

SEXUAL ORGANS (female).

uterus feels as if open: Lach.
 burning, shooting, stitching pains in the neck of
 uterus: Sep.
 sharp cutting pains referred to neck of womb:
 Helon.
 sensation of a consciousness of a womb, sore, an-
 noying: Murex.
 a painful stiffness in the uterine region: Sep.
 emissions of wind from the vagina: Brom. Lac. c.
 Lyc. Nux m. Nux v. Sang.
 foul wind from the vagina: Brom.
 dysmenorrhœa, always followed by hemorrhoids:
 Coc.
 milk in breasts instead of menses: Merc.
 menses flow only in day time: Caust. Coff. Cycl.
 Ham. Puls.
 night time: Bor. Bov. Coff.
 Cycl. Nat. m.
 morning: Bov. Carbo. a. Sep.
 leucorrhœa flows only at night: Caust.
 daytime only: Alum.

profuse after urination: Amm. m.

Canth. Sep. Nicc.

ceasing after urination: Nat. c.

cholera-like symptoms during menses: Amm. c.

after pains felt only in the shin bones: Carbo v.

COUGH AND LUNGS.

cough < after sweet things: Zinc.

lachrymation; tears stream down the face whenever he coughs: Nat. m.

gets sleepy after every coughing spell: Ign.

detached lumps of mucus fly out on coughing: Chel.

cough loose after *eating*, dry after *drinking*: Nux m.

sternum cracks on bending backward: Amm. c.

asthma < sitting up, > lying down or keeping arms spread wide apart: Psor.

HEART.

sensation of constriction in or about the heart: Arn.

Bufo. Cac. Iod. Lil. Nux m.

as from an iron hand grasping the heart: Cac.

sensation as if something alive running in the heart: Cyc.

sensation of dropping of cold water over the heart: Cann. s.

pain in region of heart > passing water: Lith. c.

feeling as though the heart ceased beating for a while, and then at once a hard thump is felt: Aur.

fear that unless constantly on the move the heart will cease beating: Gels.

fears that heart would cease beating if she moves: Dig.

BACK—LIMBS (upper and lower).

pain in the back > belching: Sep.

throbbing in sacrum; must have pillow stuffed in small of back in order to sit in chair: Bell.

cramp like, slow contractions of right thumb and index finger; the tips approach each other, and can only be extended by force: Cyc.

GENERAL SYMPTOMS OF PAIN, ETC.

All the pains seem to occupy on a small spot half an inch to an inch in length: Ox. ac.

symptoms usually diagonal, right arm and left leg:

Agar. Ox. ac.

flesh feels as if beaten off the bones: Thu.

scraped off: Rhus.

emaciation of affected parts: Led. Graph.

general swelling of the body: Medusa.

easily sprained from lifting small weights, also producing great fatigue; joints weak: Carbo. a.

parts on which he lies feel sore and bruised: Arn.

Bapt.

weakness of all joints: Bov.

pains in all the bones, as if every part would fall asunder; feels as if broken from head to foot: Ther.

rheumatic pains extend upward: Eup. p. Led. Nux. v. downward: Kalm. Phyt.

pains extend from other parts to the back and are attended with shuddering: Sep.

affects left shoulder and right hip joints: Led.

spasms, when the muscles of the back, face and jaws are principally affected, and the body assumes a bluish tint: Hydr. ac.

hæmorrhages of black blood from all the outlets of the body: Sul. ac.

hæmorrhages from every orifice, even pores of skin: Crot. h.

spasms, with fingers spread apart and stretched out: Glon.

with convulsive laughing: Alum. Apis.

sensation of sometimes being very small and then again very large: Sulph.

entire body feels numb; numb, dead feeling in the legs; they feel enlarged: Ced.

burning in all parts of the body, as if sparks of fire were falling on them: Sec.

skin dry and brittle, not emitting a drop of blood when cut: Sec.

CHILL—FEVER—SWEAT.

when chills are suppressed urticaria appeared over the body: Elat.

urticaria appears during different stages of the paroxysms: Apis. Hep. Ign. Rhus.

can not drink anything but hot drinks during fever:

Casc. Ced. Eup. p.

sweat smells like onions: Lyc.

sickly, attracts the flies very much: Calad. Sum.

sweat of single parts; sweat on the side not lain upon: Benz.

all over the body except face: Sec. Rhus.

only on the face: Sil.

immediately after chill without intervening heat: Caust. Lyc.

causes a shriveling of the fingers and toes, like a washerwoman's: Conch. Ant. c. Merc. Ver.

cold and bloody, especially at night: Cur.

AGGRAVATED AND AMELIORATED.

< cold, dry, clear, fine weather }
> cold, damp, wet weather. } Asar. Caust.

painlessness with most complaints: Stram.

symptoms better after sleep: Croc. Phos. Sil.

Amelioration of all the symptoms when riding in carriage: Nux m. Nit. ac.

aggravation of all the symptoms when riding in carriage: Coc. Petr.

sensitive to cold air; must be wrapped up to the face even in hot weather: Hep. Psor.

can not bear to be uncovered: Nux v.

covered: Camph. Sec.

cough when any part of the body is uncovered: Hep. Rhus.

pains > while thinking of them: Camph.

can not bear to be washed in cold water: Ant. c.

at all: Psor. Sulph.

aggravation from sunset to sunrise. Syph.

aggravation from sunrise to sunset. Med.

JOHN V. ALLEN.

PHILADELPHIA.

PYROGEN.

In August, 1888, N. B., a child of four years spent a few weeks at his grandmother's in Detroit, in whose residence the sewer pipes and plumbing were being repaired. September 3d, a few days after his return, he was attacked at 2 A. M. I was called at 5 A. M. and found the following :

Vomiting and purging ; stools profuse and watery.

Cold extremities, cold ears and nose ; forehead bathed in cold perspiration.

Tongue heavily coated, yellowish gray fur ; edges and tip very red.

Great prostration.

No pain or cramps.

Veratrum, 1 m., in water, a teaspoonful after every attack of vomiting, which would average about ten minutes.

Saw him again at 8 A. M. Could not take the medicine in water the vomiting.

Vomiting and purging no better, though the stool was not so profuse. The coldness and prostration were marked and the pale face was bathed in cold sweat.

Great restlessness, mental and physical.

Pulse 140, feeble and wiry ; temp. 99.

Great thirst for small quantities, but the smallest quantity was instantly rejected by the stomach.

Arsenicum, cm., three powders, one every half hour, then Sac. lac. until I saw him.

12:30. No improvement.

Pulse 160, weak and thready.

Nausea and vomiting persistent, and the stool though not so profuse as in early morning was now *horribly offensive*—a carrion-like odor.

Face pale and sunken, and bathed in cold perspiration.

The tongue was dark red, and devoid of the heavy coating of the early morning.

Intense thirst, but water < both vomiting and purging. No pain.

Carbo V. 1 m. every 15 minutes for four doses, then placebo.

4 P. M. No improvement. Patient evidently sinking, impossible to count the pulse.

The symptoms being unchanged, except for the worse.

especially the odor of the stool, I gave him Baptisia 200, in solution of alcohol and water, every half hour, but at 8 P. M. there was still no re-action from the evidently downward course.

Thinking perhaps that sewer gas poison may have been a factor in the cause and the clean, fiery red tongue, persistent vomiting and purging and the horribly offensive odor of the stool with entire absence of pain, called my attention to the report of a case in the *Homœopathic World*, by Dr. Burnett, cured with Pyrogen. Pyrogen cm., two doses, dry on the tongue, and placebo gave prompt and permanent relief.

April 24, 1890. Elsie B., age 14, could not go to school. Had complained for a week of feeling tired, but in every other respect was well, she said. Her father on application of thermometer found the temperature 102, pulse 108, and was alarmed. I found her tongue abnormally red, with a very thin white fur at base, but no symptoms. As she had had a slight epistaxis in the morning and the genus epidemicus at the time being Bryonia, I gave her a dose of the 1 m. and left Sac. lac. There was no further nasal hemorrhage and a conspicuous absence of symptoms; yet pulse and temperature continued to rise each day reaching 120 and 104½ respectively, while the tongue was dark red and very dry, but without thirst. She took Sac. lac. for a few days, waiting for symptoms on which to hang a prescription. As they declined to appear and suspecting sewer gas as a cause, Pyrogen, one dose, was given and she rapidly recovered. An examination revealed a defective pipe in the basement.

DISCUSSION.

DR. GUERNSEY: Is a fiery, or dark red tongue, an indication of Pyrogen?

DR. H. C. ALLEN: Both; first fiery, and then dark red and intensely dry, like a scarlatina tongue.

DR. CAMPBELL: Do you always associate such a tongue with sewer gas?

DR. H. C. ALLEN: Not necessarily; but sewer gas is one of the things they are stirred up about in Chicago. The previous case called my attention to it.

DR. THOMSON: Was the tongue denuded of its epithelium?

DR. H. C. ALLEN: No; it was clean, smooth, dry; first fiery red, then dark red, glossy, shiny and easily moistened.

DR. WESSELHÆFT: When there was a great deal of talk about sewer gas in our city, I had an old privy vault obliterated and filled up. I said to one of the workmen: "Poor fellow, you must be awfully sick, working all the time in sewer gas." "What are you talking about," said he, "I am never sick. I never knew a healthier set of fellows than sewer-workers are."

DR. H. C. ALLEN: That bears out the investigations of science. It is the sewer gas that you can not smell that is dangerous. The offensive kind takes care of itself.

H. C. ALLEN.

CHICAGO.

CASES FROM NOTE BOOK.

CASE I. Mrs. —, age 40, short in stature, very obese, has rheumatic fever, and from remembrance of previous attacks of long duration she was not of an amiable disposition. The following is my method of analysis of cases, using Bönninghausen for guide and numbers instead of abbreviations:

- 1.—Irritable—2, 45, 53, 69, 88, 169, 199, 254.
- 2.—Sensitive to touch—30, 45, 53, 69, 89, 139, 150, 154, 177, 245.
- 3.—Pain < from motion—30, 45, 53, 69, 89, 139, 150, 154, 177, 245.
- 4.—Pain throbbing—2, 30, 45, 69, 88, 154, 224, 244.
- 5.—Sweat, sour odor—2, 30, 45, 53, 69, 139, 143, 150, 154, 170, 177.
- 6.—Sweat < on upper body—69, 72, 78, 112, 154, 244.
- 7.—Thirst for small quantities of drink—2, 31, 69.

We find that remedy 69 has all the symptoms and one dose of the same in 50 m. (F.) potency was all that was given her, its effects being instantaneous and improvement constant. She was discharged in one week.

CASE II. *Sepia*.—Mrs. —, age sixty-nine, for sixty years past has been subject to severe paroxysms of hemicrania, the attacks coming on at irregular intervals, but always continuing nine days to the hour.

The pain being "as if from a severe blow with the palm of

the hand, upon the left parietal portion of the head, which then grasped the hair and pulled it out by the roots ;" this pain being repeated at intervals of thirty seconds for the whole period of nine days and nights.

Gave her three powders of Sepia 55 m. (F.) potency ; one to be taken at the time (5 P. M.) and if she noticed any effects from it, either for better or for worse, not to take second one ; but that if she should not notice any effect, to take a second one the next morning, and the third one at bed-time the next night.

Called on her again on the morning of the third day, when she reported, that within fifteen minutes after having taken the first powder, the pain had ceased entirely, that she passed a very pleasant evening, slept all night, and ate her breakfast next morning with no recurrence of pain.

A family council was now held, and it was agreed that the effect of the one powder was wonderful, as nothing that she had ever taken during the sixty years had ever had any effect, and all agreed that as one powder had so much effect, she should take the others and thus make a permanent cure of her headache.

Upon this reasoning, she took the conditioned morning powder and almost immediately the shocks commenced in the *right* side of the head ; this was a new experience to her, for till now, she had never had the pain in the right parietal region, it had from the first always affected the left side only.

At five in the afternoon she took the third powder and the pain changed from the right parietal to the occiput.

But during the night, the shocks of pain resumed their former location, in the left side of the head, when it continued its nine days' term, minus the fifteen hours' remission given by the first powder.

Three years later ; I am informed that she has since died from cancer of the stomach, having had several attacks of the hemicrania, which were instantly relieved by one dose of the Sepia.

CASE III. *Aloe*.—Mrs. —, age forty. Morning diarrhœa for many years past, comes on every morning after arising and continuing till 10 A. M. Stools yellowish, thin, fecal, accompanied by much flatus, and an immediate irremissible desire for stool ; can not delay one minute. *Aloe* 30

was prescribed for the case, a powder dry on tongue night and morning. Having taken only four doses of the Aloe, the stool became of normal consistency, and the case became one of scabies over the entire body. Upon enquiry it was ascertained that she had itch when about ten years of age, and that it was treated by inunction of sulphur and lard, and she was of opinion that the diarrhoea had been her constant companion since about that time, a period of thirty years. She received no further medicine and in three days time the power of the drug that had produced the scabies had also effected a cure of the same, with no return of diarrhoea.

CASE IV. *Plumbum*.—Mrs. —, age thirty, has been under heroic treatment for two years for “Consumption of Bowels” and not expected to recover. From her apparent condition one would not think her capable of living four weeks. The case has the following symptoms for study:

Stools painless, frequent, night and day, fecal, frothy, < from movement.

After stool, great debility.

Sense of weakness in abdomen.

Foul taste in morning.

Bad odor of breath in morning, disgust for cold water.

Cold ankles.

Menses too profuse; of bad odor; can not bear heat from the stove.

After a careful analysis, and finding all of the symptoms under *Plumbum* it was given in 200th potency for four days without apparent effect. Feeling confident that it was a *Plumbum* case, the thought came to me that possibly it was pathogenetic. Further investigation was accordingly made with ill success for a time; they had no lead pump; the water for family use was all dipped from a spring near the house; she had never used hair-wash, or cosmetics. But on examination of a peck-basket of empty bottles and pill-boxes, the contents of which she had taken into her stomach, we found a large number of pill-boxes all bearing the same number. Taking one of the boxes to the druggist whose name was on the cover, it was found that each pill should have contained one-eighth grain *Plumbi ac.*, the same quantity each of *Opii* and of *Capsicum*, and for the second time we felt certain that we had the solution of the case in our hands. On again referring to our

analysis we found that we had twelve of the fourteen symptoms also under Secale. This drug (in the 30th to the 200th potency) was accordingly selected as the *antidote* to this case of lead-poisoning, and with complete success, for in four weeks time instead of being "under the sod," she was well-advanced to convalescence. And three years later she gave birth to a fine, healthy boy, who is now ten years of age and apparently as likely to attain his expectancy of life as any of his class.

L. WHITING.

DANVERS, MASS.

LAPIS ALBUS.

An accidental fragmentary proving of Lapis Albus, giving two cases in verification.

July 5, 1875, Mrs. —, age 40, light complexion, rather stout, no children, has a very large bronchocele; aversion to all animal food; craves sweets; has craved and drank much ice water in all seasons of the year, since a child; feet and legs cold to knees. Can get no further symptoms.

Gave her Lapis Albus 6x, trit. 2 gr. powders, to be taken four per day for one month, after which she reported by letter that she was having much pain in tumor and that it was rapidly diminishing in size.

She now had placebo until Sept. 22d, when she came to office.

The tumor had diminished in size fully one half, and the patient, who on July 4th had no ailments other than the bronchocele, stated that since taking the powders she has had no pain with her menstrual periods and that they had also cured her dyspepsia.

On further inquiry it was learned that she had from her first menstruation always suffered from severe dysmenorrhœa and had also been subject to attacks of sick headache, and that she had not been affected with either since taking the powders.

She also says that for some time past she has had no pain in tumor and thinks that it has not decreased in size since the pain ceased.

At this date, September 26th, I gave her the Lapis 6x again to take, a powder at bedtime.

January 28th she writes that the powders have caused pain

in the tumor and that she is also very much troubled with itching of the external genitals.

I now sent her *Lapis* 30th which caused so much aggravation of the pruritus that she would not take it, and until July 11th she would not take medicine.

The pruritus had now got better and she was persuaded to take more medicine and obliterate the remains of the tumor; she now had *Lapis* 200th, which in a few days caused so much pruritus that she would not take it or anything else, since which I have no further knowledge of case.

With hints gained through this instructive *Lapis* aggravation, I have given much comfort with *Lapis* 200 to many patients afflicted with pruritus pudendi, and also verified its usefulness in dysmenorrhœa.

In painful menstruation it is indicated in those cases in which severe pain precedes the flux.

The woman is taken suddenly with but little premonition with pain so severe that she swoons and falls insensible wherever she may be, without sufficient warning to enable her to reach comfortable quarters.

CASE I.—Miss —, age 19, for whom I had prescribed occasionally with but little benefit except palliative, since her first menstruation.

At this time the paroxysms of pain had become so very much more severe that she would fall unconscious wherever she happened to be, the swoon, at times, lasting half an hour, after which she would be brought home and suffer pain for a few hours when it would gradually subside, and menstruation once established would continue without pain.

Having had ill-success in treating this case, and accidentally being reminded of the bronchocele case, I resolved to give *Lapis* a trial, somewhat empirically.

To this purpose I gave her a vial of globules of 200th potency, with instructions to take a dose at bedtime for the two weeks following the cessation of menses.

The next period came on normally, without pain, and has continued normal for the past four years.

CASE II.—Miss —, age thirty-four, menses normal until at age of twenty, when she had measles, since which she has suffered severe pain at commencement of menstruation; so much so as to cause syncope.

Oftentimes the first premonition of menstruation would be pain so severe as to cause her to fall insensible wherever she might be at the time.

This severe pain would continue less for a day, or until the flow was fully established.

As she had been under the treatment of a number of our leading physicians, without benefit, we advised a trial of Lapis 200, of which a dose was taken at bedtime, for a few days, after the menstrual flow had fully ceased.

This treatment was continued for about six months, with less frequent dosage, as she improved from month to month. Since which, for about two years, she has had no recurrence of menstrual pain.

DISCUSSION.

DR. WESSELHÆFT: I want to confirm Dr. Whiting's statement in regard to Aloe. I have come to regard it as an antipsoric, a much deeper acting remedy than we usually suppose it to be. Dr. Whiting's case is a valuable one, because it cured the patient. Dr. Whiting is a deep thinker, works out his cases with great care, and he can be relied on every time.

DR. H. C. ALLEN: I think his case of Sepia is a beautiful illustration of the folly of repeating as long as the patient is doing well.

DR. WESSELHÆFT: Lapis albus is the remedy empirically recommended for cancer by Dr. Grauvogl. It is the stone which is thought to be the active remedy of the Gastein waters. I suppose the Gastein water simply holds this stone in solution. Dr. Allen is right, Dr. Whiting knows how to wait, and when he repeats he has a good reason for it.

DR. BAYLIES: In the case of dysmenorrhœa, was the medicine used empirically or according to the similar symptoms?

DR. WESSELHÆFT: If he gave the Lapis for dysmenorrhœa, it must have been empirically, because it is an unproved remedy.

DR. SAWYER: I have used several pounds of Lapis albus in my time, a great deal of it in cancerous cases, lupus and such diseases, and a peculiar circumstance about the medicine is, that I never got any response from any potency except the third decimal. I tried the sixth and the twelfth, and

found them absolutely useless in the cases that I tried them on. In the third, it improves the nutrition, color and general appearance of the patient in all cancerous cases. This I know from experience, but I do not think, and I have not found, that it will cure cancer.

DR. WESSELHÆFT : When Dr. Grauvogl first announced his *Lapis albus*, I was treating an epithelioma in an old man—now he is about ninety—he was then about seventy. It was in the lip, going nearly across the entire lower lip, at least two-thirds of it exhibiting a rough, crusty appearance, and when this crust came off it left a raw surface with large irregular granulations. No pain and no other involvement of tissue. He was to be operated on, but first came down to Boston to be treated by me. I could get no constitutional symptoms out of him. If I remember aright, the epithelioma was not at all painful, save a very slight burning. I had tried Arsenic high and highest without effect. I was reading Grauvogl at the time, and had *Lapis* in the twelfth decimal. I gave him a solution of the trituration, a dose morning and evening for a week, then omitted a week. After three months the epithelioma healed entirely. The doctor who was to cut it out said before he came to me : “If that quack in Boston cures you, I will go down and sit at his feet and learn how to do it.” He never came, and I was very glad of it, because I could not have given a single good reason why I used *Lapis albus*.

It was in the fall of the year I discharged him as well. About Christmas he was taken ill with a peculiar pneumonia that I had great difficulty in treating. It was very rapid in its progress, solidifying one lung entirely. The fifth day he suddenly collapsed. I found him breathing quickly, tongue cold, nose cold, cold all over, with all the symptoms of impending paralysis of the lungs. The respiration shallow, rapid and irregular. I gave *Laurocerasus*. Reaction came slowly, but he made a good and complete recovery, and is now alive at ninety. He has ever since, severe winter coughs.

DR. GREGORY : Treated a young man for a tumor on the lower lip. Immediate removal was advised by what was considered good authority. Gave him *Lapis albus*, thirtieth, without any Arsenic about it, and the tumor, with the excep-

tion of a slight depression, disappeared at the end of six months. After two years the tumor re-developed in the depression that marked the site of the former one. It had burning, stinging pains, that would make him jump off his feet. It grew to the size of the former tumor. More Lapis, thirtieth, was given, and the trouble disappeared within a year, and up to date, now ten years, has not recurred. It was given, a dose every night for a week, then stopped three or four weeks and then repeated.

L. WHITING.

DANVERS, MASS.

ALBUMINURIA: NATRUM MUR.

November 1, 1889.—E. L., a lad of 16 years, came to my office with his mother, from whom I obtained the following history: He had been treated by an allopathic physician of this city for three months. The mother was finally informed that "her son was incurable," "that he could do nothing more for him, as he was far advanced and in the last stages of Bright's Disease. That he was liable to drop dead any moment." A specimen of his urine was produced, which I proceeded at once to test. I found an acid reaction with a specific gravity 1.008. I filled a test tube half full and heated to a boiling point. A brownish-white deposit of half the amount of fluid in the tube was observed. I then took another portion and applied the Nitric acid test with a like result on standing. I now confirmed the previous expressed opinion that he was in a precarious condition, as such cases are always fraught with great danger.

His face had a bloated appearance; eyelids were swollen and dropsical swelling of the extremities. Rapid breathing, hoarse cough day and night. Every other morning about 8 A. M., yawning, stretching, great thirst; chill at 9, lasting till noon, beginning in the toes and fingers, extending to back; violent headache; blue lips and nails; great thirst for large quantities of water; and often nausea and vomiting; sleepiness; almost constant coughing; tearing pains in the extremities, desiring to be heavily covered. This was followed with burning heat; *increased thirst*; "an intolerable hammering headache;" a desire to uncover; cross and irritable when

spoken to ; great restlessness. Fever blisters covered his lips like pearls and had existed for several days ; tastelessness of all food. This was followed with a profuse sweat, with thirst ; gradually all the bone pains were relieved, save the headache ; this latter gave him great distress every time he was obliged to cough.

During the apyrexia, which was not very distinct, there was great languor with excessive debility ; a livid, sallow complexion ; who could desire a more typical case ? I most sincerely commiserate any homœopath who fails to comprehend the pathogenesis of one of our most valuable and indispensable polychrests. The patient is asking in unmistakable tones for sodium chloride, although he has been a daily consumer of this article. While this was a typical *Natrum mur.* case, it was a very pronounced case of *Morbus Brightii*. I did not stop to inquire whether it was one of acute or chronic parenchymatous nephritis. Whether there were any epithelial hyaline, or blood casts, and should the disquamative stage have obtained, there was only one indication for me to consider and that was the picture presented. This boy had been living over in Illinois in the Mississippi river bottoms ; “going in swimming,” lying on the ground, following in the track of freshly turned sod when the sun was hot, generating miasm. He had been treated scientifically (?) as his mother thought, by one who makes it a specialty to treat all such class of diseases. It was presumed he knew all about such diseases as his office was constantly thronged with sick people. Now after having been cycloned by this wiseacre for two months, in his vain endeavors to diminish the intensity of the renal inflammation, by the use of hydragogue cathartics, saline laxatives so useful by the way of depletion, fomentations over kidneys with hot flannels, or spongio-piline ; diuretics, for the dropsical diathesis, rigid abstemiousness of all albuminous articles of diet, elaterium, gamboge, bitartrate of potassa, etc., *ad nauseam* ; after all this vain endeavor to promote resolution by the eliminative process, the organism of this patient was still racked with disease, strange to say. So he issues the edict that all had been done that could possibly be done, and that he must yield to the inevitable. Thus I found this case after having passed through the terrible ordeal that *all* patients must undergo from the hands of the self-styled scientists.

The general cachexy of this organism calls for a remedy the pathogenesis of which is a similitude upon the healthy organism. So we gave him *Natrum muriaticum*, and see what followed:

On the 1st day of November, 1889, being the well day, I gave him three powders, *Natrum mur.* 200, to be taken six hours apart. Paroxysm next day as usual, but there was a diminution of 25 per cent. of albumen. *Sac. lac.* was given in interim; but on the 4th, chill and fever again. Three more powders, six hours apart, after paroxysm. There was a gradual decrease in amount of albumen in urine. Chill and fever still persisted till the 10th. Realizing we had not found the simillimum, we gave him one dose of *Natrum mur. cm.* (Fincke) with happy results.

On 12th had a very light chill and light fever, with a greatly diminished deposit of albumen. Cough, rest, sleep, appetite greatly improved. There was a steady improvement in his condition up to the 24th, when another slight chill and fever, with increased deposit of albumen, appeared. One more dose of *cm.* No more chills.

On December 7th there was an indication of another paroxysm, by slight increase of albumen, restlessness and cough. One more dose of *Natrum mur. cm.* averted the paroxysm. This was the last dose of medicine given. Urine remained all this time at a specific gravity, ranging from 1.010 to 1.012. It gradually grew more dense and in one month's time it was normal 1.018. Was kept on *Sac. lac.* for two months. No tonics were permitted. This case I have taken great pride in, and had greater satisfaction from than any case I ever treated, owing to the gravity it presented. What wonderful results from the dynamic power of the drug. I do not think the 200th potency could ever have cured him, as it needed a remedy more potent or powerful. The more grave the case, the more potent your remedy. In his daily food he had taken Chloride of Sodium, and still the dread disease invaded his system. Not until the salt had been far removed from materialism, or become dynamic, did it prove efficacious. If this be true of *Natrum chloride*, is it not possible it may be the same with *Cinchona* and its varied alkaloids, or any other remedy? I for one am not willing to jeopardize the life of any of my patients by the administration of materialistic agents

when we have something more potent and reliable. If we would cure *tuto cito et jucunde*, give the remedy as far removed from materialism as possible, taking care never to repeat, after improvement, till you are satisfied the last dose has ceased to act in the organism.

Our State Medical Association met in our city last April. During the proceedings an article was read upon Albuminuria, in which the pathological conditions obtaining in such cases was dwelt upon, also the alimentation requisite to the successful treatment, but very little information was given as to the pathogenesis of those remedies which are so essentially requisite to the successful treatment of such cases. I gave a very brief account of this detailed case of Natrum mur., laying stress upon the fact that the 200th potency was not homœopathic to the case, but as soon as he received the simillimum, which was the cm. potency, a speedy recovery was obtained without any regard to the alimentation or the pathological condition. After I had finished my remarks, I was beset upon by one of the assassins of the law, who proclaimed "that such nonsense was not worthy of notice, and that it was a shame that such doctrine should be instilled into the minds of the young members of the Association. That the deposit in this case was nothing but mucus and that there was nothing seriously the matter in this case." My reply was not that of Sunday-school parlance, nor perhaps as decorous as that which is requisite in the drawing-room. In fact, it angered all those in sympathy with his utterances. I commiserate such abject poverty and utter ignorance of the law as this member evinced. He hails from Kansas City and is nothing but an antiquated reminiscence of barbarism. Draw your own conclusion after what he said. He avers that in his experience in an epidemic of Cerebro Spinal Meningitis in the year 1862, he being an avowed homœopath, resorted to actual cautery, and depended upon external applications in the treatment of these cases. In spite of this treatment a majority of them died. In treating eclampsia, I always go higher and higher, as I grow older, until I now give from a grain to a grain and a half of Morphine at a dose. I am sorry to state that these treasonable utterances were applauded by a majority of those present. Instead of a rebuke being given by the President, I saw a genial smile steal over his countenance, indicating approval.

This same society, by a *concensus* of opinion, has elected as its president for the ensuing year, one who has the temerity to proclaim on all occasions, *Lex non scripta*. In his address of welcome to the society he stated "they were here to sustain this principle or doctrine." Oh, depths of depravity in medical science! Such unanimity of such sentiments is treasonable. I look upon such transactions as unvarnished villainy. It is this we are here for, to stand for our God given principles, and fight this effort at this sinister effacement of the true principles of Homœopathy. The stolid indifference, or apathy, of some of our members in defending our noble cause, is enough to make the statue at Leipsic leap from its pedestal, and hasten the resurrection of the sainted dead of our beloved science. I have as much respect for a John A. Merrill, a Jesse James, or a midnight assassin as such men who ruthlessly stabbed the sacred principles of Homœopathy. *Per Contra* to this treasonable sentiment we proclaim this motto which should be inherent in, and sacredly cherished by, every true homœopath. *Lex scripta et certissima*. As shame and disgrace fell upon the ancient Greek participants in the torchlight races if they failed to transmit their torches unextinguished to their successors, so may it ever be to those who would deign to trail the sacred banner of Homœopathy in the quagmire of Empiricism. "As we have received from the successors of Hahnemann the blazing torch which he, the Prometheus of our system lighted at the Altar of Eternal Truth," so we as Hahnemannians have a sacred duty to perform, to fling to the breeze our banner bearing that glorious apothegm *Similia Similibus Curantur*. "Our honor depends on the care with which we cherish it, and the state in which, in turn, we transmit it to those who shall follow us."

It is epigrammatic. It is salient. It is a verity.

"War, war is still the cry, war even to the knife.
War my noble father thus we fling it,
And fair-eyed peace, farewell."

DISCUSSION.

DR. H. C. ALLEN: One suggestion I would like to make, and that is, that we drop the name mongrels and mongrelism, for the reason that we can catch more flies with sugar than we can with vinegar.

DR. THOMSON: We are not here to catch flies, nor to hold a candle to the devil. We have a mission; to proclaim the truth regardless of results.

DR. H. C. ALLEN: Yes, but they retaliate. I do not like to be called a Hahnemaniac, and if I were on their side of the boat I would not like to be called a mongrel. Empirics and Empiricism meet the case fully as well.

W. L. REED.

St. Louis.

SPASM OF THE GLOTTIS—VERIFICATION OF CINCHONA.

Patient was a middle aged gentleman, light complexion, of sanguine temperament, active, having rather feeble digestion. Attacks came on suddenly, commonly about 3 A. M. Suffocation would seem imminent. At length, with one tremendous effort, while sitting bent forward, a little air would be forced into the lungs in spite of the epiglottis, with a noise that could be heard at quite a distance. After expiring the air thus obtained, the next effort at inspiration would be a trifle more successful, and so on until restoration occurred.

These attacks were fatiguing and depressing, and a cure was greatly to be desired. After patient examination, the following symptoms were obtained:—unhappy, idea that he was pursued by enemies in business, no desire to live; scalp sensitive to touch; humming, throbbing in ears; saliva found upon pillow in morning; longing for whisky, Rhine wine, coffee; great thirst for cold water; gastric symptoms after milk or tea; stomach sore to touch; pale urine, often voided; flesh sore to touch, pain increasing gradually; could not bear the slightest draught of air; inclined to sweat at night, during sleep.

The remedy given was Cinchona, 200th, in water, a teaspoonful every 2 hours until improvement should be noticed. The first solution was effectual.

EDMUND CARLETON.

NEW YORK.

ECZEMA : GRAPHITES.

CASE I.—Mr. C., about fifty years of age. For nine weeks had been under “scientific” treatment for eczema covering the whole body. He had used five different kinds of ointments, of which Arsenicum and Iodine were component parts, and remarked that he felt as nasty as a hog. Was advised to buy a cake of Marseilles soap, take a bath and be sure he was clean. The eruption was scaly, dry and itched almost beyond endurance, especially after undressing.

April 3, 1889, he was given two powders of Graphites 1 m. No improvement appearing at the end of one week, he received one powder of Sulphur mm.

April 18, 1889, reported that very little itching existed and the eruption was nearly gone. It was soon entirely gone and there has been no appearance of it to the present date.

Did the Sulphur arouse the system to action, or was there a mistake made in the first prescription?

CASE II.—Miss H., eighteen years of age, brunette.

Occupation, tailoress.

Has always enjoyed good health.



June 26, 1889, she applied for treatment by reason of an eczema, covering the head, face, neck and upper part of chest; also the hands. The eruption was composed of heavy, thick

scabs, white on the head and brown on the face and hands, exuding a sticky, gluey substance, very offensive. No itching



or burning whatever. Scales constantly falling off, so much so that after being in the office for medicine it was necessary to sweep them up. Great mental depression. This condition had existed about three months.

One powder of Graphites 1 m. was given. Improvement followed and on July 5th, the dose was repeated. From July 12th, for the space of two weeks, all improvement ceased.

July 26th she received one dose of Graphites, cm. Progress now continued up to January 7, 1890, when she presented the following symptoms:

The chin, throat and neck were covered with patches resembling ring-worm.

Loss of appetite.

Cold feet and hands.

No fever. Calcarea 1 m., two powders were given. At the end of one week no improvement appearing, one powder of Graphites cm. was given. In six days the skin was free from all eruption and has remained so to the present time.

CASE III.—Mrs. L—, a widow, age about sixty-five. October, 1889, presented herself for treatment. The end of the nose was covered with a dark, dry crust from beneath which a watery substance was discharged.

This condition had existed for seven years, and for two years previous to date she had been under treatment for cancer of the nose. She received one powder of Graphites cm., and in about six weeks the dose was repeated. Nothing has been given since, and to-day her nose presents a perfectly clean and smooth appearance.

J. U. Woods.

HOLYOKE, MASS.

CLINICAL CASES.

DIPHTHERIA: LYCOPODIUM M.: TWO CASES OF CURE AND AGGRAVATION.

CASE I.—December 28, 1889. Miss J. G——, age twenty-two, presented the following symptoms. Cough almost suffocative when moving about, with great weakness; sinking, faint feeling, great oppression of the chest; sense of pressure more on the right infra-mammary region. Large mucous crepitus heard in both infra-scapular regions; rude and sibilant murmurs in superior and anterior chest. Dullness on percussion, posteriorly, especially over the left lung; decubitus on the back. The degree of prostration, the dullness on percussion and large crepitus with absence of pneumonic signs, excited a strong suspicion of bronchial diphtheria; then examining her throat of which she made no complaint, I saw a large white curd-like mass on the right tonsil without visible inflammation. Sepia 40 m.

December 30.—No better. After lying long in one position last night, felt so heavy that she could hardly get out of that position, “sunk in the bed.”

Weakness from the least exertion.

Left elbow and side lain on feel sore; feet in the fore part of the night itched about the ankles and felt hot; when put in a cool part of the bed, felt cold; on putting them back again, hot.

A dreadfully offensive hot air, like coal gas of bad taste, rose in her throat when coughing without raising, or if not coughing for some time. She was never so affected before.

Breath offensive both to herself and others.

Marked vibration of the alae nasi, especially when coughing or moving; can't lie on the right side; the right side feels heavy; she feels some rattling near the throat when lying on the right side. Lycopodium 45 m. every three hours.

31st.—Felt easy and quiet up to 11 o'clock last night, after that when not feeling so kept quiet.

Vibration of the alae nasi continues. No peculiar sensation in epigastric zone or scapulæ.

The hot air which rises, is like gas (Sulph. Lycop. Arn.), not like steam or vapor (Mercurius).

Soreness when lying long in one position; likes her drink warm (Lyc.).

On the left cheek a red spot at 11 A. M.; fluttering in left side of chest when standing. Continue Lycopodium 45 m.

January 1st.—The patient had a very restless night; has now great prostration, tendency to fainting when rising in bed, can only lie on the left side.

Intermitting pulse; while lying in bed suppression of pulse for several (8 or 10) consecutive beats.

Medicinal action seems suspended if not pernicious. Omitted medicine; her condition causing much anxiety, I represented the case to Dr. P. P. Wells, who approved the selection but recommended a single dose *high*. At 3 P. M. I gave Lycopodium M. (millionth) a few pellets; one dose dry. Sac. lac.

2d.—Better; she had slept last night two or three hours, one and one-half hour at a time, the best night during her illness. After this daily improvement; respiration rapidly clearing.

5th.—Well, except slight laryngral cough. Lycopodium M., one dose dry.

10th.—Remarkably well, and had been so since my last visit, except the second day after this dose of Lycopodium, when the constriction and fulness characteristic of Lycopodium appeared, disappearing the next day. No cough. She evidently received one dose too much and showed Lycopodium aggravation.

SUBACUTE RHEUMATISM OF THE KNEE: LYCOPIDIUM M.
(MILLIONTH) AND AGGRAVATION.

CASE II.—A lady, age about thirty-five, of fair complexion, brown hair, fleshy, complains of rheumatic pain and stiffness in the right knee, < when beginning to move, > from continued motion; < when ascending.

Sensation as of a band around the thigh just above the knee.

Flatulence, sensation as of a belt around the hypochondria worse in the afternoon. *Lycopodium M.* (millionth), a few pellets dry. In two or three days, pain and other symptoms were nearly gone. On the fifth day a trace of the knee trouble continuing. She took *Lycopodium M.* a dose dry. In a day or two, recurred the symptoms characteristic of this medicine in the epigastric zone, passing off after the second day. These two cases seem to present an aggravation and confirmation of *Lycopodium* by the very high potency. The healing action of the medicine was evident in the Diphtheria case within three hours: the aggravation did not in either case occur till the lapse of twenty-four to forty-eight hours.

SCROFULOUS ADENOMA: CALCAREA.

CASE III.—Mrs. D., a pale, cachectic looking woman, age about thirty-eight, had upon the right side of the neck a large tumor of the lymphatic glands filling the space from the mastoid process and jaw to near the acromion. It was exceedingly hard and nodular, having numerous sinuses, discharging fetid serous pus. She was decidedly strumous; had been treated by allopathic physicians with Iodine locally, and probably internally; was slender and emaciated, troubled with hacking cough, and excessive perspiration, especially of the head and extremities; had suffered slight pulmonary hemorrhage, and was of nervous temperament. The tumor disappeared gradually in the course of about a year and a half, and the general health improved under occasional doses of *Calcarea*, 15m. (Fincke).

DISCUSSION.

DR. CARLETON: A most remarkable aggravation coming after the patient was well.

DR. THOMSON: Did not the *Lycopodium* 1m. stir up the lower potency that had been given before, go within and above it, so to speak, driving the lower potency and the disorderly conditions to the externals of the organism? There is no remedy I am so afraid to repeat as *Lycopodium*.

DR. BAYLIES: The patient had had dyspeptic symptoms, but not during this attack.

B. L'B. BAYLIES.

BROOKLYN, N. Y.

**ISOPATHY IN THE PHYSICO-CHEMICAL SCHOOL,
INTRODUCED BY DR. ROBERT KOCH IN BERLIN.***

1. The alleged discovery of Dr. Koch grows out of his bacteriological researches and is simply a revival of Jenner's vaccination method for prevention of small pox, enlarged to inoculation of an unknown mixture of morbid organic origin and cyanide of gold, into the skin of persons affected with internal and external tuberculosis and lupus, with the intention to apply it also in other contagious and infectious diseases.

2. This mode of treatment encroaches upon Pasteur's claims for inoculation and use of disease products, more or less weakened by letting it go through men and animals for prophylaxis and cure.

3. The idea of administering the products of disease, for that same disease, and the substance of one organ of an animal to the same organ diseased, in man, comes from olden times and was driven to absurdity in the middle ages.

4. This idea was introduced into Homœopathy about 1833 by Hering, Gross and Lux simultaneously, who, independent of each other, realized it as having great healing power of contagions in diseases which they are able to produce. Stapf hailed this new mode of healing called Isopathy as an important enrichment of the homœopathic healing art in 1834.

5. But subsequently Homœopathy rejected this Isopathy as a misnomer and a spurious application of homœopathic principles, accepting at the same time the new remedies under the name of Nosodes which was given to them by Hering, only, under the condition that they are duly potentiated and proved upon the healthy according to the homœopathic rules, and administered in the same manner as all other remedies derived from the various kingdoms of nature.†

Hering obtained and proved the poison of the rabid dog homœopathically as early as 1833. Trinks, in 1840 invited to isopathic experiments with that poison by inoculation into healthy dogs for the sake of learning the effects, and by using

*Read before the Hom. Union of New York, December 18, 1890.

† See High Potencies and Homœopathics. Tafel 1865, p. 83. Journal of Homœopathics, Vol. I, p. 154, and Vol. II, p. 77.

a modified poison as a preventive and remedy for true rabies, similar to vaccination. This invitation was actually carried out by Pasteur, who cultured the poison of the rabid dog and other morbid products by inoculating it from one animal to another repeatedly for the cure and prevention of rabies, chicken cholera, anthrax, etc.

6. True Homœopathics rejects this mode of treatment by inoculation in contagious and other diseases as a prevention and cure, and repudiates the experiments of Pasteur, Koch and their *confreres* instituted for the administration to the healthy and sick.

7. The procedure of Dr. Koch fails to satisfy the demands of science, in as much as it keeps a secret of mixture which, without sufficient experience, at once is injected under the skin of sick persons in more or less advanced states of disease.

8. The only proving, if it may be so called, upon the healthy with this secret mixture was obtained by injecting 0.25 cubic centimeter into the upper arm of Koch himself; and gave the following symptoms: After three to four hours, drawing in the limbs, weakness, inclination to cough, trouble in respiration increasing rapidly; in the 5th hour, severe chill for nearly an hour, with nausea, vomiting, increase of temperature to 103, 2°; after 12 hours, sinking of temperature till next day when it became normal again; heaviness in the limbs and weakness for several days; pain and redness of the place of injection. From to-day's paper it appears that Koch is pale and excited, and shows dangerous traces of nervousity. Whether this is an after-action of the injection or the effect of the continuous working with his lymph, or the consequence of disappointment at failures, remains to be seen.

9. These symptoms do not justify the inoculation in every diagnosed case of tuberculosis and lupus, because they are not characteristic of these diseases to warrant the indiscriminate administration of this mixture.

10. Koch treats disease by name instead of patients afflicted with them; every case according to experience is a different one, and ought to be treated according to symptoms similitly with potentiated medicine.

11. Koch says that the mixture does not act from the stomach, and therefore, it must be injected under the skin

to give a reliable reaction, hence he proves himself unconscious of the sensitivity of the organism which is mediated by the nervous system and enables the properly selected homœopathic potency when applied to tongue and nose and even to the skin by contact, to exert its curativeness in the sick.

12. Koch uses comparatively small doses in the allopathic sense and calls them attenuations or dilutions. He evidently here encroaches upon homœopathic ground introducing the spurious application of homœopathic principles spoken of before, but he fails to reach the simplicity, purity, specificity and curative power of homœopathic potencies.

13. Though the mixture, as Koch says, by itself, therefore without particular precautions does not spoil, it is only fit for use if more or less diluted. But by distilled water it is easily decomposed and liable to bacterian vegetations, rendering the preparation useless. Hence the dilutions must be sterilized by heat and preserved under cottonwood or mixed with .5 per cent. phenol solution. But time and further dilution lessen the efficaciousness. This, to say the least, can promise to be only an uncertain remedy.

14. A mixture which is liable to be contaminated by bacteria is injected into the circulation for the purpose of destroying the tuberculous tissue, and withdrawing with it the nutriment to the bacilli residing in it. The danger is obvious that bacteria and bacilli are introduced and possibly favored when existing in the organism, where there were none or only a few before.

15. A weak dilution of the mixture is to destroy the tubercular tissue without killing the bacilli. What becomes of the decayed tissue? And the starving bacilli? That the mixture is taken up by the circulation and carried to the spot where it is needed to produce the decay of the pabulum for the bacilli is unintelligible, because no physiological or pathological reason is given and the life-force is not acknowledged by the physico-chemical school. Koch appeals to surgery in combination with his injection for the removal of the necrosed tissue, and the dead bacilli by suitable operations if not expelled by the sputa, and he does not exclude other curative methods.

16. Koch cautions against inoculation in cases which are

too far gone, and recommends it as early as the diagnosis of tuberculosis is assured. In his mind, it can only be established by the presence of bacilli in the sputa. In dubious cases injections are to be tried to prove whether bacilli are present. The general and local reaction following upon the injection is to furnish the proof. No reaction takes place in the healthy or those sick otherwise after 0.01 cub. centim. But Koch has no idea of the varying sensitivity of persons in health, because he applies his mixture to a disease. He himself may not be sensitive to less than 0.25 cub. centim., which he injected into his upper arm with the result mentioned above, but another person may already be sensitive to an injection of 0.01 cub. c., which is to be the suitable dose for tuberculosis, and yet present the phenomena necessary for the pathological diagnosis of tuberculosis without being affected by this disease at all. Therefore the injection is no test for bacilli in such a case. Besides, Dr. Wieger, who has a private hospital for consumptives, contends that the beginning of common phthisis has nothing to do with Koch's bacilli. They breed only when the existing disease of faulty nutrition has prepared the lungs for their reception.

Therefore, Koch's advice opens the door to all possible kinds of errors and abuses.

17. Koch classes lupus with tuberculosis, for he calls the nature of the mixture specific for both. But if specific for lupus, it can not be specific for tuberculosis. The expectation to make it serviceable also for diphtheria and typhoid fever shows a reprehensible generalization.

18. If the dilution of his mixture is so powerful as to destroy the tissues in which the bacilli are imbedded, why does he mix with it the cyanide of gold? Because it has been found that people constantly using it in their work have an immunity from tuberculosis. True to his allopathic bias Koch mixes it as an adjuvant to his tincture, whatever it may be, probably to make the favorable effect safer. But by this mingling of two things he throws doubt upon its efficaciousness, and nobody knows what action is owing to the one or to the other.

19. The practice of applying the newly discovered remedy *sans gene* on the poor people, in and out of the hospitals, who go there to be cured, and on those patients paying well for the

injections, without sufficient experience in the matter, as Koch himself admits, is simply outrageous and ought to be denounced and forbidden, and heavily fined, instead of rewarding it with fabulous sums of money by the civil authorities, as apt to produce more sickness than there is already among the poor consumptives, and even to cause premature death, as in the fatal cases already reported by the papers. Death caused by these injections is no better than murder in the third degree, because, though not premeditated, it ensues by culpable action.

20. Koch intends to adopt his mode of inoculation, also, in contagious and infectious diseases, such as diphtheria and typhoid fever, and in this way he spreads the danger of poisoning the people by the million. It is too much to expect that the allopathic physician in its multitude will proceed with that caution which is observed by the initiator of the measure, and from this spring necessarily abuses which are under no control, such as we are justified to expect when judging from the manner in which vaccination has been performed, the stimulant method has been applied and venesection practised—all of which has been very satisfactory to the physicians at the time, but had been or ought to be abandoned on account of its deleteriousness.

21. Koch, no doubt, has heard something from afar about Homœopathy. For he talks about attenuation, dilution and individualization, but to no reasonable purpose. Let him try his lymph, whatever it may be, and the cyanide of gold, each separately, in doses not dangerous to life and health upon the healthy subject without breaking the skin, and then he may have contributed something of importance and practical use in medical science.

22. As it is, a cyclone of foolishness passes over the world, and history records many instances, similar to this inoculation craze. For fools rush in where angels fear to tread.

23. We, Homœopaths, can afford to wait for the results, which at present are only guesswork, devoid of the rule of induction, which demands pure experiments, careful observation and correct experience (*Organon*, § 278), all of which can not be had in a few months and in the concourse of an infatuated multitude.

24. It is remarkable that at a time when vaccination is

rejected by perhaps half of the civilized world, if not more, as injurious in the highest degree to the human race, inoculation of morbid matter is praised by the physico-chemical school as the *ne plus ultra* of the healing art.

25. Whilst America is introducing the homœopathic high potencies with marvellous healing effect, Europe falls back upon an abandoned medical practice in new form, and hails it as the greatest discovery in medicine of all times.

B. FINCKE.

BROOKLYN, N. Y.

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.

QUININE IN THE SOUTH.

EDITOR ADVANCE: I have been here since 1883, and have never seen a case demanding that remedy in massive doses. I suppose that we do not have as much intermittent fever here as in some other parts of the country, but since the cotton commenced to be raised chills and fever have been on the increase; before that there were no cases of chills in this part of the country, unless patients brought it with them. This is a fact.

There has been one case of congestive or pernicious fever to my knowledge. It was a blacksmith, who took the chill in town. He commenced to take Quinine himself. He was removed to the country, ten miles, when an allopath was called, who gave him massive doses of Quinine. This kept the second chill off till the third day, when he took the second one and went into a state of coma from which he never rallied. He died in the second paroxysm. Now, why did not Quinine cure this blacksmith? Perhaps it was because he was an allopath? It might have cured a homeopath. It would seem that crude Quinine acts better on a pseudo-homeopath than on the allopath.

A man professing to be a homeopathist has no use for massive doses of Quinine or any other drug; when he has properly studied the case and has found the remedy that covers the totality, it will cure that case if anything in this world will; he need not go outside of the only true law of cure, or try to make up for a lack of care in the selection of the curative remedy by giving crude or massive doses of medicines. If we have a law of cure, a universal, natural law, close adherence to it is the best thing for the patient or the doctor.

When a physician wants to use the tools of the allopaths in large doses he will feel at liberty to so use one or all of their remedies when he gets bewildered or in a tight place; then I say it looks strange that we should have a legislative committee to keep the allopaths from passing laws so that the homeopaths can't use Quinine. Sabe. If I believe in their treatment in some cases of congestive chills, for instance, why not take their *Materia Medica* instead of Hering's Guiding Symptoms? It is easier, you know, to knock the patient down all at once, paralyze him, so that he will not recover for some time; this gives you time to attend to other business.

I saw a doctor in Dallas who gave me a card. On that card was his name and under that name was "HOMEOPATHIC OR ECLECTIC." I said to the doctor that I admired his honesty, because he carried his principles on his card. If they preferred one kind of treatment he would give it to them, he did not care; as for himself, "they paid their money and they could take their choice."

If any brother be weak in the faith let him go where some strong brother can teach him—one who can cure intermittents with the dynamized remedy, not once, but always—for it is nonsense to say that there are some cases that will die if you do not give Quinine. They will die far quicker with it than without it. It is a powerful drug and is to-day devastating thousands of constitutions by giving them some chronic difficulty, a Quinine cachexia, that no mortal man can obliterate or antidote.

I have, in every instance, found that where the remedy did not act, there was something wrong somewhere; either I had not found the remedy or I had not found the true simillimum in potency. I have never found it in a lower potency, but always in a higher one. It may be in the 3d or

200th, the cm. or mm. ; it is somewhere under the law of dynamization, and no one can tell beforehand where that simillimum is until he has tested it on a sick organism. Each case that we have to treat must be treated with the dynamized remedy, and the only way to come to a knowledge of what is the proper strength will depend on each individual, their peculiarities or idiosyncrasies. When this is found, there you will find the simillimum. The law of similia and the law of dynamization, like Hahnemann's vital force, go hand in hand. You destroy one and you annihilate both.

We must not "go back" on our law or its corollary, the best friends we have, for a mess of pottage. We must be as true to the law as we are to ourselves. If we are asked to give a hypodermic of morphine in the absence of their own physician, it is not our duty to abandon our principles on the plea that "if we do not give it some one else will." Every such desertion of principle not only injures the man who does it, but it casts discredit on the entire school to which he professes to belong.

G. W. SHERRINO.

ABILENE, Tex.

LYCOPODIUM 1x AGAIN.

EDITOR ADVANCE. I have somewhat to say to Dr. Chas. B. Gilbert. The unexpected is what usually happens. I certainly did not expect that any homœopath would ever assert that "Lycopodium 1x contained all the *potence* of the drug, and that no mechanical process under the sun can put any more into it than resides there inherently." He would expect aggravation from the administration of Lyc. 1x! The Doctor is mistaken. I contend that the preparation under consideration has no sick making qualities, and I defy proof to the contrary. I would like very much to see a complete proving of Lycopodium 1x. If the characteristics of that noble remedy can be educed from any such proving, then I will take a back seat, and Uriah Heep might well come to me for lessons in humility thenceforth. When Dr. Gilbert compares Lycopodium 1x with a strong current of electricity, Veratrum alb. or Bryonia tincture or any other drug or thing possessed of lethal or sick making properties, he makes a woeful exhibition of a knowledge of the art or a

spirit of unfairness. Let all students of Homœopathy who have not yet found solid ground, understand that such argument is specious and misleading to the last degree. That trituration and succession *do* develop *potence, dynamis*, or whatever one may choose to call it, is one of the most demonstrable of all God's laws. Consider Natrum mur., Calcareæ, Carbo veg., Carbo an., Lac can., Silicea, etc. Will Dr. Gilbert undertake to say that potentization (as we use that term) does not develop dynamis in these remedies? If he does, then "may God have mercy on his soul!" But if not, then he should acknowledge to the school that he was too hasty—he wrote without due consideration.

The following experience will demonstrate the point I wish to score: Was called to see Georgie W——, aged ten. Four weeks previously was attacked with pneumonia of left lung. The case had been improperly treated, resolution of the lung tissue had not occurred, an abscess had formed in the apex, and Georgie was fast going the way of all the earth. He was greatly emaciated.

Appetite poor; the least morsel of food caused gaseous distension and sense of fullness of the stomach.

Always worse from 4 to 8 o'clock P. M.

Raising large quantities of homogeneous, purulent sputa.

Urinates with considerable pain and difficulty; red sand in urine.

It was, indeed, a typical *Lycopodium* case. I gave that remedy 6x. I might as well have poured it down a rat hole. There was not the slightest response, though I gave it every three hours for three days. What would Dr. Gilbert have done at this juncture? Would he have gone lower? I unhesitatingly raise my *ipse dixit* and declare that he might have given Dr. McNutt's "mother tincture," and "given it strong," and have got *nil* for his pains. I did no such foolish thing, but ran the 6x up to the 15x, administered it, when presto! the change for the better was instantaneous! The stomach at once began to tolerate food, and a glorious recovery was the result.

I will say here, parenthetically, that my reason for running the 6x up to the 15x was because this occurred away up in the Sierras in a little mining town; the 6x was the only preparation I had. I would have used the 30x or higher, had it been obtainable.

If the 6x contained all the "potence" of the remedy, let Dr. Gilbert explain why I could get no response from it. Potentizing to the 15x brought out the power of the remedy grandly, and this *potence* was developed or generated, if you please, by attenuation alone.

Gross skepticism is the curse of the medical, as well as of the religious world. Agnosticism is the correct thing now, and that which does not come within the range of our senses must go to the wall. No matter what the evidence to the contrary may be, you must believe that "high attenuation makes low potency." Out upon such rot! It is contrary to the experience of the best medical men the world has ever seen.

§ 128. The most recent experiments have taught that crude medicinal substances, if taken by an experimenter for the purpose of ascertaining their peculiar effects, will not disclose the same wealth of latent powers as when they are taken in a highly attenuated state, *potentiated* by means of trituration and succussion. Through this simple process the powers hidden and dormant, as it were, in the crude drug, are developed and called into activity in an incredible degree. In this way the medicinal powers, even of substances hitherto considered as inert, are most effectually developed by administering to the experimenter daily from four to six of the finest pellets of the thirtieth *potentiated* attenuation of one of these substances.* * *—*Hahnemann's Organon*.

"In the first publication of the proving of natrum muriaticum (1830) Hahnemann tells us that the greater part at least of this proving was made with the thirtieth dilution, and he adds that 'it is only in such highly potentized form that this and all other drugs display the *whole* of their power to alter the condition of the organism.' This was Hahnemann's conclusion after thirty years of active experience in drug proving."—*Science of Therapeutics*, p. 145—CARROLL DUNHAM.

Further comment is unnecessary. Hahnemann plainly teaches that drugs are potentiated by attenuation.

I do not propose to "out Hahnemann, the great Hahnemann," as the doctor seems to apprehend, nor would I place the slightest restriction upon perfect liberty of thought and action as to dose and its repetition, compatible with that which is revealed; but when palpable error presents its brazen front, like a head at a Donnybrook fair, it is there to be hit.

S. E. CHAPMAN.

WATSONVILLE, CAL.

A REPLY TO DR. DUDGEON.

Editor Advance: In the August number of the *Homœopathic World*, Dr. Dudgeon in a specious article, entitled "How Hahnemann Cured," evidently has settled to his own satisfaction the status of the Hahnemannians for good and all. According to this "*dictum ex cathedra*" they are not followers of Hahnemann, they are not Hahnemannian; they are further from Hahnemann than the most eclectic of his so-called followers!

The above dispensation has been received with such joy and greeted as a "final utterance" in regard to the matter, by some of the journals on this side of the water that they will probably consider any protest from a Hahnemannian as extremely foolhardy, yet in the face of such scorching criticism a protest must be made. There is no necessity for disagreeable names or personal vituperation, such things are neither logical nor convincing.

Dr. Dudgeon makes the usual mistake of the users of low potencies in thinking that all Hahnemannians use the high potencies exclusively, and that they consider the use of the low potencies, *per se*, as unhomœopathic.

This is not so; it is not a question of potency *primarily*, but a question first, of the strict observance of the homœopathic law of cure, *that* constitutes the Hahnemannian whether he uses the 6th or the 6,000th.

The two cases in the *Materia Medica Pura* are then paraded in full, and as usual are claimed to illustrate the efficacy of the tincture of Bryonia and the 12th potency of Pulsatilla, although Hahnemann states in the latest edition that the 30th would have effected an equally rapid and complete recovery, and that the giving of the tincture "*should not be imitated*" (italics mine), which prohibition Dr. D. unfortunately omits.

Hahnemann's chief reason in relating these cases was evidently to show the method of *selecting* the remedy, the remedy itself and the dose being of secondary importance.

For as Hahnemann says: "Now if it is wished to describe a complicated case of disease consisting of many symptoms, in such a circumstantial manner that *the reasons that influence us in the choice of a remedy shall be clearly revealed* (italics mine), this demands a multiplicity of details fatiguing at once

for the describer and for the reader. In order, however, *to comply with the desire of my friends in this also* (italics mine) I may here detail two cases of homœopathic cure of the most trivial character."

Then follow the cases. But it is the method of selecting the remedy, the careful individualization of the case and the differentiating between the remedies that Hahnemann intended to emphasize, not the drug or the potency. How many users of the low potencies make a record of their cases? How many endeavor to carefully differentiate between the remedies or study as carefully the diagnosis of the remedy as they do the diagnosis of the disease? Because the Hahnemannians do endeavor to carefully study their cases; because they consider the selection of the remedy vastly more important than naming the disease, and because they make a careful record of the symptoms, they rightly claim their name as far as these things go, and any user of low potencies has the same right if they fulfill the conditions; but how many of them do?

Dr. Dudgeon says: "And yet we see self-styled Hahnemannians mainly guided in the selection of a remedy by some symptom got out of a repertory, presumably derived from clinical experience only, as it is not to be found in any pathogenesis of the drug."

He would give the impression that "key-notes" or characteristic symptoms are mainly derived *ab usu in morbis*, and that Hahnemannians are often solely guided in the selection of the remedy by some such symptom. Such is the great exception. Hahnemann certainly deprecates their use as the only guide to the selection of the remedy without study of the *Materia Medica*, and every Hahnemannian should agree with him in that.

These characteristic and peculiar symptoms so much valued by Hahnemann, should serve simply as indications for the study of the remedy in the *Materia Medica*, and it will be found, when the key-note has led to the study of a remedy which cures, that the other symptoms present in the case will be mainly found under that remedy. It must be so, or it would not cure. Dr. Dudgeon lays great stress upon the lack of uniformity in the different high potency preparations, their being not succeded, etc. He will, no doubt, be

pleased to learn that Johnstone's potencies are made strictly according to the Hahnemannian scale, each potency is succussed a number of times, and if he desires to use them he can depend upon the accuracy of their preparation from the lowest potency to the hundred thousandth or higher.

He says: "The 'high potency' craze broke out among homœopathists after the death of Hahnemann. Had it appeared during his lifetime I am sure it would have met with his disapproval, as it is diametrically opposed to all his teachings, and it is evident, from a comparison of the last editions of the *Chronic Diseases*—his latest work—with the first, that he inclined in his later years to give his medicines less, rather than more, highly diluted, and to recommend much more frequent repetition of the dose than he had previously thought advisable," and just before this he refers to the preface to the third volume of the *Chronic Diseases*, written in 1837, to show that Hahnemann gave his doses more frequently. He might also have quoted the following from the same preface: "Hence the first dose of the new solution must receive either fifty or sixty shakes to make it even with the last dose of the former solution, and five or six additional shakes to raise its dynamic power one degree higher than that of the previous dose." (Italics mine.) We are usually told that Hahnemann in his later years was in his dotage, that his mental powers were weakened, so it is refreshing to have his opinions at that time quoted as authoritative even if they are misunderstood. Now, in regard to the assertion that Hahnemann "inclined in his later years to give his medicines less, rather than more, highly diluted," it may be well to quote from the preface to the last volume of the latest edition of the *Chronic Diseases*, dated Paris, December 19, 1838: "By employing proper care in the preparation of our potencies even the fiftieth potency (modern wiseacres (*sic*) have even sneered at the thirtieth, substituting the crude substances for it, and thus depriving themselves of the means of doing all the good that our art is capable of accomplishing) becomes exceedingly powerful, so powerful that a pellet of that potency has frequently to be dissolved in a large quantity of water and has to be taken in very small doses by susceptible patients, lest the effect should be overwhelming; for, I repeat that in those

high potencies *almost all* the inmost powers of the medicinal substance are fully developed and set free." And again from Fincke's "Historical Argument" in his work "On High Potencies," remembering that Hahnemann died July 2, 1843 :

"Finally we have the evidence given by Croserio in a letter to Bönninghausen dated July 28, 1844, and published in the *Neues Archiv*, Vol. I, 2, p. 30. Croserio was, of the Parisian Homœopaths, the one most intimate with Hahnemann, visited him almost daily, and thus had the best opportunity of knowing how Hahnemann prescribed in his latter days. The following passages are to the purpose :

"Hahnemann always used only the well-known little globules commonly moistened with the thirtieth dilution as well for acute as for chronic cases. Of these globules he had one, or at most two, dissolved and well shaken in a caraffe, containing fifteen tablespoonfuls of water and one-half or a whole tablespoonful of (French) brandy. *Only one tablespoonful of the solution* was put in a tumbler of water, and of *this last*, the patient took *only by teaspoonfuls*, that is to say, on the first day, one teaspoonful ; on the second, two ; on the third, three, and so on, daily one teaspoonful more, until he noticed effect. He then *lessened the dose* or ordered to cease taking medicine entirely. In other cases he ordered a teaspoonful of the first tumbler to be poured into a second tumbler of water ; in others again, from this second, a spoonful into a third, and so on to a sixth tumbler, *only one teaspoonful to be taken from the last tumbler, when he had to deal with very excitable persons*. Only in rare cases he allowed a table or a teaspoonful of the first solution in eight to fifteen tablespoonfuls of water to be taken once a day * * * In the last years of his practice, Hahnemann appears to have applied his whole dexterity to *lessening the doses more and more*. Hence, in the last years he made a very frequent use of *olfaction*. For this purpose he put one or two globules in a small vial, containing two drachms of alcohol, diluted with an equal quantity of water, and let them *smell only once or twice by each nostril, NEVER OFTENER*. In this way my own wife was cured by him, of a violent pleurisy, within five hours. In chronic diseases, happen what might, he *never let them smell oftener than once a week*, and give *nothing besides* for internal use, except mere sugar of milk, and *in this manner* he effected the *most admirable cures*, even in such cases *where all others had been unable to accomplish anything*. * * * I can give you the assurance he was most fully convinced that in *no case it is necessary*, even not of use to give the medicine in drops, and that, from day to day more, he *satisfied himself of the noxiousness of LARGER doses*."

Then there is the testimony of Bönninghausen, whose fidelity to the law of Homœopathy no one can question, and whose ability to distinguish good results from bad none can deny.

As a prescriber he is not excelled. In the preface to his "Pocketbook," he says:

"Several practical physicians of the highest order have ascertained by a number of the most careful experiments, that the high dynamizations, such as 200, 400, 800, so far from being inefficacious, not only continue to act with sufficient power to cure every kind of disease, but that the power of the medicine generally, and the number of their characteristic symptoms, are developed in a more perfect manner by the high dynamizations, and that very often a disease is cured with high dynamizations which had been attacked in vain with the lower potencies of the same remedy. Convinced of the truth of this most important discovery, I have used these high dynamizations for two years past, and I am so entirely satisfied with the results, that during the last year I have scarcely used any other preparations; since then, my practice, which has always been a successful one, has become still more so, and all those who have taken my advice are enthusiastic in their approbation of this progress."

Croserio shows that Hahnemann, in his later years, used more highly dynamized remedies, rather than less, and had Hahnemann lived, he would undoubtedly have used as high dynamizations as Bönninghausen did, who, as he says, in note 123 to paragraph 235 of the *Organon*, "has done more in behalf of our salutary art than any other of my disciples." Hahnemann changed his views frequently in regard to repetitions of the dose, and constantly experimented to obtain the best results, but he never changed his method of selecting the remedy in strict accordance with the law of similars. How many of the users of the low potencies follow him in this? Dr. Dudgeon's long drawn-out explanations about the preparation of the high potencies differing from Hahnemann's methods are of small importance as compared to the adherence to the homœopathic law of cure. The use of the high potencies is not at variance with Hahnemann's teachings; on the contrary, it is in perfect accord with them as they have been developed by experience.

Hahnemann did not discover the law of similars but developed it. He did, however, originate the dynamization of drugs, as he says in the preface to the last volume of the last edition of the *Chronic Diseases*, written December 19, 1838: "I have been the first to discover and promulgate this awakening of the latent dynamic properties of medicinal drugs which is affected either by the process of trituration or succussion. It is therefore improper to apply the term "dilution" to a dyna-

mized drug, although every new potency of a drug has to be mixed either with alcohol or sugar of milk, to enable us to carry on those processes still further, and to set free the very inmost power of the drug, which could not be done by simply triturating, or shaking the original substance, were we to do it for ever so long a period."

The use of the dynamized drug, according to the law of similars, constitutes the art of Homœopathy and it is purely Hahnemannian to improve that art.

The use of the high potencies is strictly in accordance with advancing the art of Homœopathy in the footsteps of Hahnemann and their use has increased its curative sphere immensely since Hahnemann's time, as Bönninghausen testifies, but success can only follow their *intelligent* use like the application of any other art.

So far from it being absurd for the users of the high potencies to call themselves Hahnemannians, they do so with perfect propriety if those potencies are used in accordance with the law.

The absurdity consists in those users of the law potencies, who do not believe in the law of Homœopathy, regarding it as a rule to be used with other rules, styling themselves Homœopathists. The "*lucus a non lucendo* principle" was never more clearly demonstrated than in this. Hahnemannians endeavor to practice Homœopathy in its purity as a law of cure, uniform and constant, not as a rule to be used with other rules. Does not Dr. Dudgeon imply in his "modifications suggested by experience and reflection" that he does not regard *similia similibus* as a law, but as a rule? It is, then, the hollowest casuistry for him to assert that the Hahnemannians, who endeavor to improve the methods of the law, have gone farther astray from Hahnemann, than they who forsake the law to which he devoted his life in developing and sustaining, and which is the foundation of the practice of Homœopathy.

It must be emphasized that the right to the title of Hahnemannian is not *primarily* a question of low potency or high potency, but depends first upon a strict adherence to the law of cure. Do Dr. Dudgeon and his admirers adhere to it?

There is nothing in the Declaration of Principles of the International Hahnemannian Association that would exclude

the user of the low potencies. It demands a belief in the law of similars, which includes the totality of the symptoms as the only basis for the selection of the remedy, the use of the single remedy in its potentiated form in its minimum dose, and the minimum dose means the one necessary to cure in the opinion of the prescriber. Any user of the low potencies would be gladly welcomed, provided he uses them strictly in accordance with the homœopathic law. Dr. Dudgeon entirely misses the spirit and aims of the Hahnemannians. A user of the low potencies may be a strict Hahnemannian, and the use of the high potencies does not alone make one. The strict adherence to the law makes the Hahnemannian, and shall they who forsake the law be esteemed nearer to Hahnemann than they who endeavor to improve its methods? If all were agreed as to adherence to the law, the potency question would settle itself. How many users of the low potencies are strictly homœopathic in their practice? Singularly enough, those who are, usually find that more satisfactory results are obtained from the higher potencies, necessarily so if they are used intelligently, and it is not a question of theory with them but one of fact. Singularly, too, we find that some of the very few who have forsaken the high potencies for the low are now advising us to wash out the urethra with corrosive sublimate for gonorrhœa; *facilis descensus!*

The solicitude expressed by some users of the low potencies, for fear that Hahnemann's methods of observing the law are altered in any way by the Hahnemannians, is extremely touching. Do they adhere strictly to his methods or to the law by which they profess to practice? There can be no question but that the use of the low potencies has a tendency to incline those who use them to other methods, to lower their homœopathic standard, and to cause them to follow more closely after the "golden calf" of "scientific medicine." Is it not because the most satisfactory results do not follow the use of the low potencies, and, instead of becoming more homœopathic, they become more "scientific"? Before forsaking Homœopathy they should at least test the higher potencies, and test them intelligently. It is this non-observance of the law that brings discredit and reproach upon Homœopathy; that makes it a laughing stock for allopathists; but even they are beginning to understand what is Homœopa-

thy and what is not. It is this departure from the law that fills our homœopathic hospitals and dispensaries with the odorous perfumes of iodoform and carbolic acid. Are they who do these things near to Hahnemann? Dr. Dudgeon says: "Those of us who practice Hahnemann's system, with modifications suggested by experience and reflection, which we imagine, perhaps mistakenly, to be improvements, do not announce ourselves as Hahnemannian's or bestow on those who differ from us uncomplimentary epithets." But they are known as, and claim to be, Homœopaths.

Is it homœopathic to use two or three remedies in alternation?

Is it homœopathic to use morphine and other palliatives in physiological doses for pain?

Is it homœopathic to suppress malaria with quinine?

Is it homœopathic to suppress gonorrhœa with injections of bi-chloride of mercury?

Yet all these things are done by leading men of those who use the low potencies and call themselves Homœopaths. Are they near to Hahnemann?

Dr. Dudgeon recommends to the Hahnemannians a course of reading of the *Organon*, the *Materia Medica Pura* and the *Chronic Diseases*. I would recommend to him a careful study of the same works, with especial reference to the paragraphs which refer to those who think it necessary to use other methods, in addition to the homœopathic law, and see with what regard and esteem Hahnemann considered them, and how near to him he thought them to be. The following note (101) to paragraph 149 of the *Organon* is a sample.

"But this often very laborious search and selection of a homœopathic remedy adapted in every respect to the morbid condition in hand, is a business demanding the study of the original sources, and much careful circumspection, as well as serious reflection, notwithstanding the existence of many praiseworthy books intended to facilitate the burdens of an office which finds its highest reward alone in the consciousness of having faithfully fulfilled a duty. How can this laborious, careful occupation, which alone furnishes the possibility of accomplishing the best cures of diseases, be expected to suit the convenience of the members of a new mongrel sect, who boast with the honorable title of homœopathist, and who, for the sake of appearance, make prescriptions in the form and character of homœopathic medicines, merely snatched up (*quidquid in buccam venit*) at haphazard, and who, if the inaccurately chosen remedy does not bring immediate relief, do not throw the

blame upon their inexcusable indolence and carelessness in transacting the most important and serious affairs of mankind, but who *saddle the fault upon Homœopathy* (italics mine), accusing it of great imperfections (perhaps because it does not supply them with the proper homœopathic remedy for every morbid condition without any trouble on their part, after the manner of certain fabulous pigeons that flew, ready roasted, into an open mouth?), but like smart people, they do not allow their want of success, occasioned by their scarcely half-homœopathic remedies, to trouble them; they resort at once to their more familiar allopathic hobbies, among which a dozen or so of leeches, applied to the painful part, or a little innocent blood-letting of about eight ounces, etc., serves to make a very favorable appearance; and, if the patient recovers, in spite of all this, they praise their blood-letting, leeches, etc., saying that without these, the patient could not have been saved; and they try to have it distinctly understood that these operations, derived, without much deliberation, from the pernicious routine of the old school, have actually been most conclusive to the successful cure. But if the patient dies, as is often the case, they quiet the sorrows of the mourning relatives, by reminding them "that they had witnessed themselves that everything possible had been done for the now departed patient." Who would honor this careless and pernicious class with the name of *homœopathic physicians* after the laborious and salutary art? May their just reward await them, that, if ever sick, they may be cured after their own fashion!"

S. A. KIMBALL.

BOSTON, MASS., November, 1890.

TEREBINTHINA.

EDITOR ADVANCE: While visiting Dr. L. B. Hawley, of this city, we unintentionally made an olfactory proving of Terebinthina. It happened in this wise: The doctor had his office painted yesterday, the paint being composed of white lead and turpentine, and last evening the odor of turpentine was very marked in the office, where the doctor has a folding bed in which we slept. This morning in urinating both of us noticed the *odor of violets*.

Dr. Hawley had mentioned the fact of his having noticed the symptom at the time of the painting of a back room, and wondered if it would be repeated at this time.

This symptom being noted under Terebinthina by Cowperthwaite, we thought a verification of it might prove of interest, hence this communication.

We would be pleased to learn your opinion of the foregoing facts.

O. S. BAMBER.

ROCHESTER, N. Y.

HAHNEMANN'S METHOD.

The following extract from a private letter of the late Dr. Ad. Lippe will be read with pleasure, showing as it does Hahnemann's mode of applying the law, as demonstrated by this great prescriber.

My Dear Dr.: Thanks for your letter of the 24th inst., which I received to-day. As to the single dose: It has always appeared to me to be correct to begin the treatment of certainly all acute diseases with one single dose; and why should we conclude a priori that that single dose was not sufficient? The dose should certainly never be repeated till its effects are exhausted—that we all admit. Now, I administer the single dose of the similar remedy, from the very moment that this dose enters the sick organism its effects begin to develop themselves; if we then, after a lapse of time, administer another dose we are not certain of a salutary effect, nay, this second dose finding the organism at work to assimilate and utilize for curative purposes the first dose becomes unnecessarily disturbed in its actions. That is the naked theory. Again Hahnemann so very frequently speaks of the curative effect of this first single dose that we may as well try to follow his advice, and the experiment confirms the correctness of the observations of the greatest of all observing healers. The same may be said of chronic diseases; and I am sure we have hardly a conception of the long action of the highly potentised drugs. Only to-day I met a legal gentleman whom I had not seen for nine months. He received treatment for a month only and did not think he was recovering fast enough—he had a nervous twitching of the left arm, etc. I had given him one dose of Curare cm. (Fk) and he gradually but slowly improved. To-day he said: "I intended as you know to go to a manipulator (magnetism) but I have since improved daily and have therefore allowed *Nature* to continue the cure." I can not always cure an acute disease with a single remedy. We often meet with combinations and have to meet them. Here is an illustration: An old patient, a lady, came some seventeen days ago with great hoarseness, sudden weakness of chest prevented loud or continued talking, etc. One dose of Stannum relieved her much and she was recovering when she went out to the country to dine with a friend; cold, damp, day; came home and was tired; a call came; she wished to avoid talking, left the caller to the rest of the family and went into an extension of the library where there was no fire; there she sat with closed doors, feeling herself becoming colder all the time. The caller remained an hour and she retired at once after 10 P. M. At 6 A. M. she awoke with a chill; at 10 A. M. I found her suffering from pneumonia. Here *was* a complication sure. In the mixed up case I had to change the remedy often, at least every forty-eight hours, gave never more than one dose, and while after the pneumonia gave away she had gout in her feet, and all sorts of ugly symptoms. She will be up and about in a fortnight. Now, if this same patient had been in her usual health when she escaped and locked herself up a prisoner in the library extension, I would have felt very mean if I had not cured her with the single dose. Formerly, say from forty-five till fifty-five, I used only Jenichen's preparations and they are good yet. Since then I have almost exclusively used Fincke's, as I know him to be very careful, first in procuring the crude material and then in potentising.

Yours very truly,

AD. LIPPE.

PHILADELPHIA, January 27, 1882.

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.

KOCH'S ISOPATHY. In 1883, after a cessation of ten years, Asiatic cholera once more hovered over the confines of Eastern Europe. It first made its appearance in Damietta, whence it spread rapidly over Egypt. The German Government sent out a medical commission to investigate the disease upon the spot, and placed Koch, the bacteriologist, at its head. But before they had time to arrive at any definite conclusion, the disease abated in virulence and gradually disappeared. Koch obtained leave to follow it to India, where it is endemic, and pursue his investigations at its source. Here he claimed to have isolated and demonstrated the comma bacillus as the cause, and announced the discovery of its antidote, which was to eradicate the scourge. But, when applied in the subsequent epidemic at Marseilles, it met with signal failure; in fact the results were disastrous. Koch's comma bacillus was found by the English cholera commission sent to India at the same time for the same purpose, to be a putrefactive germ, because they could not find it present in those dying of cholera, if examined immediately after death. Koch had found the *effect*—the pathological product—not the *cause* of cholera.

* * *

Now, for the past few months the medical profession (allopathic) is agog over another wonderful discovery (?) by Koch. Our old friend Tuberculinum, rejected by the homeopathic profession because it has not been proven on the healthy, is discovered by Koch and is being proven on the sick. Our preparation, potentized and introduced by Dr. Swan, is the virus of the disease, prepared from the tubercular sputum; Koch's remedy is the same virus artificially obtained in an incubator from the bacilli culture of beef jelly, with the addition of the muriate of gold, because the allopath can never use any remedy singly. As soon as our remedy is thoroughly proven we will know how to successfully apply it in the treatment of patients suffering from tuberculosis, and like Arsenic, Phosphorus, Psorinum, Sulphur, etc., it will cure the patients

for whose symptoms it is the simillimum. Dr. Koch and his friends will continue to treat *tuberculosis*, as they treat all other *diseases*, irrespective of the individuality of their patients, and will utterly fail as they did in Asiatic cholera. As followers of Hahnemann we can afford to smile at the new "fad" and pity the futile efforts of our scientific (?) brethren.

* * *

The result of these crude experiments on the sick can only be disastrous, not only to the unfortunate on whom they are made, but to the professional reputation of the discoverer. From the date of the reception of "the returns," Koch's sun which has already reached its zenith will begin to decline. Here is one of the first dispatches:

Professor Virchow delivered a lecture before the Berlin Medical Society giving the results of twenty-one post mortem examinations made on bodies of patients who had died after being treated with lymph according to the method employed by Professor Koch. These examinations had extended from the time the remedy had been first employed up to the end of December. Professor Virchow declared that the injection of the lymph increases the bacilli in the body and causes them to migrate to portions of the body previously unaffected, thus virtually generating a new affection. The Professor also said that the lymph invariably causes intense hyperæmia in various parts of the body, and endangers the life of the patient. It had not been clearly proved that the lymph would destroy tuberculous tissue, and it was dangerous to operate on weak patients. He declared that much patient experimenting with the lymph was still necessary to establish a clear judgment of the value of the new remedy.

Read Dr. Fincke's admirable criticism on another page of this issue.

New Publications.

THE CENTURY.—The first installment of the selections from Talleyrand's long expected Memoirs is the most striking feature of the January number. A sketch of Talleyrand by Minister Whitelaw Reid prefacæ this installment. The opening pages tell us of Talleyrand's neglected childhood, and his entry into Parisian society. They also give his views of La Fayette, and the effect of the American on the French Revolution; some account of the beginnings of the latter; a very contemptuous opinion of the Duke of Orleans; a sketch of the author's stay in England and the United States, and a highly interesting conversation between himself and Alexander Hamilton on Free Trade and Protection.

SCRIBNER'S MAGAZINE for January opens the fifth year and ninth volume of a periodical, which from its first issue was a popular success, and which has continued to grow rapidly in public favor. Its prospectus for 1891 contains the names of a number of contributors who are unrivaled in their special fields—men like Henry M. Stanley, James Bryce, Sir Edwin Arnold and others.

Mr. Stanley's paper on "The Pigmies of the Great African Forest" is his first compact and complete presentation of all that he learned about these strange dwarfs throughout the many months of his journey across Africa. He writes of them as one fascinated with their cunning and general intelligence, their docility when properly treated, and their aptitude in all ways for the things which civilized man has considered peculiarly his own. The life of these nomads in their Lilliputian villages, their methods of hunting and fighting, and their habits and customs generally are explained in detail by Mr. Stanley, and illustrated from pictures based on photographs made by the expedition.

THE NORTH AMERICAN REVIEW for January opens the 152d volume of a periodical in which public interest does not diminish with its increasing age. Although venerable in years, it is fresh and timely in its contents. The present number furnishes another illustration of this well known fact. The two uppermost questions in the world to-day are doubtless the Indian question in this country and the Irish question in Great Britain. Both of these find adequate treatment in its pages. General Miles, an expert of the very highest authority, deals with the future of the Indian problem, and reiterates the views expressed in this magazine thirteen years ago. The distinguished historian, W. E. H. Lecky, writes of "Ireland in the Light of History." Mr. Lecky's opinion of the unfitness of the Irish people for self-government is presented in this article with admirable clearness and force.

THE ATLANTIC. "The fancy took me to go to Noto," says Mr. Percival Lowell, in his paper on "Noto: An Unexplored Corner of Japan;" and where Noto is, and how he went there, is the subject of the opening article in the January ATLANTIC, and is to be the subject of several articles which are to follow. Mr. Lowell always writes cleverly, and his account of his journey is the freshest and most vivid travel sketch that has appeared for some time. He was accompanied on his wanderings by a certain Yejiro, who acted as servant and courier. Mr. Lowell says that "besides cooking excellently well, he made paper plum blossoms beautifully, and once constructed a string telephone out of his own head. I mention these samples of his accomplishments to show that he was no mere dabbler in pots and pans."

THE JANUARY ST. NICHOLAS—the second of the holiday numbers of this magazine—Charles Dudley Warner calls up thousands of its readers to hear "A Talk About Reading," which is delivered with all the earnestness of a true humorist when talking of graver matters. This, with a description of the Pratt Institute, makes an interesting number.

POPULAR SCIENCE.—The story of American iron-making is continued in the January number, with an account of the introduction of Iron mills and puddling-furnaces. Like the first of the series, it is by Mr. Durfee, and is liberally illustrated. Dr. Andrew D. White has one of his vigorous "Warfare of Science" chapters in this issue, entitled "From Babel to Comparative Philology," in which the origin of the tower legend is given, and the history of the belief that Hebrew was the original language is traced. Prof. Huxley writes on The Aryan Question and Prehistoric Man, attacking the idea that the forefathers of the people of Europe and India must have been one race, because they spoke one language.

JENNESS-MILLER. Among the January numbers of monthly publications, the current issue of this popular magazine is perhaps the most attractive to women. It is really a holiday number, rendered handsome and artistic by many elaborate illustrations. The subjects, nearly twenty in number, are of a very high standard, and many novelties are presented.

Editor's Table.

FOR the unpardonable delay in the issue of the last numbers of the *ADVANCE*, especially the December number, we herewith apologize. It was not the fault of editor or publisher. The only reason we can give is that "large bodies move slowly."

CHAPMAN'S CASES, in the November issue, appear to have been "too heavy" for many of our readers, if we may judge by the small number of correct prescriptions received. However, a goodly number appear to have taken an interest in the matter, and the names of those who "hit the bull's eye" will be published as soon as all the returns are in.

A COURSE OF LECTURES FOR NURSES.—The physicians of the Hahnemann Hospital, Rochester, are maturing arrangements to give a course of lectures for the nurses connected with the institution. Topics have been selected and assigned as follows: "Homœopathy, What it is, and What it is not," Dr. J. A. Biegler; "General Qualifications and Duties of a Nurse," Dr. Johnson, of Pittsford; "Physiological Anatomy," Dr. R. C. Grant; "Obstetrics," Dr. J. G. Schmitt; "General Outlines of Anatomy," Dr. Brownell; "Temperature, Respiration and Pulse," Dr. A. C. Hermance; "Toxicology, Accidents," Dr. V. A. Hoard; "Minor Surgery, Bandaging and Anæsthetics," Dr. A. J. Norman; Gynecology," Dr. A. B. Carr; "Hygiene," Dr. R. C. Grant.

H. A. MUMAW, M. D., of Detroit, will issue a *World's Directory of Homœopathic Physicians and Reference Handbook* early in January, 1891. In addition to the names of Homœopathic physicians it will contain a complete list, so far as obtainable, of colleges, societies, periodicals, etc. For particulars, subscriptions, etc., address the publisher at Detroit.

ILLINOIS STATE SOCIETY will hold its thirty-sixth annual session at Springfield on May 12, 13 and 14, 1891. It is expected that a large number of valuable papers will be presented.

DUALOPATHY, DUALOPATH, DUALOPATHIC, are terms suggested by Dr. W. A. Yingling, of Nonchalanta, Kansas, for "mongrel" and "mongrelism"—for those who use two or more remedies in alternation or mixture.

DR. G. G. CLIFFORD has been elected County Physician at San Antonio, Texas. "The change in physicians from the allopathic to the homeopathic schools was the subject of some comment. It seems, however, that the statutes recognize each school and the vote for Dr. Clifford stood 4 to 1."

MEDICAL AND SURGICAL INSTITUTE, of Minneapolis, is the title of a new institution—a private hospital. On the staff are Drs. Lawrence, Stone, Higbee, Myers, Tobey, Griswold, Leavitt, Strickler.

PHILADELPHIA POST GRADUATE SCHOOL. Two years ago Dr. Kent inaugurated a post graduate course of lectures on *Materia Medica* and the *Organon*. The success which attended his individual effort in promulgating a practical knowledge of the Philosophy of Homeopathy, has culminated in the founding of a Post-Graduate College which has been duly incorporated.

The following is the Board of Directors: John Pitcairn, Esq., president; W. A. D. Pierce, M. D., vice-president; W. H. A. Fitz, M. D., secretary; Milton Powel, M. D., treasurer; T. P. Matthews, Esq.; R. B. Johnson, M. D.; A. G. Allan, M. D.; W. F. Kaercher, M. D.; Franklin Powel, M. D.; Robert Farley, M. D.; J. T. Kent, M. D.

Faculty: Prof. J. T. Kent, M. D., *Materia Medica* and Philosophy; Prof. W. A. D. Pierce, M. D., Clinical Medicine; Prof. A. G. Allan, M. D., Diseases of Eye and Ear; Prof. Franklin Powel, M. D., Therapeutics of Surgery; W. H. A. Fitz, M. D., lecturer on Tokology; Jennie Medley, M. D., Lecturer on Gynecology; Jean I. Mackay, M. D.; lecturer on Pædology; J. T. Kent, M. D., Dean; Milton Powel, M. D. Registrar.

Arrangements are being perfected for the opening of the first regular session, March 1, 1891. For particulars address the Registrar.

This fills a long felt want in our profession—a college in which Homeopathy pure and simple will be taught and its teachings illustrated in practice by the various chairs. For instance, where the doctor may see the worst forms of iritis cured without the local use of Atropine or other topical application. Where all displacements of the uterus will be cured by the similar remedy only.

Fee for the opening course, \$50; three months; three lectures per day.

THE HOMEOPATHIC MEDICAL SOCIETY, of Kansas, will meet at Kansas City, Kansas, on the first Wednesday in May, 1891. Sec. D. P. Cook is out with his notice to members in time to secure good work. Don't disappoint him.

THE MEDICAL ADVANCE.

A HOMEOPATHIC MAGAZINE.

VOL. XXVI.

FEBRUARY, 1891.

No. 2.

SARCOMA OF GREAT SIZE IN AN INFANT—CURED WITHOUT LOCAL OR SURGICAL TREATMENT

The days of miracles are not quite ended, as the present case will prove ; at the same time let me observe that I consider the word miracle to be a misnomer. When any deed or action is said to be miraculous or a miracle, it is simply so by reason of the ignorance of the observer, a materialist, who prefers to discredit the evidence of his own senses rather than believe in any laws higher than those of matter or such laws as are recognized by so called science and scientists. Hence, the ignorant call a deed or action which their ignorance can not explain a *miracle*, and the proud and ignorant *savant* denies miracles altogether, because by his limited knowledge of the laws of nature and his complete ignorance of the higher or spiritual laws of the universe, he can not explain "*how it is done.*"

The case which I am now about to describe has, by many, been looked upon as "a miracle," simply because they do not know how the cure has been effected. Yea! there are homœopathic physicians who can not comprehend how the cure was effected, simply because they know next to nothing of THE VAST POWER WHICH LIES HID behind the veil of *Similia Similibus Curantur* and of the dynamization of medicines to infinitesimality. The cure of this case was effected by the higher law of therapeutics, which is only revealed to him or her who honestly, lovingly and with one eye to the truth, "proves all things and holds fast by that which is good." They who do so will find there is no miracle, and it will be revealed to them that "knowledge is

power," and a higher knowledge is a higher power. One popular homœopathic physician in England has written and spoken of a higher and lower-homœopathy, yet, strange to say, although it is some years since he wrote, he continues to practice the lower form. He is a teacher in Israel, but does not believe in "Excelsior!"

On the 6th of November, 1889, a child was brought to me by its parents, a distance of nearly seventy miles. The child was then six months old. When it was born it was observed that it had a small tumor or growth of a sarcomatous consistence about the size of one's thumb nail, and slightly livid. The site was to the left of the spine, a little below the last rib. It took on a very rapid growth, and when I saw the child for the first time at six months, the tumor had assumed immense dimensions, covering the whole of the loins, four and a half by about six inches in diameter—that is, about the size of an ordinary small cheese plate. The surface was discolored a deep crimson or purple, limited to the integument over the tumor—very much resembling aneurism by anastomosis. I was informed that at one time the entire back was ecchymosed even round to the left groin, when the tumor was very painful when touched or pressed. The tumor admits of being handled now, but only gently.

I should reckon the middle of the growth to be at least two and a half inches thick and firm, hard and fleshy, of the consistency of sarcoma. The family physicians, two of them, declared they could do nothing. The opinion of a first class consulting surgeon in London was taken, and he gave it as his opinion that from the size of the tumor, the rapidity of its growth, and the age and delicate state of the child's health, the knife, the cautery or the seton, could not be used with any prospect of success, without the greatest danger to the life of the child. He wisely advised attending simply to the general health of the child.

The tumor was the chief symptom I was expected to remove, but there were other symptoms complicating the case very considerably—some of them the result of the previous allopathic treatment—namely, obstinate constipation and sleeplessness, caused probably by the brandy and narcotics administered to induce sleep and remove debility, which only served to confirm both conditions—pepsin, to aid digestion,

which ended in weakening it, as usual; add to this that the unfortunate infant was suffering from the most virulent form of eczema, or, as the mother termed it, "a succession of fiery eruptions" all over its body, driving it frantic and requiring its little hands to be kept constantly enveloped in mittens to prevent it from tearing its skin—and we have a picture of infantile misery of several months' duration, without hope of amendment, except from Homœopathy, pure and simple.

Inasmuch as the child's worst hour was 5 P. M., or between 4:30 and 5 P. M., when it became fretful, peevish, pale and bluish about the mouth, relieved only by brandy (the latter, and all allopathic measures being stopped), I gave it one dose of *Lycopodium* cm. (F. C.), to be taken at bedtime, which was followed by no good effect.

On November 8, 1889, I learned that the eruption of itching vesicles was concentrated behind the left ear, with swelling of the left parotid gland, on learning which I prescribed *Graphites* 30 m. (F. C.). On December 5 I was informed that the child was less drowsy. *Eczema aureum* the same, as also the enlarged left parotid gland, though less painful to touch or pressure. In general, the child was better of himself since the parotid began to swell. The tumor on back the same, paler and redder by turns. I learned by letter that the mother had had three dead children before and soon after birth, which, in my estimation, pointed to constitutional syphilis on the mother's side. As an abscess was threatening, I gave one dose of *Mercurius vivus*, 50m. (F. C.), which was attended with good results in every way, and the abscess opened of its own accord on the 11th December. At this time, as the child's urine smelled strongly ammoniacal, I gave it Nitric acid 1m., night and morning, up to the 20th December, when I was informed by letter that the abscess was nearly closed, but there appeared a copious sweat of the head when asleep. He got *Silicea* 50 m. (F. C.), at bedtime. Tumor lessening and discoloration also less; abscess healed.

January 6, 1890.—*Eczema* of ears and face worse and extremely irritable, for which I gave one dose of *Melitagrinum* 60 m. (F. C.). N. B.—This is a nosode of my own creation, which is the lymph and blood from the worse case of infantile eczema I have ever witnessed. It acted "like magic," as the saying goes, and I heard no more of the case

until February 6, 1890, when there was a return of "the fiery eruptions," for which Graphites 30 m. (F. C.), was prescribed, and seven doses of Sac. lac., one every night, but it had no effect, or so slight that the mother begged for "something stronger."

On February 12, I sent one dose of Melitagrinum 60 m. (F. C.) which again acted "like magic." All this time the tumor was slowly but steadily being absorbed (watched daily by the family allopathic physician, and to his great amazement). On February 22, as all was going smoothly, and being certain that syphilis had some say as a morbid factor, I gave the child one dose of Luesinum cm. (F. C.) All went well until March 22, when the mother wrote to the effect that "the tumor on baby's back is growing distinctly smaller, but he has had a very bad night from the reappearance of these spots; the back of his neck is one mass of inflammation, as they have all run into one another." On March 23, he got Melitagrinum cm. (F. C.) one dose, which aborted "the fiery spots" in twenty-four hours.

It now entered into my mind that possibly "compulsory vaccination" "had a finger in the pie." I wrote to that effect to the mother, and the following is her reply:

March 24, 1890.

DEAR DR. SKINNER: I have no hesitation in saying that these spots have dated from baby's vaccination, which took place when he was two months and three weeks old. Both of the allopathic doctors said at the beginning that the spots were owing to the vaccination, and they said that they constantly saw cases of the same kind in babies, but could do very little to relieve them. They rarely saw them as bad as baby's were, and of course only expected them to last a few weeks after the vaccination had taken place. It appears to me that the intervals between their appearance get longer, this last being six weeks, the one before five, and the one before less than a month."

On the head of this confirmation of my diagnosis of the *fons et origo mali*, I sent Thuja 20 m. (F. C.) one dose, and Melitagrinum cm. (F. C.) seven powders, with the following DIRECTIONS: Give baby No. 1 (Thuja 20 m.) dry on the tongue, and let it have a start of at least twenty-four or forty-eight hours before giving one dose of No. 2. (Melitæ cm.). After that, give one dose of No. 2 at the first of every fresh eruption.

On June 1, 1890, I received a letter from the grandmother of the child, stating that she "had been to see the little darling, and that she had found it, to her great astonishment and delight, a rosy infant, the very picture of health."

On June 8, 1890, I had to pay a visit to a patient in the neighborhood of the residence of the family, and I made a request to see the child, and the nurse brought the child for my inspection. I found the tumor, the Sarcoma, ENTIRELY ABSORBED, and all that was left was a slight thickening and stiffness of the skin—the back where the tumor was was as flat as a pancake—without any surgical or local interference of any kind. Further, the nurse (who was opposed to the idea of Homœopathy being of the slightest use) informed me that the complete disappearance of the discoloration and the more rapid absorption of the tumor dates fully two months back—that is when the Thuja 20 m. (F. C.) was given; further, that the powders for the eruptions, if given at the first appearance, aborts the inflammation at once, and only two powders have been given since the seven were sent on April 30, 1890.

So much for allopathy, surgery and compulsory vaccination, The sooner they are extinct, so far as therapeutics are concerned, the better.

THOMAS SKINNER.

LONDON, ENGLAND.

CASES FROM PRACTICE.

MELANCHOLY : SULPHUR.

A young lady, scarcely grown, has for a long time suffered from melancholy and depression, a feeling as if she is going to die. She is dizzy and faint on rising in the morning, and has occasional obscuration of sight, when objects appear both dim and crooked, and it seems as if her eyes are not in their proper place. Besides, she has a bad taste in the mouth, weakness at the stomach and eructations if she takes coffee, and constipation for which she has taken Aloe. The menses occur four or five days too soon, but are otherwise natural. She is sleepy by day, more so in the afternoon, but sleeps well at night. She is easily chilled and takes cold easily. To get the feet the least damp makes the forehead feel heavy, the eyes feel strange, and gives them a hollow look.

She received one dose of Sulphur cm. (F. C.). Six months later her father, visiting me for himself, told me she recovered both from the melancholy and the bodily ailments soon after taking the medicine, and that she had remained well to that time. I have every reason to think she has had no return of the symptoms.

INTERMITTENT: SEPIA.

A middle aged single lady, living near swampy ground, has chilliness in the afternoon with coldness of the nose. She awakens at 3 A. M., with heat and throbbing in the abdomen, followed with perspiration of the feet and of the palms. Several other members of the family have had intermittents in former years. Sepia cm. (F), one dose dry, and subsequently repeated in water, cured her.

PROLAPSE OF RECTUM, BACKACHE, INTERMITTENT URINE:
RUTA, CONIUM.

An old gentleman had prolapse of the rectum *preceding very difficult stool*. Ruta 900 (F), one dose, entirely relieved him of this difficulty. On another occasion the same gentleman complained of a dribbling, intermittent flow while urinating. He received one dose of Conium 900 (F), and said it fully relieved him. Of Ruta I would like to add that in the early stage of a malignant disease of kidney and bladder, it relieved for a considerable time the pain in the back, and was given because the pain in the back was > by lying on the back. This condition has been verified as a trustworthy indication for the use of Ruta in many other cases.

CHRONIC COUGH: AMMONIUM MUR.

A gentleman wrote me from California that he had suffered there for several years with bronchitis and cough with a feeling of coldness between the scapulæ. I sent him Amm. Mur. 20 m. (F), ten powders, to be taken at intervals. In about three months, he wrote to say he was so much better he thought he did not need more medicine.

I always examine Amm. Mur. in cases of cough, with coldness between scapulæ or shoulders. It has nearly always been found suitable and helpful.

UTERINE BEARING DOWN: BELLADONNA.

An aged lady complained of a sense of fulness and much

bearing down in the lower abdomen, < in lying down and relieved by sitting up. Belladonna 50 m. (F. C.) relieved her in a short time.

HEART COLDNESS AND TREMBLING: NATRUM MURIATICUM.

An aged lady had a sense of coldness at the precordia, and of trembling of the heart. Natrum Mur. 900 (F), one dose, removed both these symptoms.

COUGH: KALI CARBONICUM.

A boy of eleven years has grown very fast. He gets an ulcerated sore throat from slight exposure, and has often had a cough. A brother died before this patient was born, from scrofulous swellings, following scarlatina, under the treatment of an eclectic homœopath. He now has a severe cough day and night with vomiting of food. The cough is worse about 3 to 4 o'clock in the morning. He sweats easily. The pulse is 114; temperature 101 to 102. There is sharp bronchial respiration in the upper part of the right lung, heard posteriorly. Loss of appetite and of flesh as well. He has been under the care of the same eclectic homœopath.

He received one dose of Kali carbonicum cm. (F) graft. At the end of three weeks the pulse and temperature were normal, and the cough almost wholly removed.

EDWARD RUSHMORE.

PLAINFIELD, N. J.

RHEUMATIC FEVER: CINA.

Roy James, æt 6 years. Was called to see him June 3d, and found him burning hot in profuse sweat; ankles and knees much swollen; hot, spotted red, tender to the touch; patient dreading least motion; thirst, with eager drinking, no stool or desire for several days. Bryonia.

June 4.—Seemed to be slightly better. Sac. lac.

June 5.—Hip joints, wrists, elbows, shoulders and neck involved; head drawn to right side; profuse, hot perspiration; joints swollen and very tender; dread of motion and touch, the latter seeming due to excessive irritability; hates to be even looked at, and yet wants to be amused by his mother all the time, and will only rest when so nursed; nose dry, producing whistling breathing; white line around mouth and

from nostrils to angles of mouth; tongue covered with a brown fur, probably a chronic condition, as boy has a dirty skin and is illy nourished. Cina 30, in water, at three hour intervals.

June 6.—Decided improvement; slept well during night.
Sac. lac.

June 7.—Boy up, dressed, playing carefully about room.
Sac. lac.

June 9.—Boy well, playing ball.

ROBERT FARLEY.

PHENIXVILLE, PA.

HIGH POTENCIES—MORBID GROWTHS.

January 13th, 1887.—Examined M. R., aged 13. He has a history of several of his father's people having died of cancer; and his father shows some signs of it. His mother's family are scrofulous—at least some of them.

His father's mother died of cancer of the breast.

He is good sized, light complexioned, blue eyed and sandy haired.

He had ague when small, and the doctor said that he had "flesh consumption" (Marasmus, I suppose).

He made a good recovery from scarlet fever, and last fall he had diphtheria, under allopathic treatment, which consisted largely of swabbing the throat with something.

Ever since he began to wear boots his feet would sweat so as to become tender, and the perspiration is very offensive.

His tonsils are enlarged, and his breath is offensive.

He sleeps on his right side, as he does not dream so much in that position.

In summer he gets up a good deal in his sleep; his father is also a somnambulist.

There is a bright red spot on the top of the nose near the end, of long standing.

When out feeding the stock last fall, he noticed that the left breast was sore to pressure, and the right one got sore about three weeks ago.

Around the nipple, about the size of a quarter of a dollar, it looked purple, swollen and raised considerably, with prominent veins, and had something of the appearance of a rose

cancer, before the skin breaks. Last night they ached when he was coming home from church. Gave one dose of *Silicea* 45m. (Fincke's), and placebo.

January 29th.—I see no difference in the breasts, except that the right one is a trifle larger. He says that he sees no difference in them. He is blue under the eyes. One dose of *Thuja* 45m. (Fincke), and placebo.

February 13th.—There is no difference except that the nipples are larger. It hurts the breasts just the same when he presses on them. He has no catarrh this winter. *Graphites* cm. (Fincke), one powder, and placebo.

March 7th.—Left breast is not quite so sore; but they look the same as they did, and hurt more sometimes than others. Larynx hurts some this week on swallowing. One dose of *Psorinum* 200, and placebo, to be followed in two weeks with a dose of *Psorinum* cm. (Fincke), if no better.

April 24th.—He took the *Psorinum* cm. The left breast seems to be well so far as I can discover. The right breast is, if any difference, larger, but not quite so blue. Both are slightly tender to pressure. They vary in size at different times, I discover. The right breast was reduced almost to natural size, and then it raised again. The red spot on the nose is much paler. The left side of the chin is rough and chafed.

He talks in his sleep occasionally, and feet are still too fragrant. *Natrum sulph.* 1,600 (Jenichen) and placebo.

May 18th.—The left breast is about right, but the right one is growing, though they are not so sore to pressure. There is some tickling in the right ear once in a while. He swallowed a small coiled brass spring once, and he says that he notices when he eructates, once in a while, it tastes brassy. His eyes are a little weak. He tears around in his sleep and talks some. Foot sweat same, but don't smell so bad. Bad breath in the morning. One dose of *Hepar sulph.* 45m. (Fincke), and placebo.

July 7th.—Left breast is all right, and the right one looks nearly so, their being a slight enlargement, and still slightly sensitive to pressure. All right in other ways. Placebo.

August 2d.—Eruption across the forehead, feeling hot, subjectively, and slight eruption below the left eye. Considerable pain in the spleen when walking or riding. Still

flounces about and cries out in his sleep. Left breast well, right one nearly so. Placebo.

August 31st.—Breasts are beginning to enlarge a little and turn purple again, and there is a fine itching eruption, interscapular, feeling like nettles. One dose of *Silicea* 45m. (Fincke), and placebo.

October 29th.—Has been having hiccough all the time for a week when at work, and when he hiccoughs a while, feels sore all over; thinks eating ameliorates the hiccough. Has a pain in the liver, or just below it when he rides. One dose of *Silicea*, 45m. (Fincke), placebo, and one powder of *Thuja* cm. (Fincke), to be taken in a month if not getting along right, and he took it.

December 24th.—No more sign of the tumors in the breasts, but considerable hiccough at times yet, but does not hurt much. Red spot on the nose is gone. He is growing rapidly. His feet do not smell quite right yet.

One dose of *Silicea* cm. (Fincke).

He needed no more medicine. Cured.

The 26th of last July W. B., a bright, well built boy, of nervous temperament, ten years of age, came to my office for treatment. He had a history of being a weak baby, having had tonsilitis three years previously under allopathic treatment and a year previously was vaccinated. At present his tonsils are enormously enlarged and he has eczema on the back of the head that has taken the hair off in small places, which has been there about three weeks, and he is a little croupy about the middle of the night. I gave him one dose of *Sulphur* cm. and placebo.

Aug. 17.—He reports the tonsils smaller, no new eruption, and that the spots where the eruption had taken the hair off were "dandruffy." He got one dose of *Lycopodium* cm. (Fincke), and placebo.

Sept. 19.—Tonsils look better and no more trouble with them. The spots on the head where the eruption had been are a little rough to feel yet, and he sweats some on uncovered parts. Gave him placebo.

October 20th.—The tonsils are too large yet, and the left one seems to have a little exudation on it and they are darkish red. Where the eruption was on the scalp it is some rough and the feet sweat too much yet. (Have just discovered that

he was subject to excessive foot sweat). He takes a little cold and still coughs some at times. Gave him one dose of Kali hyd, 1 m. (Jenichen) and placebo. I also gave him one powder of Lycopodium cm. and one of Lachesis cm. (both Fincke) to be given if he should have right or left sided tonsillitis. Two weeks ago the father wrote me that he is well but neglects to state whether he had been obliged to use the last two remedies or not.

E. W. SAWYER.

KOKOMO, IND.

A HAHNEMANNIAN CURE.

The following series of cases is designed to demonstrate the superior results which follow a *strict* adherence to the rules of Homœopathy, as taught by Hahnemann; viz.:

(1) The most similar remedy, selected according to the symptoms of the patient, and not according to pathological theories.

(2) The single remedy, not a mixture or alternation of medicines.

(3) The minimum dose of the dynamized drug, not crude drugs, or unnecessarily repeated doses. As a result of nearly thirty years' practical investigation of Homœopathy, I unhesitatingly declare that I have NEVER ONCE found Hahnemann's practical teachings to be erroneous.

CASE I.—*Phosphorus*. 1885, April 15th. Mr. B—; aged 55, consulted me for the following symptoms. In 1856 he had typhoid fever, treated allopathically. Ever since then, if he lies on his left side he has desire for stool; and if he persists a loose stool is the result. A few weeks ago he was in Boston, where he caught cold during cold weather. He has a dry hacking cough on entering the cold air; the cough shakes him. At first there was yellow sweet expectoration, but no sputa now. When on board ship returning to England, had much sweat on head, and the cough was worse when lying on back, better when lying on right side. Feels weak.

His history is as follows: Never was a strong boy. His father was a healthy man, and died at age of 70; his mother died at age of 49 from overwork. Has had five sisters, who have had good health, but one died from the acute effects of catching cold. In 1865 patient had rheumatic fever, from

which he made a good recovery under Homœopathy. In 1884 had gastric fever, treated by a local homœopath. He first consulted me on May 18, 1884, for dyspepsia, which was relieved by Carbo veg. cm. (F. C.); at this time he made no mention of the "thirty years' war" which this troublesome intestinal symptom had waged in his organism.

Diagnosis of remedy.—Taking the most peculiar symptom, not as by itself an infallible and exclusive keynote, but as a valuable guide to the totality of the symptoms, I found in Bell's Repertory of Diarrhœa, "Aggravation from lying on left side, Arn. Phosph." Of these two remedies, a reference to Lee's Cough Repertory showed that Phosph. had all the cough symptoms, except the amelioration from lying on right side (it has aggravation from lying on right or left side); whereas Arnica has only the dry, hacking and shaking cough. A further reference to the Materia Medica showed that Phosph. also corresponded to the sweat on head and the weakness.

I prescribed Phosphorus cm. (F. C.) every four hours for eight days.

April 29th.—Has had no medicine for about a week. Is much better; cough almost gone; much less weakness; *he can now lie, and even sleep, on left side, without the stool symptoms being excited.*

1886, Feb. 11th.—Has had no more of the abnormal desire for stool till some weeks ago, when it returned and has persisted. He also complains of rather sharp frontal headache, commencing on waking; with the headache, the mouth fills with saliva.

Diagnosis of remedy.—"Flow of saliva with headache" belongs to Epiphegus (viscid saliva), Hippomanes, Indium, Kal bichr., Opium, Phosph., Sepia. As the same remedy was again indicated, I prescribed Phosphorus cm. (F. C.) twice daily for eight days.

March 30th.—Reports that the headache ceased soon after leaving my house. The stool symptom also ceased before he had finished the medicine, and when I next saw him, May 8th, it had not returned.

From this time he remained fairly well till March 21, 1889, when he consulted me for a general breakdown from overwork, business worries, and heavy pecuniary losses. The

desire for stool when lying on left side had lately returned at times, but never so badly as formerly. His stools were now thin in diameter and very long (they had been so for some years), soft but difficult to pass, had to squeeze and press abdomen and loins to assist the evacuation. He also had other symptoms of dyspepsia, which, not being characteristic of any one remedy, need not be detailed. I prescribed one dose of Phosph. mm. (Fincke) a still higher potency than the former. This remedy speedily removed the unnatural urging to stool, and the evacuations became more consistent, better formed and less difficult to pass. His other dyspeptic symptoms also improved. Whether the Phosphorus would have completely cured these other symptoms I am unable to say, as a change in his condition necessitated a prescription of *Nux vomica*; and later he required *Arsenicum* for an attack of the influenza epidemic.

Comments.—(1) The efficacy of Hahnemannian treatment is clearly demonstrated in this case, where a troublesome symptom which had lasted about thirty years after the unscientific treatment of typhoid fever, evidently showing some serious lesion of the intestinal canal, was rapidly cured by a few doses of the simillimum in a high potency; not returning for about three years, and then only under the unfavorable condition of a breakdown of health from overwork and worry, and again quickly cured.

(2) The value of clinical symptoms is also proved. In the *Encyclopædia* I am unable to find the characteristic symptom of this case, either under *Arnica* or *Phosphorus*; neither is the equally characteristic symptom of *Phosph.*, “stool narrow, dry, long, difficult to expel, very like a dog’s stool,” to be found therein. They are, at present, merely clinical symptoms. Such symptoms are often absolutely indispensable to fill up the gaps in our *Materia Medica*, till further provings produce them as pathogenetic symptoms. But it is necessary that they be used with caution. It does not follow because a symptom disappears under the action of a remedy, that it has been cured by the direct homœopathic action thereof. It is conceivable that a remedy may, without being homœopathic to all the symptoms of the case, be so far homœopathic as to remove a large number of them under the law of *Similars*; and that then, the chain of symptoms

being broken, a few remaining links may drop off spontaneously, the organism being now sufficiently relieved for the *vis medicatrix naturæ* to complete the work. Hence clinical, far more than pathogenetic, symptoms require frequent verifications, under diverse circumstances, before they can be safely resorted to as guides in the selection of the simillimum.

(3) The uselessness of the pathology, as a guide in the selection of the most similar remedy, is also evidenced by this case. What pathologist could declare with certainty the exact nature of the intestinal lesion which must have existed in this patient? And if he could, how could he distinguish pathologically the difference between Arnica and Phosph., which have both cured this symptom? The true "method of Hahnemann" is that of the selection of the remedy by symptom similarity; and to accomplish this satisfactorily, we must habitually use the Repertory and the Materia Medica, consulting them in the presence of our patients, and, if need be, questioning them from the symptoms recorded therein. Our Materia Medica is too vast to be carried in the head of any of us, even were he a Bönninghausen, a Hering, or a Wilson. Fortunately for the rising generation of homœopathic physicians, their work in this direction is being greatly simplified by the publication of Lee's Repertory of Characteristics, which is without exception the best in arrangement and execution that I—have ever seen in any language.

E. W. BERRIDGE.

LONDON, ENGLAND.

COCCUS CACTI IN WHOOPING COUGH.

The object of this paper is to call special attention to *Coccus cacti* as a remedy for whooping cough in particular and other coughs in general. Being the pioneer of Homœopathy in this section of the State of Ohio—a section in which the people had been taught that little or nothing could be done for whooping cough. Soon after locating here whooping cough came; a few cases treated homœopathically with marked success created quite a stir among the people, so that nearly all cases sought the new treatment and afforded good and frequent opportunity to study the disease. There has been more or less whooping cough either in the village or surrounding country since 1876, and most cases "came to this mill."

It is needless to go into the history of whooping cough.

Of its nature I wish to say that I regard it as essentially of an inflammatory character, and I feel justified in this view after a protracted study of its characteristics. Observations of the *beginning* of whooping cough show the following symptoms in infants as well as adults. A single light cough or hack, caused by a tickling irritation one to three inches below the larynx, and with each little cough there is a small quantity of mucus loosened and detached and in most cases, even in the adults, is swallowed. At the first these little coughs will occur from three to five minutes apart.

Most people attribute the cough to a cold and will likely apply for medicine for a cold, but if you can discover on the patient those peculiar hacks, or short coughs, you will save the patient trouble by giving *Coccus cacti*. The act of swallowing will occur after each cough. This condition may last a whole week, but more likely three to five days, when one more little cough will be added to the spell and the swallowing occur after the two, not between them, because there is no perceptible interval between them or at least there is no rest between them. Some of the same mucus will be detached, as a result of the coughing and swallowed. The mucus at first is not colored in the least nor is it stringy, until in the second week; the viscid character of the mucus is a gradual process, just as the cough increases in severity and the inflammation extends over the mucous membrane. Scarcely before the end of the second week is the fourth or fifth cough added to the paroxysm. As the disease progresses there are more coughs, and each cough becomes more powerful, until the lungs are exhausted of air; with each cough the mucus is propelled forward, but the effort to inspire drives it backward until some of it hangs over into the œsophagus, irritates the epiglottis and strangulation ensues. The whoop occurs at the very moment the glottis opens to admit air into the lungs, after the spasmodic closure in convulsive efforts to allay the irritation by expelling the mucus.

The spasmodic character increases as the irritation approaches the glottis.

The expectoration becomes tougher as the disease progresses. Seldom is the mucus changed from the transparent, before the third week. The paroxysms of cough are, as a

rule, worse at night after the first week; up to this time some may sleep all right but cough considerable when waking.

As near as I can determine, the period of incubation is fourteen days, but some may run twenty-five days. I can not say that any case came under my observation in which the expectoration was not stringy and tough, until it became purulent; but never before the latter end of the second week. It is more likely to become so in the third week.

Coccus cacti has all of the characteristic symptoms of a fully developed case of whooping cough, but you will find all of the earlier symptoms as well and may be given with confidence; not only in whooping cough, but in many coughs in which the larynx, trachea and bronchia are involved.

As a curative in the conditions named it is very satisfactory for, without exaggeration, I have treated as many as five hundred cases, with not more than two deaths, in the last thirteen years.

As a preventive, *Coccus cacti* may be given with as much confidence for whooping cough as *Belladonna* for scarlet fever, which every Hahnemannian has proved to be a preventive.

When I give *Coccus cacti* as a preventive, I give four powders with medicated pellets in, one to be taken dry on retiring every third day.

When given as a curative, I give two powders of the remedy, one to be dissolved in a third of a glass of fresh water, giving one teaspoonful every three or four hours until used, if awake; *Sac. lac.* to follow.

In ten or twelve days, or when improvement ceases, I direct the second powder given like the first. If but little cough remains I give the second powder dry, and repeat *Sac. lac.* If given at the beginning one powder in solution is sufficient. Occasionally a repetition of the prescription is necessary, but the great majority get but one. Very seldom are there any sequelæ or anything more than a slight sensitiveness of the larynx to colds for a week or two.

A word as to potency. I have tested and used the 30th, 60th, 100th, 200th, 500th, 1m, 50m. and cm, beginning with the 30th. As I obtained the higher potencies I prescribed them. I find the higher potencies are quicker in their action and without aggravation, while the lower will sometimes produce aggravation.

I know there are other remedies useful, yes even necessary, in the treatment of whooping cough, but until there is a change in the characteristics of whooping cough or some peculiar constitution demands some other special remedy, few remedies will be needed besides *Coccus cacti*.

If treatment begins with the disease or first week, six days will do; if in the second week ten days; but in nearly all cases will improvement show in three days, and it is usually progressive.

As for treatment you may ignore first, second and third stages.

In the first stage give *Coccus cacti*. In the second stage give *Coccus cacti*. In the third stage give *Coccus cacti*, and report the failures, if directions above are followed.

I wish to say a few words to those who may think I am too exclusive in the choice of remedial means for whooping cough. Just refer to Hering's Guiding Symptoms or Allen's Cyclopedia. Occasion has placed it in my course of observation, and experience has done the rest. I trust this paper may help others to be successful in treating this formerly troublesome and often very dangerous affection. NATHAN CASH.

URICHSVILLE, OHIO.

MORE OF SANICULA.

Some one has said, "You may have too much of even a good thing." Now, while this may be true in the main, yet I do not think it true of such "a good thing" as the *Sanicula* mineral spring water. Therefore, I will give a little more clinical verification of it; somewhat different from any published heretofore.

CASE I.—Mrs. K— came to the office for medicine; said she felt sure she was going to have an attack of fever. She felt sad and despondent on account of this. Had some fever the night before, with headache, yet no thirst. Mouth dry and tongue coated, with bad breath; inside of lips and cheeks many little aphthous ulcers; no appetite; bowels constipated; tired, numb, lame feeling in all her limbs; feels chilly and wants to warm, yet the head feels better in the open air.

All of the above symptoms are characteristic of *Sanicula*. I gave her the 10m. every three hours, until better. Ten

days later she returned with a lady friend. On asking her how she felt, her reply was, "I am all right, but my friend wants some medicine."

CASE II.—Mr. C— applied for some medicine for his mouth, the roof of which felt as if scalded, < by taking anything warm in the mouth, especially hot drink. Had been that way for two days. Strange to say, he had no other symptoms that I could find. Smokers often have this condition of the mouth, but he did not smoke, nor had he burnt the mouth with anything hot. I remembered the condition of my own mouth during my proving, and gave him *Sanicula* 10 m., a few powders. This did the work at once.

While on the mouth question I will give another:

CASE III.—My horse, Dan, had not been feeling as well as usual, would not eat, bowels constipated, stools dark and scant. Seemed tired, did not want to go; would rub his tail at every opportunity, and had rubbed nearly all the hair off. I spoke to a veterinary surgeon about him, and he told me my horse had the lampers, and I would find his gums swollen and sore; that I would have to scarify his gums, telling me what to give him internally first. I found the gums as the doctor told me. His mouth was slimy and his tongue coated, but instead of scarifying I gave him *Sanicula* 10 m., a powder three times a day. In a few days he was all right. So you see there are *some* good things we can't get too much of. Professor Kent used to tell us that *Fenugreek* was good for a horse. So is *Sanicula* when indicated.

J. G. GUNDLACH.

WALLA WALLA, WASH.

A FEW CONFIRMED SYMPTOMS.

CASE 1.—February 25, 1884, was called to see Mrs.—; patient 34 years of age, married, mother of four children; weight in health, 150 pounds; present weight about 50 pounds.

I found her propped up in bed, gasping for breath, with partially open mouth groaning at every inspiration. Had a chill every morning, at 8:30 A. M., continued two and a half hours, followed by high fever, lasting four hours. Pulse 130 to 140, temperature 104 to 106. Fever succeeded by a

drenching perspiration which stained her linen, and was of a sour, musty odor.

Before chill, great thirst, which continued till close of chill, but upon drinking water was immediately rejected by stomach, with violent retching.

Cold, clammy perspiration, profuse upon uncovered parts.

Chill was accompanied by severe, dull, aching pains, all over the body, worse in the long bones, head and spine; great soreness of the muscular system.

Cough aggravated during chill. Decreased after chill; great restlessness.

Patient desires to be well covered, exposure < symptoms. Well defined hectic flush. Sleep difficult on account of persistent cough.

Severe griping, twisting pains in abdomen, accompanied by black, watery diarrhœa, putrid, great tenesmus before and after stool, variable in regard to number.

Skin and conjunctiva jaundiced. Bed sore covered the sacrum which discharged pus of musty smell.

Violent cough, apparently loose; expectoration, grayish yellow, putrid.

Tuberculous (?) matter present.

Prognosis! Death in forty-eight hours.

The family insisted that I should attend the case, and if possible mitigate her distress. She had been under the care of an allopathic doctor who had exhausted the *Materia Medica* on her. (Lord deliver us from their clutches!) I gave her Nux 25m. to antidote such treatment, and to gain time to study the case, it being impossible to distinguish real from drug symptoms. Left her 10 hours, then began a more thorough examination of her case; continued it at intervals for three days. After that lapse of time, being still undecided, I became disgusted and wished to surrender the case. Being desired to continue, I gave a dose of *Drosera* 25 m. to dislodge mucus from fauces. No results. After seven days decided to give *Hepar*, one powder 25 m. and waited results. Slight improvement in three days. Allowed remedy to act for thirty days, then case became stationary. Another dose of *Hepar* 5 m. caused improvement to commence, cure completed in three and a half months.

Patient has remained in health up to present time.

To say that I was completely disappointed, is putting it very mildly.

ANOTHER DISAPPOINTMENT.

CASE II.—I was called to see Ernest on the 9th of March, 1890. I found a case that had for a number of days been in the hands of an allopath, and dosed with Quinine without stint, as well as Antipyrine. He was about 19 years of age, of lymphatic temperament, would weigh about one hundred and sixty pounds; light hair and blue eyes; he had been away to school, and came home on account of the recent attack of what they called the grippe, and sore throat. Found a very severe case of diphtheria; the tonsils very much swollen, and covered with a black, putrid ulceration. The breath very offensive, the whole membrane of the mouth of a dark red, the ulcer edges were perfectly black, and swallowing very difficult; the mouth and nares filled with a sticky, thick mucus. Seemed very much prostrated, pulse small and very rapid, 160. I gave a dose of Merc. cyan., 10m.

The next morning there was not so much putrescence, and the mucus seemed to have cleared up in the throat and nares. Pulse 120, and seemed to be improving very rapidly. Was left on Sac. lac. for the day. At the evening call I found him in a drenching perspiration and feeling very much prostrated; still, the ulceration had improved, and I believed he would get well. He was left on Sac. lac. What was my utter astonishment to receive word in the morning that he had died about half-past two o'clock that morning. I must say that it gave me a slight setback.

I did not see the case after, so I could not tell the cause of the failure. I have since learned that they filled him with sour wine, which I had previously forbidden.

CASE III.—Miss K—, eighteen years of age, light complexion, rather spare in flesh, a little extra tall, had been in the hands of several allopathists for dysmenorrhea, who had dosed her with everything they could conceive of without the least benefit.

They had informed her and the family that nothing could be done for her but an operation; what the operation was to be I do not know. I found her propped up in bed, with a rubber bottle of hot water pressed against the lower abdomen, crying and screaming so that the neighbors could hear



her for half a square; when the paroxysms of pain would come on she would press the hot water bottle against the lower abdomen with great force. The pains were the most severe just before the flow commenced, and, as nearly as I could get at the symptoms, were in the fundus of the uterus. There was no complaint of any pain in either of the ovaries. These pains had been complained of at every menstruation for about two years, and would cause her to remain in bed nearly two weeks at every period.

After looking the case over with some care, I threw away the water bottle, covered her up in bed, gave one dose of Pulsatilla 20m. dry on the tongue; and sat down to await developments.

In less than half an hour she was asleep, and had no further trouble during that period.

Just before her next period I gave her another. For several months they have called at her menstrual time and received Sac. lac., which for about two years has given relief, and she has not been compelled to go to bed since, during her menstrual periods.

CASE IV.—Mr. C—, aged about 40 years, is large, rather portly, would weigh about one hundred and sixty-five pounds. Had been subject to attacks of sick headaches all his life.

They would last for nearly a week. He was rather a lymphatic temperament, at the same time he was active in his movements, of light complexion, and very muscular and strong.

I found four men trying to hold him in bed, and he was throwing himself about so that he would carry them all with him; was groaning and seemed to be in great agony.

My first act was to discharge the attendants and to call for plenty of clothing to cover him warmly, which was done. I made what inquiry I could among the family for the symptoms of the case. The family told me that he had been in that condition for some five hours. These headaches would commence at the root of the nose and expand gradually over the whole head. They would become very intense as they reached the base of the brain, and cause semi-deliriousness. The emesis was severe, with a heavy retching; the contents of the stomach would come up rather easily at first, but as it continued the retching became more severe. By the

straining to vomit, all the symptoms were \leftarrow ; a large quantity of gas would accumulate in the abdomen, the pulse was but slightly elevated, very little thirst, but a continual moaning and groaning, as if in great pain; at the same time nothing could be got out of him.

I gave him a dose of *Cimicifuga*, 10cm. dry on the tongue, and sat down to await developments.

In a very short time he began to get quiet, and in less than half an hour he was asleep. I left *Sac. lac.* to be given in water, when he should wake, and went home. The next day my patient was on the street.

He did not have another attack for two months, when another dose of *Cimicifuga* relieved him without going to bed.

These attacks continued at longer intervals, and finally ceased altogether. He has not had one for the past two years.

J. R. HAYNES.

INDIANAPOLIS, IND.

CLINICAL NOTES.

FELA ARANEA (SPIDER'S WEB), ARANEA PELUDA.

CASE I.—Mrs. B——, age forty-two, has chronic endometritis. Health otherwise not much impaired. Had received remedies indicated for uterine trouble, getting relief therefrom. Had been without for some time; came for medicine, complaining of sleeplessness the greater part of the night—afraid her old troubles would come back. She had some palpitation. I gave *Fela cm.*, one dose, in the evening before going to bed; she slept well, palpitation gone; uterine symptoms also disappeared.

CASE II.—Mrs. W——, seven months pregnant; much perspiration, especially at night; this occurs with her when ill, as after confinement. She is corpulent and has a weak heart, and not a good sleeper. A few doses of *Fela cm.* relieved her sweating, and she slept well.

After her confinement the same symptom appeared again. Both the sweat and sleeplessness were pleasantly controlled. The sweating in this patient had been helped with *Calcarea 200*, formerly, but at this time was of no use.

Leading symptoms so far observed: uterine irritation with

heart sympathy, profuse night sweats, sleeplessness. Profuse sweats after miasmatic fever; excellent.

VIPERIA ACONTICA CARINATA.

Of use in climacteric hæmorrhages, flow red with dark clots, excessive flowing to prostration and faintness. There exists a small fibroid in uterus. A few doses of the remedy changed matters for the better, and the excessive hæmorrhages did not return.

Same remedy in case of a lady nursing child one year old; much prostrated from flowing for several weeks, not profusely but continuously; nearly every day nosebleed; weaning brought no relief. A prescription of China 200 did no good. Gave *Vipera* cm.; three doses cured.

PYROGEN.

This remedy has been of good service in La Grippe during the past winter. Consider La Grippe a miasm, and Pyrogen an antidote for many miasmatic conditions. Many cases of La Grippe have been relieved, requiring no other remedy except for the peculiar cough, calling for Phos. Rumex, or other well indicated remedies. Leading indications: Great depression, great pains all over body, even to the bones.

CASE I.—Mr. C— came from Arkansas, a malarial district. He had fever; dry, red tongue; aching pain all over, especially in back and limbs. “Knew he was going to have typhomalarial fever,” which he had two years previous, after a malarious exposure on a foreign mission field. Had every other day what he called “dumb ague.” The case looked promising for what he anticipated—a long sickness. Gave him Pyrogen high, every half hour, in water. (10 A. M.) Was to continue it until sweating was finally established, when the time should be extended to two hours. Saw him after twenty-four hours. A great change had taken place; perspiration had set in after six hours, which was profuse when seen at second visit. The remedy was continued, at lengthened intervals, for two days, when he was well.

CASE II.—Mr. N—, hard student and overworked; had, for several weeks, what he thought was La Grippe, and was undoubtedly correct; but hoped to get well on domestic treatment. Found him with a well marked enteric fever (typhoid), much prostration, diarrhœa profuse, of terrible odor, pain in occipital region, dry tongue, with red center.

Sleepless or disturbed; very talkative in sleep; dry, hacking cough. Considered the case a serious one. Gave at once Pyrogen. It soon modified the symptoms, except the diarrhœa, especially the odor, which was terrible, permeating all parts of house but for thorough ventilation and disinfectants. Tried to correct the odor with Kali phos., with no success. Gave two or three doses Psorinum, which changed matters. Pyrogen was principal remedy, except Phos., for cough. Recovery complete.

CASE III.—Mr. M.— was much broken in health during late war, being a prisoner in Libby for many months. Had pneumonia eighteen years ago, which was a close call for him. However, judicious treatment gave him a fair condition of health, but he was left with a weak lung. One year ago this May, 1889, he had an attack of what was called congestion of this weak lung. Saw him after the attack and found an unsatisfactory condition. The lower half of it useless. Gave a dose of Sulphur high. He continued to improve and went to California for the winter; came back last May, 1890; found him confined to bed with little use of this lung; hard cough, asthmatic spells at night with great suffocation; difficult expectoration of heavy sputa, dark yellowish green; chill every other day, showing the miasmatic character, anticipating one or two hours. Every night before midnight he would be very nervous, which with his asthmatic attacks made the night almost intolerable, but towards morning would get some sleep. Gave him two or three doses of Pyrogen high, in the evening. At once he commenced to improve; less cough and expectoration, but the nervous spells would come in the morning at 6 o'clock. In three days he had no chill or fever. He begged for less medicine as he dreaded the morning nervousness. After three days he took only one dose in the evening, all symptoms continuing to improve.

This case may be considered as miasmatic in its origin, hence the relief obtained by the dose of Pyrogen. How long the effect may remain is yet to be seen.

ARGENTUM NITRICUM.

Lady 49—passing through the climacteric—has a small fibroid causing excessive menses for years. Flow usually comes in gushes with clots; now much less in quantity but continuous; been flowing for 5 weeks; had used several

remedies with no satisfactory results. In May number of *Journal of Obstetrics*, read Dr. Choate's case of *Argentum nit.* cure. At once looked over my case to find the similar in this remedy,—found she had this drug used topically several years ago and as a result was confined to house for 5 months following its application.

“Nervous symptoms always present”—“Nervous erethism after each hæmorrhage”—“Menses profuse and long lasting”—“Always clotted, but never controlled by any of the remedies.” With these symptoms, concluded I had a case for the remedy.

1st day gave a dose of *Argentum nit.* 200.

2d day a change of color—another dose.

In three days 2 doses were taken.

4th day in the morning sick headache, pain through pelvic region; flow started up and within an hour passed a large clot when she felt better; flow gradually diminished until it ceased after 6th day; patient realized presence of each dose by a decided taste of the remedy which she knew by its use locally years before on “canker sores” in her mouth.

W. H. LEONARD.

MINNEAPOLIS, MINN

CLINICAL NOTES.

STAPHISAGRIA—I. Within the last year, we have had occasion in several instances to use this remedy. In one instance, in an inveterate case of nausea of pregnancy and threatened abortion, attended with obstinate constipation, subsequent and fruitless attempts to defecate, with more or less strangury in passing urine. There was complete anorexia, and almost constant vomiting. The patient was exceedingly sensitive to all impressions, and had become very much exhausted.

She had been treated for several weeks by old school methods, without any relief. *Staphisagria* cured.

II.—*Staphisagria* again imparted great relief in an instance of most incorrigible indigestion. One of those worn out cases in which, usually, nothing succeeds in bringing relief, and to which a brood of very ugly concomitants were attached, including the worst sort of nervous irritability and melancholy.

This patient, a woman, æt about sixty, had been a gormandizer, and had to keep filling up all the time in order to feel at all comfortable. A heavy meat eater; and the strongest kind of tea and coffee were her delight. Regulated her diet and gave *Staphisagria*. Cured.

III.—*Staphisagria*, in another case of years standing, which had grown from a badly managed case of intermittent fever—and one in which allopaths had acknowledged they could do no more—we have greatly improved by this remedy. This case (age sixty-five) had settled into a most invincible one of chronic gastralgia, with enlargement of spleen and liver, and passive renal congestion. The patient was further subjected to very violent palpitation of the heart. The cause seeming to arise reflexly from the kidneys and stomach. She is obliged to eat very little at a time, and has a very limited range as to choice. At the same time she dare not allow her stomach to become empty; and has had to get up nights to eat to prevent a renewal of an attack; suffers also from a very offensive sweat—scant.

Staphisagria has subdued nearly all of these persistent troubles. The heart goes on occasionally with violent agitation. She is now taking *Kalmia lat.* Her heart symptoms are best described in the pathogenesis of *Kalmia* given in Hering's *Materia Medica*—and this remedy now seems to meet the demands of her case. We expect, as a finale, as good results as could possibly be expected.

IV.—*CORRALLIUM RUBRUM*.—In a case of laryngismus stridulus, infant æt about one year, *Corrallium* cured very promptly what had seemed to call for *Lachesis*. Worse during sleep, and after waking from sleep. The latter remedy very strangely failed. *Corrallium cured.*

V.—*PASSAFLORA INCARNATA*.—I do not know that we have a proving of this remedy, but from its experimental use personally we have found that it exercises a very soothing influence upon an irritable heart, brain and nervous system.

For insomnia, broken sleep, waking up suddenly (usually in first sleep), confused, and almost overdone by anxious dreams and violent action of the heart, with blood seethings and ebullition, we have found this remedy more efficacious, and, consequently, more satisfactory than other remedies of established renown, as to similarity.

We feel sure, that within its own true sphere of therapeutical correspondence (whatever that may prove to be) *Passiflora* must soon become settled into a high position in our *Materia Medica*. It has been called, empirically, *Somniferum seraphium*; but this only hints of its peculiar individuality as a useful member in therapeutical society. It apparently possesses no narcotic properties whatever. We predict for this remedy a unique and exceedingly useful sphere of action. Time spent in its proving will in no sense be wasted. Its literature is yet limited, but rich in its suggestiveness. If we accept what is said by physicians who have used it, it should be given in material doses of the genuine full strength tincture. In our own case we used pellets saturated with tincture, a dose at bedtime.

J. N. LOWE.

MILFORD, N. J.

CLINICAL FACTS.

BELLADONNA.—Paroxysmal, sudden cough with fullness in head, heat of face, sore chest. Cough causes sickness. Belladonna 200, *tu die sumend*. Next day but one, better in all respects.

SULPHUR.—Before going to sleep, dry cough a long time, evening in bed, and worse than during the day. Sulphur 200. Prompt relief same evening. In a young child.

CONIUM.—Since early morning, diarrhœa, painless, watery, followed by flatulency in abdomen. Conium 200 every two hours. Next day, diarrhœa much less. Urging to micturition with urine scanty, high colored (medicinal?). Soon recovered.

PULSATILLA.—Colic at epigastrium; chilly; fat disagrees; amiable temperament. Pulsatilla 200, three times a day. Next day but one, "considerable improvement." Repeated Pulsatilla twice a day. Three days later, husband writes: "My wife is so far recovered that I think your contemplated visit tomorrow will not be required."

AMMONIUM CARB.—Pain on taking hold of anything with the hands and fingers. Deadness of hands and fingers at night. Ammon. carb. 30, three times a day. Reported in nine days, very much improved.

MAGNETIS POLUS ARTICUS.—In a neurotic, middle aged woman, sensation as if the brain shook ; all noises aggravate symptoms ; griping in stomach ; pains most after supper. North pole of magnet applied locally by patient to painful spot whenever pain was severe. Greatly relieved ; applied for one minute each time.

GAMBOGE.—A middle aged lady, plethoric, nervo-bilious temperament, who had been fearfully maltreated and drugged for about twenty years, but under true Homœopathy for about twelve months reported that for the last three or four years she had been subject to ptosis and attacks of weight on the head with nausea, bringing up water only ; drowsy also. She received Gamboge 200, four doses, one each night in water. Reported : after the first dose, in one minute felt it act on left side of brain only ; also, as if it lifted off the finest filmy substance from the nerves or let in sunshine on semi-darkness ; made her feel *very* happy and thankful. After the four doses great improvement in spine, very little pain and irritation. Uterine discharge increased, also discharge of yellow matter (probably leucorrhœal) with the usual pains.

PLUMBUM.—Ptosis left upper eyelid, with lachrymation, photophobia, and cloudiness before sight in an eczematous girl of sixteen. Plumbum 30, night and morning for a week, cured.

NAJA.—Weakness in lumbar region, better stooping forwards. Stabbing pains on waking, from chest to head and also downwards. Naja 6, night and morning, one pilule. In a fortnight weakness much less, pains gone. Has had also nausea, pains in stomach ; morning headache in temples (med.?).

ALUMINA.—Stabbing as of a knife in joints of lumbar vertebræ. Alumina 200, three times a day. Relief very soon, in 2 days almost cured. Middle aged, tall man.

BRYONIA—CONIUM.—After exposure to damp and draft, severe catarrhal pains in large joints. Bryonia has relieved partially. Now, short cough from deep inspiration. Conium 200. Next day but one cough greatly relieved.

PRUNUS.—Perspiration on forehead and upper nose, only during sleep. Prunus spinosa 200. Four days later, perspires now all over, sleeping or waking, feels weaker.

CHELIDONIUM.—In a girl of 13; *tinea decalvans* in patches on head. *Aversion to cheese always.* Chelidon. 200. In nine days, skin of scalp red, hot, slight scales. Symptoms of menses appearing.

CROTALUS.—The same patient that was benefited by locally applying the North pole of the magnet, now writes, nearly three months later, complaining of a feeling of shaking at *the top of the head*, pain in the eyes especially the left *on reading* or working; pains at the *back of neck* and head when tired; *unable to walk far from fatigue and weakness in the legs and aching of the thighs.* Crotalus 200, a dose each night. In six days writes, "I am feeling better since taking the medicine."

CUPRUM SULPH.—In a highly neurotic youth of fourteen, attacks on going to bed at night of *nausea, accompanied by terror.* Stimulants palliate. Cuprum sulph. 6 every half hour during nausea greatly relieved.

RHUS RADICANS.—In a middle aged man, eczematous eruption on perineum and scrotum with *sweat in the cleft of the nates.* Rhus radicans 12 *bis die.* Reports in a week: eruption much lessened, also the sweat.

COLOCYNTH.—In a young lady, aged twenty-nine, spare habit, colicky pains all over abdomen, better from pressure and movement. Col. 30, one dose. Pain went same afternoon and she felt quite another person.

COLCHICUM.—In a gentleman aged seventy-four, dying of a complicated pathological condition: Broncho-pneumonia, auasarca, chronic vesical disease; note of his disease reads as follows: Unconscious from early morning; seen by me 9:30 P. M. *Respiration intermittent, face red, hot, fresh looking.* Colchicum 200 every ten minutes, for 6 doses, *changed the character of the breathing to quiet, regular movements* with occasional puffing expiration, for about four hours; then sudden change, countenance pale, and in about fifteen minutes he was gone. He had one dose of China 200 when the sudden change occurred as the puffing expirations were marked. During the four hours he made several efforts to raise expectoration, and twice it came into his mouth.

N. B. Was this not a proof that homœopathic potencies will act, in articulo mortis?

OLEUM ANIMALE.—In a robust lady (single) of sixty-six,

after three-fourth hour cross-questioning, nothing definite was made out, except that she passed *much high colored urine only at night*. For this, Oleum Animale 12 was prescribed. Reported herself four days later: yawning (spasm?) almost gone; sobbing worse; a rigid sensation like wood in the right hand which had troubled her for some weeks, was improved; ankles less swelled; state of urine improved, and greatly improved in herself. The urine had been examined meanwhile and was found to be acid sp. gr. 1.020, and on pouring fuming Nitric acid into some when *cold*, a distinct orange tint occupied the lower half of the fluid, and some warmth developed. On boiling with Nitric acid no precipitate.

JACARANDA.—Food tastes insipid. *Nausea during eating*. Jacaranda Caroba 3 in pilules, soon cured.

CYCLAMEN.—Rheumatism in bones of forearms; *bruised like, worse from touch, pressure, movement*; has lasted some weeks. Cyclam. 200. In nine days, soreness nearly gone, feels better altogether.

Damp weather aggravates all complaints. Heat of fire aggravates. Chilliness at stomach after breakfast. Zinc 30, removed in a week.

RANUNCULUS SCCL.—After relief to pain passing downwards over glutei muscles, from Kali carb. 30 in a middle aged woman, subject to gout—there occurred smarting aching of dorsa of feet, especially right with wakefulness at nights.

Ranunculus sceleratus 3, three times a day in a week, removed both troubles.

IPECAC.—In an army sergeant aged forty-nine, invalided for aneurism of abdominal aorta and who had been strikingly relieved under homœopathic treatment, each medicine administered for the symptoms present at the time, there occurred while recovering from a catarrhal attack, and no medicine having been given for a week—coldness of the hands and feet not perceptible to himself. Ipecac 200, night and morning, shortly removed this—note in Mat. Med. Pura, under fever—“external coldness and internal heat.”

BAPTISIA.—In a case of typical typhoid in a youth of 17, with the delusion that one of his arms was detached and belonged to some one else, two doses of Baptisia 200 were given, 2 hours apart, during the night. After the second dose he felt as if a load were taken off him and at 11:30 A. M. had

epistaxis with entire relief to headache. Pyrexia less in all ways and he felt more himself than he has been yet. No more medicine required for two days when Bryonia was indicated. Made a good recovery.

AMMON. MUR—SABINA.—A middle-aged gentleman subject at times for the last 2 or 3 years to neuralgia affecting the right parietal region, after extra mental or physical work and relieved by stimulants: *This side of head is warmer than the other.* Ammon. mur. 200, one dose, whenever the pain occurs. Reported: took one powder and it stopped it at once and there now appeared a touch of gout in big toe of right foot which Sabina 200 promptly relieved. Later on a second attack of neuralgia was permanently removed by a second administration of Ammon. mur.

BORAX.—A servant aged 23, subject at the menstrual period to a gnawing pain at the epigastrium, passing downwards; also leucorrhœa after periods, was greatly benefited in 5 days by Borax 200 night and morning, and Borax 31 taken for a week before the next period removed these symptoms entirely and an accompanying palpitation.

MORPHIA.—A young woman aged about 22, neurotic, nervo-sanguine temperament, is subject during menses, which are now on, to a headache in the right parietal region; severe, worse after dinner, with a flushed perspiring face. Morphia acetat 12, every 2 hours soon relieved.

STRAMONIUM.—The wife of an artisan, about 30 years old, reports pain at the very bottom of the back (coccyx?) *as if it were opening.* Stramonium 200, 2gls. to be taken when in pain. Bönninghausen, under "sensations," gives: "sensation of joint being detached or wrenched open;" and compare Mat. Med. Pura, vol. iv, p. 194. Reported: "The medicine acted *at once* on pain at bottom of back, taken at intervals as required."

SULPHURIC ACID.—The same patient reported above as benefited by Gamboge, reports: all pains rise to a height and then suddenly disappear. Pains in thighs during menses. Sulph. Acid 30, one dose, caused return of sensation of many old symptoms. Character of pains changed in a measure.

CALCAREA PHOS.—In a middle aged lymphatic man, inclined to be stout and always very depressed when ill, attacks of weakness with burning all over. Calc. phos. 30, soon relieved.

NICCOLUM.—In a middle aged lady, loose hacking cough, day and evening, and at 9 A. M.: *has to put arms on thighs when coughing.* Niccolum 200, soon cured.

CIMICIFUGA.—In an old woman aged seventy-eight, plethoric; two hard nodules in right breast, one above, the other below the nipple, which was retracted, and accompanied by a *cold feeling in the breasts* objective and subjective. Cimicifuga 200, eight doses, taken in four days, removed the cold feeling and gave general relief for a month.

PHOSPHORIC ACID.—In an elderly woman, chronic dyspepsia, whining temperament; brown bread won't digest, but passes through her unaltered; causes nausea. Phosphoric acid 30, one dose. In ten days reported, very greatly improved in all ways.

OXALIC ACID.—In a middle aged gentleman: sensation during the night of hot water flowing along the rectum, distinct; no stool or flatus followed; after one dose of several globules of Acid Oxalicum 6, taken thirty-six hours before.

AMMONIUM CARB.—In a woman at climaxis, pain on taking hold of anything in the hands and fingers. Deadness at night of hands and fingers. Ammon. carb. 30 *ter die.* In a week very much improved.

SPIGELIA.—The same person, a few months later, can't turn her neck; worse in herself in sultry weather; cardiac fluttering, can't lie on left side; great restlessness of limbs at night. Spigelia 200. In a week, all symptoms greatly relieved.

PHOSPHORUS.—A railway guard, aged about thirty-five, spare habit, fair complexion, after having had sciatica cured by Rhus, complained of *neuralgia on left side of face* from a decayed tooth *relieved by pressure.* The pain is *tearing:* cause, wet feet. Saliva in mouth. One dose of Phosphorus 30 caused an almost immediate aggravation while in my consulting room lasting about fifteen minutes; he then became easier; previous paroxysms had lasted about two hours. He was cured.

NUX VOMICA.—A woman aged fifty, who was subject to headache from thinking, had had a fright and other shocks since, one being the death of a brother on the railway; drank much tea and had had much quinine; now complains of weakness of chest with dyspnoea and loose cough with expectoration.

toration difficult to raise; worse from excitement; flatulence on chest; wakeful in the early hours; sudden faints from emotions with consciousness. One dose of *Nux vomica* 200 relieved cough, headache, sleep and flatulence in five days.

SYMPHYTUM.—An infant of fourteen days had a swelling on posterior edge of base of left scapula; displacement? The mother says it was a cross birth and had to be manipulated a good deal to restore animation when delivered. *Symphytum* 3, one dose. In four days swelling less and less appearance of displacement. No more medicine was needed.

CALCAREA.—Mrs. G——, very stout; used to be very thin; now complains of wheezing at times, worse in damp weather; desire to breathe deeply. Easy perspiration with exercise. Cough with blue, thick, easily raised expectoration, and pain in arms and some other symptoms—received *Calcarea* 200, one dose. In six days, pain in back, breast, arms, all less, also expectoration, and feels better in herself. No further medicine was required.

PULSATILLA.—A young woman. Catarrh with chilliness, thirstlessness, foul yellow tongue, pains in limbs, vomits everything. *Pulsatilla* 200, every three hours. Next day a friend reports: “all right this morning.”

LYCOPodium.—Mrs. H—— Constipation with flatulence in the left hypochondrium and vertigo. Evening aggravations of all symptoms. Headaches at times. Has taken much medicine, allopathic and other. *Lycopodium* 200, one dose, cured, after causing an aggravation during the first week, which she called a cold.

CALCAREA.—A girl of seventeen. Amenorrhœa; five weeks (last time profuse). Has lost flesh (naturally stout). Worse in herself, mornings. Easily fatigued. Rushes to head. Before menses, weary, breast painful, legs swell, constipation, leucorrhœa. *Calcarea* 500, one dose. In nine days reported: feels a “lot better.” Sleep greatly improved. No further medicine required.

HEPAR.—Mr. J.——, a singer in a church choir, states that colds affect notes of voice, upper or lower; likes something light round throat, which is now relaxed, posteriorly (fauces.) Coffee loosens bowels if taken after dinner, and he has exercise. Stools twice a day, usually in the evening. Consti-

pation with hemorrhoids. *Micturition slow in commencing. Larynx sensitive to air.* Hepar 200, one dose. In a week reported: throat cured in two days, slight relapse from extra work (singing) last Sunday. *Micturition almost too free and easy.* Stool still twice a day, costive; no hemorrhoids. Sac. lac.

Nine days later, states: return of slowness on micturition last two or three days; singing power increased; two stools daily, afternoon and evening. Sac. lac.

Ten days later—Slowness of micturition less; stools still twice a day; some return of throat symptoms since damp feet yesterday. Hepar 1m. (F. C.) one dose. In two days, throat dry on waking. Throat gave no further trouble except an occasional dryness, promptly relieved by Belladonna (low).

AMMONIUM CARB.—Miss K—about climacteric period complains, among other things, of discharge occasionally of clear water from both nostrils, sometimes one or other nostril is stopped at night or towards evening. Feels the cold very much. Pain in left hip joint when walking. Ammonium carb. 30, three times a day. In a week, great improvement in symptoms and in herself, and *a smell of ammonia frequently before the nose, a symptom she used to have years ago.*

Amm. carb. 200, given in the same way, diminished this at first, but it then returned and annoyed her at times for another two months, while being treated with Iodine for other symptoms.

SILICEA.—Mrs. L—. Perspiration in sleep, hot the upper half of her body, cold the lower half. Great susceptibility of head to draft. Frequent urging to urinate, worse when standing; small quantities passed for weeks. Silicea 200, one dose.

The next day improved in all respects; the next, all symptoms improving, perspiration nearly gone, urine freer than for months.

Six days later, reports yesterday and the day before frequent diarrhoea, with griping; return of perspiration in sleep last night and night before, yet to-day she feels rather better and inclined to get up. The next day fresh symptoms occurred, calling for a different medicine.

ACONITE—BAPTISIA.—Mrs. L—. Seen in consultation a week after confinement, primipara; natural, but retained

placenta, which the attending physician had torn away. Doing well until day before yesterday, when, probably from chill, there was some pyrexia; now 10 P. M., P. 112; sort of stupid state with *complaint that her right arm will fall off*. She received three doses of Baptisia 200, two hours apart; and next morning report was—all symptoms improved. Delusion gone, p. 100. Felt marked effect from first dose with increase of arm symptoms. Slept some hours. Had beautiful visions. Difficulty still in speaking. Mind acutely sensitive. Told me she thought bad smells from her body might cause fever (she was quite free from odors). In the afternoon told the other doctor she was quite calm, but should be gone within twenty-four hours. We agreed to give two doses of Aconite 30, one at 5:30, the next at 7:30. Calling at 10 P. M., we were told she had had some sleep after the first dose, and was quieter altogether. She made an excellent recovery.

STRAMONIUM.—Mr. R——, a young man, a publican, while taking Aconite 1x for tremor of approaching delirium tremens, with frequent thirst for small quantities, and restlessness, and improving greatly in all respects, went out twice contrary to orders, and was found at home at 9 P. M. with great increase of all symptoms; frantic, requiring two men to hold him, bathed in warm perspiration; seeing all sorts of figures, wanting to trample them down, etc. Conjunctivitis, right eye. Stramonium 4, every half hour. Next morning all symptoms greatly relieved, perspiration gone, he is quiet in bed. A few more doses of Stram. at longer intervals completed a good cure.

EDWARD MAHONEY.

LIVERPOOL, ENGLAND.

BENEFICIAL AGGRAVATIONS.*

Medicinal aggravation may be defined as the increased intensity of existing symptoms following the administration of the most similar remedy, and is easily distinguished from the production of new symptoms by the exhibition of a remedy not exactly similar. I say "easily distinguished," but this should be qualified by the remark that careless observers frequently confound the two. As a rule we seem to learn most from our failures. Some years ago I had to con-

*Trans. I. H. A.

tend with an incurable case of abdominal pain, so violent and agonizing that I could see no other remedy for it but Arsenicum. But this drug instead of relieving added to the existing pain the further suffering of 'burning' which had not been present before. At first I was hopeful that this was an aggravation (properly so-called) and that the result would be beneficial; but I was soon undeceived to my great disappointment. Afterwards when I related the case to Dr. Ad. Lippe he told me the proper remedy should have been Lachesis.

The experience of the best homœopaths has laid down an axiom that immediate benefit resulting from a remedy in a chronic case will not be lasting, whereas if there be a pronounced aggravation the subsequent improvement will be likely to continue for months, for the reason that quick improvement indicates a mere superficial action of the drug, and aggravation shows a grasping power of some depth. This point was brought very clearly to my notice in a recent case of epilepsy of three years standing in a girl of thirteen. Belladonna was very clearly indicated by the symptoms of the attack; one dose of which gave immediate relief which lasted upwards of five weeks. The fits then coming on again I gave Calcarea which brought on an aggravation, the spells being much more severe and more frequent; this lasted two weeks then ceased, and the girl remained without any attack for over three months. As this case is still in progress I can not say whether I shall succeed in making a complete cure or not, especially as the rest of the family are intensely psoric, the father having died of cancer.

In chronic skin eruptions it is always wise to warn the patient before hand that the first effect of the remedy will be to cause an increase of the surface trouble, and just in proportion to the intensity and duration of the aggravation will be the likelihood of a quick and permanent cure, for the reason that the internal psoric condition must exhaust itself completely through the skin before a cure can possibly result.

A recent case of congestion of the lungs may be of interest. Two years ago the lady, then aged 41, had a severe chill which suppressed the menses and brought on congestion. The allopaths did their best for eighteen months to put her out of the way, labelling the trouble "asthma" and "con-

sumption." She got Sulphur to begin with and made very rapid and satisfactory improvement; but four weeks afterwards, exactly to the day, she was congested again with some new feature, showing the climacteric change at work upon her. It was now a clear Lachesis case, which was given in water, 3 or 4 doses of the cm. during a half hour. It was not all taken before aggravation began, and for four or five hours it seemed as if she could hardly live through it, but little by little she recovered and remained without any medicine for 40 days, when she got another dose of Lachesis 2 m. She recognized the remedy a few minutes after taking it!

Case still in progress. D. C. McLAREN.

OTTAWA, CAN.

SYCOSIS HAHNEMANNII.*

Hahnemann estimated that seven-eighths of all chronic diseases arise from psora and the other eighth from syphilis and sycosis. It is evident that the far greater part of these are from the former, so that diseases arising from suppressed fig warts must be rare. Most of the observing physicians, I venture to say, are of the same opinion; owing to this rarity, we seldom have the opportunity of verifying his views as applied to sycosis. Therefore I think it may be instructive, if I report a case which occurred to me.

February 17, 1890, I was called to see Mr. ——. He is about fifty-five, has always been delicate and has had several attacks like the present, but less severe. He served in the army during the war, but was discharged on account of chronic diarrhoea, and since then his bowels have always been slightly inclined to looseness; has had asthma occasionally, or, more strictly, in certain localities he has it, since boyhood.

He called me on account of hæmorrhage from the glans penis. I found what looked like a small abrasion on the upper portion near the corona. From the description he gave of its first appearance, I pronounced it herpes progenerialis. The hæmorrhage had been very profuse, although it came from such an insignificant looking lesion. I gave Sulphur 200, which appeared to materially lessen the bleed-

*Trans. I. H. A.

ing, but did not stop it. I made several changes, giving also *Apis*, *Rhus* and other remedies till

April 3.—There has been no material benefit and in addition to the abrasion, a glandular swelling, in the left inguinal region, had appeared, which had now reached the size and shape (as my patient expressed it) of a mouse. I told him that there was something about his case which I had not learned, and proceeded to examine him *de novo*. He said that before the war he had had warts (*condylomata*) on his penis. He had no appetite and an extreme aversion to meat. The pain in the glans at the point affected was as if there was a splinter in the sore.

On the symptoms and his history I administered Nitric acid 500 (the anti-sycotic, that is second only to *Thuja*) in water, to take four teaspoonfuls, then to be followed by placebo. Improvement set in immediately and proceeded rapidly; without any repetition or change of the remedy. In three weeks he was well, barring weakness.

I forgot to say that the fig warts had been removed by instruments. I firmly believe that the sycotic miasm, or virus, had been deteriorating his health all those thirty years, and by the indicated remedy was so soon rendered innocuous. Hahnemann's services to mankind consist in other things besides the discovery and formulation of the law of the Similars. The psoric theory was a discovery of transcendental value, and notwithstanding many of his professed followers have discarded it, the more advanced minds of the old school are taking it up and utilizing it by forbidding the suppression of disease manifestations by external applications.

A. MCNEIL.

SAN FRANCISCO, CAL.

CLINICS.*

CASE I.—*Arsenicum*.—Miss L. K——, aged sixteen, very pale, brown hair, blue eyes. Has never menstruated regularly, and is very frail. Was taken very suddenly ill, about 2 o'clock in the morning, with a severe pain in the region of the heart. The pains were excruciating, causing her to cry out with every breath. Then pains began to appear in the extremities in different parts, but mostly in lower extremities. In

*Trans. I. H. A.

spite of the best prescribing I could do, the case progressed from bad to worse until the following condition was present, viz: Great dyspnœa; could not lie down at all. Violent beating of the heart, shaking visibly the walls of chest. With first beat of heart very loud bellows sound. Waxy paleness of skin. Feet œdematously swollen up to knees. Great restlessness, wants to be moved from place to place. Great thirst for small quantities at a time. Pulse 110 to 120.

Arsenicum 30th, four doses of a watery solution (a teaspoonful dose) one hour apart, then waited. Immediate improvement which continued until the dyspnœa, swelling in feet, restlessness, and in short all the above symptoms, except the blowing sound of the heart (while it was very much modified) were removed; and this last was so far removed under a dose of *Spigelia em.* that it was hardly perceptible. The patient was out in an incredibly short time riding her bicycle all over the village. A single dose a week before menses were due of Puls. mm. and the menstrual flow came normally.

CASE II.—*Arsenicum*.—Mrs. M. J.—, aged forty-five, dark hair, skin and eyes. Stout. Subject to attacks of sick headache for years. Was taken suddenly with very violent pains in right side, running through, beneath right shoulder. These rheumatic pains, with redness and swelling attacked hands, hips, knees and feet, about in the order mentioned. The pains were very severe, worse at night; and accompanied with profuse sweating which did not relieve. Hot applications to the affected parts partially relieved. Great thirst for small quantities of water; pains greatly < on least motion. *Bryonia* and *Mercury* did not do much for her, and she continued to grow worse until she presented the following picture:

Could not lie down on account of dyspnœa. Respiration 35 to 40, pulse 120 and upwards. Great restlessness, having to be lifted from bed to chair and vice versa, every hour. Great œdema of lower limbs, pitting deeply on pressure. Heart sounds very faint, evidently on account of hydro-thorax. Abdomen greatly bloated; urine almost nothing. The first marked relief she got was from *Arsenicum 30* administered as in the preceding case. Under the action of this remedy, she continued to slowly improve without a repetition of the

remedy, for several weeks; the pain in right side of chest being the last to leave, and this not until after the exhibition of a few doses of *Chelidonium* 30. This case is now quite well and came to the office to see me. She still has some rheumatic pains in different parts. Her parents before her were chronic rheumatics, and on that account I expect it will take a long time to entirely cure her of her tendency to it.

CASE III.—*Pulsatilla*.—Mr. J. E——, aged 50, has been under allopathic treatment for several weeks for inflammatory rheumatism. Don't know what remedies he had been taking. He recovered so far as to be able to get out and walk around with a cane. Then he had a severe relapse and fell into my hands. Joints of hands, feet, knees, back, shoulders, nape of neck and even chest were involved in the case. The pains, redness and swelling traveled from place to place. The tongue was thickly coated yellowish white, and the breath terribly offensive. Considerable sweating, which did not relieve. On account of the migratory pains and the fact that they traveled cross-wise, on alternate days, I gave *Lac. can.* No relief followed. Then I tried *Puls.* 30th, with no better success. Then, on account of the sweat without relief, *Merc.* was prescribed, and still no relief. Great restlessness now supervened, wants continually to change position, with momentary relief. *Rhus*; no good. Carefully reviewed the case and found more symptoms covered by *Puls.* than anything else. But *Puls.* 30 had been given and failed. What can one do? Try another *power*. Gave *Johnstone's em.* in solution once in two hours for twelve hours, then wait. First twenty-four hours <; next twenty-four hours great relief and improvement, which continued until he was able to get out and attend to his business.

CASE IV.—Mrs. M. F. McF——, aged 45, stout, dark hair, blue eyes, has been unable to lie in bed nights on account of great pains in both forearms. This has been going on for about three weeks, and she looks pale and worn; says she can not stand it much longer. Says also that the only way she can be the least relieved is by getting right out of bed and walking slowly about the room. *Ferrum* 1000th (B & T) enabled her to rest quietly the first night, and she has never had a return of the trouble now two years since.

REMARKS.

These cases are not given because to this society there is anything remarkable about them. Every one of us is having successes of this kind every year and month of the year. The first two, or Arsenicum cases, were very desperate cases of a disease in which this remedy is not very often used, but the *symptoms* in both were very alike, and indicated it; and it cured, as the homœopathic remedy *must*, no matter what the *name* of the disease, or whether it had *ever* been given before or not.

CASE III shows the folly of forsaking the right remedy because the trial of it in the 30th (or any other) potency does not cure. If the high doses do not cure, go lower, or *vice versa*. No one potency is adapted to *all* cases.

CASE IV is *another proof* added to the fact that the *metals* do act *even* in the high potencies, notwithstanding so much has been said and written to disprove it.

E. B. NASH.

CORTLAND, N. Y.

ERYSIPELAS.*

Recently there has fallen to my lot a case which presented some unusual conditions; symptoms of directly opposite character upon opposite sides of the body, but which yielded promptly after the selection of the proper remedy.

Mrs. M—, aged about sixty-five, for many years has been subject to attacks of erysipelas, nearly always in the same localities, but previously she had been troubled with tonsillitis, for both of which she had received good old-fashioned "regular" treatment. From three to four weeks she was "laid up" and for weeks afterward was not strong. About four years ago I attended her during one of these attacks of erysipelas, but did not consider that I had done any very brilliant work in the case, though she seemed much pleased with the result because, though lasting three weeks, she had not suffered as much, had not been heavily dosed nor subjected to the inconvenience of external applications, and when the local symptoms were gone she did not feel as much prostrated as formerly.

And now there has been an interim of four years against

*Trans. I. H. A.

the former almost yearly attacks. It is possible that this last attack had an outcropping a week before I saw her, as her husband came to me with a description of her sore throat. He did not think it necessary for me to see her, and as he gave a good picture of Mercury I sent that remedy in the 30th potency.

The effect was good, for in twenty-four hours she felt all right.

May 25th.—I was called to see her, the following symptoms presenting: There was a red spot covering the point of the left elbow, extending half way around the arm and upward and downward about two inches. Upon the outer part of the left forearm another red spot about the size of a half dollar; upon the wrist another; on the leg and ankle other small spots. These were all of a phlegmonous character, very hot and extremely tender to the touch, but not especially painful on motion. Upon the right side at the wrist a small spot very red, with a line of red extending up the arm about two inches, one of the fingers at the metacarpal joint was slightly red and swollen. The right knee was like affected. These points were not as hot nor were they phlegmonous, but were more sensitive than upon the other side and the least motion caused great pain. This side she kept uncovered because heat aggravated it, but the left side was carefully wrapped in flannel because heat made it better. Motion aggravated all the pains. She was very thirsty; wanted large quantities of water. Thinking Bryonia was best indicated I gave it in the 200th potency.

The following day there was a slight amelioration of the right side symptoms, but the left side was decidedly worse; phlegmonous spots larger and more of them. No change of remedy.

Third day.—Right side better as far as the rheumatic character of the pains was concerned, but phlegmonous spots had appeared here also, and nearly the whole of the left arm was covered. There was no vesicular appearance at any point. The right side still uncovered, while the left demanded all the heat it could get. She felt somewhat restless, but could not move because it increased pain. I may not have previously looked at the tongue, but to-day I did, and found it heavily coated, except a triangle at the tip, the base being at the end of the tongue and the point inward.

This triangle was very dark red, quite dry, while the rest of the tongue did not look dry.

This condition of tongue I have always associated with Rhus and Sulphur. Taking into consideration the other symptoms, it was an easy matter to decide between the two, and Rhus 200th was given.

Fourth day.—As I entered the room my patient greeted me with a smile, and held out her left hand as if to shake hands, but withdrew it and extended the right. Words were not needed to define her actions, but she used them freely to express her feelings of satisfaction. The phlegmonous condition had very greatly disappeared, the surface less red, scarcely any heat, did not need one side covered more than the other, had slept well all night, and now asked what she could have to eat. Remedy, Sac. lac.

Fifth day.—As far as my professional services were concerned there was no necessity for my visit, scarcely a vestige of the late trouble being present.

COMMENTS.

Possibly the earlier inspection of the tongue might have saved the patient a couple of days suffering, because it was the red tip which caused a change in prescription, but I am not prepared to say positively that I did not see it at an earlier stage, because it is such a natural thing to ask to see the tongue.

According to Allen's Symptom Register there are a number of remedies having redness of the tip of the tongue, prominently noted being Arg. n., Ars., Phyt. and Rhus, but he does not include Sulph.

Many observations have fixed upon my memory the well defined *triangle* as belonging to Rhus and Sulphur, because other symptoms had so clearly indicated one or the other when that triangle was present, the most clearly marked triangle demanding Rhus. This decided contradiction between the two sides was peculiar. Was the first remedy a mistake? It was chosen to combat what appeared to be the most distressing symptoms; that it had some effect seemed evident.

Bryonia and Rhus being complimentary to so great an extent, it often happens in my experience that when one has been given the other may be needed to complete the cure.

A CASE OF SYPHILIS.*

I cite the following case of venereal infection, with the hope of further fortifying my belief in the possibility of prompt and radical cure in such cases, avoiding the long train of troubles that commonly follow when managed by villainous modes of treatment other than purely homœopathic.

My earliest knowledge of the present case dates to within ten days of first exposure, up to which time no topical or remedial measures of any kind had been used, and there is the best reason to suppose that no similar infection had ever taken place.

The first inspection disclosed an œdematous prepuce, rather firmly closed in front of the glans—permitting a painful and difficult retraction which discovered three large and deep chancres the size of half a common soup bean—one on either side the frænum, a third behind the glans on side to left, extending midway round the glans. The ulcers were eroding rapidly on the edges, their bottoms appeared dark, granular and dry. Induration, in and around the sores, seemed to threaten the parts with rupture at each retraction of the foreskin; the slightest manipulation was extremely painful. Merc. sol. 6 m. was given, five doses, and a light pledget of cambric muslin, moistened with milk and water, was closed in by the prepuce over the sores, and renewed as required. The medicine being allowed to act for three days, a second examination revealed the margin of the foreskin, knotted with numerous small chancres, similar in quality to those on the glans, at the same time those beneath had so deeply eroded that half the glans seemed destroyed from below and behind, leaving simply the urethral channel intact.

The horrible gap evidently severed the confining hold of the prepuce, since it had retracted beyond the remainder of the glans in a vice like and most discouraging manner. The conditions of the case now reviewed with great earnestness presented the following points:

Patient æt 20, slender in stature, of good flesh, ruddy and robust appearance, inheriting no dyscrasia. Sores deep, hard, of dark reddish color, rapidly extending; burning, pricking and itching in them; stiff feeling of whole penis to its root; not very copious discharge of strong looking urine,

*Trans. I. H. A.

containing mucus, giving it a ropy look. Tired aching in renal region, and absence of any sexual instinct whatever. This last, with the deep, corroding chancres, decided for Kali bi. cm., of which 3 doses were given dry. Signs of improvement became evident 24 hours later, and medicine withheld while improvement lasted. Granulations established steadily and continued rapidly during fourteen days, when the healing process had so nearly restored the destroyed parts, that little of it could have been noticed. In a little more than three weeks from the first observance of the chancre, this had taken place.

If the priapism, usual to such a state of affairs, had prevailed in this case, remedial measures might possibly have failed to preserve the penis intact. The coincidence of deep and rapidly rodent ulcers, with such lack of sexual power, as here co-existed, brought Kali bi. to the rescue, with just the force that similia, and *it* only, can exert, and preserved the organ.

Now, for a short period, the restoration *appeared* quite complete, and so it might have been had the sexual power, recently dormant, thus remained. But erections amounting to priapism supervened, causing phymosis to occur, subjecting the well nigh perfect parts to great danger from sloughing, through strangulation. Around the frænum, the prepuce became œdematous, and the size of a large goose egg, and extended without delay to the pubis, giving the penis the appearance of a filled shot bag, constricted at three points as by the finest cord, forming three separate sacs, as it were, within the outmost of which was contained somewhere the glans penis, its presence only indicated by the thin purulent discharge which exuded from the surrounding œdematous folds.

A good deal of uneasiness was caused by jerking in the penis, particularly if the patient fell into a doze.

Merc. cor. first given when the phymosis occurred, having brought no relief, this jerking, in combination with the œdema, and the itching, pricking and burning about the seat of discharge caused me to choose Cinnabaris 500; three doses were given, followed by placebo for a day. This put a damper on this luminous state; by the next examination in four days the swelling was enough reduced to permit a

thorough view of the remains of the chancres, and they presented the best evidence of having borne the stress in a creditable manner; but slight marks of the deep erosions remained.

Yet a few days later a difficulty was encountered in the left eye. It became injected and swollen, with a very sore spot, above the limit, at the upper edge of the cornea, described as a swelling, protruding and pricking the upper lid; on everting it a red swelling was noticed from which vascular rays radiated, thickening the coating of the eye, and obscuring the upper portion of the cornea.

Stitching pains were felt as if penetrating the inner canthus into the eyeball, and causing floods of tears, with inability to open the eye or to bear the slightest degree of light. There was also much general smarting, pricking and burning in and around the eye. The cornea became obscured and vision lost.

I observed the pupil fixed and distorted in shape, having a sort of quadrangular form. That these symptoms foreshadowed not only an ulcer, a secondary chancre on the cornea, but also iritis, I was fully aware, and that they demanded prompt relief if the eye was to be saved. Yet this demand had been momentarily sacrificed at the first outbreak of the pain and lacrymation, by the hasty administration of Crocus. A careful review of the symptoms from first to last completed a picture of Clematis which would be difficult to mistake. It gives:

“Stitches in left inner canthus as from a pointed instrument.”

“Pressure in the middle of the left eyeball.”

“Reddened conjunctiva; smarting, burning eyes, sensitive to light and extreme lacrymation and fear to open the eyes.”

Clematis 200 repeated three times and its effects allowed to develop a few hours, made short work with this iritis. The patient, a man with rather sanguine anticipations, reported himself for duty in a week's time from the giving of Clematis. This haste was of course discouraged, but the eye regained both normal vision and appearance in two weeks.

From this time forward, but a single phase of abnormal action has demanded remedial aid. The secondary eruption occurred of brown spots on face, chest and arms, and scaly

patches on elbows. These not deterring the patient from duty, have been thoroughly removed by an occasional dose of Nit. ac. 5 m. administered at long intervals. The duration of this treatment did not exceed seven weeks. I desire the assurance, if I may receive it, from those willing and capable of giving it (for my experience in this line is not extensive), if I may expect that this patient will be exempt hereafter from revivals of his complaint from the recent infection, it now being more than seven months since the last symptom disappeared or any fresh ones have been developed.

MAHLON PRESTON.

CHESTER, PA.

VERIFICATIONS.*

CASE I.—MENINGITIS: *Belladonna*.—I was treating a lady when she told me that her baby was sick. I thought from the symptoms that it was a *Belladonna* case and I gave it a dose of the 4 m.

April 3d.—Child getting worse, restless and has a fever, rolling its head; gave it *Belladonna* cm. (Sk.)

April 4th.—Head drawn back and rolls it from side to side; gave it a dose of *Hellebore* 33 m.

April 5th.—Messenger called in the night; said "if I did not do something for that child it would die." At 9 P. M. no better. Child still rolls its head and at every little noise it jumps and starts in its sleep. I gave a dose of *Belladonna* 4 cm. (F.) in a half glass of water, with instructions to give it a teaspoonful every half hour till better or worse; in either case stop.

The child did not get any easier till three o'clock, then it went to sleep, and was sleeping when I came; they had not given any more medicine since it went to sleep, and it did not need any more as it rapidly improved.

This case is instructive in that it shows that the 4 m. was not the simillimum, neither was the cm.; but the 4 cm. in water, after the other two potencies had failed as flatly as any thing could, was the true simillimum. The remedy suited the case.

This was one of the late Dr. Lippe's potencies made by Fincke, and it proves to my mind that there is something in the 4 cm. Had I had this case in my early practice, I

*Trans. I. H. A.

would have lost it, because I would have blamed the 3d or 200th, and instead of going higher I would, like the most of our prescribers of to-day, have gone lower and killed my patient. Massive doses of Belladonna were not needed, as it proved that it required just the 4 cm. to restore its equilibrium to that of health.

This case would never have gotten well of itself, and is just as hard a case to control as a case of pernicious fever or congestive chill. It shows too, that we can't tell what strength of medicine is going to suit the individual case in hand until it has been tried and found faithful. It will always do the work when found.

CASE II.—PSORINUM.—Mr. H.— has a skin trouble on his face at times; it commences to itch, burn and swell; gets red and the skin becomes thickened; it affects his whole face. This he has had for two years or more. Remedies only seem to palliate. He seemed to be cured with Apis and also with Arsenicum, but the disease came back again. He got discouraged, and went to treating it himself; bought all the salves on the market, and had given them a thorough trial; they relieved for a time only. He now thought that he would try the Springs, and went to the mineral wells and stayed there for a while, but grew rapidly worse and came home again. I was called again and found the face badly swollen and the eyes closed from swelling; large blisters, I call them, filled with pus, over the eyes and cheeks; he had not opened his eyes for several days; they were stiff and sore. I felt as if this was my last chance. His wife was keeping cloths wet in cold water on his face; this was all the relief he could get. This made me think of Apis, Alumina, Pulsatilla, Psorinum, Sulphur. I thought that I would put him on Psorinum 42 m., one dose, and Sac. lac. It commenced to improve at once; in about four weeks he had a relapse. I sent him another dose and he has remained well to date—now for over a year.

CASE III.—ASTIGMATISM: *Phosphoric Acid*.—Mrs.—, aged 44, had an attack of weakness of vision. This was worse from sewing or reading; any fine work brought on the tired feeling in the eyes. The jeweler prescribed a pair of glasses, but they did no good; there was blurred vision on looking at fine work, and in reading the letters would run together. This condition

was relieved by looking off for a moment; then she could see for a short time till the eyes would become tired again, and the same blurred condition would return. I found this under Phosphoric Acid and cm. (Fincke), a few doses cured it in a few days. There was perceptible improvement from the first dose.

CASE IV.—OPHTHALMIA: *Sanicula*.—Master M.— called at the office to have me treat his eyes. The right one was sore for a few days, was swollen and very red; he could not keep it open at all.

There was a discharge in the morning, agglutinating the lids, that had to be washed off; there was nothing characteristic about the case; the pain was worse at night; his mother said that he cried and seemed worse at night.

The aggravation came on in the evening like *Pulsatilla*. One dose of *Sanicula* 10 m. (Sk.) cured him.

CASE V.—ULCERATION OF THE CORNEA: *Sanicula*.—Mr. B— came to me from the country with a sore eye. There was an ulcer of the cornea over the pupil with great intolerance of light; lachrymation in the wind, in cool air, or from anything cool applied externally. The pain was worse towards evening; cold, clammy feet. He was cured with *Sanicula* 50 m. (Sk.) in a few days.

Sanicula has given me good results. It is like *Apis*, *Pulsatilla* and *Mercury*. You will think of those remedies when the *Sanicula* patients relate their symptoms in diseases of the eye.

CASE VI.—ASTHMA: *Bryonia*.—Mrs. B— came to the office for treatment for asthma. She has had it for seven years, and had taken all the remedies for asthma that are generally kept in the drug stores. They only relieved temporarily. Her husband gave the following symptoms: She was always worse when doing her work; was always better at night (or when she could keep quiet); motion < her condition. I gave her *Bryonia* cm. and she was cured.

Has never had a relapse, now over a year since the cure.

CASE VII.—RHEUMATISM: *Lycopodium*.—Mr. H—, aged twenty-six, came here from one of the Eastern states for his health. He had been sick all winter, with hæmorrhage of the lungs; was now attacked with inflammatory rheumatism. The disease commenced in the feet and passed upward, until

it had invaded every joint in his body. Kept moving all the time, attacking one joint and leaving it, then after awhile coming back to the same one again. The allopathic doctor he had could do nothing for him; that is the way I came to get the case. His urine was very cloudy, and there was an abundance of red sand, some rumbling in the bowels, but he had no fulness after eating, as one would expect. I had tried several remedies with no benefit. I thought I now had the remedy, so gave him *Lycopodium* 30 m., and his rheumatism vanished like the dew before the sun, and when he left here there was no rheumatism; also, he was greatly improved in his lung trouble.

CASE VIII.—INFLAMMATORY RHEUMATISM: *Rhus*.—Mrs. — suffered with acute rheumatism; an allopath had been dosing her for two weeks on Morphine, and all the hypnotics. When he found out that the money was not forthcoming (which is a very important thing), he quit the case. She had a very high fever with circumscribed redness of the cheeks, a temperature of 103, pulse 120; was very restless, and much worse at night; had to change her position often; she could get a little rest after being moved, which afforded her a little ease.

March 1st.—I found the patient sleeping on my visit this morning, she rested much better last night. Temperature 101, pulse 100; she was feeling much better, gave her *Sac. lac.* every hour.

March 2d.—Feels better, temperature 98½, pulse 72. Swelling nearly all gone, can feed herself now, rests well at night; continued the *Sac. lac.*

March 4th.—I found the patient convalescent and discharged her cured; one dose of the proper remedy, *Rhus. cm.* (Sk.), did the work.

CASE IX.—BRONCHITIS: *Lycopodium*.—Mr. W. A.—, sick with bronchitis; had an allopath to attend him for the first two weeks, and was growing worse all the time; some of the neighbors influenced them to try Homeopathy, and they did.

I found him with a very bad cough, expectorating yellow mucus. I thought that he was expectorating about as much as a case with consumption; in fact there was a tendency that way, if he was not already in that condition. He had

marked fan-like motion of the *alæ nasi*, worse towards evening; fulness after eating; despondent, thought he would never get well. I cured him beautifully with *Lycopodium* 30 m., in a few days.

CASE X.—RENAL COLIC: *Nux.*—Mr. —, visiting here, was taken with a pain in the region of the right kidney, passing down to the region of the bladder. It came on in paroxysms of about every five minutes; he would twist and turn in all directions to get a little ease. It being on the right side and they thought there was a sandy sediment in the urine, but of this there was no positive proof. I gave *Belladonna* cm.; then after waiting long enough, with no change, *Lycopodium* 30 m. with no results. He now, after interrogatories, says that with each pain there is a feeling as though the bowels wanted to act but did not. *Nux* cm. cured him at once. While I was gone to the country he passed two small gravel stones which cleared up the diagnosis, but which did not help me one iota in finding the remedy to cure him of the pain. But for the sake of irregular science we will give the baby a name.

CASE XI.—FEVER: *Rhus.*—Mr. P—, aged 87, contracted a fever, and it ran on for several days, till it took a turn for the worse. One of the daughters was taken to his house one evening by a livery man, who found the old man so bad that he stayed all night to assist them. A messenger came for medicine. I had been giving him *Rhus* cm., but he was very bad, and they thought he would not live till morning. I sent him *Rhus* mm. (F.), to be put in water, a teaspoonful every half hour till he was better, then stop. He was in the following condition: Great restlessness, could not lie but a moment in one position without being moved; was delirious, carpolgia, tongue was dry as a chip and cracked.

The man that had stayed there said that an hour before I came he had no pulse; at this time the pulse was 140, but getting stronger. I stopped the medicine and put him on *Sac. lac.* In the course of a week he was out of danger and made a good recovery. The livery man said he did not know what kind of water I was giving him, but one thing he did know was, that it acted well on his heart, as he had no pulse.

CASE XII.—WASP STING: *Apis.*—A boy, driving a delivery wagon, called to show me his hand had been stung by a wasp.

His hand was swollen and his arm was beginning to swell; he complained of it paining him, a burning, stinging sensation. He had a high fever, but was not thirsty. I wrapped his arm and hand in a wet towel of cold water, which gave him some relief. One dose of *Apis* cm. cured him of the swelling and the fever by the next day.

CASE III.—POISONING: *Rhus*.—Last summer a man living on the Brazos came to the office with a swelled neck. It was one mass of watery vesicles, and his neck was sore and stiff. He said that he had been working where there was poison oak; he was very susceptible to it. He was restless, he could not keep still; he came on horseback; as long as the horse was going at full speed he was better; let him get quiet and the nervousness would begin, and he felt that he must get up and commence knocking around again. One dose of *Rhus* cm. cured him at once.

CASE XIV.—FRACTURE OF THE LOWER THIRD OF THE FEMUR: *Calcareo phos*.—Mr. J—, aged 56, became entangled in a rope with which he was leading a horse. The rope was around the left leg. He thought that if the animal should jump, it might break his leg, so he tried to get out of the tangle, and threw his weight on that leg, and it gave a sudden “pop,” as he called it.

I put on a temporary dressing with splints from the perineum to the knee, extending all around the leg. The legs were then of the same length. I then put on an extension of about fourteen pounds; in about three weeks I put on a plaster cast.

On my next visit I found him very restless and he says, “Now give me a big dose of morphine.”

He became very uneasy from lying on his back and had to twist and turn all he could to get a little rest. I gave him *Rhus* cm., and he needed no morphine.

Taking the case altogether, the brittleness of the bones and his old age, I feared some trouble in obtaining the union. I gave him a dose of *Cal. phos*.

He behaved very badly; he would loosen the dressing, take off the extensions, and he tore the cast off the next morning. I then refused to have any more to do with him; if he was foolish enough to take this responsibility upon himself, he should do so without my assistance.

There is only one thing for which I report this case; viz., to show what Homœopathy can do for a broken bone under disadvantages.

REMARKS.—This man recovered with a shortening of only about one-half inch, while an allopathic surgeon had a case at the same time, broken a little higher up, and the patient on crutches, now about eight months, with a shortening of two and one-half inches. Would not a few doses of Cal. phos. have effected a more rapid union?

CASE XV.—HYSTEROID EPILEPSY: *Belladonna*. — Mrs. Y— was taken with spasms. They came for me but I was engaged. Two allopaths were called, and they had a terrible fight for about a week. They exhausted chloroform, morphine, bromide of potash, and all the latest things in the *Materia Medica*, and all to no purpose. The family became tired of this guessing business and I was now called. I found her very nervous; could not have any one talk loud in the room, nor make the least noise; The room was darkened; she was jumping in sleep; aggravation in the afternoon.

Belladonna cm. cured case promptly.

CASE XVI.—SANICULA.—Mrs. —, mother of two children, has been in poor health for a number of years. She is a tall, slim woman, has the appearance of an anemic person. Is suffering with what *she* calls bladder trouble; has to urinate too often and too profusely; has to get up at night two or three times to urinate, urine is clear and pale in color, also has a leucorrhœa that is profuse, changeable in color, at times is milky then yellow, < at, or during stool. Weak and prostrated, rumbling in the bowels before meals, feels better after eating and when the stomach is full. Hands cold and clammy; she said that feet were the same, especially in cold weather; stockings were always damp. Two doses of *Sanicula* 10 m. and then 50 m. She was cured of all the trouble.

CASE XVII.—SANICULA.—Mrs. —, aged thirty-eight, has been a great sufferer for many years with asthma.

I think that she was the worst case I ever saw. She had been treated by two pseudo homœopaths with the “indicated” remedy and “electricity,” and she grew worse all the time. It was my misfortune to get control of the case. She looked like a woman in the second stage of consumption; had not had her menses for six months, was poor in flesh and

weak, unable to do her work. I treated the case the best I could for six months from the totality, but I could only see palliation. The husband thought that she was improving, but it was imperceptible to me.

The symptoms that I prescribed for were: Asthmatic breathing, mouth open, rising and falling of the larynx (Ant. t., Lyc.), arms elevated on top of a chair (Caust.), labored breathing, wheezing and coughing, and trying to belch, which gave momentary relief (Nux).

These paroxysms would last some times all night or all day. A severe attack of coughing with expectoration would relieve; she could not move around, had to keep perfectly still, made her worse to move (Bry.); her hands were cold, her feet were clammy and cold as ice, she could not keep them warm; rumblings and gurgling all through the abdomen; she gets so very hungry before meals, especially before dinner; she felt so much better on a full stomach (Anac. Chel. Hep. Graph. Phos. Sep. Sulf. Staph.).

I gave her *Sanicula* from the 10 m. to the dmm., and it helped her more than all the remedies that I had given her. In fact it was the only one that I could see had relieved her. Her appetite improved and she gained in flesh. She is not cured, but she is so much better, that this great remedy ought not to be forgotten. I believe it will ultimately make a cure. She goes now for months without the medicine.

CASE XVIII.—*SANICULA*.—Mr.— had lagrippe, followed by neuralgia. I was mixed up in a case of obstetrics, and in my absence he thought he would play smash and take Antipyrin and be cured by the time I got home. It palliated the disease for a few days and then it would not work any more.

He took a relapse and sent for an allopath, and he dosed him well on calomel and all the things they have to keep a person sick a long while; he got so he could sit up, and he took a trip to an adjoining city. While he was making the trip, the cars jolted him so he thought he would have to get off the train and go to a hotel. He wrote to his wife to send him something from me. I sent him *Bryonia*, and in a few weeks he returned home and I had him for a patient as soon as he landed. He had lost thirty pounds since he took the regular(?) medicine.

He was eating but very little food, as it distressed him

so, and all kinds of food disagreed with him. He had been trying to diet himself, but his case did not mend on *medicatrix natura*, and he needed some from some other source.

He complained of great soreness through the stomach and hepatic region; there was some enlargement of the liver, and great tenderness to pressure and jar. He could not laugh without pressure against his stomach and bowels. He felt the best when the stomach was full, and worse when empty.

I gave *Sanicula* 10 m., and he commenced to mend at once, and kept on till he was restored to perfect health; he had debilitating night sweats as soon as he fell asleep. I think I gave him a dose or two of the 50 m. I thought I was going to have a tough case, but he was very easily cured. See the proving in transactions of I. H. A., 1887.

CASE XIX.—*CHIONANTHUS*.—Mrs. W —, four months pregnant, slow fever, few guiding symptoms. The fever would go down in the morning, and rise in the afternoon each day. All the usual remedies were used and the fever kept on. I was satisfied that if I did not break that fever before long that she would abort and go the usual way of such cases. She had a pretty good appetite all the time, but I did not let her have anything but liquid food to eat. I gave one dose of *Chionanthus* 13 m. (*Santee*), and I found all the fever gone the next morning.

CASE XX.—*NEURASTHENIA: Chionanthus*.—Rev. Mr. Mc— came to me for a perspiration with which he had been troubled all summer; he had tried all the usual tonics in the shops without any benefit. He came to me because he could not help himself.

Complained of great weakness in his arms and legs; was much prostrated after preaching; his mind ran on his sermon, and this he kept up all night and could not sleep on this account.

He was stupid and drowsy all the time, had a poor appetite and all the food he ate distressed him.

I gave him a dose of *Chionanthus* 5m. made on the *Santee Gravity Potentizer*. He was speedily cured.

CASE XXI.—*CHIONANTHUS*.—Mrs. S —, a woman who has worked very hard for years, attending to her household duties, is constantly fatigued, and when one of these over-

worked days are done she is sure to have a spell of tired, all gone feeling come over her. She feels the next day as though she could not do another stroke or attend to the duties devolving upon her. With this malaise, she has a little fever with drowsiness—the temperature will be perhaps 99 or 99½—and an aching all over her body, in the bones, with a disposition to lie down and keep quiet.

There is loss of appetite, and a bad taste in her mouth, tongue coated white.

This case had had these spells all summer, off and on.

Baptisia would stop them, but they returned just the same, from overwork.

Chionanthus cured this case permanently. I used it in 7th and 10th potencies, the highest I had, which acted well.

CASE XXII.—BAPTISIA.—Aching and a numb feeling in the brain, worse on vertex. The brain feels as if it was going to sleep; a sensation as if there was a weight pressing on top of the head.

A burning feeling all over the body, and a sensation as if she was swelling; the hands and feet and the whole body, even the tongue feels as if it was swelled; this causes a feeling as if she would smother, and she craves fresh air and must have it; she thinks that she has heart disease; the next day she is so stupid that she wants to sleep all the time; she can not collect her thoughts; has to rub her head to collect her thoughts so she can express herself. G. W. SHERBINO.

ABILENE, TEX.

PRURIGO: SULPHUR.*

Mrs. S—, a married woman of fifty years of age, of light complexion, blue eyes, light auburn hair, a nervous sort of body—complained for nearly six months, as follows:

Frequent micturition day and night. Urine passed in small quantities—about a large spoonful at once—with urgency before, pain, smarting, burning, scalding, after each passage.

There was a sensation of pressure upon the bladder, also.

The above were all the symptoms she gave, all I could get, at the time.

The above condition was distressing and kept her from church, and social gatherings.

*Trans. I. H. A.

Without any comparison of remedies for such condition, I gave *Cantharis* 200, which gave some relief, but only that.

At the third call, I questioned her more closely, and found she had, in addition to the foregoing symptoms, the following:

Had much prurigo of labia, groins, upper part of thighs; the itching being so intense she wore out her clothing rubbing and scratching the parts.

The labia, vestibulum, meatus urinarius, and ostium vaginae, together with the adjacent skin, were inflamed, and the labia majora dry and cracked. All these areas were subject to attacks of intense itching, burning, and smarting after scratching, daily.

She was subject to frequent flushes of heat with redness of face, followed by slight perspiration.

Got chilly easily, and as easily got warm.

Heat and work aggravated her symptoms.

Had considerable thirst, and less hunger.

Often had burning heat of feet both day and night, worse nights.

She had used all sorts of medicines, salves and ointments, hot and cold water, but only to repel the local irritation from time to time: This was what had been done, just prior to the time she first called on me, and this accounted for the paucity of symptoms given at first and second call.

On the basis of the last symptoms, I gave her *Sulphur* 500, three doses, and a subsequent prescription of *Sac. lac.* At the end of a week she was materially better, and from that time to this she had no more trouble.

The *Sulphur* was given, February 22, 1890.

T. D. STOW.

MEXICO, N. Y.

DOLOR—HOMŒOPATHY.*

The most recent nosological classification treats of a class called "Dolores," a class of diseases characterized by more or less pain. Almost to a man our professional brethren of the old school—and their laity as well—in the dolores resort to all sorts of palliative and analgesic measures, from

*TRANS. I. H. A.

flaxseed poultices or other counter-irritants to the most heroic doses of morphia, chloral, phenacetine, sulfonal, etc., often to no purpose, and occasionally fatal. What would you do for a case of bilious colic, or dysentery, or sharp neuralgia, or acute articular rheumatism? Ask a multitude of the curious, strangers to Homœopathy.

Very strange seems the question, to us, when put by them who have *seen*, though they may not have felt the marvelous power of the remedy homœopathic in such cases. *Passing strange is it when professed followers of Hahnemann resort to the unreliable and often hazardous measures of allopathy in treating painful conditions!*

I am moved to write this article after perusing the interesting and instructive article written by Dr. J. K. Mendenhall, of Saratoga, N. Y., for the May (1890) number of the *Homœopathic Physician*, page 213. Dr. Mendenhall does pure Homœopathy signal service in reporting such cases. I wish to corroborate his statements by citations of somewhat similar cases; might cite hundreds had I kept a faithful record of them; so could any true homœopathician of average practice.

CASE I.—J. M——, a watch repairer, aged forty-five, a slim person, of poor digestive powers, sedentary habits, was subject to attacks of bilious colic. Had intense griping, cutting, in center of abdomen, forcing him to bend double and press his fists, a book, or the edge of bed into his abdomen, thus getting some relief. He rolled over the bed or on the floor in agony, and each paroxysm of pain was accompanied or followed by retching and vomiting of food or bile, one or both.

I gave him Colocynth 30 in water, a large spoonful every fifteen minutes. At the third dose he fell asleep and was soon in a nice, warm perspiration. Had no more pain after that for some months, perhaps a year, when he had a similar attack. Colocynth 30, two or three doses, filled the bill again. I saw Mr. M—— daily after that for years, and to my knowledge he never had another attack. I will add that, under old school treatment, Mr. M—— seldom got out in less than a week; whereas, under Homœopathy he went to his work the same or the next day.

CASE II.—Wm. McD——, a machinist, rode a long distance one cold day in March; got a hard chill and when he

reached home was seized with severe bilious enteralgia. I found him in bed, or rather on a bed, in agony of enteric pain. His extremities were icy cold; he was very restless; his countenance had an anxious, frightened look; indeed, he said he could not live an hour. At the end of each paroxysm of pain he vomited mucus and bile. The abdomen was very sore to touch and somewhat tympanitic.

Dull rumbling in abdomen.

Pulse small and very frequent.

I dissolved a few globules of Aconite 30 in half a glass of pure water and gave him a large spoonful every twenty minutes. Soon after giving the second dose he was easier; at the end of an hour and a quarter he went to sleep and soon a profuse perspiration spread over his entire body. He had no more acute pain; no vomiting after the third or fourth dose; slept through the remainder of the night, and the next day sat up, but as a precautionary measure he remained in the house, taking light food at meal time. Nothing more was heard of the colic and he resumed work on the third day after the attack, a well man.

CASE III.—Toward night, on a bitter cold day in January, 1869, the snow being very deep in the roads, a poor German attempted to walk on the D. & L. railroad track from Fulton to Oswego, N. Y. Night overtook him, tired, cold and weary at the tenant farm house of one Reynolds. In the night he was taken sick and at dawn the poormaster of Granby called me to see him. I reached the place with much difficulty at 10 A. M.

There I found a patient who could not speak English, and myself, a poor doctor who could neither read nor write the German. So we had to trust to objective and other signs. The patient had fever, temperature at 101; pulse quite frequent; tongue coated, yellowish white; some thirst for water; vomiting of mucus, bile; the abdomen getting tympanitic, and tender under pressure; he could not bear his waistbands buttoned; the urine scanty, hot, red. As to the kind of pain, which was confined to the hypogastrium, he could only express it by using his hands, bending and separating his fingers like bird claws, from which I inferred they were "*clawing like talons.*" Governed by the gesture, coupled with the other symptoms, and the quality of his tramp and exposure, I gave Bell. 30 in

water. In an hour or two he was easy, had no more pain, and was able to ride to Oswego well the next day.

CASE IV.—The two-year-old son of a family named Waugh, of Fulton, N. Y., was taken sick in the afternoon of the day I was called to him. Two days before the child had a painful, yellow, watery diarrhœa, offensive, etc., which the mother checked with cordial. The little fellow “pimped all the time after she gave it,” to use her expression, having paroxysms of pain, at times dreadful, culminating at night, when they sent for me. The father was carrying the child over his left shoulder, the child resting on his belly. He was sobbing when I went in, but when the paroxysms of pain came on, *he was frantic*, drawing up his limbs, striking out his arms and hands, and the only thing they could do to appease him was to carry him about the room. At the end of each pain he passed much foul flatus. When I attempted to handle him, he yelled and struck me, as he did his father when he stopped walking. It struck me that Chamomilla was the remedy, so I gave a dose of the 200. In ten minutes he was asleep, and they “put him in his little bed,” where he slept all night. He had but that dose that night. The next day the diarrhœic stools came on, for which I gave one more dose of Cham. 200. He immediately recovered, and remained well long as I knew him.

These are but samples of the good effects of true homœopathic practice, in the treatment of the dolores, witnessed every day by thousands!

It is simply notorious that such painful affections as neuralgia, rheumatism, pleurisy, pleurodynia, colic, toothache, headache, etc., generally yield like magic to the well selected potentized remedy.

T. D. Stow.

MEXICO, N. Y.

CLINICAL NOTES.*

CASE I. Mr. S——, aged 41, called on me on the 18th of September, 1887, complaining of being overcome by the heat. He had nausea and vomiting; the nausea was < by every motion and he could not keep anything on his stomach for nine days. This nausea was accompanied by a continual hiccough during the whole time. At the time the patient

*Trans. I. H. A.

called, the hiccough was very violent, shaking his whole body. At the beginning of the illness he had been treated by two allopathic doctors for several days, but failing to afford any relief they held a consultation with two others, and after several days further treatment pronounced his case hopeless; that he could not live but a short time. Seeing a perfect *Ipecac.* picture in his case, it was given, one dose 40 m., followed with *Sac. lac.* Reported the next morning nausea all gone, but hiccough still continuing and feeling worse. I gave one dose on the tongue of *Nux* 46 m.; in five minutes the hiccough ceased and no return of the trouble. The patient fell asleep, and after waking in half an hour was able to take about two ounces of nourishment without any return of the bad symptoms. In a few days he recovered sufficiently to resume his work as foreman of brick work on a building.

CASE II.—Mrs. Cole, aged 28, August 4, 1888, after child-birth some two hours, had. post partum hæmorrhage; flow gradual and no pain, dark blood. Gave one dose *Hamamelis* 200; relief followed in a few minutes, and in half an hour all was normal.

CASE III.—Mrs. A——, aged 24, September 12, 1887.—I was called just after the child was born; found the patient flowing profusely, bright red blood, hot. At a glance discovered *Belladonna* to be my remedy. The bed was saturated with blood; gave one dose 40 m.; flow ceased in about five minutes.

CASE IV.—Mrs. S——, aged 32, in April, 1888, in labor; pains short, irregular; patient complained of being very weak; had always been so in labor with two or three children prior to this time. Gave *Caulophyllum* 200. In fifteen or twenty minutes labor became natural and proceeded normally to the end. She said the labor was several hours shorter than any she had previously had.

CASE V.—Mrs. C——, aged 41, July 1, 1888, had asthma for fifteen years or over, suffering constantly for six or seven months previous to my treatment; always worse about the menstrual period; her friends believing that she would not live to the end of the week. She had the best of allopathic treatment during the six or seven months previous. and her physician had advised her to go to Denver, Colorado, which she did. The disease was > for a day or two, followed by severe < which caused her to return home on the first train.

She then reported her case to me, but said she had no confidence in homœopathic treatment; that it was not strong enough to do her any good. Finding that her bowels had not acted without a physic for seven months past, I gave her *Nux 45 m.*, one dose, to start on, followed by *Sac. lac.* for three days. She reported at the end of that time, bowels acting regularly once a day. Repeated *Sac. lac.* for three days; bowels all right, one movement a day, but not feeling any improvement otherwise. She was obstinate about giving her symptoms minutely, claiming that she could not see why a particular question had anything to do in her case. I prescribed *Arsenicum 35 m.*, one dose, followed by *Sac. lac.* for three days. She slept some better, < not being quite so severe in the night, from 11 P. M. to 1 or 2 A. M. She found herself improving and became more tractable, and gave her symptoms with more particularity and a better grace, calling attention to the fact of the measles having been suppressed about twenty years before, at the age of twenty-one. This accidental statement on her part made the case plain. I gave her *Carbo v. 45 m.*, followed by *Sac. lac.* for three days. I instructed her husband to watch closely for the eruption which would be liable to show on the face and back of the ears and neck. He reported at the end of the three days that the face and neck were covered with an eruption, the fourth day on the chest and body, and on the fifth day on the extremities. She slept comfortably for five hours at a time on the last night, and after waking for half an hour again slept well until morning. This was the first night she had done such a thing for years. During the seven months previous she had perspired profusely at night. After the eruption had dried up the perspiration increased so that she became alarmed at that feature. I told her that I did not wish to check the sweating too suddenly, but she insisted that it must be done, and I then gave her one dose of *Pulsatilla* with no effect whatever. After three days I gave one dose of *Acetic acid* and after three additional days the usual perspiration ceased. On August 26th stopped treatment, the patient then being able to resume her household affairs and has remained well up to the present time.

CASE VI.—Miss S——, girl eight years old, November 16, 1887. I was called to treat the child after six weeks of allo-

pathic treatment for fever. She still had fever, malarial typhoid; had become badly emaciated and the left knee ankylosed, swollen three times its normal size. I gave one dose of *Silicea* 71 m., followed by *Sac. lac.* Improvement set in at once, and in a week's time, she was able to walk around the room without assistance.

CASE VII.—Miss C——, aged thirty-one, complained of painful menstruation for the past sixteen years. Was born and raised in Ohio, and had lived there until two or three months before calling on me, and had employed the best medical skill of both schools; never had received any benefit. On consultation the doctors had decided that nothing more could be done for her without an examination to which she would not submit. She was then advised to change climate, go West, but leave the doctors there alone. After residing in this city for about three months, at her regular period having taken some cold, the pains became unbearable. She called on me for relief from the pains, but not for treatment. I told her that I did not do business that way, that I proposed to know what every dose of medicine that I gave out went for, and that I would have to have her symptoms. These she declined to give for the reasons heretofore stated. She, however, answered three questions which I asked her, and I discovered that she was afflicted with metrorrhagia, of dark, viscid, stringy blood of black clots, the menses profuse and lasting too long, but coming on at the proper time; very painful. I gave her one dose of *Crocus* 45 m. at three o'clock in the afternoon. At nine o'clock in the evening she was comfortable, and went to sleep and slept all night. The next morning she reported her case at nine o'clock. She supposed from what others had said that she must now be natural for the first time in her life, and requested another powder like the last given. I gave her *Sac. lac.* and directed her to watch her symptoms and report them to me when the menses ceased. At the end of the fourth day she reported that she had had no more pain, and that everything was all right. I told her to call for another powder of *Crocus* in three weeks time, which she did. The next period came on without pain and lasted three days in a natural manner. She has never had any trouble since.

CASE VIII.—Mr. J——, aged fifty-two, September 25,

1888, having an attack of paralysis, some two years before, affecting the right side the most. He had been hurt by a fall, and had never recovered from it. At first he was partially paralyzed from the hips down; for six months very weak in the ankles; two months later the upper eyelids became immovable, and had to be lifted up with his fingers; cramps in the lower limbs and muscle of the thighs; very restless and felt better after moving a limb from one position to another. I gave Rhus 35 m., followed by Sac. lac. for one week. Patient fully recovered.

CASE IX.—Mrs. C—, aged fifty-eight, April 4, 1889, complained of constipation and piles for many years, attended with much straining and blood with stool, burning and shuddering sensation about the loins following the stool. Desired to get near the stove; bad taste always; passing a great deal of flatus mornings after getting up. Gave Aloe 50 m. Reported much benefit in a week. Then gave Sac. lac. for ten days. Symptoms then indicating Mercurius sol. gave one dose 1cm.; reported in three weeks entirely well. This case had been treated in New York about six months previous by specialists by the dilating process, without any benefit and only aggravation.

J. H. SUTFIN.

KANSAS CITY, MO.

A CLINICAL CASE.*

Dear Colleagues: I send you only one clinical case. It is not very much, but I hope you will appreciate it, because it offers a good proof of the necessity and of the power of Hahnemannian individualization.

I was spending my vacation in Spoleto in the summer of 1887. It was the month of August and the Marchioness Lavinia Monoldi-Toni had been sick for several days, and another homœopathic physician of that city, a little mongrel, was treating her. The sickness got worse and worse and became serious. I was invited to see the patient, who was an old patient of mine and a partisan of Homœopathy.

I took charge of her case with my colleague. The case was one which affected strongly the nervous centers and which was difficult to designate by one of the so many nosological terms. But this was not necessary for a follower of Hahnemann. The symptoms were:

*Trans. I. H. A.

Depression and total prostration of strength. The patient lay on the bed in a continuous and complete somnolency; and besides that weakness she suffered from a kind of stupidity.

It was necessary in order to feed her to place her body in an easy posture, but she could not remain long in that position. As soon as she swallowed, mechanically, a few spoonfuls of soup and a little wine, against her wish, she kept looking somnolent and felt the necessity of sleeping and fell again into the lethargy. It was hard for her to speak, and she only answered briefly when she was questioned. She did not ask for anything; she never spoke and it was always necessary to waken her.

The color of her face was always pale.

Her expression was apathetic.

The temperature of her body was always cold.

Her pulse was feeble and slow.

Her respiration was slow.

She had been in this condition for a few days, and I, considering especially the weakness of all the senses which was the most visible symptom of her affection, administered in a hurry a dose of *Anacardium* 3 m. (*Jenichen*), which seemed at first to have good effect. But neither this remedy nor the other, *Arsenicum* 200, had any effect, and the condition of the patient grew worse.

It happened one night that she tried to get up and fell like a corpse; it was necessary to put her back to bed as she was incapable of any action.

While all these symptoms were becoming more intense, another mortal one was manifesting itself, in such cases always a prelude of near death, "the involuntary emission of the urine and feces." It seemed that a complete paralysis would be the last consequence as she was of a *nervo-lymphatic* constitution and more than seventy years old.

There was no hope and her family was sure of the imminent loss. I had also almost lost hope, but I devoted myself to a long and diligent study of the *Materia Medica*, and the result was that if there existed a remedy, by the manifestation of all the symptoms, it must be *Hyoscyamus*. So on the 28th of August I administered a dry dose on the tongue, potency 200, with the intention of passing successively to the potency cm.

(Fincke). But it was not necessary, because that dose alone, after having produced an exacerbation of all the symptoms, was in a little while followed, to the general astonishment, by a gradual improvement which after two days brought the patient to a complete recovery.

Now, in her old age, she enjoys excellent health, confirming to everybody the beneficial effect of Homœopathy. As a comment to this clinical episode we may deduce the two following corollaries :

First. A good homœopathic physician should never be in a hurry to give a prescription before studying and considering his case.

Second. When the remedy answers to all the peculiar characteristic symptoms, one dose of high potency is enough to cure sickness, even of a very serious character.

G. POMPILI.

ROME, ITALY.

PROCEEDINGS OF CENTRAL NEW YORK HOMEOPATHIC SOCIETY.

Meeting called to order by the president, A. B. Carr, M. D., at 10 A. M. Members present: Carr, Hawley, Seward, Hussey, Schmitt, Hoard, Clapp, Voak, Leggett, and Grant. Visitors present: Drs. Johnson, Dyke, Norman, Hermance, and Brownell.

Minutes of the last meeting were read and approved, with the addition that Dr. Wells' "Resolution" *was carried*.

Communication was read from Dr. L. B. Wells, of Utica, referring to his paper on the "History of Homeopathy in the State of New York."

The Board of Censors, through their chairman, Dr. Hawley, reported that the application of Dr. Santee had not been presented in the proper form, so could not be reported at this meeting. The application of Dr. Norman was favorably reported and referred back to the Censors to await the required six months before ballot.

§74 to §78, inclusive, of the "Organon" were then read.

Dr. Hawley: I would like to know if, in the experience of those present, the drug diseases, such, for instance, as mercurial poisoning, have ever been cured.

Dr. Seward cited his own case, in which, as a child, he had been salivated. He had had relief, but had never been cured. He had treated many cases with relief, but could not consider that they had been cured.

Dr. Hawley: I have a case in which the patient, as a young lady, was so thoroughly mercurialized as to lose every hair upon the scalp, and even the eyelashes and eyebrows. She has always had frequent attacks, in which the mercurial symptoms predominate, and which is always relieved, but I can not see that I make permanent impression upon the miasm produced by the drug. I have given Hepar, Mercurius (high), and other remedies as they seem indicated, with but temporary relief, not cure.

Dr. Clapp: I have succeeded best in acute cases, or early stages of mercurial poisoning, with low potencies of Nitric ac.

Dr. Voak reported a case of mercurial poisoning that had resulted in ankylosis of the knee and elbow joints, much improved by Merc. 6 m. The ankylosis was fast disappearing when a removal of the patient from town caused him to lose sight of the case.

Dr. Hawley: Hahnemann was the first physician to understand that in chronic disease, the manifestations were always in line of progression and with structural changes, toward the life centers, until death resulted.

A man free from chronic disease might live in a swamp a long time without contracting malaria. A healthy man can use his eyes constantly without their becoming more quickly affected than the rest of his body. Brain fag, of which we constantly hear, depends entirely upon the constitutional condition of the patient, and those patients may be cured at home by the proper administration of the homeopathic drug, as well as to send them away. So far, I believe, I have not been guilty of sending a man from home to die.

Dr. Schmitt related an interesting case where the patient was passing through a business crisis, unable either to go away or leave his business, wherein the homeopathically selected remedies had carried him through his sickness, and enabled him to endure great mental strain.

Dr. Seward then moved a suspension of the regular order of business, that he might present a special subject.

Granted.

Dr. Seward: I feel it to be my duty, however unpleasant, to bring before this society the fact that one of our members (an officer) has been for weeks past advertising in the daily press of Syracuse. I have here a copy of said advertisement, which I will read.

RICHARD S. TRUE, M. D.,

418 South Salina Street, Syracuse, N. Y.,

Treats Stricture, in the case of both male and female, successfully, without pain or the use of the knife. Many supposed kidney and bladder troubles are due to stricture. Scores of home references furnished on application. Telephone No. 847.

I will also read from the constitution and by-laws of the Onondaga County Homeopathic Medical Society a quotation from the code of medical ethics, as adopted by and governing all medical societies. Part II, article 1, section 3:

SEC. 3. The physician should not resort to public advertisements or private cards or handbills inviting the attention of persons affected by particular diseases, or publicly offering advice and medicine to the poor *gratis*, or promising radical cures. Neither should he publish cases or operations in the daily prints; nor invite laymen to be present at operations; nor solicit or exhibit certificates of skill and success; nor perform any similar act.

After considerable animated discussion and criticism, Dr. Schmitt arose and said: "I move that Dr. True be asked to present his resignation as secretary and treasurer of this society."

Dr. Hussey: I second that motion.

Dr. Clapp said: "I would suggest that a committee be appointed to wait upon Dr. True and ask for an explanation before resorting to harsher measures."

Dr. Hawley: The mischief is already done. There is no explanation that can reach the public that will undo that mischief to the name of the followers of Homeopathy, and if we take no notice of it, we share in the responsibility.

Dr. Schmitt: We are placed in an unfortunate position. We hold ourselves as representatives of pure Homeopathy as a higher order of medical practice, and we must be doubly careful not to bring discredit upon our good name. We can not *afford* to retain a man as secretary of this society who places himself in direct opposition to every expressed code of medical ethics in this country.

The motion was then put and carried.

Dr. Hussey: I do not think we should drop this subject here, but that we should decide now as to the future connection of this member with this society, as well as our future conduct in similar cases. I therefore move, Mr. President, that Richard S. True, M. D., be expelled from this society for conduct unbecoming a physician.

Dr. Voak: I second that motion.

The motion was put and carried unanimously.

Adjourned to 1:30 P. M.

AFTERNOON SESSION—2 P. M.

Dr. Hawley moved that a committee, consisting of Drs. Beigler and Grant, be appointed to consider Dr. Wells' paper upon the "History of Homeopathy in the State of New York," and advise as to what disposition shall be made of it. The essayists for the day, Drs. Nash, Gwynn and Martin, were absent. An interesting paper was sent in by Dr. Martin, which was read by Dr. Norman in the absence of the author.

JAUNDICE: CLINICAL CASES.

It was entitled, and was listened to with great interest.

CASE I.—A woman, who had, what is termed by the laity, "Black Jaundice," having grown steadily worse under regular (?) treatment during the six months preceding his prescription, was discharged cured at the end of two months and seven days, under the action, principally, of Nux, as the indicated remedy.

CASE II.—Was a man, whose disease was diagnosed as "Obstruction from Inspissated Bile," and who, for twenty-five years, had been subject to "bilious attacks" and Rheumatism. There was a history of drugging from both schools during the first three months following January of 1890. Then Dr. Martin took the case. After study, finding Mag. m. strongly indicated as the curative remedy, it was given with excellent effect, and only interrupted by undue exposure and another regular (?) prescription.

Dr. Martin had found it necessary to vary the prescription for conditions arising, or supposed to have arisen, and so classed this case as a cure by zig-zag prescribing.

Dr. Hawley said he was reminded of a case of jaundice in which he had been called in consultation many years ago, by a member of this society, wherein, as in Dr. Martin's case,

the itching was a prominent symptom. Hepar, 85 m. (F), was given. Four doses in solution half an hour apart, and for the first few hours produced such an < that the physician in charge had wanted to make a change. Being very confident of the correctness of his prescription, and *convincing* the consulting physician of the same, he waited, and the one prescription proved sufficient to cure the case.

Dr. Carr: Dr. Hawley's case shows how important it is to adhere to a good prescription, even though we may see no apparent benefit, or get an < at first.

It was then moved and seconded that Dr. Martin's paper be received and placed on file. Carried.

Dr. Seward then offered some of his experience relating to the

USE AND ABUSE OF ELECTRICITY.

I would like to call attention for a few moments to the consideration of some of the injurious effects of electricity, both atmospheric and medicinal, and to some of the antidotes to the conditions so produced.

Electricity is thrown about carelessly by the clouds, and is often used injuriously, as a medical agent, by many who are ignorant of the effects it is capable of producing. I will give instances:

CASE 1.—There came to my office for prescription, a few days ago, a lady who had been taking electricity for partial paralysis of the left arm. She said that during a recent thunder storm she had felt quite severe electrical effects through the left foot to the left side of the body, and to the head, which effect was repeated at every heavy electrical discharge, though not in the lighter discharges. It left that side and limbs painful and numb for several days. She took more electricity during the numbness. She could not account for the phenomena, it being an entirely new experience. I told her that it was because that side was under the continual effects of the electric fluid she had taken, and that when given in large quantities under unsuitable conditions its injurious effects will last for years, or during life, or even until it causes death, unless it is antidoted either accidentally or intelligently.

A number of cases have come under my notice and treatment, having been injuriously effected by electricity.

CASE II.—A young lady of this city took one electro-thermal bath. She had a cold when she took the bath, and lung disease, consumption, was soon developed. She died in spite of the best homeopathic treatment this city then afforded. We might do better now.

CASE III.—I was called to a lady past the climacteric who had been taking electrical treatment. When she commenced the treatment she could walk to the doctor. She grew worse and could not walk to his office. Her chest and arms became stiffened and almost paralyzed. She felt heavy and weak, a condition produced by electricity. She recovered by the use of the indicated remedies, Bell. and Nux.

CASE IV.—A young married woman having been under electrical treatment, both general and local (to the uterus), for several weeks, complained of feeling so very heavy, as though she "weighed a ton." Her disease had not been benefited by electricity. She recovered from the effects of it, and from her disease, under the homeopathically selected remedies.

CASE V.—A woman, in whose household I practiced, told me that she had received a shock of atmospheric electricity six or seven years before. She had suffered in every electrical storm that had since occurred. She said that she felt the effects while the storm was still miles away. She felt it in her body, but it was worse in the lower extremities. During every storm her feet would patter rapidly upon the floor, and even her husband, sitting with his whole weight upon her knees, could not hold them still. I told her I thought I could cure her of the condition. She desired me to do so. I gave her a crowquill vial of Acetate of Morphia 200. I believe she took three or four doses. She has never felt such effects from a storm since, now more than ten years.

CASE VI.—My son, during the effects of a common cold, took an electro-thermal bath. He suffered more than two years from tuberculous phthisis developed by that bath. You may ask how I know that it was so. From this fact: Soon after the bath he felt a heaviness and stiffness of the chest and shoulders, such as he had never felt before. He said, "his chest and shoulders felt like marble." This continued until he died. He lived in Rochester, and I did not

know of his having taken such a bath until one year and a half had passed, and an incurable tuberculous condition of the lungs had been developed. He died from the injurious effects of an electro-thermal bath.

Doctors, keep your patients from electricity while under the effects of a cold. Frequent antidotes are Morphia, Nux, Rhod.

CASE VII.—This case taught us a most useful lesson. A brother of Dr. Hawley, while in the city of New York, in November, took a severe cold, which brought on a rheumatic fever. He was treated by homeopaths who did not succeed in relieving him. He was advised to try the electro-thermal baths; he did so, and became worse. He was removed to Syracuse and the case was examined in counsel and treated by Drs. Hawley, Miller and Seward, with but little or no good. He suffered intensely, his voluntary, muscular and nervous system, were paralyzed by the electricity. He could neither move nor feed himself. He was taken to his home in Illinois, and in May could walk a little by dragging his feet. He had a fall upon the ground and bled from the lungs. The doctor said to Mrs. Hawley, "there is no hope for him now, I will give him Morphine." He then dissolved some of that drug in water, and gave him a dose. In a few minutes he said, "I can move my hands better than at any time since last fall." He improved from that time, and became quite well under the action of the true antidote.

Dr. Carr: It is to me an interesting fact that Morphia will antidote the effects of electricity. I believe it is not so given in our repertories.

Dr. Grant: I move that Dr. Seward's paper be published with our proceedings in the *MEDICAL ADVANCE*.

Carried.

Dr. Voak: I move that we now proceed to the election of a secretary and treasurer.

Dr. Hoard: Seconded.

Dr. Hoard was then appointed teller.

Dr. Voak nominated S. L. Guild Leggett.

The ballot resulted as follows: Dr. Leggett, seven, Dr. Schmitt one. The chair declared Dr. S. L. Guild Leggett duly elected secretary and treasurer of this society.

Dr. Schmitt: I would like to call the attention of the

society to two symptoms of Sulphur, which I have found to be key-notes: First, the audible swallowing of saliva; second, a loud gurgling in the abdomen upon deep inspiration. If these symptoms are accompanied by red ears, Sulphur will almost invariably cure.

Dr. Schmitt also reported a number of cases of rheumatism cured by Kali bi., upon the symptom of rheumatic pains confined to small spots on different parts of the body. One case had a gonorrhœal history, and after the exhibition of Kali bi. the gonorrhœal discharge re-appeared and the whole case remained cured.

Dr. Hawley: Shall we then consider Kali bi. an anti-sycotic?

Dr. Hussey reported a case of infantile diarrhœa which continued to return after the most careful prescribing. At last, calling to mind the history of the father, whom he had treated for gonorrhœa a year and a half before the patient was born, Medorrhinum was given, and made a perfect cure.

The applications of Drs. A. C. Hermance, W. G. Brownell, of Rochester, W. W. Johnson, of Pittsford, were received and referred to the Censors.

The president appointed as essayists for the next meeting Drs. Nash, Voak and Schmitt.

Dr. Schmitt moved that our next meeting be held in Syracuse on the third Thursday of March, 1891.

Carried.

Adjourned.

R. C. GRANT,

Secretary, *pro tem.*

ROCHESTER, December 18, 1890.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION. — BUREAU OF MATERIA MEDICA FOR 1891. — B. Fincke, H. C. Allen, W. P. Wesselhoeft, E. W. Berridge, J. T. Kent, W. L. Reed, E. E. Case, Phoebe D. Brown, M. Florence Taft, S. W. Cohen, G. W. Sherbino, Robert Farley, John V. Allen. Special subject for the year is a Proving of Kali Phosphoricum. Other provings as well and papers on any other topic of the Materia Medica earnestly requested from every member of the Association. EDWARD RUSHMORE, M. D., Chairman.

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."—HARNBERGER.

MATERIA MEDICA: A STUDY.—In the original preface to Bönninghausen's Therapeutic Pocket Key, a new American edition of which has just been issued, it is suggested that a useful and profitable way of studying *Materia Medica* is to underline with a lead pencil, according to the order of that book, all those symptoms which have been indicated as characteristic by the explanatory type used.

Probably no better method of mastering the *Materia Medica* has ever been devised.

The young man about to take up the study of medicine may well view with some uneasiness the corpulent volumes devoted to this branch of the great art of healing, and his uneasiness will not be diminished on opening one of them and discovering that it consists of a vast aggregation of symptoms often apparently conflicting, always confusing at first sight, and exhibiting little evidence of an orderly arrangement. The prospect may well dismay the stoutest courage and appall the most capacious memory.

It is one of the functions of a book like Bönninghausen's Pocket Key to act as a guide in this wilderness and to put some kind of order into this seeming chaos of symptoms by exhibiting their relative importance; this is done by the well known device of using different kinds of types.

If, for instance, Hering's Condensed be the book selected for study, all the symptoms, emphasized as characteristic of a remedy, in the new edition of Bönninghausen by capitals, should be marked in Hering by the figure four, either before or after the symptom; those of the second degree of prominence in the same way by the figure three, and so on. Thus the beginner is enabled to first exert his memory upon characteristic symptoms only, instead of squandering it, as is so often done, upon the unverified ones. As this process goes on, there is, so to speak, erected in his memory a distinct structure or framework for each drug, consisting of its salient features only, and which can, as time and opportunity offer, be filled in with symptoms of the second and third degree of importance, if deemed advisable.

By the time he has mastered four or five remedies, another important lesson begins to dawn upon the student, and that is the necessity of a skillful use of the repertories in conjunction with the materia medica then and ever after; this is forced upon him as a consequence of the absolute futility of trying to store it all in his headpiece. Copious draughts of materia medica in this style, together with slow, regular, methodical sips at the *Organon*, will soon put a valuable stock in the student's brain and greatly shorten the journey from a condition of know-nothingism to a fair, practical knowledge of this extremely important branch of medicine, which every homeopath must travel before he can become a master in the immensely difficult but entrancing art of making sick people well.

* * *

THE QUINTESSENCE OF BIGOTRY.—In a late issue of the *Medical Mirror*, of St. Louis, the editor, Dr. F. N. Love, treats the profession to an exhibition of professional bigotry rarely met with, even among the sticklers for upholding an intolerant and bigoted code of ethics. Hitherto Dr. Love has bitterly assailed all State interference with the unscrupulous managers of medical colleges which are run for the professorial *addendum* and "what money there is in them," irrespective of the advancement of the profession or the good of humanity. In this onslaught upon State supervision, for reasons best known to the editor, the Illinois State Board of Health has received especial attention. There has been a homeopath on the board, and that has been a sufficient excuse for his bitter invective. But now, horror of horrors! in addition to the offensive homeopath, there is "a nigger on the board." He is a reputable medical practitioner, who, after three years' study, graduated at the Chicago Medical College. But the bigoted editor is not satisfied. He says: "We are as liberal in our medical faith and as broad-gauged in our political faith as the average, we believe, but we would draw the line, even in health boards, before being in close harmony and juxtaposition with pronounced irregulars and representatives of Ethiopia."

Certainly! liberality is seen in every line of the editorial. But there is never an effect without a cause, and even in the case of this pronounced liberal (?), we think we can detect a

cause for this overflow of bile. With one exception—and the U. of M. has three years of nine months each—the homeopathic colleges in the United States have agreed, after September, 1892, to demand four years' study as a requisite to graduation, while more than half the colleges of the other school—Dr. Love's, in which he holds three chairs, or teaches three branches, included—require but two courses of lectures and three years' study. The "pronounced irregulars" have been the first to increase the requirements, to elevate the standard of medical education, in this country, and they must follow where the homeopaths lead.

This is where the shoe pinches. The hated homeopaths have taken a rapid advance in medical education, and this advanced position is, sooner or later, to be followed by the better class of allopathic colleges. When this is done, the two-course schools, of which Dr. Love's is a shining example, will be compelled to follow or see their incomes curtailed and their diplomas unsought. The real Ethiopian is in the college work and not in the Illinois State Board of Health.

New Publications.

FIVE YEARS EXPERIENCE IN THE NEW CURE OF CONSUMPTION BY ITS OWN VIRUS. By J. Compton Burnett, M. D., London: The Homeopathic Publishing Co. 1890.

The title page says: "Presumably on a line with the method of Koch. Illustrated with 54 cases." On page vi of the Preface the author explains this "new cure of consumption" in the following: "I think very highly of Koch's remedy, as the world will no doubt call it, and I know that he is on the right track. I am more sure than Koch can be himself, because I used it five years before he knew it, and he has yet to prove that his results are satisfactory. There is one other difference, i. e., the mode of administering it to the patient; I use the remedy in high potency, which is not fraught with the palpable dangers of Koch's method of injecting material quantities under the skin, or, in other words, straight into the blood. Of course, if Dr. Koch's dosage and mode of administration should give better results than we have obtained, then Koch's method will have to be adopted."

The author has been unfortunate in the selection of the name of his book, for neither "the cure" nor the remedy is *new*. Dr. Swan, of New York, has advocated and used it many years. The cases cured may be convincing as clinical cases, but they are far from being

unobjectionable as examples of homeopathic practice. It is Isopathy, pure and simple, and neither the prestige of a great name nor the quasi endorsement of the crude methods of Koch, will rescue it from ignominious failure. It is treating consumption—the name of a disease, and all patients suffering from it—with the same remedy. It lacks the essential element of individualization which is the chief factor in homeopathic practice. Unlike Koch, the author frankly gives his mode of preparing the virus; but unfortunately, like Koch, he publishes his work at a time when he may hope to reap some of the harvest which the free advertising given Koch's method has made possible. In America it would look like a species of advertising, for which the author would be held responsible at the bar of professional opinion. For the sake of the previous exemplary teaching which has been inculcated in all his works, we sincerely regret the publication of this work, and hope the author will eventually acknowledge his blunder.

THE SIGNIFICANCE OF A RECONSTRUCTED MATERIA MEDICA. By E. C. Price, M. D. Reprint from *The Medical Times*.

Another lament over the imperfections of the *Materia Medica*, with a note of praise for the *Cyclopedia of Drug Pathogenesis* and the work of the Baltimore Medical Investigation Club. The author will not live to see a more practical *Materia Medica* than the works of Hahnemann and Hering, and we would suggest that he learn how to use them.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS.—William Wood and Company, New York. \$10 a year. Single copies, \$1.00.

The December number contains some valuable essays, the most conspicuous of which is one by Sir Joseph Lister on *The Present Position of Antiseptic Surgery*. On page 558 he makes the following startling announcement: "As regards the Spray, I feel ashamed that I should have ever recommended it for the purpose of destroying the microbes of the air." Perhaps some of our homeopathic surgeons who are laboring so industriously to instill antiseptic surgery into the minds of their students would see a new light if they would read this essay. It is certainly a frank retraction of the erroneous theory and practice which secured for its author the K. C. B. Time often makes havoc with theories.

TEXT-BOOK OF MATERIA MEDICA FOR NURSES.—By Lavinia L. Dock, graduate of the Bellevue Training School for Nurses. New York: G. P. Putnam Sons, 1890.

This is a brief compilation from the larger text books, intended to facilitate the study of *Materia Medica* by nurses in attendance at Bellevue Training School and others of a similar character under the direction of the dominant school. While we are of the opinion that the study of therapeutics is foreign to the requirements of nursing, yet if it must be done this little work appears to be well adapted to the purpose. Of course this does not refer to homeopathic nurses.

UNIVERSITY OF PENNSYLVANIA: CATALOGUE AND ANNOUNCEMENTS 1889-1890.

A voluminous catalogue of 262 pages announcing the advantages of the University.

THE MODERN TREATMENT OF HEADACHES. By Allan McLane Hamilton, M. D. Detroit: George S. Davis. 1890.

This is one of the popular series of the Physician's Leisure Library, but in the therapeutical part of the work there is little that is either new or encouraging for the medical practitioner who earnestly desires to cure his patients. It is the old story of "try" this or that prescription.

TEXT-BOOK OF HYGIENE, a Comprehensive Treatise of the Principles and Practice of Preventive Medicine from an American Standpoint. By George H. Rohé, M. D. Thoroughly Revised and largely Rewritten. Philadelphia and London: F. A. Davis. 1890. Price, \$2.50 net.

That a work on Preventive Medicine should meet with such a popular reception as to demand a second edition in so short a time, speaks volumes for its practical merits. Many chapters have been entirely rewritten, and valuable additions will be found on nearly every page, so that it may now be considered a standard authority on Hygiene.

CYCLOPEDIA OF THE DISEASES OF CHILDREN, MEDICAL AND SURGICAL.—The articles written especially for the work by American, British and Canadian Authors. Edited by John M. Keating, M. D., Vol. IV. Pp. 1128; Illustrated. Philadelphia: J. B. Lippincott Company, 1890.

The contents of Vol. IV are:

Diseases of the ear and eye in children. Hygiene, including physical development, massage, prophylaxis, school-hygiene, construction of children's hospitals, juvenile crime, etc. The chapter on Physical Development is alone worth the price of the whole volume.

Diseases of the Nervous System, occupying about 600 pages of this volume forms one of the most complete treatises on this subject to be found in our language, and will make an invaluable addition to any library. These essays are not only clear in their description, but are admirably illustrated. The profession is under many obligations to the publishers for the excellent taste displayed in the mechanical execution, for no expense has been spared to make this great work not only attractive but useful. We can not too heartily commend it, and are unable to add much to what we have already written in reviews of the former volumes of the work. It is the standard authority on pedology in the English language.

A PRACTICAL MANUAL OF GYNECOLOGY. By G. R. Southwick, M. D., Boston: Otis Clapp & Son. 1890. Illustrated.

That a second edition should be called for in less than three years, speaks volumes for the popularity of the work. In the preface the author says: "The present edition has been carefully revised, nearly every page showing some alteration or addition. * * Two new chapters have been added on Massage in Gynecology, and Electricity in Gynecology." The number of illustrations is more than doubled and the work is well printed. For the sake of the author and the school, we wish he had omitted so many medicated topical applications. The value of the work would have been much enhanced by a more strict adherence to the principles of our school.

TRANSACTIONS OF THE TWENTY-SIXTH SESSION OF THE HOMEOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.
Held at Philadelphia, September 17-19, 1890.

There are many valuable papers in this volume, some of which have already been given the profession in the pages of the journals, especially in the *Hahnemannian Monthly*. It is well printed.

TRANSACTIONS OF THE 14TH ANNUAL SESSION OF THE CALIFORNIA STATE HOMEOPATHIC SOCIETY. Held at San Francisco, May 14-15, 1890. Vol. I.

We are much pleased to welcome Vol. I of the transactions of this energetic Society to our table. The papers and discussions are valuable and some of their teachings have the true ring of the Homeopathy of Hahnemann. We hope to receive an annual volume in the future.

DARWINISM AND POLITICS.—By David G. Ritchie, M. A., Oxford.—To which is added Administrative Nihilism.—By Prof. Huxley, F. R. S.—Paper, 15 cents. The Humboldt Publishing Co., 28 Lafayette Place, New York.

In his able essay Mr. Ritchie contends that the phrase "survival of the fittest" is very apt to mislead, for it suggests the fittest or best in every sense, or in the highest sense, whereas it only means, as Professor Huxley has pointed out, "those best fitted to cope with their circumstances."

The publication of the Prof. Huxley's "Administrative Nihilism" is well timed, and fits in with the preceding essay. The two essays form a very interesting number of "The Humboldt Library of Science."

THE MEDICAL BULLETIN VISITING LIST.—Philadelphia.—F. A. Davis, 1891.

Under this title the well-known medical publisher, F. A. Davis, has gotten up a very convenient and desirable Call Record. A stock of useful information occupies the first few pages, followed by the ingeniously arranged Visiting List, in which by a noteworthy device the frequent repetition of the patient's name is avoided. It makes a very useful book to the physician, whether his practice be large or small.

A COMPEND OF CHEMISTRY, INORGANIC AND ORGANIC, INCLUDING URINARY ANALYSIS. By Henry Leffman, M. D. Third edition, Revised. Philadelphia: P. Blakiston, Son & Co. 1890. Chicago: 121 Wabash avenue, A. C. McClurg & Co. \$1.00.

The least that can be said of this practical pocket companion for student and practitioner is, that two large editions have already been exhausted, and this third has been thoroughly revised and brought up to date.

MAGAZINE OF AMERICAN HISTORY.—In the February number of this splendid monthly is concluded The French Army in the Revolutionary War—Count De Fersen's private letters to his father, 1780-81—giving a very graphic account of the siege of Yorktown and capture of Cornwallis. Another readable article is Raleigh's Settlements on Roanoke Island.

Editor's Table.

DOCTOR G. POMPILI, Rome, Italy, editor *Rivista Omiopatica*, has removed to Via Cavour 325.

H. F. BIGGAR, M. D., of the Cleveland Homœopathic College, has made twenty-seven consecutive laparotomies—a soft fibroid of eight pounds and an intra mural fibroid with womb of twelve pounds—including three hysterectomies before meeting a fatal case. This is a pretty good record.

BOERICKE & TAFEL have added by purchase the publishing business of F. E. Boericke, who retires, to their extensive pharmacy business. The firm has assumed all existing contracts with authors.

R. B. HOUSE, M. D., general secretary of the Ohio Society, has issued a call on the members of bureaus to prepare their papers, *now*.

THE POST GRADUATE COURSE.—It is with pleasure we announce the fact of the establishment of a post graduate course in connection with the Cleveland Homœopathic Hospital College. It will begin on Tuesday following commencement, and continue two weeks. It will be free to all graduates of the Old College; to others \$25. The course will consist of four lectures per day, by the following members of the faculty:

Surgical Gynæcology.....	Prof. Biggar.
Materia Medica.....	Prof. Kraft.
Physical and Differential Diagnosis.....	Prof. Pomeroy.
Practical Surgery.....	Prof. J. K. Sanders.
Ophthalmology and Otology.....	Prof. Phillips.
Advanced Obstetrics.....	Prof. J. C. Sanders.
Nervous Diseases.....	Prof. Eggleston.
Orificial Surgery.....	Prof. Wells.
Urinary Analysis.....	Prof. Bishop.
Nose and Throat.....	Prof. Hall.

Upon one day of each week especially obscure and complicated cases will be solicited and examined and treated by the faculty.

The Missouri Institute of Homeopathy meets at Kansas City, April 21, 22 and 23, 1891. The President, Dr. Comstock, of St. Louis, and General Secretary Jones, are preparing a bill of fare that should bring out every member.

COD LIVER OIL.—The latest fad is to discard the venerable Cod Liver Oil on account of that persistent odor and taste, which the ingenuity of man has not been able to overcome, and to substitute some less offensive oil in its place. One firm has emulsified a refined paraffin oil, one taste of which is sufficient to make a man welcome back Cod Liver Oil with open arms. Another preparation, made with the same idea, is composed of Olive Oil, eggs and Citric Acid. It may be said to be a masterpiece in the art of spoiling good eggs and oil. These desirable comestibles are so combined in one grand olio that all their savory qualities are changed into a taste that resembles last year's sour kraut mingled with onions.

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No. 3.

NUX VOMICA.*

This remedy brings about many of its most characteristic symptoms through its action upon the brain and spinal cord, hence we find, when it has been given for a long time, a great hyperesthesia of the sensorial system, evolving great sensitiveness to noise, to cold, to drafts of air, to taste, to odors, in the sense of sight, to lightest touch, etc. The patient is morbid and irritable to a degree.

Three grains of Nux vomica will produce the most violent spasms both clonic and tonic, upon the animal organism, but these are neither the most important nor the most characteristic of its symptoms.

The peculiarity of the convulsions produced by Nux, is the perfect consciousness of the patient during clonic spasms. We will find this in patients poisoned by Strychnia. Violent spasms with consciousness < by slightest draught of air, or by a bright light, like Stramonium.

A child, a patient of mine, having had a terrible fall resulting in injuries to the upper cervical region had violent convulsions; a prominent symptom was the < from the slightest breath of air. Nux controlled the condition beautifully for four weeks and we hoped to save him. But at that time the injuries again manifested themselves, and he died.

The modalities were best produced upon persons of dark hair and eyes, the nervo-bilious temperament.

The stitching pains in the paralyzed conditions are important.

*Notes from Lectures of Prof. J. T. Kent, M. D.

Nux produces great prostration both mental and physical. Its action upon the brain causes a marked irritability, crossness and snappishness, the patient does not want to be looked at or spoken to.

Its action upon the stomach reflects something of this irritability, in a sense of lump. We compared that symptom with the condition produced by *Sepia* several days ago.

Many physicians only understand the usefulness of Nux in its relations to gastric disturbances, by the symptom of "lump in the stomach" and violent pains in the same region. They do not seem to realize that *Sepia* and *Bryonia* have the pains and the lump in the stomach. *Sepia* follows Nux well, but quarrels with *Bryonia*. *Sepia* is also more likely to be indicated when that symptom is one of long standing and in chronic disorders.

Nux is a chilly patient even when in a high temperature and in profuse sweat. In the fever produced and cured by it, even the lifting of the covers gives him a chill. The patient does not become warm during the entire paroxysm of an intermittent though he is often covered with hot sweat with fever.

This drug produces spasmodic action of the circular muscular fibres, causing reversed or anti-peristalsis, a condition finding expression in frequent ineffectual urging to stool and after the first effort, an insufficient evacuation. The pains usually shoot down the rectum, yet in the anti-peristalsis we find burning pains running up the rectum. Aloe has burning with pains attending hemorrhoidal troubles, but in Aloe there is a sensation of insecurity of the rectum, a fear of losing the stool, that in further advanced cases becomes a fact.

In diarrhœas and dysenteries where Nux is indicated, we find the cases always relieved by stool. Mercury has the constant urging to a stool that is scant, but without the relief. The provers have described it as a "never get done" sort of feeling. Merc. cor. has tenesmus with great desire to urinate. Rhus has pain both before and during stool.

Its action upon the nerve centers produces great fidgetiness of both mind and body. The head feels distended and he is as irritable and cross "as two sticks."

Its conditions correspond to those we find in high livers,

hard drinkers, debauchees, people who are physically shattered through constantly urging each function of the body to the greatest possible pitch of endurance.

It also corresponds to the brain fag, overwork and fidgetiness of the business men of sedentary habits. The conditions are brought about by the over crowding of petty affairs, by many cares. In men who have a great variety in their business which is continually calling them from one matter to another. Men who have "many irons in the fire," each of which needs its share of attention. Business in many directions whose lines of connection he must continually hold through his alertness. At last he reaches a point from which he can go no farther, he can do no more and must drop his work unfinished. He suddenly finds himself sleepy in the midst of his work. If he begins to read he becomes sleepy. If he begins to study he becomes sleepy. No matter what he undertakes the sleepiness overcomes him. In spite of his sleepiness, when he puts his weary head upon the pillow, sleep refuses to come, and the events of the day he has tried so hard to fix upon his mind, now visit him in seemingly eternal revolutions, taking every possible form of fantasy and exaggeration, until weary and exhausted from their haunting presence, he sinks into an unrefreshing slumber, from which he wakes late and with difficulty, like Sulphur.

In certain of the mental conditions he feels as though ruled by impulses; impulse that impels him to commit acts that verge upon insanity, and that are some of the earlier symptoms of insanity.

We usually find that this condition has existed, when it is too late to remedy matters, for should the patient, in some moment of strong desire, yield to the impulse, he would instantly become raving mad. The tendencies are to the destruction of others. Nat. sulph. has strong desire to destroy himself. Arg. n. has also temptations to destroy himself, particularly to throw himself from a height, but he recognizes that tendency and avoids placing himself under temptation. A woman may have an impulse to kill her husband whom she loves dearly, or throw the child whom she worships into the fire or to injure a near and dear friend. A man feels that if any one should speak to him he should like

to stab him. In fact, we find many abnormal and fiendish impulses occurring in those who need or have overused *Nux vomica*.

This drug has both a mental and a general $<$ in the morning. Like *Puls.* it has also a foul mouth and a foul breath in the morning; again like *Puls.* it has $<$ of the stomach symptoms in the morning. In the morning, too, the tonsils are frequently covered with follicular ulcerations.

Bursting sensations in the head coming on from gastric disturbances. Sensation of stone in the skull. *Ign.* has a sensation as of a nail driven through the skull. *Nux* has pressure upon vertex as if crushed in by a stone.

Nux has also great dryness of the nose, causing bleeding and great dryness of the mucous membranes of the mouth, with or without thirst. The nose, eyes, mouth closely correspond to the $<$ attending coryza. Every time he over eats on comes a cold. Every time a whiff of air touches him he takes cold. The coryza is peculiar, it is $<$ in a warm room, and $<$ in the night with a stuffing up of the nose, breathing clearly in the day time and in the open air. A desire to be warm and in a warm room which makes him worse. When evening comes on he has this stuffed feeling in the nose and head, and withal a fluent coryza, involuntary, compelling him to use a handkerchief, or to lie with his face in a handkerchief, sometimes a towel, it is so profuse.

He is yellow, sallow, blackish, like *Sepia*, which also has a coryza $<$ in a warm room. *Nux*, like *Merc.*, is $<$ by the warmth of the bed, but *Nux* is $<$ from uncovering. *Nux* has a desire to be warm in warm room which $<$.

In chills, may be congestive, there is no relief from covering, the clothing may be piled stacks high, even when the heat is excessive he can not lift a single covering without chilliness and shivering. *Ign.* is $>$ by uncovering. In *Nux* most of the stomach and abdominal symptoms are better from heat but the head is $<$ by heat. In intermittents the heat is short and dry, chill and heat intermingling, followed by a hot sweat and intense heat. Marked $<$ of complaints in the mornings, but there is no special period for the chills, they come at any time and at all times.

Nux is full of uneasy dreams, uneasy sleep, sleepless between 12 and 3 A. M. The slightest argument upon any

question "puts him out." He can not talk when opposed, he immediately becomes angry. He is in such a shattered mental condition that he is quite unable to reason carefully, yet will settle questions to suit himself, will half think out a subject and form an opinion, after which he objects to any argument, or to any one disagreeing with him.

Nux has many important eye symptoms, many stitching pains through the eye. It has a dry teasing cough like Nat. sulph. A harassing cough with great soreness of the chest and headache. Like Bryonia, the head feels as if it would fly off during the cough and is often caused by the coryza going to the chest.

Complaints attending good living, high living upon rich foods in persons of sedentary habits. In those people we will find many headaches from gastric disturbances, cravings for hot, spicy foods, hot, spicy drinks, for wines and liquors; acne caused by a disordered stomach, and through eating cheese and cheesy substances; stomach symptoms < by eating, by motion, > by heat. Head symptoms < by heat. Nausea with awful retching, causing gagging and straining for days and nights, like Ipec. and Ars., but not with the same horrible sinking that is found in either of the above remedies. Nux must lie on the side because he is worse when lying on the back. Spasmodic vomiting of bile, leaving a bitter taste in the mouth > from water. Vomiting of mucus. Pains and at times nausea made better by hot drinks. Here is the sensation of pressing in the epigastrium as with a stone. Associate that symptom with one found in the vertex, sensation as of pressing in with a stone, and you will see the typical Nux condition. Nux has a sense of plug in the throat, like Sepia, and is < by eating, like Aloe. Aloe has a diarrhoea from leaving off the drinking of beer, and Nux has the same when abstaining from alcoholic drinks.

The stomach pains come on about one hour after eating, showing that it has made an effort at digestion, while in *Abies nig.* the pains come on immediately after eating. In *Kreos.* the pains do not begin until about three hours after eating, and then the food is vomited.

Portal congestion through blood stasis; portal congestion causing hypochondriasis. Hemorrhoids with stitching and burning pains. Cutting pains about the navel extending to-

ward the rectum, causing desire for stool. Cup. has cutting pains in the abdomen, extending from front to back as though it were transfixed, when Copper will always relieve within a few minutes unless you insist so strongly for the material dose as to give Copper crude. Labor pains in threatened abortion, pains in the stomach, uterus, or ovaries, with urgent desire for stool. The Nux patient will go for days with scant stool and anti-peristalsis. In abdominal complaints it runs closely to Bryonia with marked yellowness of the skin. Bryonia is < by motion and is not > by heat, while Nux is both. Bryonia lies with limbs drawn to the body and is often indicated in peritonitis, while Nux is more likely to be confined to diseases of the portal system, the algias, etc. Nux is < by slight pressure. Colocynth is > by pressure in the algias. Mag. ph. is > by both pressure and heat.

We shall find a sunken abdomen in Nux patients, while in Calc. and Sep. we find enlarged abdomen. In Nux the pains are < from cold, but decidedly > from heat. The patient will tell you she is comfortable so long as she applies heat. You will find this remedy useful in uterine colics, dysmenorrhœa, etc., when this modality is present. When moist heat gives relief to abdominal pains think of Nux. m.

Then we may present it in this way. A uterine colic in which each pain causes urging to stool, not > by pressure, > by heat, Nux. The same conditions > by pressure and not > by heat, Bry. A colic > by both heat and pressure, Mag. ph. Inula, has pains causing urging to stool, like Nux. Inula has urging to urinate associated with urging to stool, and has also many other symptoms in common with Nux, as has been ascertained by the provers. The present indications lead us to think it will be the opposite of Nux in temperament and color, which will make it of great use. Nux has many colic symptoms associated with a suppressed hemorrhoidal flow. A cold, wet cloth applied to relieve the flow and the burning pain may have brought on the colic, with urging to stool, etc.

Nux is often indicated in enlargement of the liver and of the spleen, ague cake.

There has been but little study of the diseases of the pancreas, and the symptoms at present are so confused with those of the surrounding organs, that it is impossible to

judge, of either the lesions, or usefulness of remedies, from our present knowledge of the subject.

Nux has a great sense of weakness in the region of the inguinal ring, there seems a continual pressure there, hence it is found curative in hernia when that sensation and the characteristic constipation are present. It has a left sided hernia. We find a hernia of babes, left sided, with frequent urging to stool, and even though unable to get other symptoms we are able to cure many cases.

If this sensation of pressure comes in the right side, with inguinal hernia, Lyc. is the principal remedy. Arn. relieves in many cases where there is soreness and irritation of the ring. If Arn. is not deep or broad enough, Con. competes with it, in those symptoms, and relieves in many cases. Nux and Con. are both prominent in the symptom of goneness and weakness in the region of the groin.

Hernia is usually attributed by the doctors to mechanical interference and they are injected with all the latest fads in surgery, and not always successfully. Suppose we purge the *Materia Medica* of all the little symptoms, that really mean nothing, you know, or suppose the provers had thought nothing of this sense of weakness in the inguinal region, how should we have cured hernia?

Nux has dribbling of the urine, retention of the urine, due to paresis, to paralysis of the bladder, therefore we find it of use in dribbling of urine of old men, with enlarged prostate, or in gonorrhœa. Allopathy has discovered its use in controlling many conditions of the sexual organs of both male and female. Nux has great mental sexual erethism, with inability to perform the act of coition and relaxation upon intromission. This condition is so extreme and causes such mental suffering, that it drives him to suicide. It is frequently indicated in the bad effects from sexual excesses, from abuse of drugs or stimulants.

In the menstrual flow produced by Nux we find it coming too early, too profuse and lasting too long, with the characteristic pains, teasing to stool, and bearing down as though the organs would escape from the pelvis. The flow may also be scant and fitful. Itching of the vulva is a prominent symptom.

Its adaptability to such conditions as prolapsus, dysmenor-

rheas, with the characteristic violent pains, so severe she can not stand, and making her so cross she can not speak a decent word to her best friend, is easily perceived from our knowledge of its modalities. Pains as if squeezed between stones like Colococynth, but entire > from quiet and heat applied.

In pregnancy we find many backs to treat. Nux will be found indicated, when the drawing pains are < from lying on the back, < from lying down. Backache beginning as soon as she lies down in bed, compelling her to get up and walk about; all pains severe, labor pains, after pains attended with soreness, like Arnica. Pains in back as if it would break, like Phos. and Bry. (in back as if it *was* broken, Kali c.). She must sit up in bed to turn over.

The inflammations and congestions belonging to the bladder, rectum or uterus, are always accompanied by the characteristic bearing down pains, with desire for stool.

Headaches of active business men, men who are fond of good living, high living, such as first brings to them gastric disturbances followed by headache.

Asthmatic conditions proceeding from a disordered stomach. This asthma is more of a wheezing than an asthma. He feels very well for a time, then takes what he calls "a full meal," and on comes the asthma; he wheezes up to you with a "Doctor, I think you will have to do something for me this time, I can't stand this," yet he may have been months abusing himself. Nux patients have a great desire to talk of themselves and their ailments.

Nux produces a cough that is dry, tickling, spasmodic and fitful, like its temper. Like Bryonia, it seems as though he would "fly in pieces" and he always desires to hold the head when coughing. It is better from the pressure.

Neuralgias of the highest type attended with soreness and numbness. Dryness of the joints. Fulgurating pains.

Neuritis with great soreness of the skin.

The least touch to the throat causes gagging; the least tickling of the soles of the feet may throw him into convulsions; this latter symptom causes it to be considered a great remedy in spinal anæmia by pathological prescribers.

If called to a patient fallen under the tender (?) mercies of the regular (?) and you find the table filled with bottles, the

room full of odors and of spices, you see at once the confused picture of innumerable symptoms and the necessity to clear the room of rubbish and give Nux until the picture resolves itself into harmony.

The more active the sickness the more quickly you can accomplish the work. In a chronic case you will usually only need to *wait* until the first impression of the sickness, that has been suppressed by the drug, reappears. S. L. G. L.

MATERIA MEDICA.*

A complete knowledge of the materia medica is a most essential qualification for the practitioner, or he will be groping in the dark like a ship on the ocean to be tossed about without chart or compass. How shall this knowledge be obtained? Certainly not by experimentation upon the sick, for this has been tried for many decades with unsatisfactory results. Says Dr. John Forbes, editor of the *British and Foreign Medical Review*: "The history of medicine has been a history of perpetual changes in the principles and practices of its professors."

This admission is evidence that a more important change was necessary in the materia medica in its relation to therapeutics. It has remained for the present century to develop the wonderful strides in the advancement of the arts and sciences. Steam in its application to all kinds of motive power; electricity in all its wonderful capacities has but just begun to develop its power for contributing to the wants of humanity. Thus the materia medica had been for ages an uncertain guide in therapeutics. Each physician had to form a materia medica for the occasion in its therapeutic application. Hippocrates advanced the sentiment that "like cures like" in practice, but he made no effort to prove its truth, neither did his colleagues. It remained for Hahnemann to lay a foundation for a materia medica on a purely scientific basis. Not being satisfied with Cullen's theory of the action of Peruvian bark in the treatment of intermittent fever, he resolved to try it upon himself. After a few days' trial he had shaking chills, followed by fever and perspira-

*Quarterly Meeting of the Oneida (N. Y.) County Society.

tion. Like an electric shock, the theory flashed upon his mind that possibly this was the manner in which all medicines cure.

He then determined to test them upon himself and as many as he could persuade to aid him in the self-sacrificing process for the benefit of humanity. In this manner seventy of the drugs in most common use were subjected to this ordeal.

The result of these provings has been confirmed by the treatment of the sick. Thus the maxim, *similia similibus curantur*, is proved to be one of nature's laws as much as the law of gravitation. When a physician selects a remedy which in its proving upon the healthy organism has produced the symptoms corresponding to the totality of the symptoms of his patient, he may be assured that he has done that which is for the best good of his patient. The repeated proving of drugs upon the healthy organism, when the drug has been prepared in a form best calculated to develop its full powers, has demonstrated the important fact that each individual drug in its action has a definite specific action upon certain tissues, organs and parts of the body peculiar to itself, modified of course by certain conditions of constitution, sex and temperament of the individual.

Another important fact is demonstrated that when a new and untried drug has been thoroughly proven, the practitioner may prescribe it with the same confidence as of a well known remedy. The writer well remembers while engaged with a student in the year 1851 in the proving of a certain drug unknown as a remedy, that the effects upon both in its action upon the organs of respiration became so marked that comfort and safety required a halt.

A few weeks afterwards he was called to see a patient sitting up in bed, inclining forward on a pillow resting on a frame work. She stated she could not breath in any other position, and had been in that posture two weeks under treatment. The description of symptoms were so similar to the proving, that remedy alone was prescribed, the result a complete recovery in three weeks. Saw the lady five years afterwards, who stated that she had not had a sick day since.

What about Koch's lymph? This is no exception to the law. Its failure in the hands of some European physicians

proves the fact that any remedial agent given only to the sick is and always will be attended with uncertainty and doubt. As each person is an individuality, so is disease. No two cases are in every respect precisely alike, and when the lymph has been thoroughly proven upon the healthy organism, then and not till then will there be a sure guide for its therapeutic application. When the cholera in 1831 and 1832 in its westward advance from Asia had reached Moscow and St. Petersburg, physicians from western Europe flocked thither to learn the true nature of the disease and its treatment, sending back a full report of its characteristics. Hahnemann seated in his private office at Leipsic, having before him the proving of drugs upon persons in health, there made the selection of remedies for the various stages of the disease. On the arrival of the disease these remedies were applied with success, and the great production of mortality proved its superiority, and from that period to the present these remedies are the reliable choice of the practitioner of the homeopathic school. In a recent communication from a homeopathic physician in Calcutta, to a Philadelphia medical journal, he confirms the above, and to the end of time where the cholera retains its present peculiar features these remedies will prove curative.

If any one doubts the correctness of the foregoing statements let him follow the example of the late Dr. Benjamin F. Joslin, of New York city.

On reading the statement that each drug had a special relation to certain tissues and organs of the body, he resolved to test it upon himself. He gave a thorough proving of several remedies one at a time, for a year or more, without having any knowledge of any previous proving. When he had collected and arranged all the symptoms he then compared his own with those of Hahnemann's and found them in every respect similar. His reprovings of drugs together with his original provings of the *Rumex crispus* will be a more valuable memorial than the marble over his remains.

But what about the microbes, those troublesome little pests? The prevalent trouble of physicians is, in seeking for the causes of disease, they only discover its effects, as in excretions and post-mortem examinations. The microbe is not the cause but the product of disease. It yet remains to be seen that a microbe has a place in a perfectly healthy organ. Disease is a

disturbance of the vital forces, and when a remedy has been prescribed in due form which restores those forces to a normal condition, all traces of the disease, microbes and all, will disappear in all curable cases. In what manner shall the drug be applied in the proving? Either in the usual form or by inoculation. Some of the most valuable provings were made with the 30th potency. Variola vaccina prevents smallpox by inoculation on the law of similars, and is an important remedy in the treatment of that disease. So is Ant. tart., Rhus., or any remedy which will cause pustular eruptions, provided it corresponds to the totality of the symptoms.

L. B. WELLS.

DISCUSSION.

Dr. Terry: I do not recognize any force or efficacy in the 30th potency.

Dr. Wells: That's where I think you are egregiously mistaken.

Dr. Terry: This is a discussion; we have the right to differ, and I am glad you do. Dr. Wells can not live without his soul. In the 30th potency the microscope can not detect anything, because it is powerless.

Dr. Wells: The force and power are there, in spite of the weakness of the microscope. The efficacy is there.

Dr. Terry: That is the delusion.

Dr. Wells: If I were sick, the physicians could administer to me medicines of the 30th potency and I can tell from their effects just what the remedies were.

Dr. Terry: I am willing to bet a house and lot this could not be done with a score of drugs. This was exploded at a Milwaukee convention. You can not separate soul and body and perform your functions. When you get to the 30th potency, you have nothing left but imagination and a little alcohol, which works well sometimes.

Dr. Wells: What we want in the medical profession is facts; theories are all wind.

Dr. Terry: Yes, that is what the 30th potency is.

Dr. Wells: Let me finish. If I have a patient with certain symptoms, I prescribe the 30th potency, and——

Dr. Terry: I object to your premises.

Dr. Wells: Let me finish. The patient recovers, and we

are to receive that as a fact. If we are not to accept facts, it demonstrates that the whole medical profession is a farce. That will be the result, if we do not accept the results shown by the higher potencies.

Dr. Terry: When I was in college, there was a physician who never gave less than the 200th potency, but the 55,000th was his pet remedy. The patient was told to take a dose and report the result in a week. By that time nature, which does most of it, has made a cure or the patient is dead. The doctor lost his practice. High potency is not the practice of Homeopathy, but one of its delusions. During the last few years of his life Hahnemann took up with these potencies. The high potency is utter rot. Homeopathy is all right in principle. Many use it, however, as meaning only a high potency. The younger men in the profession are better taught. The great majority of allopaths use homeopathic remedies. Give nothing short of the physiological action of a remedy and you will get results.

Dr. Tousley asked Dr. White with what potency she had obtained results.

Dr. White said she had obtained the red face and the throbbing pulse with the 200th potency.

Dr. Tousley: I have known remedies of high potency to cure old chronic diseases, and you are just as certain to get a proving as with a low potency.

Dr. Terry said at the convention in Niagara Falls a doctor claimed to get results with the 30th of Silicea, when it was proved to have been the fifth. Pharmacists often furnish remedies one-fifth, one-sixth or one-twelfth, but mark the remedies one-thirtieth. I give something and the patient gets well. When I give the thirtieth, I feel as if I had not given anything.

Dr. Wells: Here is the difference between the doctor and we who believe in the trituration and succussion of drugs. He denies that trituration and succussion develop the power of drugs. Take charcoal, pulverized, and no one deems that it has any power as a remedial agent. But grind ten grains of charcoal with 90 grains of sugar of milk; grind ten grains of this mixture with 90 grains more of sugar of milk. Let this process continue till the tenth potency is reached. Let any one avoid coffee and take of the medicine three times a day for

three weeks, and if it does not produce any effect the doctor will be justified in what he says. But there are thousands of physicians who are using these remedies with beneficial results.

Dr. Terry: Perhaps the man who has done more to encumber libraries with materia medica is Dr. Allen, of New York. A few years ago at a convention in Albany he admitted to me he was mistaken with regard to high potencies. So our libraries are encumbered with trash. What Dr. Wells has said proves nothing. Remedies must be triturated finely to be taken up more readily. You can not triturate Dr. Wells and make him stronger than he is now.

Dr. White: I have a case I would like to report, and surely I am not a high potency crank. I had a case of sensitive throat. The lady went to New York to take music lessons and caught cold. After being treated by two physicians without obtaining relief, she went to a throat specialist, who prescribed Causticum 40,000th. She obtained immediate relief. She returned to Utica, took another cold and I prescribed Causticum third. There was no effect. Made the potency higher and is cured.

Dr. Tousley: That case is worth a thousand theories.

Dr. Terry: One case proves nothing.

Dr. White: With this patient this remedy cures these colds every time. They do not cure themselves.

Dr. Tousley said he had had patients cured of ague by using salt of 30,000th, or 40,000th potency, when the same patient had probably eaten almost a handful of salt daily. He had seen a patient suffering with catarrh, who had a bloody discharge from the nose cured by the use of a high potency of Kali bichromicum.

Dr. Terry: The very statement of the case gives it away. It was acute and cured itself. Often these cases are cured by hygienic surroundings. The allopaths claim the cure for the remedy rather than for the surroundings.

Dr. Capron thought if a remedy of high potency had no effect on a healthy person it could have no effect on a sick one. Here the meeting adjourned.

BOVISTA OFFICINALIS.

(LYCOPERDON BOVISTA, LIN.)

Allow me to draw attention to the great confusion existing in the pharmacopœias respecting this fungus.

The absolute necessity that the plant made use of in the "provings" should be the one always used in preparing the drug, has led me to make a few remarks on the plant known in homœopathic works as *Bovista*, a medicine of so much importance that there should be no doubt whatever about it.

All the homœopathic pharmacopœias state that *Bovista* is "*Lycoperdon Bovista*" Lin. and *Bovista nigrescens* (two distinct fungi). At the present time fungology has attained a much higher rank than formerly, and exhaustive volumes have been written on the subject, and a most elaborate re-arrangement has taken place. We find that old names have often been changed and new ones given and it is in some cases very difficult to know which is the plant referred to in the old writings. This difficulty might have been avoided if a reference to a published figure and description had been given by the "prover" and by the pharmacopœias. At present, as will be seen by a reference to the various homœopathic pharmacopœias, the names and descriptions of *Bovista* are by no means identical, and in consequence there is the danger of different fungi, possibly possessing very different properties, being employed under the name *Bovista*. Thus in Jahr's and Gruner's Pharmacopœia the name is given as *L. Bovista* and *B. Officinalis*, but no authority is mentioned for these names. The plant is described as almost globular and in size from "a quarter of an inch to one inch in diameter," the color finally changing to dark brown, this description is most like *Bovista nigrescens*, which usually attains to one inch or one and a half inches in diameter. The peridium of this fungus becomes blackish umber and the spores purple brown. (Cook.) But this can not be the plant called *L. Bovista* Lin., which is of much larger growth.

The American Homœopathic Pharmacopœia (Tafel) calls it "*B. Nigrescens*" and "*L. Bovista* Lin." but there it is described as a plant varying in size from "one inch to one foot," and in color at first white, afterward dirty yellow, finally

umber brown. This description might, as regards size, include either *B. nigrescens* (one inch) or *L. giganteum* (one foot).

The American Homœopathic Dispensatory gives as synonyms *B. nigrescens*, *B. officinalis*, *L. Bovista*, *L. Cœlatum* and *L. gemmatum*, etc., but gives no authorities and no size. The last two named are also entirely different fungi. *L. cœlatum* is a rather large, oval, collapsing fungi. *L. gemmatum* is a small warted puff ball.

The British Homœopathic Pharmacopœia under *Bovista* gives as synonyms *L. Bovista* and *B. nigrescens*.

Now the gist of the matter is this. The provers give *L. Bovista* Lin. as the name of the plant "proved," and they give the limit of size as "four inches in diameter." There is really no need to give the smallest sizes that may be found, as the ripe spores from the mature plant is the part ordered. The only guide is the limit of size. This being so, the plant in question is wrongly described by Jahr and Gruner, *B. nigrescens* being evidently the plant they describe, since the limit of size it attains is "one and a half inches." The plant is wrongly described by Tafel, because neither does *B. nigrescens* or *L. Bovista* Lin. grow to a foot in diameter. The other pharmacopœias I have quoted do not give the size, but they mix up different plants by name. The *Bovistas* as a rule are filled when mature with stalked spores, and have no sterile base. The lycoperdous as a rule have only the upper portion filled with spores, which are in most of the species sessile (although occasionally they are stalked as in *L. Bovista*) the lower part being solid and sterile.

L. Bovista, Lin., according to the specimens sent me by Professor Fries, is about four inches in diameter, subglobose in shape; the ripe spores are of an umber brown color (all the specimens are of this size and color); the spores are stalked, and, with the fluffy mass, fill the upper part of the plant, the base being solid and sterile; it does not, I believe, grow in Great Britain.

L. Bovista is official in the German Pharmacopœia. There can be no question whatever that its maximum size does not exceed four inches, the fungus described by Tafel as being a foot in diameter is, no doubt, the one known as *L. giganteum*, which has often been substituted for the true

plant in preparing the tincture or trituration. On reference to "the proving" of *L. Bovista*, Lin. (Hartlaub and Trinks), it will be seen that it varies in size from one and a half to four inches in diameter. This is the plant, or, it may be, plants, described by the provers as *L. Bovista*, Lin. This, as regards the four inches diameter, is in accord with the size of *L. Bovista*, Lin. as given by the celebrated Swedish Fungologist and botanist, Professor Fries, who, in his work on fungi, gives a full-size colored plate of the plant, which is about four inches in diameter. He further says: "There is a great difference between *L. Bovista* and the giant puff ball *L. giganteum*; the latter is generally regarded as a distinct species, and grows to the extraordinary size of one foot in diameter. It is not so common as the former, and it generally occurs singly; the spores in all the examples I have seen are olivaceous or greenish brown in color." I am indebted to the kindness of this eminent botanist for typical specimens of the full-size plant of *L. Bovista*, Lin. That there should be no further mistake, it would be well to reprove this drug, and I shall be happy to send some of the authenticated plant to any doctor who may wish to help in the matter. I also send you carefully-made full-sized drawings of the fungus, copied per Prof. Fries' work, and I should be glad if you would reproduce them in your journal.

ALFRED HEATH.

LONDON, ENGLAND.

THE BOSTON HAHNEMANNIAN ASSOCIATION.

DECLARATION OF PRINCIPLES.

The following resolutions express the sentiments and represent the practice of the members of the Boston Hahnemannian Association:

WHEREAS, We believe the law of similars to be the law of cure; we believe a proper knowledge of the curative power of medicines to be derived from provings made upon healthy persons; we believe Hahnemann's "Organon of the Healing Art" to be the true guide in therapeutics; that the totality of the symptoms forms the only basis for the selection of the

remedy, and that the best results are attained by the use of the minimum dose of the single remedy in a potentiated form; therefore, be it

Resolved, That we adopt the name "Hahnemannian Homœopaths," in contradistinction to that of "Homœopaths," which has been and is misappropriated by those who claim to practice Homœopathy, but who do not comply with the conditions of the law as deduced by Samuel Hahnemann.

Resolved, That either the alternation or combination of remedies in prescribing is non-homœopathic.

Resolved, That the use of local applications, unless homœopathically indicated, is non-homœopathic.

Resolved, That mechanical appliances are admissible only when mechanical conditions are to be overcome.

Resolved, That we deprecate any practice which tends to the suppression of symptoms, inasmuch as it injures the patient and renders difficult the selection of the specific remedy.

KOCH AND HIS DISCOVERY.

Another medical discovery has gone up like a rocket. Will it come down like a stick?

Since the origin of man the world has run after miracles, has sought for and demanded humbugs, has expected the unreasonable, and until the sands of time have run their course, and our world has been resolved into its original chaos, it will ever be so. To gain an ascendancy of life over death, of health over sickness, for the ingenuity of man to cope with that *ignis fatuus* "disease," the search for the fountain of perpetual youth, has ever had its attractions and been the subject of the greatest deceptions practiced upon the human race.

Ponce De Leon will not be the only name written on the scroll of history as a fanatic in the search of perpetual life. Within the last three years three names have been added whose influence in the scientific world were formerly unquestioned. Bergeon sought to overcome the monster consumption with his rectal injections of sulphurous gases; Brown-Sequard felt that he had placed death under parole through his discovery of his "Elixir of Life;" and now the great Koch has placed consumption on the "pay roll" by the

injection of a fluid whose composition he chose to keep a secret until his methods were denounced as those of a charlatan by his peers.

Is it not time that the medical profession was crying a halt? Should we not gather ourselves together and seriously ask ourselves, "Do we really know anything? The laity are poking fun at us, our patients are losing confidence in us, and the unscrupulous charlatans are using these insights into our weaknesses as a powerful leverage against us.

Koch is now attempting to teach that consumption is the result of an inroad made into the organism by the tubercle bacilla and that the method of cure lies in a preparation of this same bacillus diluted to the second or third decimal attenuation and injected subcutaneously into the affected patient. The world half believes that this statement is true although not one patient has yet been cured. There is not a particle of evidence yet to show the truth of the assertion, or to base a hope on this new method. We are led a step farther and are told that it is in lupus that we have the grandest results. And yet there is not a single case of lupus on record which was cured by Koch's lymph. Dr. Thiberge, who witnessed the lupus treatment in Bergmann's clinic, says: "In presence of these facts, I think myself fully authorized in declaring that, by the method of the injection of Koch's lymph alone, there does not exist a single case of recovery, even apparently, of lupus. And since my return to Paris, I have had the satisfaction of learning that a dermatologist, whom I particularly esteem for his character and talent, Professor Haslund, of Copenhagen, has arrived at the same conclusions." (See *L'Art. Medical*, January, 1891, page 581.)

The search for the cause of disease and the law which was a necessary outgrowth of this belief in a cause, "*sublata causa tollitur effectus*," has stranded the medical profession on every rock over which they have trimmed their vessels to sail. *Sublata causa tollitur effectus* is as false as the mirage which lures its victims from the path of safety on the desert sands. In the light of all the knowledge of to-day we can safely say that man has never found the *cause* of disease, and every leap blindly made at this uncovered death-producing agent has proven the falsity of the hope in a cause revealed.

For the last few years the medical and scientific worlds have based their every hope on the germ theory of disease. That the specific germ was the cause of the disease and that the cure depended solely on killing the germ has remained almost unquestioned. And now mark the change: within the last few months the most enthusiastic adherents to the germ theory are changing their belief and theory. To-day it is not the germ *per se* that causes the mischief. It is a something, a *toxine*, which the germ secretes that sends our patients across that unknown boundary. They have brought the argument down to a hair and are now trying to split the hair. As a result of this new line of reasoning we have a change in germicidal therapeutics. To-day it is not to kill the germ but it is to introduce into the system a modified solution of the *toxine* secreted by the germ and thus counteract the influence of the *toxine* already at work in the patient. There is nothing else, no other remedy in the mighty field of therapeutics which can combat the dreaded disease but this same attenuated virus of the microbe (!)

What does this mean for Homœopathy? Everything. More than three quarters of a century ago the greatest man who ever lived in the field of medicine formulated a theory that disease was the result of a disturbed life force, a *dynamis*; that the cure of a disease must be through the action of a remedy which produced a train of symptoms similar to those found in the patient; that the remedy must undergo a proper potentiating until the right dose (power) was one that would produce an aggravation along the same line of disease symptoms. Later on, our lamented French teacher, Dr. J. P. Tessier, formulated the law that disease held a relation to the individual in proportion to the "definite predisposition." Still later were the experiments of men in the homœopathic school that potencies of diseased products or tissues would act curatively in the same diseases, as variola, tubercular phthisis, syphilis, etc. While this theory of isopathy has been rejected on purely homœopathic grounds, it has been used even by those who question the variation of the law, and the remedies are known to be excellent.

Outside of the homœopathic school we find the representatives of this theory in Jenner who worked on purely homœopathic principles in using a similar agent in variola; in Pas-

teur, who believes in isopathy and dilutes the rabic virus and injects it for the cure of the same disease; and lastly and principally we have to deal with Koch, who is the greatest isopathist before the public to-day.

When Pierre Dufresne took the blood from the spleen of a diseased sheep, diluted it and gave it to sheep suffering with the same disease, malignant pustule, he cured the sheep and thereby made a most valuable discovery. But he was a hated homœopath, not entitled to the respect of a scientific human being, and the scientific world shrugged its shoulders and kept silent. Had he been a Koch or a Pasteur, he would have had laurels on his grave to-day, placed there by a grateful government. We who have the only medical law known to be true; we who have done the most in the perfection of medicine; we who have held the greatest control over the most desperate diseases (cholera and yellow fever); we who have been the precursors of almost every medical and clinical rule of value to the profession; we who have stood for a hundred years by that grand law "*similia similibus curantur*" and ever found it true; we who are the *Regulars* to-day, are the only school that has gone bravely forward with our feet planted firmly on the rock of Truth and have been satisfied with a law demonstrated and proved wherever put to the test.

And now let us take up this consumption cure and analyze it according to the best light of to-day. Will it cure tuberculosis? We feel safe in saying no. In the first place there is no data to go by and from which we can reason, even by analogy. There has been no treatment brought out which may be used as an illustration along a similar line of action. The reason is that tuberculosis is a disease having an ancestry; having an influencing factor which dips deep into the past history of the patient. To cure phthisis tuberculosis by injection of Koch's lymph, we would have to inoculate the great grandparents of the victims. It is a course of reasoning which must be carried *à posteriori*. And this is no trifling statement. We inoculate against variola *before* the exposure to the disease. Pasteur inoculates against rabies *after* the patient has been bitten. Anthracine was given to sheep either just before exposure or while sick with malignant pustule. Inoculations of Koch's lymph should be given when we can say: To-day, a week

ago, or two weeks ago, this patient received the contagion of phthisis tuberculosis. That day will never come.

Consumption is a disease which lies dormant in the system for an indefinite period and is fanned into flame by some exciting cause. It is hereditary and may allow a generation or more to elapse without reappearing in an affected family. We carry the argument a step forward and endorse the definite predisposition of Dr. Tessier; and another step, and we are abreast of the later belief of the germ theory advocates—that one does not inherit tuberculosis, but that he inherits a tendency towards it, *i. e.*, a *definite predisposition*, and that one must receive a contagious element before contracting the disease. In other words, the germ must be introduced into a suitable soil before consumption is present in the individual. If these arguments are true, and they are the arguments of Koch and his followers backed up by the positive knowledge of experience, then Koch's method must fail. For by the above statements of the conditions of the case, the disease lies in the definite predisposition, and it must be removed as much as the germ, which is a secondary feature.

Phthisis tuberculosis may be stayed, but it is doubtful if it can ever be pronounced cured. No paint nor putty can repair the imperfections of a faulty construction; they may place it beyond superficial observation, but the errors and weakness remain, and no toxine nor ptomaine will be likely to have the power of removing either the contagious element or the definite predisposition of phthisis tuberculosis.

H. P. HOLMES.

OMAHA, NEB., Jan. 25, 1891.

KOCH'S DISCOVERY?

We clip the following interview of Dr. J. A. Biegler from the *Rochester Union* of January 19.

Reporter: Doctor, I have been sent by the *Union* to inquire if you are willing to state your opinion of the much talked of discovery by Dr. Koch, of Berlin, of a sure cure for tubercular diseases, and allow it to be given to the public.

Dr. Biegler: I see no objection, now that Dr. Koch has published a statement to an extent sufficient to enable us to understand what his remedy consists of and what its origin is.

The first observation I wish to make is that it is a step in the direction of a confirmation of Homeopathy.

Secondly, that the lymph, or what may be called the remedy, might be curative according as it is homeopathic to the individual. That is to say, if its action on the healthy system corresponds to the manifestations of disease in a tuberculous patient, which manifestations are to be noted by the symptoms, and it is homeopathic to such a case only when it is administered in an attenuation such as corresponds to the stage of the disease and the vital power of the patient.

Thirdly, that the attenuation or potency of this remedy is of vital importance on the question of curing or of killing the patient. This is already foreshadowed in the following extract from the statement of Prof. Koch's experiments as detailed by him in the dispatch of the 15th instant from Berlin, published in the *Union* of Friday evening last:

"Thus the injected tubercular bacilli quite differently affected the skin of a healthy guinea pig from one affected with tuberculosis. This effect is not exclusively produced with living tubercular bacilli, but is also observed with the dead bacilli, the result being the same whether, as I discovered by experiments at the outset, the bacilli are killed by a somewhat prolonged application of a low temperature or boiling heat or by means of certain chemicals. This peculiar fact I follow up in all directions and this further result was obtained, that killed pure cultivations of tubercular bacilli, after rinsing in water, might be injected in great quantities under healthy guinea pigs' skin without anything occurring beyond local suppuration. Tuberculous guinea pigs, on the other hand, are killed by the injection of very small quantities of such diluted cultivations. In fact, within six to forty-eight hours, according to the strength of the dose, an injection which is not sufficient to produce the death of the animal may cause extended necrosis to the skin in the vicinity of the place of injection. If the dilution is still further diluted until it is scarcely visible, the animals inoculated remain alive and a noticeable improvement in their condition soon intervenes. If the injections are continued at intervals of from one to two days, the ulcerating inoculation wound becomes smaller and finally scars over, which otherwise never does; the size of the swollen lymphatic glands is reduced, the body becomes better nourished and the morbid process ceases, unless it has gone too far, in which case the animal perishes from exhaustion. By this means the basis of a curative process against tuberculosis was established."

Fourthly, I do not regard the bacilli as the power of the remedy. No more so than the fluids which contain them, as they are all mere vehicles of the force which produces the

effect, and which is imponderable and can not be discovered by the scientist's microscope. This is also fore shadowed in the experiment given with the dead bacilli.

Fifthly, I believe that the tuberculous lymph, regardless of the presence of bacilli, may by proper attenuation become an active remedial agent, or otherwise, according to the mode of administration.

Sixthly, that as the bacilli are not the cause of disease, they may, however, be a means of conveying it the same as any other product of diseased matter. They exist wherever fibrin is to be found, and are present as excretions from diseased surfaces and vary in form according to the diseased tissue from which they are produced. Thus we have what are called the bacilli of diphtheria, cholera, etc. They are also found in fresh water lakes where vegetable fibrin exists but where there is an entire absence of miasms.

Reporter: Is this remedy to you a new discovery?

Dr. Biegler: While I am perfectly willing to ascribe to Dr. Koch the merit of discovery claimed for him, I must say that it is not entirely new except as to the manner in which he discovered it and his method of applying it.

Reporter: Have you ever used any remedy of a similar nature in your practice?

Dr. Biegler: In answer to that question I must ask permission to refer to a case of tubercular disease of the brain treated by me between twelve and thirteen years ago in this city and cured by what then and is now called Tuberculinum, which case was published at the time in detail in *The Organon*, a quarterly Anglo-American journal of homeopathic medicine, published at Liverpool, England. The remedy above named was tuberculous lymph, or matter, prepared as a homeopathic remedy in accordance with the method of that practice, and given in a high attenuation.

Reporter: Have you a copy of the case as published in the quarterly journal of Homeopathy to which you refer, and would you have any objection to its being quoted in the interest of medical science and as bearing upon the important question under discussion?

Dr. Biegler: No objection whatever. Here it is in the second volume of *The Organon* for 1879.

Following is a condensed statement of the case as given in *The Organon*:

PATIENT.—A girl six years old, prematurely developed mentally. Was called to see her November 1, 1878, and obtained the following statement: Two months previous the child was observed to be in a changed mood; she appeared melancholic, would be found frequently lying on the floor or in the garden in a listless state, often asleep, which condition the mother ascribed to loneliness, the other children having been sent away to school. She frequently complained of headache, and vomited occasionally; febrile exacerbations occurred daily. The family physician, who was called in about this time, regarded it as a case of malarial fever. At one of his visits he was surprised to find the head drawn back and the neck stiff. Upon further examination he pronounced it to be a case of tubercular meningitis.

Counsel [Dr. W. W. Ely] was called, the diagnosis was confirmed, and after a few days she was given up to die. On my first visit at 10 p. m. I found the following symptoms: She kept up an almost incessant cry of "Oh, my head, my back," so much so that it was difficult to get any other answer to questions; but when asked, "Where does your head pain?" she would invariably place her hand on the forehead over the left eye. The pain in the head was not continuous; but after long periods of suffering would remit for a short time. The head was drawn back, but not very rigidly; she had slept but little for several days and nights, keeping up in frequent paroxysms the above complaint. There was a rather converging strabismus, the pupils widely, and nearly evenly, dilated, responding feebly to the light; the vision impaired to a condition of amblyopia. Hearing was rather acute. No other contractions than that mentioned in the nape of the neck were noticed. The pulse was about 140, and small in volume; cheeks somewhat flushed irregularly; the color of face changeable, sometimes pale; thirst moderate; abdomen retracted, as if hollowed or scooped out; bowels constipated. Urine examined and found normal, but had for a long time been rather small in quantity, and was passed at long intervals.

Diagnosis.—In regard to this there could be no doubt. I differed from the opinion given by my predecessors in the case only on the question of the distribution or the localized or circumscribed limitation of the tubercular matter, and for the following reasons: While, to some degree, meningeal inflammation existed, it did not reach to that extent which might be expected in a case of diffused tubercular deposit in the pia mater, as was clearly shown by the absence of symptoms indicating great and general pressure from effusion. In tubercular meningitis, headache is constant to the end of consciousness, while, in the case of tumor (as in this case), the pain is remittent, and even intermittent. In tubercular meningitis, the whole head is the seat of the pain; while with tumor, as was the case here, the locality is invariably and accurately pointed out. The impaired vision could only be accounted for by the pressure of an agglomeration of tubercular matter, or a tumor in the region of the optic commissure, or anywhere in the optic tract; for amblyopia and amaurosis are not only frequent symptoms of cerebral tumors, but they are often the first to present themselves.

Treatment.—After careful study of the case I gave the child four doses of Tuberculinum of a high attenuation, dose night and morning, from the second of November to the fourth. Then it was discontinued. The child now commenced to rest better; the remissions of the pain had become complete intermissions; the paroxysms became shorter, the severest occurring about 8 P. M. and lasting until midnight. Pulse 140. The eyes remained twisted and pupils dilated. More quiet mood.

November 7th.—Still less pain and more rest; eyes and pupils as before; she can not see the length of the bedstead. The neck is not as rigid. The urine is voided without trouble four or five times in twenty-four hours; specific gravity 1,026, alkaline, a pale yellow color, with a whitish cloud; cloudy on the application of heat, with clearing up on the application of nitric acid; microscopic examination showed phosphate of lime in abundance, and a few nucleated epithelial cells.

November 12th.—Tuberculinum was repeated, a daily dose for four days. From this date a gradual amelioration continued, and on the 16th I discontinued daily visits. The pain steadily diminished, so that at the latter date she had only slight attacks morning and evening. The appetite became good, almost craving. The child slept well for two or three hours at a time, but would wake up complaining of pain for a few minutes, and then either remain quiet or fall asleep. The condition of the eyes remained as before.

The diagnosis of this case was confirmed by several ophthalmic examinations made by Dr. Wm. P. Fowler, of this city, and others; also by tests made during the period of recovery.

A steady recovery was noticeable from this time.

November 20th.—Repeated the remedy as before.

November 25th.—She is up and about the room during the greater part of the day, without tiring, and gains strength.

The results of an ophthalmic examination are reported to be in accordance with the apparent recovery, at which time Tuberculinum was administered as before.

January 2d.—Notwithstanding the intervention of an acute sickness from extraneous causes, she made a good recovery down to the discontinuance of my attendance, January 10, 1879.

Reporter: Is the patient still living, and, if so, what as to her general health?

Dr. Biegler: She is not only living, but her general health remains unusually good.

**THE AMERICAN INSTITUTE OF HOMŒOPATHY AND
THE INTERNATIONAL HOMŒOPATHIC CONGRESS:
SECRETARY'S NOTICE.**

The American Institute of Homœopathy will hold its Forty-fourth Annual Session and celebrate its Forty-eighth Anniversary, in conjunction with the Fourth quinquennial International Homœopathic Congress, at Atlantic City, New Jersey, beginning on Tuesday morning, June 16th, 1891. In accordance with action taken at its last session, the Institute will transact, as far as possible, its necessary routine business on that day, and the International Congress will assemble on the following morning. The sessions of the latter will occupy the morning and afternoon of each day (Sunday excepted) until Tuesday, June 23d. This arrangement of the business of the Institute makes it necessary that all the standing and special committees should have their reports in readiness before the opening of the session. But it should be noticed that all *scientific* reports of committees and bureaus appointed last year will be deferred until the session of 1892, thus giving place to the scientific work of the Congress.

All members of Homœopathic Medical Societies will have equal rights as members of the Congress, and equal privileges in the transaction of its business and in its discussions, under such rules as may be adopted for the government thereof. The transactions will be published by the American Institute of Homœopathy and furnished to physicians on such terms as may be decided by the Executive Committee.

It is expected that the proceedings of the Congress will be of the most interesting and important character. While general medicine, surgery, obstetrics and the specialties will have their place in the discussions, the interests of homœopathy will furnish the main topics for consideration. It is proposed that one entire day—"Materia Medica Day"—shall be devoted to the subject of homœopathic materia medica, and the consideration of questions pertaining to its present status and its further improvement. Homœopathic therapeutics will also claim a large share of attention, while some of the subjects upon which the homœopathic school is known to hold a distinctive position, will be presented and considered. The essays and addresses on all of these subjects will be presented by physicians, carefully chosen by the com-

mittee, having the matter in charge, and the discussions will be participated in by some of the physicians most distinguished in each department. Arrangements are in progress to secure reports of the condition and advancement of Homœopathy in all the civilized countries of the world.

A word as to the place of meeting. Atlantic City, as is well known, extends for a distance of two or three miles along the sea-coast of New Jersey, sixty miles southeast of Philadelphia, with which it communicates by three lines of railway and scores of trains daily, most of which make the distance in ninety minutes. New York and Baltimore are within four or five hours' ride, while within a radius of four hundred miles there are nearly four thousand homœopathic physicians. Atlantic City has, during "the season," a larger patronage than any other of our sea-coast resorts, her visitors coming from all parts of the country, but chiefly from New York, Philadelphia, Baltimore and the West and South. She has ample hotel accommodations for twenty-five thousand guests.

The United States Hotel, which will be the headquarters of the Congress and the place of its meetings, is a new structure, located one square from the beach, and within full view of the ocean. It has accommodations for eight hundred guests, and the "pavilion" in which the Congress will assemble is a large room on the first floor, with a seating capacity for eight hundred persons. The meeting of the Congress will occur during "the season," but the United States Hotel will be practically at our exclusive disposal.

The scientific and social features of the meeting, and the attractions of Atlantic City as a health and pleasure resort, render it probable that this Congress will be, by far, the largest gathering of homœopathic physicians ever convened. It is especially suggested that the occasion will furnish unusual opportunity for our physicians to combine the profit of a scientific convention with the pleasures and benefits of a vacation, both for themselves and their families.

THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

Editor Advance: The American Institute's committee on the International Homœopathic Congress is endeavoring to give direction and character to the essays and discussions of

the congress, and to this object more time and energy have been devoted than to any other part of the committee's labors. It would seem that as the themes and discussions of a national medical association naturally take a broader scope than those of a local society, so the work of an international congress should be more comprehensive and far-reaching than even that of a national convention. This committee is, therefore, seeking to bring before the approaching congress some of the broadest and highest questions that confront our profession in all its departments. It is important that the congress should discuss, for instance, some of the broad and imperative issues of modern surgery, rather than the technical details of some minor or major operation—the influence of the Law of Cure in a whole realm of maladies, rather than the indications for this or that remedy in some particular disease—the construction of a *Materia Medica*, rather than the symptoms of an individual drug. To this end our committee has labored and, thus far, with most flattering prospects of brilliant success. Papers, bearing upon those classes of subjects, are in course of preparation by physicians selected from among those best qualified for the work, and others equally distinguished in the various departments have consented to take leading parts in the discussion of the papers.

In order to correct a misapprehension, it may be stated that the object of the committee is not to control the congress, but to serve it. Undoubtedly the congress will adopt and enforce rules of its own, those governing the reception and discussion of essays included. This committee does not deem itself authorized to reject any paper that may be offered, on any medical or surgical topic whatsoever. Its object is to include papers of a certain general character, but not to exclude anything. All essays, whether prepared at the instance of the committee or as voluntary contributions, must be passed upon by the congress or by its delegated authority; but the committee will probably recommend and urge that such of the essays as are more or less in harmony with the views above mentioned shall take precedence of others, and it is quite likely that these will occupy nearly all the available time of the convention.

Notice is hereby given that to insure the publication of the title of any paper in the "Annual Circular and Programme,"

said title must be in the hands of the undersigned on or before April 5th, and the paper itself should be sent as soon thereafter as possible to the chairman of the committee, Dr. T. Y. Kinne, of Paterson, N. J., in order that provision may be made for its discussion.

PEMBERTON DUDLEY, M. D.,

General Secretary, A. I. H.

S. W. Cor. 15th and Master Sts.,
PHILADELPHIA.

MY EXPERIENCE WITH POTENCIES.*

CASE I.—During the epidemic of “grippe” I began to use Lac. can. cm. (Fincke), when indicated, for such of my patients who were suffering from that disease. Visited Mrs. M., a large, fleshy woman, who presented all the conditions of the catarrhal type of “grippe.” Intense frontal headache; alternate chill and heat; pain in all the limbs, back, and head; heavily coated tongue; nearly constant cough.

Gave Lac. can. cm. Four days after, the husband called and reported much better; gave one more dose of Lac. can. cm. Cured.

CASE II.—Mrs. S—— sent to the office for medicine: Severe pain in head; pain all over body; wanted something to relieve pain and produce sleep. Sent one dose of Lac. can. cm.; 3 or 4 days afterward met the daughter, who said: “You must have charmed my mother; that medicine relieved her in a few minutes and she slept all night.”

CASE III.—Mr. R—— called for medicine. Clear case of catarrhal type of “grippe.” Gave Lac. can. cm., one dose, and placebo; cured.

CASE IV.—Miss B——, teacher, nervous bilious temperament; boils on back of neck and arm, headache; feverish and fretful; felt distressed. I gave one dose of Lac. can. cm. Next morning very much improved. Fever gone; boils drying up; disposition cheerful; case ended.

CASE V.—Mrs. McN——, prostrated with “grippe;” low temperature; dizziness on attempting to rise; pain in head, back and extremities; oppression of chest. Tongue coated dark; sides of tongue clear; gave Lac. can. cm., every three hours in water; when better, gave one dose each morning, for several mornings; recovery satisfactory.

*Indiana State Society.

CASE VI.—March 9th, saw child H——, “grippe;” well marked fever; hoarse, croupy cough. Catarrhal condition of the eyes. Throat symptoms called for Lachesis cm.; gave one dose. Heard no more from case; suppose results satisfactory.

CASE VII.—Same family, an older child. Enlarged tonsils, left tonsil sore first, red, highly inflamed; deafness in both ears. Suffers in this manner every time he takes cold. Gave one dose Lachesis cm. Twelve days afterward met the mother, said the medicine acted like a charm.

CASE VIII.—March 9th.—Louise R—, 7 yrs. old; light fever; headache; pain in eyes; cough croupy; tongue coated in centre; tonsils badly inflamed and enlarged; no appetite. One dose of Lac. can. cm. finished the case.

So far so much in favor of high potencies and single dose. I trust you will all be seekers after truth. “Prove all things, hold fast that which is good.” Many valuable cures have been made by high potencies. When the simillimum is found it is *the only* correct method of prescribing.

But, in order to succeed, close study of both case and remedy is the great essential.

When the directions of Hahnemann are faithfully followed, success will crown your efforts.

F. L. DAVIS.

EVANSVILLE, IND.

REPETITION OF THE DOSE.

November 4, 1890, Miss M., chambermaid, age 24, applied to me for an acute inflammation of the iris of the right eye. She stated that in the morning of the 2d inst. she noticed that the eye-ball of the right eye seemed to be somewhat inflamed, the eye watered a little and seemed sensitive to the light. She did not sleep well the night before and was unusually restless. During the day the redness of the eye-ball increased and she had occasional shooting pains in it. By evening the pain had become almost constant and was very severe, so that she could scarcely bear the light. While lying in bed the pain, which had now extended from the eye to the whole right side of the head, became almost intolerable. It was so severe that she was obliged to get up out of bed and

walk the floor. While up she seemed to be a little easier, but as soon as she got back in bed again and covered herself up warmly the pain steadily increased until she was again obliged to get up for the relief it afforded her. This continued all night. As day dawned she grew easier and felt better all day. This temporary relief made her think that she was getting better, so she did not seek relief until the following day; but the experience of the next night was so severe, worse, if it could be, than that of the preceding one, that she came to me the first thing in the morning. Besides this pain, her breath was very offensive; her tongue, which was coated white, was large and flabby, and her mouth was filled with a copious and thick saliva that gave her a great deal of annoyance. She was very thirsty and craved milk. This thirst for milk was something unusual, as before the present attack she had never cared for milk. The right pupil was very much contracted, and dilated but very little when she was in the dark. There were no posterior adhesions between the iris and the crystalline lens. Upon these symptoms she received a dose of Merc. cm. to be dissolved in water and taken in four doses half an hour apart.

November 5th.—She reported that she was better; that she did not have any where near as severe a time last night as she had the previous two nights; that she had remained in bed all night and thought she slept four hours. The redness of the eye-ball was very much less than on the day before and there were no signs of any posterior adhesions.

November 6th.—She reported that she slept all the last night and was entirely free from pain. The only disagreeable sensation she felt was an itching in the inner canthus of the eye. The redness of the eyeball was almost all gone, so that it could not be told which eye had been attacked unless upon close examination. The iris expanded nearly normally, and there were no posterior synechiæ.

From this time on she continued to improve without the least set-back, and has remained free from any eye trouble up to the present time.

This case is not related to show any new point about iritis. The inflammation of the iris began as all syphilitic inflammations of the iris begin, and developed as they all develop; but I have presented it to you to show that Atropia is unneces-

sary as a mydriatic when the true homœopathic remedy, which has been selected according to the requirements of the law of Homœopathy, has been administered and allowed to act undisturbed by a second dose or by any other medicine.

The common teaching of the oculists in our colleges is that Atropia must be instilled into the eye the moment we decide that we have before us a case of iritis. They tell us that unless we do this we are criminally negligent, and that through our carelessness the patient may lose the use of his eyes. Now, what has made them feel that the homœopathic remedy is powerless to cope with iritis without the assistance of palliatives, when it is able to cause inflammation everywhere else in the body to subside without them? The old school oculists may have excuse for their palliation, inasmuch as they know no better; but a homœopathist who abides by the teachings of Hahnemann can find no occasion for employing palliatives, much less any necessity for them. The alleged necessity for palliation among professed homœopathists lies not in the inability of the law of Homœopathy to cope with all morbid conditions that may arise in the organism, but in the inability of homœopathists, from ignorance of the law of Homœopathy, to apply their remedies so that they will cure the sick. Curing the sick patient of his disease and causing a few of his most prominent symptoms to subside are too widely different things. A physician may, by crude drugs or by low potencies repeated at frequent, short and arbitrary intervals, cause annoying symptoms and even pathological changes, such as tumors, etc., to disappear, but these are not homœopathic cures. The fact that one calls himself a homœopathist, reads so-called homœopathic medical journals, buys his medicines at homœopathic pharmacies and then himself administers these medicines to the sick patient, does not make his treatment any more homœopathic than that of the out and out allopath, whose palliation he has learned to condemn as irrational and injurious, although it temporarily relieves. Can any one claim to have cured a case merely because at the expiration of a few days of haphazard treatment the annoying group of symptoms to which some one has seen fit to attach a name has disappeared? If this could be done, would not every case under allopathic or palliative

treatment that did not die or did not destroy the usefulness of the part affected, be as much of a cure as that under true homœopathic treatment? And now I ask those who claim to be homœopaths, who use in rapidly repeated doses mother tinctures, crude drugs, first, second and third decimal triturations, salves, washes, caustics, etc., in the treatment of the sick, what difference is there between your so-called cures and those under allopathic treatment? Is there not just as much suppression in your cases as in theirs? Nevertheless we can hardly find a medical journal whose pages are not filled with alleged cures of this description.

Without further digression, let us now take up each step in the study of our case in succession, just as we should do were a patient before us for treatment.

The first thing we must do is, "take the case," as it is called. Hahnemann has told us that this is the most difficult part of all. To one who knows and understands Homœopathy this certainly *is the most difficult* part of the whole proceeding; for out of the midst of countless symptoms and oftentimes meaningless talk and foolish speculation as to the most plausible cause to which the patient or his friends are able to ascribe the present attack, etc., etc., we are obliged to cull a few characteristic and peculiar symptoms which will point out to us the remedy that will cover the totality of the symptoms and cure the disease. It will be noticed in our case that there have been but few symptoms recorded. These were by no means all that the patient related; for patients, unless thoroughly educated in Homœopathy, rarely give so few or such pointed symptoms, but the few characteristic ones they do give are mingled with many general ones. As these were the ones upon which the prescription was based, they are all that need be recorded in giving a history of the case.

The next important move is the selection of the remedy. In selecting a remedy for eye diseases, it is rarely proper to trust to the eye symptoms alone to indicate the homœopathic remedy. Particularly is this the case in chronic diseases. In this case of iritis, we had to deal not with a disease of the iris alone, not with a local affair only, but with a chronic miasm which pervaded every part of the living organism. The iritis was a part of the syphilitic disease; it was a

group of syphilitic symptoms and not an intercurrent affection. Its cure demanded the same anti-syphilitic remedies that the patient would have required had there been no iritis. Consequently, in selecting the remedy, the full train of symptoms from the head to the feet had to be taken into consideration, leaving out no portion of the body, however far remote from the eye, from a rigid and critical examination. In this way, and in this way alone, could a homœopathic remedy be selected that would cure the eye disease. The most troublesome symptom that our patient complained of was pain in the side of the head. As there is nothing about a mere headache to guide us in a choice of a remedy, let us analyze this headache and see what was characteristic or peculiar in this pain. In the first place, it was worse at night, with comparative ease as soon as the daylight began to appear. While it was dark, the suffering was most intense. Another peculiarity about the pain was that it was increased or aggravated by lying in bed, especially after she covered herself up and began to grow warm, with some amelioration from getting up out of bed. When asked why she did not remain up if she obtained relief by so doing, she promptly replied that it was because she became so chilly and trembled so. Now, under what remedy do we find this same peculiarity: pain worse at night, < by warmth of the bed, > by uncovering, followed by chilliness, which obliges one to cover up again. Mercury, of course. But, as it is not always advisable to prescribe on one symptom, however characteristic it may be, let us go on a little and see if we have in the case more peculiar symptoms that will confirm our opinion in favor of Mercury. On looking at the mouth the tongue was found to be large, flabby and coated white; the mouth was filled with a thick and unusually abundant saliva, and the breath had a peculiar, offensive odor. Here we find two, and possibly three, more good characteristic, mercurial symptoms, viz., fetor of the breath, abundant saliva and possibly another in the large flabby tongue. But there remains another symptom, a thirst symptom, which is likewise a good one when taken in connection with the rest: thirst for milk. By itself it would be meaningless, but in this case it helped to confirm the selection of Mercury as the remedy for the patient. These were all the symptoms that could be found that were peculiar or unusual in a case of this nature.

Now let us see how it is best to give the remedy. Without knowing the effect of remedies, the manner in which they act and the way in which the cure is brought about, no one, however acute, can formulate or divine in what potency or in what dose a medicine should be administered or when a remedy should be repeated to best affect a cure. In the first place, as it is not the primitive action of the remedy that cures, but the reaction of the vital force which throws off the disease, we can readily perceive that it would be wrong to give another dose of a remedy after the reaction has commenced. Consequently, after the reaction of the vital force has become thoroughly established, another dose of the remedy must never be given, but this reaction should be allowed to continue undisturbed by anything as long as it lasts.

In the next place, what potency should be employed? Without entering into a detailed discussion of this important subject, suffice it to say that as it is the vital force that is deranged we must bring to bear upon it a force similar to itself or as nearly of the same kind as we are able to command. The vital force being non-material is influenced by the force contained in the drug and not by the material envelope or covering of the drug force. We have found that by what is termed potentization we are able to liberate the force that is pent up in the drug and free it from its material covering. We also find that the higher potencies being further removed from the original crude matter and, consequently, more nearly similar in kind to the vital force, impress it with greater efficiency than do the crude or lower potencies.

Finally, how must the medicine be given to produce the quickest result? In the first place, we must bear in mind that when a second disease force is brought to bear upon a vital force already under the influence of a disease force, the second force will not be able to produce an effect upon the vital force unless it be of greater intensity of action than the first force, when the action of the second force will supplant that of the first force. The length of time that the second force will affect the vital force depends wholly upon the length of time that its action be of greater intensity than that of the first force, for as soon as the intensity of its action begins to grow less than that of the first force, the action of the first

force will again reassert itself. Therefore, the greater the activity of, and, consequently, the more intense the action of the first force, the shorter will be the duration of the action of the second force. Consequently, in an acute disease, as the action of the disease is very intense the duration of the primary action of the medicine will be very short, owing to the fact that its duration of action is in proportion to the intensity of the disease action. Likewise in a chronic disease; as the disease is not very active and not of great intensity, its action is readily supplanted by that of a medicinal force whose intensity of action, being far more powerful than the disease action, is consequently of long duration. The duration of and the intensity of the vital reaction after the administration of a medicine, depends upon the strength of and the duration of the primary action; being less when the primary action is of short duration and of less intensity, and greater when the primary drug action is long and of greater intensity. When a drug is administered to an individual its primary action increases in force until it reaches a certain height; after reaching this point its action rapidly diminishes in intensity until it is lost in the reaction of the vital force which it provokes. Since a disease is the primary action of a miasm or a disease-producing influence upon the vital-force, we find that it produces in the same manner, as does the medicinal force, an effect upon the vital force which increases in intensity till it reaches a certain height, when it likewise diminishes in intensity to be finally lost in a vital reaction. When the action of an acute disease is upon the increase, it is necessary that the action of the medicinal force of the medicine administered be much more powerful in order to supplant the disease than would be required after the primary action of the disease has exhausted itself and the disease action has commenced to decline in power. Therefore, in the case cited above, as the iritis was upon the increase, the cure of the case made it imperative that the action of the medicine be very powerful and of long duration for two reasons: First, so that the power of the medicinal force be greater than that of the disease force in order to supplant the disease, and second, so that there be sufficient reaction of the vital force to throw off the disease.

To recapitulate: We have just seen that when a medicine

is given to sick persons, its primary action is proportionate to the intensity of or the acuteness of the original disease; also that the duration of and the strength of the reaction of the vital force which follows the primary action of a remedy is proportionate to the strength of and the intensity of the primary drug action. Thus, if the primary drug action be long and of considerable force, the reaction of the vital force will likewise be long and of considerable power.

If, after a first dose of medicine has been administered, we give a second one before the primary action has ceased, we will prolong and intensify the primary action that had already commenced from the administration of the first dose. If, in a short time, we give another dose before reaction has commenced, we shall still prolong and intensify the primary drug action. This may be continued with the desired result for four or five consecutive doses, covering a period of not more than four or five hours, but not longer. It was to obtain this intense and prolonged primary action, in the case cited above, that the dose was divided and given at short intervals. Had this not been done, it is very doubtful if the short reaction that would have followed the administration of a single undivided dose would have been sufficiently powerful and of sufficiently long duration to have restored that vital harmony which is known as health.

Thus is clearly shown that the importance of knowing the principles governing the administration of homœopathic remedies can not be over estimated.

Unless we are familiar with them, we are not fit to manage a case of any disease, least of all a disease affecting so important an organ as the eye. In place of saying that Atropia and other palliatives are necessary in eye diseases, would it not be far better to learn how to administer remedies homœopathically, so that ignorance would not compel us to employ them rather than have the humiliation and disgrace of being obliged to confess our incompetency before the public?

Homœopathy is competent, but ignorance of homœopathy is the cause of *all failures*. Too much pathology and too much science are responsible for the false teachings of the day. It is homœopathy which is a truth from God, a law of the universe vs. science.

“Facts are truths from God; but science is from man,

who stammers a few truths mingled with countless errors. Science, a fabrication of man's intellect, which would that God, the universe and all that is contained therein, were under man's laws and after his pattern, while man was created simply in the image of God."

ARTHUR G. ALLAN.

PHILADELPHIA, PA.

STUPIDITY CURABLE.

Properly speaking, this newest of all inventions ought to be kept secret still longer, but I am of a humane disposition and shall be looking on without envy if the invention is followed up upon the basis which I have given.

Rejoice, therefore, dear fellowmen! The remedy has been discovered which is to heal stupidity for the benefit of all needy individuals, and also, perhaps, of the whole world, for the latter itself is as yet too stupid for many.

In my invention I lean with the entire reserve of my science against that last great bacillological discovery, and attack the voracious bacillus of stupidity* with a lymph, crystallized, out of the three most stupid brains in the world. It is also my principle to drive out like with like, and I transfer it into a golden practice by a manipulation which is based upon the latest researches and no doubt obvious to all sound minds.

As it is inhuman and fortunately also forbidden by law to use up any human organism as the breeding ground of any lymph manufacture, I was from the beginning already directed to animalism, and here indeed I found in fortunate combination what I sought.

First, I discovered it in the brain of the ass which wrongfully is taken for being simply stupid; he is rather sly and knows how to let a full bag fall off his back very skillfully. But he is undoubtedly lazy and this is the first condition of stupidity.

Then I went to the ox who owes his fame of stupidity likewise to another obnoxious property. For he is brutal, and this is the second condition of stupidity.

Last, I came to the sheep with its thoroughly besotted skull.

*Bacillus stupiditæ. (Cook.)

Its stupidity is based upon an invincible dullness, and I know of no creature that has this third condition of stupidity in such perfection.

Out of the brains of these three animals I extracted the bacilli of laziness, brutality and dullness, distilled them combined in a light-tight retort as lymph, and preserved them in this convenient form in original bottles. The injection under the skin of the forehead of the patient is made in the usual manner with that extremely handy medical instrument, a hypodermic syringe. The patient gets a rather thick head after the first injection, but that does not amount to much because as a necessary homœopathic aggravation it soon passes off and makes room for the well being of an electrical incandescent lamp.

Since the source and the store of the lymph is simply immense, it is adequate to the equally immense amount of the disease. An injection will be very cheap and thus easily accessible to even the poorest creature, and it will be a godsend to the rich who can employ their wealth to no better purpose than this cure, when they are in need of it. Indeed, the advantage accruing from this new method for the common welfare of the people need not be further dilated upon.

PROF. DR. EPHRAIM SCHUTZE.

(From the "Berliner Uik" 1891.)

DR. L. OLIVIERI, an Italian physician, has devised what promises to be a useful instrument for the rapid performance of tracheotomy. Tracheotomy is an operation that not infrequently has to be performed in haste to save the patient from imminent death. One of the chief features of the instrument is a sharp hook, bearing upon its back a tiny wind wheel, the revolution of which, at the moment the hook enters the trachea, gives to the eye a visible guarantee that the desired place has been reached. A combined dilator and conductor puts a canula into proper place and the operation is finished.

HYPNOTICS, ET AL.—If new hypnotics and anti-pyretics continue to be discovered in the future with the same frequency as during the past, it will soon be necessary to get daily bulletins after the manner of our weather reports, containing a list of the recently discovered, in order to keep up with the times.

ECZEMA.

I wish to report a case for Homeopathy, and prove to the polypaths how they have missed it by not individualizing.

Mrs. M. G., age 55, blonde, with blue eyes; weight, 150; solicitude about her spiritual welfare; prays; great anxiety; inclined to grief; changeable mood; irritable, fretful, easily vexed. She is sad with thoughts of death, with weeping. Has been afflicted for ten or twelve years with this skin trouble. Appearance of eruption is dry and crusty, with a coppery color, worse in the folds of the skin, commencing in genital organs and spreading upward to neck; worse in neck and mammary glands, folds of the skin, on abdomen, in groins, on labia majora, and downward to knees. Skin thick and crusty, oozing a thick, sticky fluid, which excoriates the parts over which it flows. Skin dry, inclined to crack.

The above symptoms were given to me by patient at the time I was called, four years ago.

The history of this case is a remarkable one. "Have tried no less than thirteen or fourteen physicians. Have been the rounds of the allopathic, eclectic, spiritualists and a few eclectic homeopaths. They all tried their hand with their external applications, but with only partial relief at first, soon to become unbearable."

The physician attending when I was called was a so-called homeopath, using some mixtures applied externally in the form of a wash, three times a day, which she said was almost death to apply it, and if there was any way in the world to get rid of this awful burning without using this wash she would give anything for it; besides, the wash was not doing her any good, having used it for three months without any relief.

She sent for me for some unknown reason. It was twelve miles in the country near a neighboring village. I found her sitting up in bed lamenting over her condition. When her husband introduced me she was very much disappointed to find a boy doctor. She exclaimed: "Why, you are nothing but a boy, and you can't do me any good, for I have tried thirteen or fourteen physicians, and all of long experience, and they failed to cure me. I was expecting an old physician." After forty minutes crying, relating her past troubles and dreading the future, I told her that while I did not pretend to know it all, I thought I could give her relief that

would be permanent. I showed her the fallacy of the local treatment which she had been receiving, and it looked so plain to her that she even felt better.

With the above character, I had a plain case before me of Graphites, which she received in the 200; the highest I had in my case at that time. I gave her one dose and left a powder to be taken the next afternoon with Sac. lac., and in three weeks to call at my office if able.

The first day of July she came to my office, saying: "I am almost well; better than I have been for over three years. The eruption had almost disappeared, some moisture in the folds of skin, burning nearly gone.

I gave her one more dose of Graphites 6 m. with Sac. lac., the highest I had, and told her to return in thirty days, which she did, feeling well. No more medicine.

This picture and the method of individualizing and philosophizing comes from the study of the *Organon* and *Materia Medica*. It takes this to cure according to the first three paragraphs in the *Organon*.

A. T. NOE.

LINCOLN, NEB.

ANNUAL MEETING OF THE ROCHESTER HAHNEMANNIAN SOCIETY.

The regular meeting of the Rochester Hahnemannian Society was held, January 21, at the offices of Dr. R. C. Grant, 167 South Avenue. The following officers for the ensuing year were elected: President, Dr. V. A. Hoard; vice-president, Dr. W. G. Brownell; secretary and treasurer, Dr. A. C. Hermance; board of censors, Drs. J. A. Biegler, R. C. Grant, A. B. Carr; delegate to the International Hahnemannian Association, Dr. Walter W. Johnson, of Pittsford, N. Y. The exercises consisted of reading of the *Organon*, essays, reports of cases, and the following address of Dr. Julius G. Schmitt, the retiring president:

Members of the Rochester Hahnemannian Society: Another year of our existence as a pure homœopathic society has passed, with occurrences indicating a growth of strength, purpose and harmony that augurs well for the future of the great truth our science and art represents. The Hahnemann Hospital, of this city, having been so far *infans dolorum*, is

now, at the beginning of this year, in a flourishing condition, and, although this has been due to the efforts of two men especially, still I maintain that we all have made sacrifices to the full extent of our ability to further this great object. Children are born with pains; thus has the above infant come into existence. How often has its future seemed so dark that hardly a ray of hope penetrated the thick clouds of apparently invincible obstacles! And yet, gentlemen, the great, the good, the true, can not be trampled under foot so easily, and, almost lifeless and dead, this noblest monument of Hahnemann was resurrected and stands now as a representative of the imperishable truth of the medical science of the future. Immortality clings to the names of Biegler, Hargous-Appleton and Loomis. But our society has also done well in other respects. Before all it has maintained its integrity as a body of pure Hahnemannians, and the papers that have been read and discussed during the last year have shown how deeply the teachings of the master have taken root in the minds of the members of this society. Each member has had opportunity, and, I think, has not lost it, to make propaganda for the science of pure Homœopathy. The laity is gradually awakening to the understanding of our purpose, and, although this progress is very slow, and disappointments meet us often in quarters where we thought we had gained our point, still there is progress, and if it be ever so small, it must stimulate us not to give up our endeavors to teach the people that which is to their greatest benefit. Humanity in its onward course to a higher grade of existence and welfare, might be compared to a picture of this kind. Imagine a forest in a valley sending its trees to the summits of the surrounding mountains. Will the dawn of the rising sun touch the whole forest at once? Certainly not. The trees on the summit will greet the light at first, and as the sun rises higher and higher, those down in the dales and valleys will be illuminated and enjoy his beneficial light and warmth, while some unfortunate sapplings, crippled by the thick underwood, will never see his rays. Can you expect that all humanity can see the dawn of a new truth at once? There are few that will; others will follow gradually. Let us congratulate ourselves that fortune puts us on the summit of the hills and not among the forest in the valley or even amongst the crippled saplings.

The great crowd now believes ; it sees a sun, representing the Ultima Thule of medical science. They rave over it. Emperors and kings donate great sums of money to benefit suffering humanity by this new medical discovery. The telegraph carries the name of the great discoverer to every corner of the universe. "*Beaucoup de bruit pour une omellette.*" This great discovery was made once before, about twenty years ago, by one of our best men, who ran after the fallacy that there were specifics for diseases and that these specifics were derived from the morbid products of the same disease, which they are able to cure. Alas ! As we all know it proved a failure, although it would have been so beautiful and easy to cure diseases, if it had been true. Yet his discoveries opened a new field of investigation to the truly scientific physician, and to-day some of these specifics, after having undergone proving on the healthy body—the only scientific way to discover the character of any new remedial agent—belong to the armamentarium of every true homœopath. Twelve years ago our esteemed colleague, Dr. Biegler, cured a case of tubercular meningitis in a child, which had been given up to die by the ablest practitioners of the allopathic school, with the very substance that now moves the minds of the people all over the world. Did he give it because there was a tubercular meningitis to be cured ? No, gentlemen, but because its provings indicated it. Carbolic acid, salicylic acid, thymol, mercurius corrosivus, remedies hailed at one time as *the* great bactericides, have disappointed the allopathic school and are put away one by one into the waste basket of old physic, which is hardly large enough to receive all the rubbish of centuries, and there, after a while "Kochine" will go.

But, gentlemen, where do our greatest remedies come from, but from this very dung-hill of "science !" Why can we use with advantage what others throw away as worthless ? Homœopathy as taught by the great master, Hahnemann, knows by its scientific procedure how to use rubbish which the followers of empty, although perhaps brilliant sounding, hypotheses come to consider as such. The difference is law on the one side, chaos and Nihilism on the other. To which side shall the world belong ?

Let future generations answer this question, when Hahne-

mann will be revered in every household, and Koch, *et sui generis*, will be only mentioned as *curiosa* in the history of medicine.

SUPPRESSED FOOT SWEAT.

In the summer of 1884 Mr. D., light hair, blue eyes and light complexion, age forty-five, presented himself for treatment, saying he had been "given up" as incurable by several physicians, one a homœopath, the others prominent old-school practitioners of this city. His history was as follows:

Four years before commenced having headaches, characterized by severe pain and coldness in the vertex, the skin being cold to touch, and the sensitiveness of the head to cold was so great he commenced wearing a wig because of its warmth. Agg. from 1 P. M. until evening. Sleep poor and great mental and physical weakness. These headaches continued, at short intervals, for about a year, when one day he went from the dinner table to his room to change his coat, and a few minutes later was found unconscious on the bed, face flushed and stertorous breathing. This lasted four hours, and for two days speech was impossible and swallowing difficult. The diagnosis by the attending physician was apoplexy. The second attack, two weeks later, commenced with a feeling of stiffness in tongue and throat, then followed unconsciousness, which lasted for two days, with loss of speech for three days longer, then had wild spells, two men being necessary to hold him in bed; these were followed by great weakness. These spells continued for two weeks, with cold, pale face, and coldness of the head, much heat of body, but no sweat. At this time the diagnosis was a tumor of the brain. For a year following this attack, had the headaches same as before, then had a third attack, about the same as the former ones, which was followed by, what was diagnosed, inflammatory rheumatism in the legs and arms.

Here they changed from their so-called homeopath to an "old school" physician, and the treatment was salts, massage, morphine and cotton. For two years after this had spells of numbness all through the body, and one day went to Mt. Hope, about two P. M., and was taken with a fourth attack; was found there on the grass at half past six o'clock the next morning, and removed to the hospital, where he regained consciousness at four o'clock in the afternoon. He remained in the hospital two weeks and was told by his physician that he could do nothing more for him. He came from the hospital to my office. The headaches were the same as four years before. Pain and coldness of vertex, sensitive to cold, numbness of the limbs, confusion of the mind. In answering a question would commence in the middle of a sentence and go over it again. In obtaining a history of his former health, learned that before these headaches commenced he was perfectly well except that he had a very offensive foot sweat that caused a soreness between his toes. This he had cured, he said, by washing his feet with Witch Hazel. I gave him twelve powders of Silicea 30. Before coming to the office again his feet commenced to sweat and his condition to improve, and in four months he commenced light work, the first he had done in over three years, and in six months took his position and has worked steadily since. The foot sweat came back as bad as ever, then gradually improved and now is nearly gone.

VOLNEY A. HOARD.

ROCHESTER, N. Y.

TWO CASES FROM THE HAHNEMANN HOSPITAL, ROCHESTER.

CASE I.—Annie Bischoff. Age, 20. Unmarried. Medium height, thin, light complexion.

November 17.—Began just before noon yesterday to feel weak, faint and chilly, with a gone feeling at the stomach. Was seen at 9 o'clock last evening by Dr. Schmitt who prescribed Sulphur and sent her to hospital.

This morning the throat is a deep red. The whole pharynx is very much swollen, especially the left tonsil. No deposit apparent yet. Tongue moist, red in center and on edges, with a dirty yellow coating on either side. Backache across lumbar region all night and especially this morning since awakening. Pulse 140; Temp. 103 2-5. Very restless,

can not lie long in one position. Pain through forehead from temple to temple. Face very red. Had an unusual amount of pain with last menses about a week ago. Has had much headache lately, usually beginning at 11 A. M. Deposit threatens on left tonsil. Pain when swallowing extending to right ear. Belladonna cm., 1 dose, dry.

November 18.—Slept well last night, although she awakened about every two hours. Has some pain in loins, otherwise is much better. Throat not as swollen nor so fiery red. Tongue cleaning. No headache. Pulse 96; temp. 100 2-5.

November 20.—No pain in throat or head. Backache gone. Tongue nearly clean but very red in center. Pulse 76; temp. 98 2-5.

November 22.—No fever, pains, or other abnormal symptoms. Discharged well.

CASE II.—J. W. Lany. Age, 34. Married. Stonecutter. Tall; light complexioned. Admitted November 6, 1890.

History. Two weeks ago had a feeling of weight in bowels with constipation for which he took castor oil which only caused vomiting. Then he took some cathartic pills, after which he was seized with cramps. He stayed in bed for a week, then went to City Hospital where he remained over night but left the next day as he was not satisfied with his treatment. He remained around home for another week at the end of which time he was again seized with cramps and called Dr. Hoard, who prescribed Nux cm. Previous to this time he had been kept under the influence of morphine almost constantly. After admission the record is as follows:

November 7.—Very little sleep last night, was so restless. Most comfortable on back or right side. Tongue very thickly coated white. Lips red, eyes red. Slight stool before 7 A. M. Has had desire several times since but without result. Temperature 100 3-5; pulse 108. Dyspnœa with every exertion. Great thirst for small quantities. Tenderness of abdomen < on right side and in right inguinal region. Pain in right groin when taking deep breath, also when lying on right side. Arsenicum cm.; 1 dose, dry.

November 8.—More sleep but still restless. More quiet after 12 P. M. Coating of tongue disappearing some. Less thirst. Much less dyspnœa. Abdominal walls tense. Slight tympanitis. Pulse 88; temperature 99 4-5. Sac. lac.

November 9.—Yesterday afternoon was taken with diarrhoea. Bowels moved six or seven times during night. Stool, light yellow lumps with slimy mucus. Sudden urging to stool, can hardly wait for bedpan. Sharp cutting pains in bowels before and during stool. After stool prolapsus ani with great sensitiveness to touch. Sulphur cm.

November 10.—Bowels have not moved since 2 P. M. yesterday.

Last stool much more natural. None of the constant urging to stool. Pulse 86; temperature 100½. Very little thirst. Less soreness of arms. Some tympanitis. Some suspicion of ascites. Sac. lac.

November 11.—Profuse watery, greenish discharge, mingled with a skinny substance. Nausea from smell of broth. Prolapsus ani during and after stool. Colchicum.

November 12.—Diarrhoea has ceased. No prolapsus ani. Tongue quite clear. No soreness of abdomen, no tympanites.

November 16.—Dull steady pain in right hypochondrium, < no motion. Sulphur.

December 5.—Stool knotty, difficult to expel and slips back, of a light color. Pain on right side < lying on painful side. Selicea cm., one dose.

December 7.—Discharged well. Says he will never have morphine administered to him again when he is sick.

ROCHESTER, N. Y.

A. J. NORMAN

A CLINICAL CASE.

ULCER: *Lachesis*.—On August 22, 1890, an old man, John A—, an old-fashioned horse and cow doctor, came to me, saying: "I've been trying Allopathy a long time now, and have at last made up my mind to see what you *new school fellers* can do for me." With difficulty he hobbled to a chair and began to pull off some big rubber boots, the legs of which had been cut off.

I stood near, wondering why he wore such boots in mid-summer, when, as the boot came off, I saw the foot, swollen till it seemed as though the skin must burst. Without a word, he stripped up the right trouser's leg and began to unbind the cloths which swathed the leg from knee to ankle. Layer after layer was peeled off, till at last he disclosed a number of soft soap and brown sugar poultices, which covered a dozen ulcers.

The leg presented the following appearance: There was not a square inch of healthy skin from knee to ankle. There were ulcers in all stages except the healing stage. Here and there were little pimple-like elevations, red, hot and angry. Near at hand were those in a more advanced stage, discharging a thin, foul, ichorous pus. You could distinguish the age of each ulcer by its color. As I said, the first or youngest ones were red. When they began to discharge, the areola became bluish, and as they progressed this color deepened till it became purplish, and then the ulcer would be flat. One of the worst seemed to extend up under the patella, as pressure on that bone caused the pus to pour out freely, but I did not probe it. He said that he had been over a month getting in his present condition. That, in spite of good allopathic treatment and various "blood" medicines, his case had grown steadily worse.

While looking over his case I kept cudgeling my brain to find a remedy that covered such a case. I thought of Sulph., Ars., Phos. and Sil., but on looking at his tongue I found it large, perfectly smooth, as if denuded of all epithelium, glistening and cracked. I gave him a few doses of Lach. 200, dressed the ulcers with absorbent cotton, and ordered him to report in three days. On the following day I heard from him through a neighbor. The neighbor said: "John was out doors to-day walking around; says he is better, and he slept better last night than in three weeks before."

At the appointed time he reported himself very much better, and his improvement was steady. He did not receive any more medicine, and only a few days ago he came in my office to show me that he was perfectly well; only a few dark spots showed where the ulcers had been. It would not be strange to announce that my patient is now a firm believer in the *new school*.

W. W. JOHNSON.

A VENEREAL CASE.

August 24, 1890.—Mr. J. S. W., aged 40, contracted gonorrhoea last May, has been under allopathic treatment and passed part of the time in the city hospital (allopathic).

The discharge was "kept under control" or partially suppressed by frequent injections, resulting in a stricture about two inches from the meatus. The stricture was "regularly"

dilated and injections kept up till the patient is now completely discouraged and disgusted with Allopathy. The under part of the prepuce is now much swollen, thickened and indurated. The foreskin is retracted, but does not constitute a paraphimosis. The circumference of the penis at this point is seven and one-fourth inches, the glans penis is swollen and studded with minute whitish yellow vesicles which break down, leaving small, red, raw spots.

At night, as soon as urine begins to accumulate in the bladder, has an erection, accompanied by a sticking pain in the stricture, which is relieved by passing water; urinal stream forked. After urination, a feeling of some drops running down urethra, also a tickling soreness. Slight watery discharge. He received four powders of *Thuja* 200 to be taken morning and night, followed by *Sac. lac.*

August 29.—Reports that he is much worse; has to urinate every half-hour at night, preceded by the erections; great soreness along urethra. Yesterday, on walking, a splinter-like pain through urethra.

The discharge became thick yellow on the 25th, burning during, but especially just after, urination. *Cann. sat., cm.*, one dose.

September 3.—Less discharge, less pain when walking and on urination, still < just after, less sliver-like pain. *Sac. lac.*

September 7.—Less discharge, but greenish; no pain on walking, very little pain on urinating; none after; festering points are drying up; only awakened twine last night by erections. *Sac. lac.*

September 14.—More soreness in urethra and occasional scalding on urinating, < just after; itching of foreskin; sliver pain during erection, < at night.

At this time I carefully re-studied his case, the sliver-like pain was so characteristic that I would have given *Nitric ac.* had not the *Cann. sat.* afforded such marked relief when exhibited on August 29, so repeated *Cann. sat.* in the 40m., one dose.

September 20.—“Very much better,” no soreness on walking, no particular pain on urinating, less swelling of prepuce (the first > of this symptom), suppurating points same, no itching of prepuce, very few erections at night accompanied with a dull, aching pain; no sliver-like pain. *Sac. lac.*

Sept. 30.—Continued improvement, swelling much lessened and soft, occasional slight discharge. Pain only in glans during erection, no pain during micturition, urinates once or twice during night. Stream of urine larger, suppurating points same. Sac. lac.

On October 7, reports but little soreness, swelling more soft, a small circular ulcer near glans. On the 5th caught cold and at 8 P. M. had a chill, feverish all night, aching soreness in right side of throat, stiffness of back and limbs. Examination showed right tonsil inflamed. Sour stomach, regurgitation of food especially after breakfast, also at night even awakening him. A "little food fills right up." *Lycopodium* cm., one dose at 8 P. M.

October 12.—Throat symptoms < the following day, no regurgitation of food since the *Lyc.* Continued improvement of venereal trouble, except that there are now two ulcers. Sac. lac.

October 15.—Not as well, sour stomach. Three ulcers, no pain except when touched and then like a splinter, urethral discharge returning, soreness and erection. He now tells me that he had some ulcers just like these while under allopathic treatment and that they healed after applying for some time a weak solution of Nitric acid. Nitric ac. 5 m., one dose

October 28.—He states the ulcers were cured within three or four days after I gave him the last medicine. Swelling nearly all gone. During erection at night has the splinter-like pain in the glans, no suppurating points. Sac. lac.

November 11.—No symptoms remaining of venereal trouble, but for the past three or four mornings has been awakened at four or five o'clock with pain in bowels followed by urgent desire to stool. Sulph. 200, one dose.

December 1.—Was > at first but is now worse again; offensive stool at 5 A. M., again four or five evacuations after breakfast; cutting pains and chilliness during stools; the desire is sudden and he has to hurry. Sulph. em., one dose.

December 9.—His wife reports that he is feeling better than in twenty years, now weighing about 180 pounds, a gain of nearly twenty pounds under homœopathic treatment.

ALFRED J. NORMAN.

ROCHESTER, N. Y.

CLINICAL CASES.

CASE I.—EPITHELIOMA: *Thuya*.—June 9, 1885, Mrs. T. S—, aged 84½ yrs. About three months ago there appeared on r. temple, one-half inch from outer canthus, a small pimple which was pricked at different times by members of the family, supposing it to be a boil. It is now nearly as large as a quarter, elevated above surface of skin, and full of little light colored pedicles, like a seed wart; sometimes it is moist and if touched is inclined to bleed. *Thuya* 200.

During my absence from the city, the physician in charge of my practice unnecessarily repeated the *Thuya*, though the “wart” was not as inflamed, and improved in appearance.

July 10.—Improving. *Sac. lac.*

July 25.—The pedicles have entirely disappeared. There is now a cicatrix marking the site which is about the size of a one-half dime; general appearance improved. *Sac. lac.*

Discharged.

CASE II.—TYPHOID: *Zinc*.—Miss Georgie S—, Sept. 28, 1885. Was called in and found a case of typhoid, pulse 100, temperature 103 3-5. *Bapt.* was indicated and exhibited in the 200 potency.

Sept. 30.—As indicated, *Bryon* in 200.

Oct. 7.—*China*, 200.

Oct. 9.—*Hyos*, 200.

Oct. 10, 11 P. M.—My record shows that she was very rest, less, rolling from side to side, some delirium, repeats questions or what others speak; tongue brownish red, dry, papillæ pointed and dry, rough like a cat's tongue; frequent desire to urinate; wants abdomen rubbed while urinating; eyes lusterless and half open; sees horses and is afraid of them; says she is “going up” and is frightened; inclined to put feet out of bed; wants the clothing close about her neck; pulse 168. temp. 103 2-5. *Zinc* 200, three doses two hours apart.

Oct. 11, 11.30 A. M.—Less restless since 3 A. M. or half an hour after taking the second dose of *Zinc*. Tongue dry, red, papillæ less elevated; complains less of abdomen; eyes more natural and closed during sleep; muttering during sleep, fewer hallucinations, less movement of feet; miliary eruption on buttocks and thighs; pulse 112, temp. 101 3-5. *Sac. lac.*

11 P. M. no stool; much more quiet; tongue about the same; made no complaints, calls for fruit and ice-water, but drinks

less of toast water; eyes the same; less movement of feet, very little wandering; calls for red pan when she desires to urinate; some borborygmus; rash same; pulse 100, temp. 99 3-5.

Oct. 12, 11 A. M.—No stool, quiet, no fright on awakening, turns over occasionally but is not restless, rash gradually disappearing; has passed considerable flatus, less rumbling; pulse 86, temp. 99 1-5. Ordered one teaspoonful of beef tea every two hours till 6 P. M. Sac. lac. From Oct. 12 to the 16th received Sac. lac.

October 16, 12 M.—Has passed a very natural twenty-six hours; slept well; inclined to sleep and eat. Allow two teaspoonfuls of beef tea till 4 P. M., two square inches of toast and two-thirds cups of milk and hot water *aa* at alternate hours.

Tongue quite natural, very slight tenderness upon pressure in epigastrium, no stool, very little borborygmus. Pulse 78, temperature 99 2-5. Sac. lac.

October 17.—Passed a very good night and feels well this A. M., except a slight uneasiness as if bowels ought to move; slight pain in hypochondrium, abdomen slightly tympanitic tongue slightly coated, pulse 78, temperature 100 1-10. Sac. lac.

October 18.—Pulse 76, temperature 99½.

October 19.—Feeling and looking fine, no stool, but slight disposition to have one; pulse 74, temperature 98 3-5. Sac. lac.

October 20.—Gave injection last night which was followed by a comfortable and sufficient evacuation; tongue slightly coated white, appetite good, inclined to be thirsty, no tenderness of abdomen, urine dark colored but free, slept well all night, pulse 74, temperature 99 3-5. Sac. lac.

October 21.—Bowels moved naturally.

October 24.—No stool, very hungry, less thirst, no tenderness of abdomen; urine more natural, pulse 68, temperature 97 3-5. Sac. lac.

October 27.—Natural stool yesterday, urine natural, good appetite, no tenderness, sleep refreshing. Is sitting up with clothing on, strength returning rapidly. Sac. lac.

October 30.—All symptoms favorable, no stool since the 26th, food relished with no distress. Sac. lac.

ALLEN B. CARR.

ROCHESTER, N. Y.

THE HOMŒOPATHY OF HAHNEMANN—ILLUSTRATIVE CASES.*

It will not be convenient for me to attend the meeting of the Southern Association, and I have been out of the practice of writing medical articles for so long that I fear I will not be able to send anything that will specially interest the brethren.

Besides, I do not know whether the members of this Association are believers in Homœopathy according to Hahnemann's *Organon*, or whether they are followers of those who think they know a great deal more than Hahnemann.

When I was ten years old—more than fifty-six years ago—I saw both of my parents restored to sound health by pure homœopathic treatment, and by the 30th centesimal potencies, after having been doomed to die within a year by the old school practitioners of Philadelphia. Consequently, I am an old fogey. I believe in the 30th centesimal and in pure homœopathy to this day. More than forty-four years ago I began to practice Homœopathy. During that time I have seen many errors creep into the practice of those calling themselves homœopathic physicians. I have seen the centesimal scale abandoned for the decimal, which is to my mind, an error, the promoters of which were influenced by a desire to make their doses more nearly approach those of the allopathists. They did not believe in dynamization, but only in the power of the crude drug. I have seen the Swan bottle washing absurdity developed, and what grieves me more, I see now, almost all the true followers of Hahnemann, in other respects, prescribing almost universally, what they call *c. m.*, *m. m.*, and 11 millionth attenuations, but which can easily be proved to be no such thing. The Fincke preparations are no less absurd. If my friends, the Hahnemannians, believe in the *similimum*, the single remedy, the minimum dose, and the single dose, why do they not follow Hahnemann's example in using the remedies carefully prepared according to the centesimal scale?

Many of the younger members of the profession will use nothing in which they can not detect the crude substance of the drug. The first or second decimal triturations are the favorites. This in my opinion is not homœopathic prac-

*Southern Homœopathic Medical Association, Birmingham, Ala., November, 1890.

tice at all. If the remedy is properly chosen such massive doses must produce aggravation.

In practice, I have seen the alternation of remedies flourish. I have known men to call for four or five teacups, half full each with water, dissolve a separate remedy in each, and order a teaspoonful of each to be given in succession, half an hour apart. I have known others to mix two or more remedies in the same dose, and repeat frequently, and I have reason to believe that this abominable practice is prevalent at the present day among pretended homœopaths. This morning I was called to see a little child whose parents are making a visit in our city; they are from New York, and I saw on the table an ounce vial filled with the fashionable tablets, almost as black as charcoal; on it were two labels, one marked *Carbo. vegetabilis* 1x., the other *Nux vomica* 2x. Is that homœopathy? I believe not. I have known men calling themselves homœopaths to prescribe *Podophylin* 1x, for constipation, and various other homœopathic medicines, but one remove from the crude drug, for the express purpose of producing the allopathic effects. A year or more ago I was called to see a very young baby who was evidently dying. It had symptoms of narcosis. I was told it had been suffering for some days with cholera infantum. The pretended homœopath who had been attending it was out of town, so they called on me. I was shown the medicine prescribed, and it was evidently a strong mixture of *laudanum* and *camphor*, and had been given in three drop doses. The child died in three hours after I first saw it, in convulsions. Not only is such treatment not homœopathic, it is murderous.

I might fill many pages with similar remarks and experiences; but you are probably already weary.

I will conclude with short sketches of two or three cases. The first will illustrate the folly of too frequent repetitions of the dose.

Last week I was called to see a child of three years of age, suffering with symptoms of bronchitis. I examined it carefully and decided on *Bryonia* as the remedy. I ordered a dose every hour. Next morning I found all the symptoms aggravated, and was struck as soon as I entered the room with the brownish red color of the countenance. I stopped the *Bryonia*, and gave *Sac. lac.* every hour instead. The next morning the child was bright and smiling, and almost well.

Several years ago I had a case of obstinate cough, which called for *Nux vomica*. I gave *Nux* in the 30th, the 3d, and even in the 1st centesimal without effect. I then studied further and gave other remedies, all without effect. Renewed and careful study assured me that *Nux* was the remedy, and I gave it in the 200th. The very first dose showed decided effect in less than half an hour, and the second dose made a complete cure.

Many years ago, a woman came to me complaining of pain in the breast. I examined and found a schirrus tumor of considerable size. The pains were "stinging, pricking like a thousand red hot needles." She had not slept for two weeks. I gave her eight powders, the first of which contained *Arsenicum* 200, and the others *Sac. lac.*, with directions to take one every night. At the end of the week the patient returned, saying the pain was all gone. The first night after I prescribed she slept all night, and had not the least pain since.

The last two cases are reported merely to show the power of high attenuations, when the remedy is properly chosen. I have not detailed symptoms because my letter was already too long. If you think it is at all worthy of presentation to the Association, I am perfectly willing that it should be presented

M. J. RHEES, M. D.

WHEELING, W. VA.

[The author takes "the younger members of the profession" to task because they "will use nothing in which they can not detect the crude substance of the drug" and claims this "is not homœopathic practice at all." They cannot be induced to use the thirtieths in practice because they do not believe in them, and they do not believe in them because they will not try them. The allopath will not investigate Homœopathy because he does not believe in it, and he does not believe in it because he will not investigate it. Many of the 1 m. and cm. potencies are so carefully prepared on the centesimal scale of Hahnemann as the thirtieths, and yet Dr. Rhees declines to use them for the allopath's reasons.—Ed.]

REPERTORY.

NIPPLES, Symptoms of:—

- abraded: Hydr.
- aching: Cal. ph. Cot. Rheum.
- air streamed from, sensation as if: Cyc.
- apthæ, bleeding: *Bor.*
- biting in: Cal.
- bitten off, as if: Tab.
- bleeding: *Ham. Lyc. Med. Mer. c. SEP. Sulph.*
 - when touched: Lyc.
 - after nursing: Sulph.
- blood and water, discharge of; < touch: Lyc.
- blisters on, small bluish: Graph.
- bluish areola: Con.
- breathing, pain through nipple when: Eup. perf. Sulph.
- bruised, sore: *Arn.*
- burning: *Agar. Arum. d. Bell. Benz. ac. Cic. Graph.*
 - Lyc. Phos. Psor. SIL. Sulph.
 - after nursing: Sulph.
 - rubbing: Con.
 - itching, > after rubbing: Hal.
- coating, crusty: GRAPH. Med.
 - mealy: *Petr.*
 - scabby: Lyc. *Phyt.*
 - scurfy: *Lyc.*
- cold to touch: Med.
- constant pain in: Lac. can.
- cracked: *Arn. Aur.s. Calend. CAST. CAUST. Fl. ac.*
 - GRAPH. *Hydr. Lyc. Mer. c. Mill. Phyt.*
 - Sarr. *Sep. SULPH.*
 - about the base: Sulph.
 - across the crown: Sep. Sulph. (clinical).
 - deep: Sep.
 - end of: GRAPH.
 - exuding a limpid serum: GRAPH.
- crust on, that is removed by nursing: *Graph. Med.*
- cutting pain in: Tell. Thu.
- darting pain in: SIL.
- deformed: Mer.
- drawing: Bell.
 - in left nipple: Euon. Tell. Tilia. Zinc.

- extending to axilla: Lob.
 scapula: Tell.
 from sides of mammae to the nipples: Kreos.
 as from leeches: Coc. c.
 dryer than usual: Cast. eq.
 eruption on: CAUST. Dul. GRAPH.
 moist, oozing: Lyc. Psor.
 vesicular: *Graph.*
 excoriated: Ananth. *Calend.* PHYT.
 flaccid, flabby: Sars.
 flatulence, pain in as from: Rheum.
 gummy secretion drying on orifice: Med.
 hot: *Phos.*
 inflammation of: Agar. Arn. Cad. s. Cann. s. *Cast. eq.*
 Cham. Colch. Fluor. ac. Phos. Phyt. Sil. *Sulph.*
 insensible: Sars.
 inverted: Apis. Sil.
 ovarian affections, with: Apis.
 indurated (hardness): Agar. Bry. Cal. *Mer. s.* Sulph.
 itching of: Agar. Ant. t. Cann. s. Con. Fl. ac. Form.
 Hep. Lepid. Med. Ori. *Petr.* Phyt. Psor. *Sep.*
 Stann. Sulph. Tar.
 after lying down: Rhus.
 at night: Rhus.
 in spots: Kali c.
 > scratching: Chel.
 not going off by scratching: Puls.
 neglected cases: CAST. EQ.
 oozing of water (serum) from: Graph. Lyc. Med. Psor.
 pain: Arum. t. Ascl. t. *Cast. eq.* Cham. Ferr. i. *Graph*
 Helon. Inn. Lac. can. Lach. Merc. cor. Ocim. c.
 Phyt. Sang. Sulph. Zinc.
 extending to shoulders: Phos.
 as if milk would be secreted: Nux.
 when nursing, running from nipple through to
 scapula of same side: CROT. T.
 with little or no soreness or raw-
 ness: Nux.
 with tensive pain in: Nux.
 starts from nipple and radiates

- over whole body: PHYT.
 during respiration: Eup. perf. Sulph.
 < walking: Cot.
 pressure in, sense of: Anac. Arg. n. Hyper. Sab. Thu.
 behind left nipple: Berb.
 protruded: Colch.
 pulsating in: Zinc.
 raw, feels: Mer.
 redness of, and of areola: Agar. *Cast. eq.* Colch. Fl. ac.
 Psor. *Sulph.*
 retracted: Ars. i. Ast. rub. Con. Cund. Hydr. Nux m.
 Sars. Sil.
 scabs on: Lyc. Phyt.
 sharp pains shooting from l. nipple downward: *Ascl. t.*
 shocks, electric like, after which hardness disappears:
 Bry.
 smarting after nursing: Sulph.
 sore, inflamed: *Alumen.* ARN. Cad. s. Cal. Cal. ph.
 Cann. s. CAST. EQ. Caust. Cham. Colch. *Crot. t.* Dul.
 GRAPH. Ham. Helianth. Hydr. Hyper. Ign. Lyc. Med.
 Mer. Nit. ac. Ocim. c. Phos. Phyt. Psor. Puls. Sang.
Sep. Sil. *Sulph.*
 stinging, stitches in: Agar. Bapt. Bis. Bry. Cal. Camph.
 Cham. Chel. Coc. c. Ferr. i. Form. Hal. Kali
 b. Lach. Lyc. Mang. Mur. ac. Rheum. Sab.
 on deep inspiration: Ign. Par. Ruta.
 extending into sides of chest: Brom. Cann. i.
 swelling of: Cal. Cham. *Fl. ac.* Lach. Lyc. Mer. Ori.
 Phos. *Sil.* Sulph.
 infants: Arn. Cham.
 suppurate, seem about to: Sep.
 tearing all day: Con.
 extending to chest: Camph.
 pelvis: Camph.
 tenderness, sensitiveness: CAST. EQ. Colch. CROT. T.
 Graph. Helo. Med. Mill. *Nux.* Sulph. Zinc.
 can not bear touch of clothing: CAST. EQ.
 of infants: Arn. Cham.
 after pinching by nurse: Arn:
 tingling, crawling: Con. Sab.
 ulcer on nipple discharging pus: Cal.

ulcerated, nearly off, hanging by strings: CAST. EQ.
 ulceration: Cal. CAST. EQ. Graph. Merc. Sep. *Sil. Sulph.*
 Thu.

wasting away, withering: Sars.

water, glutinous, exudes from; < by touch: Lyc.

white point in center, but no ulceration: Nux.

H. C. MORROW.

SHERMAN, TEX.

LETTER FROM INDIA.

The bugbear of many would-be homœopaths is the matter of palliation in cases of severe pain in lingering diseases, etc.

During the three years of my practice I have never administered a dose of Morphine or other sedative to relieve pain, have never administered a dose of Quinine for "chills;" nor have I ever, for any purpose, given medicine in crude form. In fact, I do not keep either Morphine or Quinine, nor do I possess an hypodermic syringe.

I will relate two cases of what I understand as *homœopathic* palliation.

CASE I.—Mrs. —, primipara, small and spare, was delivered of a very large child, May 3d, 1890. The head was so large and hard that it was impossible for it to pass the pelvic brim without the use of forceps. A complete laceration of the perinæum resulted. The urethra, which was already much swollen at the time of delivery, was so much injured by the pressure that its lining membrane soon began to exfoliate and pass away in small shreds, leaving the walls of the urethra unprotected from the urine as it passed. In addition to this, the left ovary began to swell until it had reached the size of two fists. Now, what with the laceration, the sutures in which were daily sloughing out, the urethra, which was a source of constant pain, and the ovary, which was perhaps the most troublesome of all—after about three weeks, during which the patient had not slept three hours—the agony one morning became absolutely unbearable. She begged for Chloroform enough to kill her, to be knocked on the head—anything, death included, for relief. She could not move her body, but she was striking

constantly with both hands, and crying with the pain. Gave Arsenicum 8 m. in water, a dose every five minutes. After the third dose she became perfectly quiet. After a short time, on being asked how she felt, she replied: "I feel altogether different now. The pain is not all gone, but I can easily bear it, and could bear much more, if necessary, and not mind it in the least."

CASE II.—Mr. W— has had periodical headaches since childhood. Has suffered many things from many physicians, but found no relief.

I prescribed for the headache during an intermission, but made a failure. It returned with great violence, so much so that he was about to take some Morphine which he kept for relief when the pain went beyond his power of endurance. For although he knew and dreaded the effects of the Morphia, he was driven to such desperation by the pain that he did not hesitate to resort to desperate measures. This was the only violent paroxysm I witnessed. He asked my advice in regard to taking the Morphine and I asked him to try something else first. I prepared, as in the other case, Arsenicum 8 m. in water to be taken every five or ten minutes. After the third dose the patient was comparatively comfortable and congratulated himself that he had not taken his Morphine.

I have given these cases, not to point out indications for Arsenicum, but to show how I manage desperate cases calling for the immediate relief of pain. I carefully weigh all the symptoms and administer the *homœopathic remedy* HIGH, and I have never wished for—have never felt the need for—antipathic palliatives.

C. S. DURAND.

HURDA, C. P., INDIA.

NATRUM PHOSPHORICUM IN SPERMATORHOEA.

A student, aged 18 years, had been suffering from seminal emissions every night for the past two years, which made him very weak both physically and mentally. The emissions occurred sometimes with and sometimes without dreams, and the ejected seminal fluid was rather thin. In Allen's Handbook the symptoms of Natrum phos. on the male sexual organs run thus: "Emissions every other night; at night, without dreams; at night, with dreams; at night, with vivid dreams;

some hours after coitus, no dream or erection; watery, smelling like stale urine, every night, no lascivious dreams."

As the quotation of Farrington's statement in Bœricke's recently published work on *The Twelve Tissue Remedies of Schüssler* corroborates the symptoms cited in Allen's great work, I preferred to give *Natrum phos.* the first chance. On October 13th my patient was advised to take the 6x potency twice daily and wash his loins with cold water before retiring every night, and go to bed at least one hour after meals.

On the fourth day he came again to inform me that on the third night of his taking the medicine he had two very severe emissions, each *followed by violent burning* in the urethar. Gave placebo, which was enough to make him all right.

H. D. CHAKRAVARTI.

SEGAAMPUR, INDIA.

Comment and Criticism.

Ask yourself if there be any element of right and wrong in a question. If so take your part with the perfect and abstract right, and trust in God to see that it shall prove expedient.—WENDELL PHILLIPS.

THE RELATION OF ALBUMINURIA TO PUERPERAL ECLAMPSIA.

A paper under the above title read before the American Association of Obstetricians and Gynecologists of Philadelphia by Dr. W. S. Gardner deserves a passing notice. The observations include a report of the percentage of cases of Albuminuria discovered in one hundred and eighty pregnant and parturient women, taken consecutively, and an abstract of the records of the cases of eclampsia occurring within the selected period.

While the number of cases presented is too small, from which to draw any definite conclusions, still the paper is useful as a contribution to the subject and serves to strengthen previous observations in the same line; it will also serve to correct an unfounded, but very prevalent impression that albuminuria *per. se.* in a pregnant woman is an almost certain prog-

nostic of convulsions at labor. This impression is owing to the careless statements that have crept into several text books, and also to the erroneous teachings of certain professors in our medical colleges who would rather make a striking point in their lectures than tell the exact truth.

The cold facts are these: First, according to the majority of reliable observations hitherto made, including those of the above paper, albuminuria occurs in from five to ten per cent. of all pregnant women, while puerperal eclampsia occurs in only one case out of five hundred.

Second, of four patients who had convulsions, only one had albuminuria before labor; and of ten cases of puerperal convulsions only four had albuminuria before labor.

Third, in a very large percentage of cases of puerperal eclampsia, albuminuria is found immediately after the appearance of the convulsions.

The first obvious deduction as made by Dr. Gardner is, that albuminuria in a pregnant woman is not a sufficient cause for giving a prognosis of probable eclampsia; and the second, that the absence of albuminuria in a pregnant woman is no evidence of the absence of the condition that gives rise to puerperal eclampsia. The third deduction that the convulsions are the cause of the albuminuria rather than the reverse, is not so obvious although in accord with the fact that crises in other convulsive affections as in epilepsy are followed by a transient appearance of albumen in the urine.

Albuminuria, once synonymous with Bright's disease, is thus gradually losing much of its former serious import, and subsiding into its proper place as a symptom to be considered in connection with other symptoms.

It is by no means to be disregarded as trifling or of no importance, nor on the other hand is it to be exaggerated by itself into supreme importance in giving a prognosis.

If, for instance, albumen is found in the urine of a pregnant woman, otherwise in good health, we may consider it as calling only for extra watchfulness and care, but albuminuria in connection with severe headaches, blindness, dropsical swellings or pale urine is a very different state of affairs indeed, and gives good grounds for prognosticating serious trouble ahead.

The same paper offers an opportunity for a much needed

criticism on the manner of making approximate quantitative tests for albumen. The method used was to coagulate the albumen by means of heat and nitric acid and then to allow the coagula to settle for a given length of time; the amount of albumen being estimated by the height of the sediment. This is a very fallacious method for the reason that the height to which coagulated albumen will settle in a given length of time depends upon a number of other conditions besides the amount of albumen present. Thus, the density of the urine and probably its acidity, the shape and smoothness of the tube, and the size of the coagula are all factors which have an influence upon the height of the sediment. A much better, although more troublesome way is to coagulate the albumen in a given quantity of the urine, collect it upon a tared filter, dry, and finally to weigh it upon an accurate balance.

Finally, as puerperal convulsions are, according to all accounts, uremic, why would it not be more rational and more certain as a basis for prognosis to examine the urine of pregnant women for the daily amount of urea excreted for some time before labor rather than for albumen. This operation can be performed with a much less expenditure of time and labor than that required by the quantitative albumen test, by the aid of a simple apparatus devised by Dr. E. R. Squibb, and fully described in many of the text books, and the result would be much more satisfactory and instructive as an index to the condition of the patient.

J. B. S. KING.

CHICAGO.

LYCOPODIUM 1X AND DR. CHAPMAN.

Editor Advance: There are a few points in Dr. Chapman's letter, on page sixty-three, that seem to require a reply.

I have not asserted that any one strength of a remedy will develop all the symptoms belonging to that remedy or cure all the similar symptoms. I have denied that greater strength can be *developed* in a *part* than is inherent in a *whole*; but have claimed that a different "mode of action" may be developed in such part.

If Dr. Chapman will consult Allen's *Encyclopædia* he will find, under "Lycopodium," that prover 29 took 6x; that it

soon developed severe stomach and abdominal, and later lung symptoms. It is evident that if the 6x was *potential* enough to make a well man sick it was potential enough to keep his sick man from getting well, as the Doctor has shown. It was remarkable that the man had so much resistance. He was not given a chance to react without any other dosing; so that it can not be known whether stopping the 6x or giving 15x helped him. The last prescription often gets credit that belongs to stopping the first.

If the 6x is a *potency* and the 1x is not, where does potency begin? There is a point where attenuated remedies have so changed their relation to the organism that they will produce symptoms of an opposite character from those produced by crude preparations, and similar to the reaction of the system against them. That point is the one to be desired in prescribing, not because the remedy is *stronger*, but because its action is *different*—opposite; the position has become negative (theory only).

If shaking potentizes, as Hahnemann thought, why didn't Dr. C. Hering's "potencies" grow more powerful after being shaken all day in a saw-mill? They didn't.

Hahnemann *revealed* nothing; he discovered and taught; most of his theories have been disproved; his *facts* need nothing but a mind sufficient to follow; he gave one drop (not two) of Bry. to a *strong* woman and a dose of Puls. 15 to a *weakly* man. (Mat. Med. Pura.)

The doctor challenges contradictory proof to his statement that Lyc. 1x "has no sick-making qualities." Let him consult in Allen's *Encyclopædia* the record of provers as follows: 10c, took 1st dilution; 10d, took 10 drops of tincture; 11 a, took of the tincture from 20 to 160 drops; 15, took 1st trit.; 18, took 1 gr. of pure, first, second and third days, and a dose of 1st trit. third and fourth days; 34 d, took two 5 gr. doses of 1st trit. twice a day for 29 days: if the record of those provers does not satisfy the Doctor, then he must be hard to please; but if he is not, let him go to Natrum mur., which can be dissolved either by the fluids of the body or outside of it, and which he refers to, and follow prover 25 who took the crude salt and see whether Natrum mur. can make sick when taken without "dynamization."

CHAS. B. GILBERT

WASHINGTON, D. C.

DR. WHITING'S CASE.

Editor Advance: In the January, 1891, number of your excellent journal, on page 38, a few cases are given by Dr. L. Whiting.

In case number one, the doctor, I think, has cut his explanation rather short in having us understand how he uses Bönninghausen.

As for myself I am unable to form any idea of what he wished to convey. Everyone is anxious to find a plan which will enable him to accomplish what would be two hour's work in one, and in studying Bönninghausen this is no exception. Let this, then, be my excuse for taking the doctor to task, trusting that he will furnish us a more complete explanation of this case.

C. H. FIELDING.

DARTMOUTH, N. S.

[The only practical "short cut"—a real, labor-saving device and withal a correct method—we have ever found for using Bönninghausen's Pocket Book, is that designed by Wm. Jefferson Guernsey and known as Guernsey's Bönninghausen. By its aid, I can do in half an hour what often required three hours.—ED.]

FUCUS IN OBESITY.

Editor Advance: For some months past my attention had been frequently called to "*Fucus vesiculosus*" as a suitable remedy to reduce corpulency, and having a patient of short stature, weighing 245 lbs., who very much desired to be relieved of his burden, I secured a quart, and on the fifth day of July had him commence taking a tablespoonful thrice daily. At the end of two weeks he weighed 247 lbs., and discontinued remedy, feeling improved in his general health. The only unpleasant effect of the medicine was a headache after each dose, for four days during the first week. But as an "anti-fat" it was a complete failure in this case. Would be glad to hear from others as to its use, or any successful treatment of obesity.

A. S. HUSTON.

ANDERSON, IND.

[No, Doctor, it can never be done that way. That is the method of Allopathy, where a remedy is given for a condition, a diagnosis, a disease, without reference to the individuality of the patient, and the further we keep from such methods,

the better for us and for our patients. The law of similars which we profess to follow, knows no "anti-fat" or "anti-lean," and the purchase of such trash at a homeopathic pharmacy does not make it a homeopathic remedy. The simillimum and proper diet and hygiene will cure all curable cases.—ED.]

VOICES OF THE LEAL.

Editor Advance: I send the list of those grand men and women who have responded to my call in the November ADVANCE. The battle is going bravely on, and we shall certainly score a victory for Homœopathy. The world and Allopathy are about to discover that there is a scientific school of medicine; and the unfaithful, sceptical, alternationists in our own ranks will be made to understand that there are thousands who are not bowing the knee to Baal; who are not following after false gods, even though their name be Listerism, Brown-Sequard's Elixir, or even the latest fad, Prof. Koch's Specific for Consumption; who let such glittering pyrotechnics dazzle and attract whom they may, but who steadfastly keep their eyes upon the bright, morning star—*Similia!* The following doctors prescribed correctly:

R. N. Morris, Constantine, Mich.	H. C. Irvin, Earlham, Ia.
Mary A. Willard, Detroit, Mich.	L. H. Goodale, Nashua, Ia.
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| H. L. Stambach, Santa Barbara, Cal. | A. E. Horton, East Poultney, Vt. |
| M. S. Brown, Afton, N. Y. | R. C. Markham, Marquette, Mich. |
| M. W. Turner, Brooklyn, Mass. | W. J. Martin, Pittsburg, Pa. |
| Robert Willis, Chicago, Ill. | E. Agate Foster, Patchoque, N. Y. |
| Geo. W. Sherbino, Abilene, Texas. | S. P. Alexander, Southsea, England. |

STUDENTS.

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| P. H. Hagedorn, Chicago, Ill. | G. H. Ripley, Chicago, Ill. |
| S. V. Allen, " | S. H. Hilliard, " |
| E. J. Knowlton, " | H. S. Llewellyn, " |
| L. M. Chidester, " | W. H. Gifford, " |
| S. T. Kelly, " | Geo. L. Le Fevre, " |
| Mrs. M. D. Baker, " | J. G. Seidel, " |
| Effie M. Van Delinder, " | Henry Doyle, Pittsburg, Pa. |
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| Laurens Enos, " | Clinton Enos, Jerseyville, Ill. |
| J. G. Miller, Edwardsville, Ill. | Chas. L. Gangloff, Cleveland, Ohio. |
| Chas. W. Bacon, " | A. H. Barker, Iowa City, Iowa. |
| Emma Wentzel, St. Louis. | — Elfeld, St. Louis. |
| F. Brase, " | — Lyons, " |

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— Goerke, “	H. L. Lott, “
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J. B. Julian, “	J. L. Dryden, “
Lina M. Rosat, “	

LAYMEN.

J. F. Tapley, Marysville, Cal. C. Gersman, Pittsburg, Pa.

“THE RELATIVE VALUE OF SYMPTOMS IN SELECTING THE REMEDY.”

Editor Advance: In the November issue of the *North American Journal of Homœopathy* appeared an article by Dr. T. F. Allen, on “The Relative Value of Symptoms in Selecting the Remedy.” As dean of a medical college, as the author of several homœopathic works, and as a frequent contributor to our periodicals, the doctor exerts a manifest influence upon the trend of homœopathic thought and study. He is even regarded by many in the profession as an authority upon matters homœopathic. In Dr. Allen’s article a principle is formulated, upon which he determines the relative value of symptoms. “Make a careful diagnosis,” he says, “of the case in hand; group around that diagnosis the symptoms which may be said to be the outcome of the pathological lesion, and which may be taken as symptoms common to all forms of the disease; then eliminate these more or less completely from the symptoms which are to be used in selecting the remedy.” If this principle be sound, what relation has it to the law of similars? If Homœopathy were merely a rule in therapeutics, and not a natural law, then Dr. Allen might vary its method of application according to his pleasure or experience.

In a communication to *The Homœopathic Physician*, for November, 1887, the Doctor says he *believes in the law of*

similars. A belief in law *necessitates a belief also in the conditions essential for the operation of that law.* Law admits of no exception.

What has a law of cure to do with a diagnosis? Diagnosis is, at best, a mere conjecture, an hypothesis. In only a certain proportion of cases do physicians agree upon a name, to say nothing of the lack of knowledge concerning the conditions attending and underlying the pathological lesion. With all his vaunted scientific lore, the physician is acquainted with only the grosser expressions of pathology.

To eliminate symptoms of the disease, as advised by Dr. Allen, would be a procedure entirely at variance with the conditions of the law of similars. It would remove indications, such as modalities, character of sensations, etc., which are indispensable to a correct diagnosis of the remedy. Were this a prerogative of physicians, to what extent might it not be carried? With equal reason might characteristic symptoms elicited in the drug proving be omitted at will. No doubt it is often done, and the practitioner failing, Homœopathy is denounced as a mockery.

What are the conditions of the law of similars? The name implies a similarity of forces, and the *acting force must be similar in all its parts to the force acted upon.* In medicine the law requires that the sick-making powers of the remedy shall be similar to the *totality* of the morbid symptoms exhibited by the patient. Does Dr. Allen comply with this condition of the law? Does he not violate this fundamental principle? His method is an arbitrary interpretation of the law which can not be justified.

Dr. Allen continues: "In all of these acute disorders we have to contend with two groups of symptoms; first, those peculiar to the acute malady; and second, those peculiar to the individual constitution of the patient. . . . Make your diagnosis for the purpose of knowing what *not* to prescribe for. In this way only, in a great majority of our cases, are we enabled to arrive at what is peculiar to the patient." This advice is dangerous by reason of its speciousness. True, the name of the disease should not be considered in the search for the remedy, but this does not mean eliminating symptoms grouped around a diagnosis.

The most rational view of disease consonant with known

facts is that of a disturbed equilibrium of the vital force. This vital force pervades the entire organism. A malady, produced by some disturbance in the system, must partake of the peculiarities of the individual constitution. Are we then "to arrive at what is peculiar to the patient" by eliminating many of his peculiarities? As soon might a sculptor expect to chisel a perfect human figure by omitting a portion of the statue.

A practical illustration of his method is given by Dr. Allen. "A lady in middle life was attacked by pneumonia. She rapidly developed all the symptoms characteristic of that disease, the cough, the expectoration, the various chest symptoms, many of which were severe and distressing; but, in addition, she exhibited symptoms of gastric disturbance together with diarrhoea. I found her extremities swollen, her color pale, yellow; tenderness over the region of the liver, and, what alarmed me most, the appearance of albumen in the urine. Now, two courses were open to me; first, to prescribe remedies for the symptoms of pneumonia; the other, to ignore the symptoms of pneumonia and prescribe for her general constitutional disability. The latter was evidently the proper thing to do. I therefore ignored all the symptoms of the acute disorder and turned my whole attention to the group of general symptoms, saying to myself that very little was to be apprehended from the pneumonia provided her general condition could be improved; the lesion of the lung would run its course, the lung would become clear in time, and she would return to a state of health; I had nothing to fear on this score, but unless something were done to put her nutrition into a better condition the pneumonia would not run a benign course, resolution would not take place, and even if she survived the first four or five days of the disease her ultimate recovery would be extremely doubtful. I, therefore, immediately prescribed the remedy indicated by her complicating symptoms—*Mercury*—(quite disregarding the chest symptoms, cough, etc.) with the happiest results. The case is related simply to illustrate a general principle which I find myself following more and more in my everyday work."

Dr. Allen was most fortunate in his selection of Mercury, but do the results prove the soundness of his principle? He evaded the requirements of the law, for he "ignored all the

symptoms of the acute disorder." Either Dr. Allen *unwittingly* fulfilled the conditions of the law, by prescribing a remedy which covered the totality of the symptoms, or he has demonstrated an exception to the law. If the latter be true, then the law exists only in name.

I shall place in parallel columns the symptoms presented by the patient and those produced by the proving of Mercury:

Patient.	Mercury.
(Symptoms upon which Dr. Allen based his prescription.)	(Allen's Hand Book of <i>Materia Medica</i> and Therapeutics.)
"Gastric disturbance."	Many gastric symptoms.
"Color pale, yellow."	Color pale, yellow.
"Diarrhoea."	Diarrhoea.
"Extremities swollen."	Lower extremities swollen.
"Tenderness over region of liver."	Region of liver sensitive. Tenderness over right hypochondrium.
"Albumen in urine."	<i>Albuminuria</i> .

(Symptoms *ignored* by Dr. Allen.)

"Cough with expectoration."	Cough with expectoration.
"Various chest symptoms, many severe and distressing."	Many chest symptoms. Pains in various parts, <i>sticking, stitching, stabbing</i> .
"Pneumonia."	"Useful in some cases of pneumonia accompanied by hepatic disorders."
	Pneumonia, with bilious symptoms. Bilious pneumonia, with great tenderness over right hypochondrium. (Guiding symptoms.)

From this it will be seen that *Mercury* covered all the symptoms, even those "*ignored*" by Dr. Allen, and the "happy results," notwithstanding his eliminating method, were due to the *perfect similarity of the remedy* prescribed.

The symptoms which were considered by Dr. Allen pointed equally well to Dig., Lach., Phos., Plumb. and Sec. To differentiate between these remedies, more symptoms were necessary, but we are told all the other symptoms were ignored. Therefore the prescription was avowedly empirical.

I was hastily summoned one morning to attend a young man suffering from severe pain in the abdomen. He was in great agony, tossing about in the bed, moaning and declaring he would die. I forbade the application of hot cloths, fearing they would remove valuable indications for the remedy. I learned that he had had a slight diarrhoea from some error in diet, for which a mixture of laudanum, camphor and rhubarb had been taken. The diarrhoea was suddenly checked, and nausea and vomiting ensued. Very soon violent pains began in the abdomen. Around the umbilicus was a constrictive pain with sharp, paroxysmal stitches from right to left side of abdomen. Shooting pains from umbilical region extending into left hypochondrium and left chest, coming and going suddenly. The pains caused him to draw up his knees and "double up." The abdomen was sensitive to touch. Skin hot, pulse full and quick, and great restlessness. The symptoms indicated Belladonna. Relief followed the second dose, and he required no more medicine.

According to Dr. Allen's method, I should have "ignored the symptoms of the acute disorder, and turned my whole attention to the group of general symptoms." The basis for my prescription then would have been restlessness, hot skin; full, quick pulse. As more than one hundred remedies have the same symptoms, the simillimum could have been found only by a trial of each remedy—a procedure both impracticable and absurd.

Dr. Allen says, however, that "against this method must be urged the necessity of prescribing for most severe and distressing symptoms of the acute malady *simply to modify their severity*" (italics mine).

"This method (of palliation?) is one, I am persuaded, that is easily followed, but if followed too habitually leads too frequently to the change of medicines, alternations or combinations, and to the general use of palliative measures. We can not ignore the necessity of adopting this method in many cases. It must be done even in pneumonia, scarlet fever, intermittent fever, and in many, if not all, forms of acute disease. But let me urge upon you the necessity of following this plan as little as possible. Always keep in mind the fact that if the individual patient be brought to a normal state as regards his general functions, the acute malady will be greatly modi-

fied in severity and will take a benign course. These acute diseases, as a rule, will have their run. My maxim is to attend to the patient and let the disease run. Exceptions? Yes, but the rule is a good one, and leads to the best results."

One can hardly imagine Dr. Allen capable of such jargon. Almost in the same breath we are told of the "necessity" to palliate in severe cases, with the advice not to follow it too frequently lest it lead to general palliation. We are also told: "We can not ignore the necessity of adopting this method," as "it must be done," "in many if not all" acute diseases. Again he says: "let me urge upon you the necessity of following this plan as little as possible." We are advised, too, in equally strong terms, to do and *not* to do the same thing. Like Addison, the reader is "puzzled with mazes and perplexed with error." Notwithstanding the suggestions to palliate and not to palliate, "these acute diseases as a rule will have their run." One comfort, however, is held out to us. If we can only get the patient into "a normal state as regards his general functions, the acute malady will be greatly modified, and will take a benign course." How is it possible for the patient to be both *sick* and *well* at the same time? The doctor concludes, axiomatically: "My maxim is to attend to the patient and let the disease run." If the "average practitioner" is able to understand and put in practice such advice he is more clever than Dr. Allen's solicitude concerning him would have us believe.

It would seem that Dr. Allen experiences some difficulty in being understood, for he says this subject "has been presented to the medical profession by me in a somewhat different form, but not being *fully comprehended* (*italics mine*), it must again be urged upon your attention." If the doctor's previous articles were as obscure in meaning as the one under review, I do not wonder that he has not been understood. But why should the learned professor urge physicians to adopt a rule in practice which he admits has many exceptions? Why then uphold a theory, acknowledged by him to be faulty, paramount to the *certainty of law*? Scores of witnesses attest the truth of the conditions of the homœopathic law as deduced by Hahnemann and declare there is *no* exception in its application to disease.

Dr. Allen writes that his rule "leads to the best results."

This he probably regards as a sufficient reason for its adoption. But his percentage of cures must necessarily be small, since he allows acute diseases to run without interference, unless severe, and then he resorts to palliation. Does Dr. Allen realize the harmful practice of palliation? Remedies are always positive in their action, and in disease produce certain definite results. If given in accordance with the law of cure, they act beneficially, otherwise they cause suppression, metastasis, or aggravation of the disease according to the well known law of action and reaction.

As if to justify himself, Dr. Allen says: "There is nothing whatever new in these ideas; but their application to practical therapeutics seems to have been lost sight of, which is greatly to be deplored, since I believe that their adoption is necessary to the *most successful treatment of the sick*" (italics mine). How does Dr. Allen reconcile this declaration with what follows? "There can be no doubt that Hahnemann's precept to take the totality of the symptoms of the patient would, if followed, *lead to the very best results*" (italics mine). Do not each refer to a cure? If so, then we have this most anomalous statement that two propositions diametrically opposed produce the same results. To be consistent, the doctor must reject one or the other or be regarded as misapprehending logic as well as law.

Dr. Allen says: "The neglect of this maxim (Hahnemann's precept), has led many to abandon the attempt to practice Homœopathy, and it must be conceded that it is extremely difficult, if not impossible, for the average practitioner to select a remedy which will coincide with all or even with the majority of the symptoms of his patient." Why is it impossible for the "average practitioner?" Does he consider him ignorant or too indolent? If either, the sooner he takes to some other occupation the better for suffering humanity. There is no royal road to Homœopathy any more than to any other of the sciences.

I happen to know of three physicians who attended one of the largest homœopathic—so-called—medical colleges, for the purpose of *studying Homœopathy*. After graduating they discovered their mode of practice to be little different from that of the Allopaths. Being too honest to call themselves Homœopaths, while following old school methods, they sub-

sequently graduated from an allopathic college. Who is responsible for this state of things? Is it not painfully evident that the professors in our homœopathic colleges are faithless to their trust? Were these colleges not *chartered* to teach Homœopathy? Students are induced to enter these institutions under the belief that Homœopathy will be taught them there. They do not receive, however, the instruction to which they are both morally and legally entitled, and their practice many times is so allopathic, that the public distinguishes the two schools only by their titles.

Very few of our graduates know anything of the *philosophy* of Homœopathy—the foundation of the science of healing. It is absolutely impossible to practice Homœopathy without a careful study of its principles as found in the *Organon* of Samuel Hahnemann.

No wonder opprobrium is attached to these hybrid institutions, and not until our college professors are more *honest* in their endeavors to teach the truth will the stigma be removed. Then only will these attempts to abridge the conditions of a natural law for the sake of the benighted "average practitioner," cease.

RUFUS L. THURSTON.

136 BOYLSTON STREET, BOSTON, MASS.

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 BOSTON HOMEOPATHIC HOSPITAL.—The recent report to the Board of Trustees is a most flattering one, and one of which we may all feel proud. During the past twelve months 691 patients were treated with a loss of only twenty-two—making three and one-fifth per cent. of the number treated. And not satisfied with the addition of 100 beds, which the new hospital will give, the trustees are contemplating the purchase of 100 acres, a few miles from the city, and building a new hospital where more room and better ventilation may be obtained.

At the banquet of the semi-centenary celebration of the Massachusetts Homeopathic Society, Mayor Hart, of Boston, paid the school the following compliment:

Ladies and Gentlemen: To all persons interested in Homœopathy this is a memorable occasion. The Massachusetts Society of Homœopathy, we learn, had its beginning just fifty years ago, and that was but fifteen years after the introduction of Homœopathy in the United States, where it was carried by a native of Boston. To-day, I believe, there are ten times the number of Homœopaths in this country than you can find in its native land. Boston and Massachusetts have been most kind and generous to "the new school," Boston having given land for a homœopathic hospital, and the State a large sum of money besides other favors. The people at large have been glad to receive homœopathic treatment. Moreover, your cause here in Boston is identified with one of our great universities. You have, therefore, much cause for rejoicing. The founder of Homœopathy is gaining rather than losing as time wears on, and "the new school" has certainly helped to destroy the hard and offensive practices once peculiar to medical art. Your past is secure; your future is largely in your own keeping. I wish you wisdom and strength for whatever is right, and I trust that you will respond whenever the cause of humanity demands the best services. We owe the medical profession one tribute, which I pay gladly. Of all the professions none is so ready to serve the poor and the suffering as is the medical profession in the United States.

* * *

VICARIOUS BRAIN WORK.—Doctors of the dominant or so-called regular (?) school, have for some years past been relieved of the vulgar necessity of doing their own thinking. For it has come to pass in this age of gigantic enterprise, that the thinking for the profession is done in a wholesale way, by a comparatively few large pharmaceutical firms, who retail the results of their brain work at reasonable rates to the individual physician. In that happier time, when doctors used their cortical substance, some feeble effort was made on their part to adapt their prescriptions to the particular needs of the patient; thus, if a purgative pill was required, the prescriber bethought himself of the various drugs, Aloe, Rheum, Scammony, Jalap, etc., most likely to help the case before him, and proceeded to combine them in suitable quantities; or, if a tonic appeared to be the thing, he would write for a combination of Cinchona, Gentian, Quassia, or what not, together with flavors and aromatics, which, according to his judgment, would be beneficial to the patient.

All this is changed now. The large firms, before mentioned, have, by a reckless expenditure of the gray or cineritious substance of their brains, and a few dollars, gotten up a stock of pills, elixirs, solutions and emulsions, so

admirably compounded, so elegantly prepared and so well adapted to every possible condition of disease, as to entirely relieve the doctor of the necessity of wasting any of *his* brain substance.

Little indeed is left for him to do but order Messrs. Bolus, Purge & Co.'s Elixir No. 3, or Rufus Spleen's Laxative Confection, which, as every one knows, can be done almost in a reflex way with a lead pencil and the basil ganglia without the least expenditure of the cineritious substance or exertion of those noble cortical cells with which we think.

The docile manner in which the profession, in general, allows itself to be led by the nose by the manufacturing chemists, is really a matter of astonishment.

The *modus operandi* is as follows: The members of a business firm get up an Emulsion, an Iron Preparation, a Laxative Syrup, or an Emmenagogue Pill, according to the rules and regulations of their own sweet will. Then a glowing commendation from as many medical nobodies as can be crammed into a twenty-page pamphlet is printed; to this is added a number of cases which it has raised from the dead for the purpose of giving an "air of verisimilitude to the otherwise bald and unconvincing narrative." Then a suave and voluble retired book agent or broken down doctor is sent to distribute samples of the wonderful compound to all the doctors in the country, with such commendations as his own imagination and impudence can add. What follows? The doctor, finding in the pamphlet all that he had dared to hope for in his wildest dreams, immediately begins to order the preparation in his prescriptions at the druggist's expense. This goes on until his attention is attracted by a pamphlet or an agent that can lie more potently than the last, and so on to the end of the chapter. This gigantic age of progress in the arts and sciences seems to have brought the ancient and honorable science of medicine to a pretty low pass.

Editor's Table.

PHILADELPHIA POST-GRADUATE SCHOOL OF HOMEOPATHICS.—This school is chartered by the State of Pennsylvania and will confer the degree of Master in Homœopathics upon any M. D. who attends the required time and passes the examinations.

At present there are nine rooms, devoted to clinical work, where the student may examine and prescribe for cases under clinical demonstrators, who will instruct in "the taking of a case"—the most difficult part of practical homœopathic therapeutics—the manner of working the repertories and final reference to the *Materia Medica*.

This is a college where liberal-minded old school and eclectic physicians may be directed in their studies of similia, and demonstrate whether the law is entitled to respect and confidence or be exposed as a delusion, as has been claimed.

It is not in competition with any other college.

It is a college where a graduate will meet only graduates; where a doctor will not be compelled to listen to the theories which a student must master.

It is a place where a doctor may attend a few months, and not be encumbered with subjects nonconnected with practical work.

It is the only school where practical, everyday, bedside Homœopathy can be learned in its completeness, its simplicity, its purity; where the principles enunciated by Hahnemann can be put in practice without adjuvants of any kind.

The clinic is now open and there are plenty of patients indoor as well as outdoor. We advise students to remain in the clinic a year, where they not only see patients prescribed for but are expected to examine and work out cases under the eye of the clinical demonstrator.

We call attention to the above extracts from a private letter, for the establishment of this college leaves the student no excuse for attending the post graduate schools of Allopathy. If Homœopathy is not taught in the college from which he graduated, here is a place in which he can learn it.

HOMŒOPATHY IN RUSSIA.—Dr. J. Adams, of Toronto, recently received a letter from his nephew in Moscow, in which he says: "You may perhaps be interested to know that there are over 1,500 doctors in Moscow, but only 35 of them are homœopaths." Many of our readers will be gratified and surprised to hear that we have so many.

DR. A. B. NORTON, 152 West Thirty-fourth street, New York, announces that he has succeeded to the business of his brother, the late Dr. Geo. S. Norton.

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**OBSERVATIONS ON THE CLIMATE OF THE PACIFIC
COAST.**

In response to your request of last month saying: "We want a paper from you on the climate of California showing what diseases are promptly relieved and what cured by a resort thereto," I herewith give my impressions without attempting to treat the subject scientifically, if there is such a thing as scientific climatology. The climate of California is not unlike that of the whole Pacific Coast from the Mexican line to British Columbia. It divides itself into three different sections or strips of country: the coast, valley and mountain region. The first, characterized by uniformity and mildness of temperature, great humidity. Second, the valleys of San Joaquin and Sacramento in California and Willamette in Oregon characterized by heat and dryness in summer, and much rain in winter. Third, the mountain ranges of Sierra Nevada in California and the Cascades in Oregon, characterized by low temperature and much snow in winter and cool and dry summers with a maximum of ozone. These three parallel strips average about sixty, seventy and one hundred miles in width, extending from Mexico to British Columbia, a distance of fifteen hundred miles north and south. A marked similarity as to humidity and temperature exists increasing considerably as you go north, with a marked difference east and west, and a break longitudinally at the Tehatchipi mountains in southern and the Siskiyous in northern California, both spurs of the great Sierra Nevada mountains; though proximal localities may differ greatly in

each of these characteristics; for instance, in this locality, central California, fifty miles north of San Francisco the Board of Trade reports give as high as 54 in. annual rainfall, and at Healdsburg, 16 miles north, the most reliable records give 84 in. maximum; so that localities not very remote may show a marked difference in precipitation and temperature, rain along the coast and valleys and snow on the mountains to a depth of 15 to 20 feet in some places. We are now, October 28th, at the beginning of the rainy season and have had over eight inches rainfall, which has been very general all over the Pacific coast, in some localities greatly exceeding this; Vacaville nine inches, Winters ten, Cloverdale thirteen, some localities in Humboldt county north of here over eighteen inches, all within fifty to seventy-five miles of Santa Rosa; warm rains in the valleys and on the coast, on the mountains cold and some frosts and hard freezing a month later. Along the coast and in the mountain region quite exempt from malarious diseases, and patients suffering from intermittents, malaria, anæmia, enlarged spleen, hepatic disorders, are soon relieved, while in the larger valleys of the Sacramento and San Joaquin, malarious diseases, and intermittent, prevail, and some typhoid fever, which also prevails in the larger cities along the coast from bad sewerage and unsanitary surroundings. In over two years I have only treated five cases of typhoid fever, all caused by unsanitary surroundings.

I have yet to see a case of diphtheria and I hear of very little throughout the State and those cases reported from cities around the bay. The general state of health has been good, the mortality reported by State board of health 11 and a fraction for the State. The dryness and dust of summer aggravate all nasal, laryngeal and bronchial catarrhs, especially hay fever, "August sneezes" or infusorial catarrh (whatever you call it), worse during north winds, which, like the east winds of the Atlantic coast, "blow nobody any good."

Hot and dry winds from the north will continue two or three days in summer, absorbing the moisture and depressing the vitality from all vegetable and animal life and in the valleys brings the disagreeable sand and dust storms—but never the rain. Hot winds in the East and on the western

plains are generally precursors of *rain*, which are here preceded by cool or cold weather—south winds, and followed by warm weather, though sometimes frosts, as in the east, but never those cold northwest winds. Hay fever patients may be benefited by the mountain and foothill climate, but don't send them to the coast or valley region till after the rainy season begins, which precipitates all the dust and infusoria and brings a delightfully pure and bracing air, giving complete relief to such sufferers; and if they are not subject to chronic catarrh or asthma, such cases may find life quite enduring all winter, which you must remember is not one continuous rain—but at intervals—we have *weeks* of pleasant spring-like weather. But the subjects of chronic catarrh will find the marked difference in the diurnal temperature of day and night very trying, as such cases are more susceptible to acute attacks here than in any climate in which I have ever lived, and my acquaintances will readily admit that I have had quite extensive opportunities for observation from Minnesota to Florida and from Oregon to Mexico. I have learned from experience that one feels the cold about as much in one place as another. “God tempers the shorn lamb to the wind” so that one can endure the dry tonic air of Minnesota as comfortably as the damp malarial chill of the Gulf States or the fogs or enervating warmth of South California. During the mildest and balmiest of San Diego weather in January, 1886, the writer took the severest cold followed by acute bronchitis, which continued to defy the action of the best selected remedies till I was transported to the summit of the Sierra Nevada mountains, where the snow was ten feet deep and the ice over a foot thick, when the whole condition of cold and bronchitis subsided as if by magic; showing that the whole trouble arose from atmospheric conditions and not from exposure to cold. I met several who were similarly affected and ameliorated by the change to a highly azotized atmosphere.

The diurnal changes here occur with much regularity, while in east Tennessee they occur suddenly and with great irregularity. After warm days when the system is much relaxed, we felt the “little end” of those northwest blizzards which come swooping down upon us about as much as the residents of Minnesota and Dakota. We have none of that here, but the physician

needs a good heavy ulster and lap robe for his night rides and as much cover over him when he sleeps as in east Tennessee. That they have a good climate in southern California goes without the saying, but that it is all one universal sanitarium *we very much doubt*. There is the same marked difference in diurnal temperature there, as in all the rest of California. That there are many localities in the foothills and mountain regions of San Diego and San Bernardino counties favorable to asthmatic, bronchitis and pulmonary diseases there is no question. I agree with Dr. E. M. Hale in his article in the *Chicago Medical Era*, 1887, that it is not in Los Angeles, San Diego or Santa Barbara, or any of those coast towns, but in the higher and dryer sections, like Colton, Redlands, Banning, Palm Valley, all east of Los Angeles, sixty to one hundred and fifty miles, and north along the same Southern Pacific railway, Newhall 2,000 feet elevation, Lancaster on the Mojave desert, having the one disagreeable feature of sand storms occasionally, which raise the fine sand high into the air and carried for two hundred miles over Santa Barbara and out into the ocean. Ojai valley, 45 miles northeast of Santa Barbara, is another salubrious and delightful place, also Fresno, midway between Los Angeles and San Francisco, in the San Joaquin valley, all good for winter climate on account of dryness of soil and air, minimum fog, some frosts, pure water, especially at Colton, Redlands, Newhall and most of the places mentioned, while Los Angeles and San Diego have *miserable water*. Water, pure, soft and sweet, is a *sine qua non* with the invalid, and that one is not very likely to get in any California towns remote from the mountains. Take San Diego, for instance, where they must drink blackish alkali well water, or pay five cents a bucket for that which is hauled in from the mountain springs and carted around. In December, 1886, I saw an invalid there with an intolerable thirst from hectic fever and heard him beg for one drink of good water. He said: "I would give a dollar for one drink of such water," and he didn't get it till he got up into the Temecula canon on his way to Colton. Oh! but they will tell you "we have the flume now, over forty miles long right from the mountain streams. Such water may be pure and soft when taken near its source; but after traversing forty miles of alkali and desert country in open ditch, over miles of plank aqueducts and through

extensive pasture lands, with sheep and cattle wading through it, with all manner of filth and surface drainage pouring in, with leaves and other vegetable matter and grass blown in by the winds, not forgetting the dead animals which on this dry and arid country find their burial place in the ditch and are floated down to the beautiful city of "Bay and Climate," I imagine the flume water, when it gets there, not very pure. All the coast towns and some in valleys are about ditto. In Santa Rosa, the city water caught from rains and mountain streams, and stored in an elevated reservoir two and one-half miles out, comes to us in the summer with a taste reminding one of some stagnant creek or mill-pond. Of course, if the medical, editorial or the real estate booming fraternity should read this they would rise up as one man and jump on your humble servant with both feet, and the rest of the 7,000 population would follow suit. And still, there is scarcely a spot in California where there is not sufficient rainfall to fill cisterns enough to supply all demands for good pure drinking water for both man and beast. But I think there are not three cisterns in Santa Rosa, and I doubt if any of the towns of 7,000 population will average that number. Santa Rosa (and the whole coast country for fifty miles back) is not a good climate for rheumatism, bronchitis, asthma, hay fever or catarrhal troubles of a chronic nature. Not much better—if any—than east Tennessee, north Georgia, North and South Carolina. The coast climate is good for the aged, who seek rest in a mild, uniform temperature; to many such, from the Eastern or Northwestern States, ten years or more of comfort may be added to their days. In the coast and mountains, those suffering from malarial and quinine cachexia have a reasonable prospect for recovery, as the exposure to the chilly air on frosty mornings and midday hot sunshine does not tend to produce relapses as in the East, in those malarious portions of the Mississippi valley. It is a good climate for dyspeptic and hepatic disorders, and over-drugged and over-worked people who need rest; as it is a good place for quiet, restful sleep, especially in the rainy season, the air seems of a soporific nature favorable to neurasthenia and "brain fag." Mosquitoes are not troublesome as they are all through the South. In July and August of the past summer fleas were quite annoying, but not at all the previous

year. In some sandy localities, I am told, they are numerous every summer. But the rain finishes them entirely, which is not true of the festive and musical mosquito; he lingers till the frost gives his sharpened appetite a ferocity that is appeased with naught but blood. These little annoyances detract much from the comfort of the invalid, matters of no little importance to the physician recommending a change of climate to the sick.

In any portion of the State where raisins are dried in the sun you may know it is intolerably *hot* in summer. Fresno and Riverside are both in the raisin districts with a temperature ranging frequently from 100° to 116°, and all who can afford to, flee to the mountains or the coast, and such places being extensively irrigated causes much chills and fever. Both places are very mild and pleasant in winter excepting occasional sand storms and the same marked variation in the night and day temperature, causing *much* bronchitis—also—I think, quite a good deal of pneumonia, quite a surprise to me after having heard the Fresno climate extolled by Dr. E. M. Hale and others. While spending the month of February, 1887, in Fresno, I myself suffered a severe attack from bronchitis, and upon inquiry of the local physicians I learned that it was extensively epidemic. At nightfall, even in winter, it is very common to see a cloud of dust suspended like a fog over the city and suburbs. Last winter, 1888 and 1889, they had much fog and cold, disagreeable weather, not favorable for invalids in any stages of pulmonary affections. Ojai valley (pronounced Ohi) already referred to, 18 miles north of Ventura, the nearest railroad station, is much visited by invalids from Los Angeles and Santa Barbara on account of salubrity of climate, altitude and minimum fog and ocean winds. It is a narrow valley, about three miles long, surrounded by a high mountain wall which gives it an immense water-shed and a supersaturated soil during the rainy seasons. As a comfortable place for invalids it is far better than any of the popular coast towns; getting sufficient sea breeze to moderate the heat of summer. The water good. Much fruit and very fine oranges are grown in this valley. In central California are many delightful salubrious places, among which, for want of time and space I only refer to *one*, is *Auburn*, well up in the foothills of Placer county on the Cen-

tral Pacific railway, seventy-five miles east of Sacramento, in sight of the snow-capped Sierras, is a delightful and healthful place, much visited by all Californians for rest and its healing air for pulmonary and malarial diseases. Here the air since the rains is very pure and rarefied, free from dust and infusoria, especially good for asthmatics and hay fever. As one looks down from the hilltops around Auburn at this season of the year he may take in a grand and picturesque scene in the snow-covered Sierras, the everlasting hills about him green and fresh, to the west the wide valley of the Sacramento. The beautiful snow will ornament the mountains to the east for the next five months and the bracing air will tone up the most debilitated and enervated as they come from the hot, malarial valleys below; and as they enjoy this grand scenery and the "glorious climate," their minds turn back to those hot days in June, July and August, and wish there might be some blending of the heat of summer with the chill of this mountain winter air. Thousands of people from the east daily pass through Auburn in their rash haste to get to worse places, who would *do well* to stop a few days at Auburn and inspire its pure air and drink the pure water, and take in the inspiration of its diversified and romantic scenery, and eat of its luscious fruits and grapes, which are grown so abundantly everywhere, all over California. No better place in the world to test the grape cure, which grow no where to greater perfection than on the hills around Auburn and New Castle. The writer has frequently been there and knoweth whereof he writes, as well as all the other places mentioned in this paper, and what I have written is from my own standpoint of experience and observation, and I expect a whole regiment of California editors to jump on me with both feet, as they did with Dr. E. M. Hale two years ago; though with the main facts stated in his paper I fully concur in condemnation of certain localities so highly extolled for all pulmonary diseases. All the coast region is bad for sixty miles or more from the ocean, excepting some few localities which, on account of elevation, freedom from fogs and protection from ocean winds and maximum ozone. All invalids coming here should have impressed on their minds the fact that there is a *marked difference in temperature between the shady and sunny side of the street* for a residence, if ever so temporary. And if the

sunny rooms of Los Angeles, San Diego, or San Jose are all occupied, they had better hunt the State over for a sunny room, rather than "take up" with a sunless room where the cool, frosty air will linger the major part of the day, and all invalids after walking or exercising in the warm sunshine will take cold on returning to their rooms and experience a marked aggravation of their troubles, as in those Southern resorts the average hotel or lodging house keeper is "not there for his health," but to make money, and fuel is a most expensive luxury which only the rich can afford. Let me illustrate: H. D., aged 47, for many years a resident of California, lived on a ranch in the foothills of Rincon mountain, five miles from town, good elevation, with a sunny slope toward the south and west, with a grand soul-inspiring view from every window and veranda of his residence over the whole Rincon valley—a very beau ideal of a home, making life cheerful and pleasant—became impressed with the idea that "he was working himself to death" in his thirty-acre vineyard (just the kind of work and air and surroundings that he needed to perfect his physical condition and prolong his life), rented his place and moved to Santa Rosa to engage in the real estate business in a cold, sunless office on the shady side of the street. In a few months he applied to me for relief from "shortness of breath, hoarseness, pallor, emaciation, and slight hacking cough." Physical examination revealed lessened respiratory murmur and bronchial respiration, cold extremities, somewhat feverish. Phos. 30 with advice to get on sunny side of street and keep much in open air, which was not heeded; continued to hug the stove in the same chilly office several weeks, when a slight hæmorrhage alarmed him and he moved across the street with only temporary improvement. He then visited several noted health resorts and returned last summer and moved back to his ranch where he seemed to gain strength and appetite from moderate out-door exercise and hill-climbing, till the present month he was able to ride to town and back every day. On October 12 he had a telegram to come to San Francisco on business, which trip seemed to tire him out, as he did an unusual amount of walking while in the city. He returned to the ranch October 13th, slept well all night, had a slight coughing spell at 5 A. M., the 14th, then a rush of blood and all was over. His life was

no doubt sacrificed to those few months' residence on the sunny side of the street.

E. BECKWITH.

SANTA ROSA, CAL.

CARBOLIC ACID IN INTERMITTENT FEVER. *

I.

A gentleman, aged about 28, living in the malarious district of Púrníá, consulted me in June, 1883, for chronic malarious Intermittent Fever, with enlargement of the spleen from which he was suffering from January, 1883. In the acute stage he was treated allopathically with the routine fever mixture and massive doses of Quince Sulph. which *apparently* cured the fever and left the spleen enormously enlarged in all directions, and quite indurated. The fever, both in the acute and chronic states, was of a Quotidian type, with an interval of from 1 to 2 hours. The fever, in the acute stage, was cured in two weeks by the above treatment. The patient, as I was told, and as I gathered from the prescriptions, swallowed about 360 grains of Quinine in twelve days. After this treatment the patient remained well (?) for a couple of months or so, during which he took the so-called *tonic mixtures*. In March, 1883, he was again laid up with Quotidian Intermittent Fever, and suffered from it continuously till June, 1883, when he came down to Calcutta and consulted me. After examining the patient on the 28th June, 1883, I prescribed Arsenic 30, three doses daily for a week. On the 5th July, 1883, I saw the patient again, when I found no perceptible change for the better in him, and at the same time no other medicine than Arsenic was indicated in his case. I prescribed Arsenic 12, three doses daily for a week. This treatment also did the patient no good. On the 15th July, 1883, I prescribed *Ceanothus tinct.*, in five-drop doses, and at the same time ordered an external application of the medicine over the region of the spleen. Even two months' *Ceanothus* treatment did the patient no good, and he became extremely anæmic. As might naturally be expected, he became impatient to change the treatment; but his wife, who had been cured by me of her *dysmenorrhœa* when many other physicians here had failed even to give partial relief, would not

* Southern Homeopathic Association, 1889.

change the treatment. So she left her husband under my treatment, and gave me assurance that he would be under my treatment as long as I did not give up the case as past my treatment. Now, my responsibility in this case doubly increased, and I did not know what to do. On the 18th September, 1883, I examined the patient and found that almost all the symptoms of Arsenic were present, so I prescribed it at the 12th potency, three doses daily for a week again. On the 26th September, 1883, I saw the patient again, when I found there was no fever, but the spleen remained enlarged and indurated as before. His presence at Púrniá being required by his master, the patient went back there. He remained well (?) there for about three months, after which he got another attack of quotidian intermittent fever on the 2d December, 1883. For two weeks he took no medicine, but as he began to grow worse his wife got alarmed and brought him down to Calcutta for treatment and consulted me again. On the 26th December, 1883, I saw the patient, and from that day I examined him daily, and watched his case for a week, but gave him no medicine. At this time I had fairly studied the case, and noticed the following symptoms: Heaviness in the head and dull headache, the patient feeling as though an elastic bandage was kept tied around his forehead, with great disinclination to any kind of work, either bodily or mental, and a slight cause irritating the patient much. I must mention here that when I treated the patient last time, he appeared to me to be of a very mild disposition. I noticed some pustular eruptions on the upper part of the left eyebrow, itching and burning to the great annoyance of the patient. I also noticed that the patient felt much pain or uneasiness over the right eyebrow of a neuralgic character. He felt a distressing sensation of burning all over the face which looked bloated. There was loss of appetite, with nausea and often inclination to vomit; there was tympanitic distension of the abdomen, relieved by belching of wind by eructations which were rather frequent, and the belching was almost invariably preceded or followed by rumbling of the abdomen. The patient had five or six fetid stools day and night and the stools were of such stuff as might be mistaken for *rice water* stools of cholera; the urine was brown-colored, with very strong odor like that of

horse's urine ; there was short dry cough during the fever, with tickling in the throat, though on examination I could detect nothing wrong in the lungs or any other thoracic organ. The patient felt pain in the muscles, particularly in those of the back. During the fever the lower limbs seemed feeling heavy and benumbed. I also noticed some pustular eruptions about the angle of the mouth and over the lips. The patient also felt much itching all over his body during the fever. The fever came on between 4 and 5 P. M. The patient felt no chill or rigors at the commencement ; but during the hot stage he felt alternate chill and heat similar to those which we generally notice in hectic fever and pyæmic condition of the system. In no stage of the fever had he any thirst ; but he felt a peculiar sensation of dryness in the mouth, throat and the lips in all the stages of the fever on account of which he had to lick his lips constantly. From what I had gathered from a study of Carbolic Acid poisoning cases and the resemblance of their symptoms with those of pyæmic or septic poisoning of the system to which Carbolic Acid has proved to be of very good service in my hands, and from a remembrance of the marked effect which Dr. D. Supta's patent medicine, which seems to have an admixture of Carbolic Acid in an appreciable quantity, is seen to have on chronic malarious fever or chronic malarial infection in this country, I was first led to the belief that Carbolic Acid might have some effect in this case. On a reference to our *Materia Medica*, I found that some of the most prominent symptoms of this case corresponded with some of the pathogenetic symptoms of the drug. Accordingly I prescribed it at the 6x potency, three doses daily. After the 6th dose was taken the fever stopped on the second day and it did not come for the next ten days, after which the fever came on again. I was called again to see the patient. This time the fever commenced between 7 and 8 P. M. and continued till 5 or 6 P. M. next day, when the fever left the patient entirely after profuse perspiration, and the patient fell into profound sleep and slept for an hour or two, after which the fever commenced again between 7 and 8 P. M. This way the fever continued for three days. In this attack also, I noticed chill and heat almost alternating during the hot stage, and did not find the indications of any other medicine than those of Carbolic

Acid, so I prescribed it again, but at the 3x potency, three doses daily. On the second day, or after the third dose of Carbolic Acid 3x was taken, the fever stopped and it did not recur for three months, after which it came on again with the same train of symptoms as above enumerated. The spleen also remained enlarged and indurated as before. This case solely engrossed my attention now, and it puzzled me so much that I was about to give up the treatment of the case as hopeless, as I was not able to hit at the proper remedy for this suffering young man's case; but on a second thought (I do not know why) I was led to the belief that Carbolic Acid would help me in curing the patient. I am of opinion that fever coming on later than the usual time is a good sign, more especially in malarious intermittents, and I concluded that the change in the hour of accession of the fever was the result of Carbolic Acid treatment. I also believed that a still lower potency than the 3d might do some service in this patient's case. I accordingly prescribed Carbolic Acid 1x, three doses daily, and to my great delight and to the surprise of the patient the fever stopped after the 3d dose of Carbolic Acid 1x was taken, and it did not recur. The spleen which had got enormously enlarged and indurated gradually decreased. In December, 1885, the patient came here and told me that he had been doing well ever since he had been cured by me with Carbolic Acid 1x, and on examination I found that the spleen was not at all perceptible, and the patient looked very healthy. In March, 1888, the patient saw me again in connection with his wife's ailments, when he told me that he was doing well. In September last the patient saw me, when he told me rather *dogmatically* that Carbolic Acid 1x was a very good medicine for intermittent Fever, with enlarged and indurated spleen, as he said he had cured many cases of the kind among the coolies employed under him in the Púrniá district with this remedy.

From a study of the cases of poisoning by Carbolic Acid, as also of the pathogenesis of the drug, it will be seen that almost all the symptoms of the fever in this case corresponded with the so-called pathogenetic symptoms of the drug, and it is no wonder that I should have got such good results from its use in the treatment of the case under review. My personal observation of this case and a few

other cases of intermittent fever of malarial origin, which I have successfully treated with Carbolic Acid, have led me to the belief that it is a very good medicine for intermittent fever of malarial origin, both acute and chronic, especially the latter, with enlarged and indurated spleen. My personal observation has also led me to the conclusions that Carbolic Acid is indicated in cases of intermittents where (1) the fever is of the quotidian type; there is no chill or rigors at the commencement of the fever, and where chill and heat alternate during the hot stage; (2) where fever commences between 4 and 8 p. m.; (3) where the temperature rises suddenly, even up to 105° Fah.; (4) where there is much itching of the body during the hot stage; (5) where there is little or no thirst, but dryness of the throat, mouth and lips, on account of which the patient is compelled to lick his lips constantly in all stages of the fever; (6) where there is profuse perspiration before intermission and profound sleep after intermission, which is very marked, and the interval is of very *short duration*, say from one to two hours at the most; (7) where pustular eruptions appear in the angle of the mouth; (8) where the spleen is enormously enlarged and indurated (in chronic cases); (9) where the disposition of the patient is irritable and the head symptoms are prominent and distressing.

From the excellent results which I have been getting from the use of Carbolic Acid in the treatment of chronic and acute intermittents, especially the former, of malarial origin, I am inclined to recommend it to the profession for an extensive trial in such cases when occasion offers. I am sorry I could not make mention of this useful agent in my book on "Févers and their Treatment on Homœopathic Principles," published in June last, as my clinical notes were missing when the manuscript for the book was sent to press. I have regular records of several cases of chronic and acute intermittent fever which were cured or much benefited by Carbolic Acid, and I hope to publish them *by and by*.

R. K. GHOSH.

CALCUTTA, January 14, 1891.

HIGH POTENCIES.

Until enlightened I have been among the majority. A few of the leading characteristics of the remedies were fixed in the mind, and when a case presented these indications, the two remedies coming to mind were given in alternation. I was never guilty of giving more than two, and always believed Homœopathy was of itself sufficient to cure disease without the aid of allopathic adjuncts. At times my first prescription of the alternation of two remedies, would not do the work assigned them. Then another selection was made. As with all such prescribers, I had use for but few books. Cowperthwaite's, Burt's, Guernsey's Key Notes, Cleveland's Salient, and a few others were all that were necessary. Cowperthwaite's is good as far as it goes, and it would be well for all to have it, yet it is but an abridgement. I would not wish to do without it, but I have no use for the others mentioned, except, possibly, Guernsey's Key Notes as a mentor to lead my mind to something better. Bryant's Pocket Manual was all that was necessary in the way of repertories.

I was very fortunate in happening to subscribe for the two medical journals devoting their space to the advocacy of pure Homœopathy—Hahnemannian Homœopathy—the *MEDICAL ADVANCE* and the *Homœopathic Physician*.

In reading of the cures effected with 1m., 40m., 70m., cm., etc., I was wont to allow my lip to curl in the smile of incredulity. I wished my cases would be so wondrously cured—spontaneous recoveries—I imagined. That these high potencies acted, according to the deluded advocates of them, "more promptly, effectively, and permanently," I thought was moonshine, the result of imaginary cures. Yet the old rule of "line upon line," etc., had the result of producing a comparison, and caused me to examine into the merits of these cranks. Their acute cases had rapid recoveries without a crisis. I knew mine were very frequently in the same category with the Allopath's; cures in spite of the crisis. Yet I was called a "good doctor" because I cured such "severe cases." I knew my chronic cases would improve grandly for a time, then I would come to the conclusion of the allopathic physicer, that the case was incurable. I remember a case of goitre having the indications of Iodum. It nearly disappeared during the first ten days of treatment.

A wonderful cure! After that it speedily became larger than ever; too much medicine. No remedy would affect it in any way, nor stop the rapid growth. I lost the case.

This "line upon line," found in the pages of these journals, caused me to think of a similar time, when I was led to exchange the garb of a "regular," for the shining mantle of a despised homœopath. I saw that the high potencies, or spontaneous cures, or chance, or *something*, had better results than I could get. I prescribed fully. I selected my remedies, frequently, with book in hand. I bought more books. The results were quite perceptibly better; but I could not reach the goal claimed by the high potency cranks. Like the prodigal son, I finally "came to myself." I said to my better judgment: What is the use of condemning the high potencies without a hearing? It is my duty to get the best. I am paid to cure diseases in the best manner obtainable. I am practicing medicine from principle, not for the fun of it, nor simply for the pay. There must be conscience in this business. Duty must be obeyed.

I ordered some of the 200, 500, 1000, 10m., cm. Shall these be given upon a few leading indications? No; I am after the truth. Prescribe them *only* when you have the assurance of the true simillimum. These were given with a great deal of incredulity, but carefully. Hard cases were selected. A crucial test was to be made.

The result: 1. I have need of more books; complete, full books, and greater study. I must have the best repositories, the fullest works on *Materia Medica*, and *Therapeutics*. This implies expense, but then I am making more money by being called long distances to neighboring cities and towns by men who have the cash to pay.

2. I find myself studying the *Materia Medica* with the real delight of a good novel. I pick it up at every spare moment, for there is interest and real gold in them.

3. Most of my acute cases go through without a crisis, and my curable chronic cases go to the end constantly improving to a happy, permanent cure, while my incurable patients shall die in peace. I have had none so far.

4. I use the single remedy and nothing lower than the 200, with a decided preference for the higher potencies, knowing by actual trial and close observation that the high potencies do act "more promptly, effectively and permanently."

I will add a few of my first high potency cases, showing what led me on the road ending in my becoming a "crank" on the high potency question and a firm believer in the power of pure and unadulterated Homeopathy. These cases are not so severe as some I could report, but they show the "more prompt effective and permanent" power of the high potencies. The empiric could have *seen* them *get* well, possibly, but he could not have *cured* them so promptly and permanently.

Cholera morbus in a woman three months pregnant; excessive vomiting, retching and purging; cold sweat on forehead. One small powder of Veratrum 200 in ten spoonfuls of water, one spoonful every half hour till better, then stop. One spoonful entirely cured. From the great straining during vomiting this woman came near aborting. Next day I was called to find her flooding alarmingly; could not move without increase of flow; severe bearing down pains; pains from back to pubis, etc. This was a very trying case; there was immediate danger and the necessity of prompt relief. One powder of Sabina 1000, in water as above, one spoonful entirely cured the case. She was up and around in less than forty-eight hours as well as usual; no return of trouble. I used no adjuncts, no cold water, nothing but the remedy in this case, and had her remain perfectly quiet.

A case of mountain fever (really, abortive typhoid) developing strongly a typhoid crisis. Belladonna 200 and Apis. 200, were given as indicated with the best results. On the eighth day I found tympanitis and peritonitis caused by improper nursing and inattention to directions. Picture a sod house of two illy arranged small rooms, crowded with the usual household effects, wheat in a large bin, the flurry of a crowd of threshers, the only child of poor, ignorant parents and no suitable diet possible, and who would wonder that a threatened crisis came. I selected Mer. cor. 1000, by the aid of my *Materia Medica* at the bed side. I was not "turned off" for using the book, and in twenty-four hours the child was past the danger line, and made a good recovery, being convalescent in less than fourteen days from the beginning. I have lost no case since using the high potencies.

I have used Santouine 1x and Cina 3x in worm troubles, but have never seen any indications of worms per stool from their use. After I began to use the "scientific" potencies

(look up the meaning of "scientific" in Webster), I had a case where Cina 3x failed to bring away any worms. After some weeks I gave one dose of Cina 10 m, and each stool following contained pieces and whole worms. In eight or ten days improvement and the passage of worms ceased. Another single dose of the same was followed by the same results.

The presiding elder M. E. Church was taken sick while out on his circuit. He telegraphed ahead to his next appointment, "sick," left the town where there were six doctors, one a dualpath, (that is a conglomeration of two antagonistic, ununitable schools of physic) and came twenty-five miles to me for a speedy and sure cure, having received such for another sickness. A very severe diarrhœa with frequent, thin, watery, yellowish stools, that threatened to bring him to a sick bed of weeks, as he thought, was cured *immediately*, for after one dose, dry on the tongue, of Podophyllum 500, he had no more trouble. He received the dose at 5 P. M., and was himself, well as usual, the next morning when he arose.

I could add many cases but time and space forbid. From my experience I am constrained to use exclusively the high in preference to the low potencies, and to rest my severest cases on the single remedy with no repetition of the first dose, if there be immediate aggravation of the main symptoms, or any improvement, till I *wait* and have a reason for repeating.

The object of this paper is to induce the reader to investigate for himself, as I did, and to do it *honestly*. All who have done so know what the result will be. Duty calls for the best means of cure. Denial is not argument; incredulity is not reason; opposition is not investigation. The allopath looks upon the low, as many homeopaths look upon the high potencies. The same cause prevents either adopting something better than he now has.

W. A. YINGLING.

NOUCHALANTA, KANSAS.

CHOREA: STRAMONIUM.

Saturday, July 14, 1866. Harry S—, aged 12 years, of rather a light complexion, about usual development for boy of his age and very studious habits. Had just been admitted into the Philadelphia Central High School, though a year under the admitting age.

His mother had first noticed a twitching and shrugging of right shoulder and arm, then he would grasp for articles he wanted, then he lost the power to write on account of shaking of his hand; this state developed until every movement of his right limbs and side was of a spasmodic nature. On attempting to walk he would reach out suddenly with his right arm and leg as though going to grasp something. When eating his meals his fork would make several revolutions about his eyes and nose, until finally coming opposite his mouth he would jerk his head forward and snap it off in his mouth. On discovering any one watching him, would set up a piteous sobbing and crying.

The fact that his trouble was on the right side wholly and the tendency to tearfulness led me to give Ignatia 200; still the symptoms increased in severity, no aggravation nor amelioration, but gradually growing worse, his mind became more and more affected, he would subside into an idiotic giggle and seem very foolish in his actions. After waiting two weeks, gave Sulphur 200; another week and then Calcare 200 for still another week.

Now his father reports that in addition to his former symptoms he would stand before the looking glass and make grimaces and gesticulations, seeming to be in great glee; on discovering any one peeping at him through the door, would fall down on all fours, scramble to a corner and hide his face in his hands and weep piteously. This led to Stramonium 200, one dose. Next day, Sunday morning, had no vestige of the chorea except the unsteadiness of his hand, which prevented him from forming letters. On the next Saturday evening there was no change, had no symptoms but the trembling of hand when he attempted to write. Stramonium 2000.

On Sunday following could write as well as ever, mind perfectly restored and appeared to be in good health. During ten years after there was no return, and I believe has never been any trouble since.

SUPPRESSED SYPHILIS.

Wednesday, April 28, 1875. Chas. W—, aged 29, medium complexion, well built man, farm hand. Terrible ear ache, throbbing, aching and sticking pain inside the ear, had to go to bed and send for physician. Hepar 200 in water every 2 hours till better.

Thursday called, but he had gone to depot with team perfectly well, the abscess had broken the day before and discharged a quantity of pus with entire relief.

Called May 20th to pay his bill. "Doctor, could that medicine have caused a chancre to come on my penis?" "Yes, if you ever had syphilis." "Well I had a chancre when I was about 18 years old. I was in the navy at the time and the ship surgeon had trouble curing me with black wash and transferred me to marine hospital where I was cured and discharged. Ever since I have had poor health and have been working on farms from here to Missouri. My brother is a physician on Broad street in Philadelphia, and tells me it is the best I can do. I have had a spell of sickness every spring, some fever or other, and every doctor I have had has asked me if I had syphilis, and said that was the cause; since I took your medicine I have felt like a new man. Now, if you can cure the chancre I'll be entirely well." I suggested that he had felt too well, is the way he got the chancre. No, he said, he had been absolutely unable to have connection since his treatment in the navy, and in fact had no desire that way and did not care for women's company.

The chancre was a depressed surface on the upper side of the glans extending from the corona nearly to the upper edges, slightly elevated and had the appearance of being covered with a thin gold-beater's skin. Sac. lac. morning, noon and night for a week. In four days he returned, frightened, afraid the "head of the penis would drop off;" the ulceration had spread around the corona and appeared to have eaten deeply in to it. Stopped the medicine and gave him a similar package of Sac. lac. to be taken, one every three hours; called in a week, much better.

Aug. 12th. Wanted to be cured of clap. After he saw me the last time his passions had come on so strong he was forced to hunt up a woman, hence his present condition.

April 7, 1880. Walter G.—, aged 11, medium complexion, stout build, sluggish, dull, disliked school, played truant whenever he got a chance, would work very well at anything physical, but did not like to read. First noticed that he would get by himself and giggle and laugh, would sober up immediately and look stolid, stupid when anyone noticed him; afterwards twitching the shoulders and arms or trembling all

over. Said it commenced with a pain in his stomach, and then spread upwards, twitching of corners of mouth and facial muscles, especially at the table (meal times) became taciturn, quiet; could get nothing out of him in answer to questions. Cuprum 200 one dose, without placebo, with orders to report when worse, or in one week if better. At end of week reported, bad again, had been much better immediately after the medicine and brighter and brighter ever since, but the last two days the twitching had been getting worse; it had never altogether left. One dose Cuprum 200, to report in one week. Reported had been better ever since. One dose Sac. lac., to report in one week. Reported worse, been quite bad the last three or four days, growing worse and worse. One dose Cuprum 200. This is the last dose he had; the improvement was gradual from this time, passing away some time within three weeks.

LACHESIS 30 CENT.

IN A CASE OF SNAKE-BITE CURED BY DR. THORER IN GOERLITZ.

Mrs. B., in C., aged thirty-six, robust and healthy, July 29, was bitten by an adder in the field when turning rye. Besides violent pain she felt at once a severe burning in the wound. She was so frightened that she could not speak and nearly fainted; the whole foot commenced to swell rapidly, and she could not use it for walking. She had to be placed in a wagon and carried in this way into the village. In the meantime the continually increasing swelling of the foot was tried to prevent by binding living frogs upon the wound, by ligation of the suffering limb above the seat of injury; and by frequently giving buttermilk as a drink, proper position, etc., they tried to alleviate the pains which were burning like hell-fire, but it was all in vain.

Dr. Thorer continues: "I was called July 30th, but, having been abroad, I had returned too late in the night to call.

"July 31st, in the forenoon, I went to see the patient, and found the following pathogenetic picture:

"Patient was sitting in an easy chair, the sick foot extended on a bench. The limb was swollen from the point of the great toe to the inguinal region, evenly, as if going to burst;

hard, of an erysipelatous appearance, extremely painful on touching it. Some water blisters, size of a pea, were on the instep; at other places the epidermis was burst open and exuded a watery fluid. The wound from the bite could not be detected under the most exact scrutiny. Patient complained of violent abdominal pains, and of an intolerable, indescribable burning in the whole limb, extending from the instep as far as the abdomen. She felt distinctly how the burning sensation went higher and higher, from below upward, as also the swelling; the abdomen began already to swell. The head was confused, drowsy, and on rising, dizzy. She saw colored shapes before the eyes; felt inclination to vomit; complained of violent thirst; tongue clean, but no appetite; intestinal function normal; micturition increased."

All these symptoms gave me not much time for meditation, especially as there was *periculum in mora*. Lachesis was the first thought; and of

Lachesis 30 cent. patient received one drop of the tincture at once, and besides three powders of milk sugar were prepared, each of them medicated with one drop of the same potency. Patient was to take the second powder if the pains would not subside in a few hours. I would call again in the evening. But, already at 5 P. M., the husband came for me, and asked me to see his wife, since she could not endure any longer the furiously raging pains, which, after taking the first powder, had increased to an unbearable degree; if not soon alleviation could be afforded. I went immediately, and found Mrs. B. in the greatest excitement, so that she was unable to say anything. She cried incessantly at the raging pains; she would burn up; she cried for help; and the facial muscles twitched convulsively, similar to the convulsions observed from hydrophobia.* Patient received now Lachesis 30th, one drop in milk sugar, being the second powder left. For a drink nothing should be given than water and milk.

I could hardly await the next morning; my curiosity was strained to the highest. I read again the pathopoëtic symptoms of Lachesis by Dr. Hering, and was much elated, when I found the remark: "*The more violent the reaction will set*

*Compare the beautiful cure of hydrophobia, by Dr. Von Boeninghausen, with one single drop of Hyoscyamus 12 cent. (MEDICAL ADVANCE, Oct. 1886, p. 360.) Can any other school of medicine show anything like these two cases? See also Hahnemann's M. M. Pura, 2d ed., Vol. IV, p. 45, note to Hyoscyamus.

in after the first dose the surer an early improvement will take place." It was an agreeable sign that I was not called in the night. In the morning I hurried immediately to my patient, and oh! glorious Hering! found the full confirmation of this purely practical remark. Patient after the second dose had had the most violent pains till after midnight, and then gradually came to rest. She even had slept a few hours, though with many dreams and fancies. She was more quiet, had less pain, the yesterday so hard, and erysipelatous looking limb swollen to bursting was softer, and left dents to pressure with the finger; she had no appetite yet, but the thirst was less; nausea, headache, dizziness on rising, and the general excitement had disappeared. She was again hopeful to get well — in one word, evident convalescence had commenced.

Hering says on Lachesis: "*That it has to be repeated more frequently than any other remedy, for as long as the symptoms last, during the proving of this medicine, as little is it the case in the cures.*"

Upon this recommendation I gave August 1st, in the forenoon, the powder No. 3, containing a drop of Lachesis 30 in milk sugar.

Shortly after this the most violent pains in the suffering foot and leg commenced anew, and lasted nearly two hours, but then they gradually lessened. Patient kept pretty well during the following night.

August 2d (the fifth day after the bite), I found patient extremely cheerful and satisfied with her condition. She complained only of a little pain. The swelling of the thigh and knee was almost entirely gone, also the swelling of the lower leg had gone down by one half, and was soft; the water blisters were dried up. Patient had, not without appetite, taken some spoonfuls of water-soup (bread, boiling water, a little butter and salt).

R. Nihil.

August 3. Patient was more restless before midnight, but after midnight had a quiet and refreshing sleep till morning. She could now bend her knee, and ate her soup with increased appetite.

R. Nihil.

August 5th. Patient sleeps well, eats well; only a little swelling on the instep is observable, but without pain even on

touch. She can walk and stand, bend her knee and foot, and since she was perfectly well every way, she was dismissed as cured.

This was the eighth day after the bite. During the whole treatment the suffering foot was only the first days covered with fresh cabbage leaves, but latterly it was merely wrapped in a piece of fine old linen.

COMMENTS.

This unique case which thus far has not been printed, except in a little lay paper,* long after the death of the author, is full of suggestions, of which a few are offered in the following remarks :

Nobody can deny that this case was one of the much feared species of blood poisonings, for which the physico-chemical school has no help but the amputating knife as the last resort, and this in the present instance would hardly have brought about a happy termination even if the lower extremity affected would have been sacrificed. The short shrift in such cases is : "Blood poisoning stated by the physician, death."

The tardy help which the homœopathician, one of the best that ever lived, could bring on the third day after the bite was indeed speedy enough and not the less effective as the sequel proved. Any surgical interference appeared to be out of question, since evidently the effect of the poison pervaded the whole system, and the life-force was in serious danger. "Nothing to be done" would have been the verdict of those who do not know the powerful and beneficent action of the similar potency of homœopathics. The homœopathician took the picture of the present totality of the symptoms and found immediately the striking likeness to it in the pathopoëtic picture of Lachesis, the first proving of which we owe to the genius and courage of Dr. C. Hering, whose name is a household word in the homœopathic world. Dr. Thorer, after being sure of the correct selection of his remedy, did not think of giving a low potency to which he might have attributed superior strength on account of its coming nearer to materiality which many erroneously take for the only reality in existence, but fearlessly he followed not the dictate but the admonition of the Master, who recommended the thirtieth

*Hom. Monatsblätter, Stuttgart, Vol. VII, p. 142.

potency for practice as being able to cure anything that from a homœopathic remedy could be expected, and gave that very thirtieth centesimal potency. And see how precisely according to Organon § 157 the homœopathic aggravation followed the first dose immediately after taking it! But Hahnemann speaks of "a kind of slight aggravation in the first hours," and § 159 he says: "*The smaller the dose, of the homœopathic remedy, the smaller and shorter also is this apparent heightening of the disease in the first hours.*" The present aggravation in the case before us teaches emphatically that, though the 30th cent. used to be called an infinitesimal dose, it by no means was infinitesimal enough, and a much higher potency would probably have avoided this unnecessary aggravation and induced at once a speedy, pleasant and permanent cure. This, of course, is not intended to throw even an infinitesimal of blame upon the eminent practitioner to whom we are indebted for this inestimable experience, but it is only proposed as a consequence of the dictum of Hahnemann in combination with our own experience with Lachesis, the same Lachesis which came from Dr. Hering's own hand, of which we now have in addition to the original proving of him, published at Allentown in 1837, provings with the 41m. cm., 2M., 3M., 4M., 5M., 6M., 7M., 8M., 9M. (M denoting the millionth centesimal potency, as m stands for the thousandth). It stands to reason, that when a 30th was able to produce the serious aggravation we see after the first dose, a 9M or an intermediate high potency might have prevented it. For it is not pleasant to observe these aggravations upon our patients, and we ought to learn to avoid them, which, according to Hahnemann's observations, we may be enabled to do, if we have nerve enough to apply in the most trying cases the more or less extreme potencies which even in the state of health have power enough to disturb the life-force with surprising energy. In order to get more light upon this subject, we have to continue Hahnemann's work of proving and reproving not only the crude drugs and low preparations, but the high and highest potencies which, in able hands, give a far richer pathopœtic harvest than the lower end of the scale can ever promise.

When the aggravation was at its highest, in the afternoon about 5 P. M., Dr. Thorer, at the hand of the remark of Dr.

Hering about repetition of the dose, gave the second powder of the same potency, and even after this second dose the aggravation went on uninterruptedly till midnight, after which time the life force approached its normal equilibrium again and patient found some rest after midnight. From that time convalescence seemed to commence (in the common phrase: reaction set in), when in the forenoon of the fourth day the Doctor, elated and seduced by the remark of Dr. Hering, though the improvement was clearly established, gives the third powder, and produces by it another aggravation for two hours. After this, now real manifest convalescence set in, without any more need of medicine and any other drawbacks. It may also be supposed, that the second dose did not act at all, as the aggravation went right on without intermission till midnight. According to Hahnemann the pathopoëtic force of Lachesis took the place of the pathogenetic force in the organism and equalizing it by its similitude enabled the life-force to resume its functions with the necessary energy for the restoration of health. The aggravation, then, represents too great an action (over-action) by the pathopoëtic upon the life-force which surpassed the amount of the pathogenetic force, requiring only equalization, because the remedy was not exactly proportioned in its potency to the amount of susceptibility of the life force. But, clearly, the life force had gained in restorative strength on the fourth day when the third dose produced an aggravation only for two hours.

But the case was cured. Think of it! Three tiny drops of a medicine, in which "*neither the senses, nor chemical analysis, could discover the least absolutely injurious medication, not even at all the least properly medicinal thing,*" (Hahnemann's petition to a high magistrate), hence decidedly infinitesimal if it were not for its homœopathic action upon the organism. Take heart, you, who are afraid to touch high potencies, because distrust, malevolence and ridicule stick to them, thrown upon them by an ignorant and invidious world! Do not be afraid of them, apply them in acute and chronic cases, but stick to the true doctrine of Hahnemann: meeting the totality of the symptoms of disease with the totality of the similar symptoms of the remedy, adapted to the life force by its potentiation. Do not think: I don't

know enough of *Materia Medica* to prescribe high potencies which may act like a rifled cannon and spoil my case utterly, if I do not hit on, the simillimum. Is it not much worse when you prescribe low potencies and crude drugs (Alas! poor Logan!) and that pell-mell, if you do not know enough *Materia Medica*? The medicine in your hand, then, will act like a Gatling gun, spreading horror all over your case. Let Hahnemann's stirring words in regard to hydrophobia be a warning for ever and ever: "*Large doses of homœopathically commensurate medicines are certainly more injurious, than if they had been when administered without similar (homœopathic) or in opposite (antipathic) relation to the case, i. e. quite in the wrong place (allœopathically). In the use of homœopathic medicine where the totality of the morbid symptoms is reached by the medicinal action in great similitude, it is a real crime, not to give quite small least possible doses; there the doses in the quantity as the medicines are prescribed in the common routine-practice, are real poisons and instruments of murder.*" (R. Arzneimittellehre 2. ed. Vol. IV, p. 46.)

If you miss with your high potency, who is hurt? Nobody but your own self-appreciation, which gets the shock from missing your aim and losing time in the cure. But the high potency if not homœopathic will, on account of its nature of minuteness vanish, because there is nothing in it to sustain its action if the organism does not do it. However, you will always even by an imperfect knowledge of *Materia Medica*—and who can be perfect in that most difficult of all studies?—select a remedy which will approach that Simillimum which is the cynosure of the homœopathician and thus, the action of your potency will not be so wide of the mark as you may think, and it will not have the deleterious effect which frightens your mind as a bug-bear set up by ignorance. Hahnemann proclaimed *Similia Similibus*, not *Simillima Simillimis*, or else he would have used the then more appropriate term *Aequalia Aequalibus* which would not have expressed his intention of applying *Similia*.

One caution, however, may not be found amiss, that if in ordinary practice you have to deal with very sensitive natures, you should not go too high in the potencies, if you do not want to make provings upon them. For such is 2c. to 9m.

high enough. Be, therefore, in your practice not afraid of those powerful weapons in the hands of a genuine homœopathician, of the high potencies.

Another aspect of the second dose given when the aggravation ran so high that patient did not seem able to further endure it, is in the repetition of the same remedy and potency. It looks to us—and it is indeed easy to say so when sitting quietly writing at the table, as we are well aware—that the repetition was uncalled for, because after the second dose which should have acted homœopathically upon the aggravation called out by the first dose, but didn't, the aggravation continued uninterruptedly till midnight. The probability is, that the aggravation was rising still when the second dose was given, and as it was in no manner modified by it. Hahnemann says, somewhere in the *Organon*, that in provings with frequently repeated doses the repetitions re-act homœopathically upon the previous one and annihilate their actions, and this no doubt frequently takes place also in treating diseases, as when Dr. Hering found that *Lachesis* requires frequent repetition even if it has a range of long action. But it did not seem to bear out this doctrine in our present case. Perhaps the sameness of the potency was to blame. Perhaps the storm of the first dose would have abated, if for a second dose a higher potency would have been employed.

There is not the least doubt, that Hahnemann proposed the correct rule for action when he recommended the single dose of one remedy to allow to act as long as any improvement from it could be perceived. But by that rule he by no means repudiated the necessary repetition of a remedy which had done well, and ceased to act, when the symptoms remaining require it. But he recommended in such cases to change its potency to another lower degree. Nay, in case of *periculum in mora* where the life force was in imminent danger to be extinguished, he recommended frequent repetitions of the indicated remedy as e. g. in *Cholera asiatica*.

From the first introduction of high potencies by Jenichen a dogma has come down to us, that a high potency must never be repeated at all. Try it in practice, do not take any dogma for granted because it is backed by a big name. In this matter of high potencies it is altogether too soon to lay down the law with regard to their administration. But we

should treat them according to the primary principles of Samuel Hahnemann, which, before all, demand that as we should individualize the remedy in its selection, we should also individualize the dose and potency, as to its selection, and just so the repetition of it, and above all the potentiality of the life-force upon the restorative power upon which we rely in the homœopathic cure.

B. FINCKE, M. D.

BROOKLYN, N. Y., 1890.

FREEDOM IN MEDICAL MATTERS.

THE HOMŒOPATHIC ASYLUM AND THE PAUPER INSANE.

[The Homœopathic Insane Hospital at Middletown, N. Y., has, by strict adherence to homœopathic practice, so reduced the mortality and increased the percentage of cures as to incur the jealousy of its allopathic competitors, and the consequence was the enactment of a law in 1890 depriving the homœopaths of the State for whom it was erected, from the benefits of the treatment of their choice.

As usual the *New York Medical Times* takes the side of allopathy against the homœopaths of the State, to which Dr. Talcott makes a vigorous protest.—ED.]

The following is the opinion of the *Times* Editor:

“Senator Richardson has introduced a bill to exempt the Middletown Insane Asylum from the operations of the Pauper Insane bill. This institution is now on a liberal paying basis, and the fear that the pauper insane may encroach upon the confines of wealthy patients who occupy two or three rooms has led to the introduction of this bill, which, on humanitarian grounds, ought to be beaten.”

The statement that exemption from the laws of 1890, or any amendment in behalf of this hospital, is sought for because of a “fear” on the part of the friends of this institution that the pauper insane may encroach upon the “confines of wealthy patients,” is untrue. No such fear exists in the minds of the friends of this hospital. The real object of the proposed amendment to exempt this institution, to a very limited extent, from the provisions of the law of 1890 is to secure freedom in medical matters—such freedom as every honest man desires either in the government of his own conscience or in the care of his body or mind when either may become diseased.

The proposed amendment does not relieve this institution from State supervision, nor does it interfere in any way with State care for the insane. It simply provides for the unhindered admission of cases from all parts of the State for whom homœopathic treatment may be desired; and it provides also that the rates for board and maintenance of patients shall be fixed by the Trustees of this hospital. These Trustees were appointed by the Governor and confirmed by the Senate, and they are pledged by the provisions of Chapter 121 of the Laws of 1876 "to maintain the homœopathic mode of medical treatment in such asylum." They know the purposes of this hospital, and are competent to fulfill them.

The State of New York established the Middletown State Homœopathic Hospital for a specific and designated purpose, and for seventeen years this institution has afforded homœopathic treatment to those insane persons residing anywhere in the Commonwealth whose friends desire in their behalf the application of those methods of treatment discovered and exemplified by Dr. Samuel Hahnemann.

Under the provisions of a law passed in 1890, the State was divided into as many districts as there are State hospitals (with three exceptions), and to each hospital was assigned a given district, composed of certain designated counties. The State asylums at Auburn, Matteawan and Ward's Island were exempted, in the original law, because they were set apart for the treatment of certain specified classes of the insane. Under the provisions of the law of 1890, insane persons residing in one hospital district might be sent for treatment to a hospital in another district "in the discretion of the Chairman of the State Commission in Lunacy and the Superintendent of such asylum." This provision of the law has caused serious delays in some instances in the commitment of the acute insane to the hospital of their choice, and in order to obviate such delays in the future, and to place the selection of hospital entirely with the friends or guardians of an insane patient, and in order to secure the just and equitable right of freedom of medical opinion and action to every citizen in this State, the friends of the hospital ask for an amendment to the law of 1890. This amendment provides for the commitment to this hospital of those for whom homœopathic treatment is desired; and it places the regulation of

rates for board and care of patients in the hands of the Trustees. Nothing could be more fair and equitable than such a procedure. The reasons for the amendment are obvious to every thoughtful and unbiased citizen who has studied the subject.

In asking for the amendment we do not ask to be relieved from State supervision, nor do we interfere in any way with the broad and benevolent principle of State care for the insane. On the contrary, we ask positively, emphatically, and solely for the right and privilege of affording State care to all the insane—poor, medium and rich—whose friends may prefer for them the homœopathic method of treatment. Homœopaths do not seek to compel those who prefer “old school” treatment to be placed in this hospital for care; nor do homœopaths wish to be compelled to seek permission to enter here from “old school” authorities.

No private patient occupies “two or three rooms” in any of the wards of this hospital. On the contrary, no patient is allowed more than one room in a ward, and such room is often shared by one of the regular attendants or by another patient. At the present time there are 698 patients upon the census list of this hospital. Of this number but 23 pay more than \$10 per week. The remaining 675 are either pauper or indigent patients or patients paying low rates of board. We have nearly 200 patients who pay from \$3 per week to \$10 per week each, and between 400 and 500 who are maintained by the counties from which they come. Last year thirty-eight of the sixty counties of this State were represented in our wards by patients residing therein. The vast majority of paying patients would be pauperized in a short time if compelled to purchase care in an expensive private institution. While we do not object to private asylums for the insane, for those who wish to patronize them, we do object most earnestly and strenuously to compulsory patronage of private institutions established and designed by their proprietors for the purpose of making money while caring for the most helpless beings on earth, to wit, persons who have become bereft of their reason.

It is a strange condition of affairs when the State, having erected hospitals for her insane wards, may direct that the prodigal lunatic, whose insanity is self-induced, and who has

brought upon himself and family both poverty and disease by the recklessness of his mode of living, should be placed in a public hospital, and surrounded by every comfort and luxury, while the thrifty and economical citizen who has accumulated a moderate competence by patient and persistent toil is, when stricken with mental disease and rendered absolutely helpless, compelled to patronize a private institution, established for personal gain, until his money is gone and himself and family beggared. Then, when thus despoiled, this industrious and useful citizen is to be placed in a State hospital as a pauper patient. How much better would it be for all concerned if the State would assist the private citizen in maintaining independence and self-respect and self-support when he is brought to bay by the most disastrous of all known diseases.

In the three main buildings of this hospital now used for patients, there are 1,147,831 cubic feet of air space. This includes halls, day rooms, sitting rooms and sleeping rooms. Of all this space only 31,561 cubic feet are occupied by the twenty-three patients who pay more than \$10 per week for board and care. The balance of space, namely, 1,116,270 cubic feet, is used indiscriminately by pauper and indigent patients, and by those paying low rates of board. This is a plain, practical showing of the actual condition of affairs, and by it you will see that wealthy patients are not spreading themselves over spaces that should be occupied by the poor insane. It seems to me that only a very moderate percentage of space is now being used by those who have contributed largely to the erection of these State hospitals for the insane.

We believe in State care for the insane; in State care for all the insane; in State care for the acute insane; in State care for the poor; in State care for those in moderate circumstances, and in State care for those who have been blessed with opulence, if the friends of such patients desire for them treatment in our State hospitals. At the same time, we do not believe that it would be wise to transfer from county institutions to State hospitals those who are most unlikely to recover to the exclusion or over crowding of patients suffering with acute insanity, and who would be likely to recover if afforded the benefits of State hospital treatment. We are willing to take all who need to come, acute and chronic, as

soon as sufficient room is provided by additional buildings. We seek now by means of wise and equitable laws to establish the principle of State care in the Middletown Hospital for all who may desire homœopathic treatment.

There are, in this State, over 1,000,000 adherents of Homœopathy. As far as we have been able to learn, these patrons of our cause stand as a unit in favor of freedom of medical opinion and action; all strenuous in behalf of the medical liberties and unhampered right of choice, of those who may need treatment in this hospital. The homœopaths of this State pay a very considerable portion of the taxes. In some parts of the Commonwealth more than 50 per cent. of the taxes are paid by the adherents of Homœopathy, consequently it would seem to the unprejudiced mind that we are justly entitled to at least one hospital of the eight, which have been erected for the insane by the generosity of this Commonwealth. The legislators of the State thought that the appeal of homœopaths for a State asylum, where homœopathic treatment might prevail, was a just one twenty years ago, and their belief in the justice of our cause has been reiterated and emphasized by liberal appropriations made annually ever since. We know of no reason for any change of attitude at the present time. All we ask is fair play and a continuance of the privileges which have been accorded to us, to which we are justly entitled, and which we hope to continue to deserve.

We do not wish to interfere with the rights of others, nor with the plan of State care for the insane, but we do wish to secure to every resident in this State the untrammled and unhindered right of admission, direct and without delay, to this hospital whenever the necessity of sickness impels commitment to an institution for the insane.

SELDEN H. TALCOTT.

THE STATE HOMŒOPATHIC HOSPITAL,
MIDDLETOWN, N. Y.

SEPIA IN STERILITY.

Mrs. W., age 28, married four years. Complained of aching pain in right side of sacrum, relieved by pressure. Uterus in normal position, has had no children, although in other respects she appeared to be in robust health, had been treated allopathically, but nothing relieved the unbearable pain in

her back. *Sepia 12 dec. trit.* was given her which immediately removed the pain. In the course of two or three weeks she reported her period stopped, and in the usual time she had a little girl. The pain in her back has never returned now some years since.

ALFRED HEATH.

LONDON, ENGLAND.

SUPPRESSED ERUPTIONS VS. CONSUMPTION.*

I will tell you how two patients were cured, who did not have consumption, and two were cured who had. The alarming increase in deaths from phthisis, leads us to thinking whether it is phthisis. If not, what is it, and how can it be prevented? I do not profess to have a consumption cure, or a microbe killer, but in the four cases I have to relate, I wish to show that we have neither. But, that in true Hahnemannian Homœopathy, we have a natural law that cures acute diseases, and thereby removes the morbid vital (Organon) forces from the system; which weakens the tissues till they are unable to expel the effete matter, and permits tubercles to form; by preventing which, we prevent consumption, and have no use for a microbe killer, disinfectants or cod liver oil.

CASE I.—Mr. J. B—, age 45, farmer, medium size, dark complexion, a hard working man, had measles when in the army that did not break out. Prior to which he had excellent health, but subsequently had cough and chest troubles all the time. I saw him first May 5, 1877. He suffered from violent pain in the chest under the sternum, with dyspnœa and a troublesome cough and high fever; pulse 120, strong, throbbing; white tongue; restless and impatient. I gave Gels. 60, every fifteen minutes, and Puls. 60, every hour. In six hours he broke out with measles, and all other symptoms disappeared. No other measles in the country. Measles recognized by appearance and odor; a little cough remained. The next morning he went out to plant corn, but soon took sick; the measles disappeared.

The same treatment re-developed the eruption and he went to the cornfield the next day with the same results, after which I made many efforts but never could find any treatment that would bring it out, and notwithstanding he said

*Maryland State Homœopathic Medical Society.

he had suffered sixteen years, he was still too stubborn for Nux, and after six months' worry with him, I had to abandon his case because I could not find the Simillimum.

Perhaps now, since I have learned more of Homœopathy, I could do better, but four years later he was still a sufferer from his folly, when if he had obeyed directions he would have been a well man.

LYNCHBURG, VA., FEB. 2, 1883.

CASE II.—Miss S—, age 29, slender, light complexion; in the last stage of consumption. Prognosis unfavorable, treated only to alleviate her suffering. Nine years before, the other members of the family had measles. Miss S— was sick, yet had no eruption, but had a troublesome cough from that time to the date above, growing worse all the time, first hectic in character, but now rough and hard with pain, and a great amount of tough phlegm. She got Hep. 60. cent., but occasionally a dose of other remedies as appeared to be indicated, and she claimed that the treatment made her much easier till the 15th, at 11 A. M. The cough was rough, harsh, throat sore and painful, eyes red and watery, high fever and quicker pulse. Fauces and soft palatte red with measles. Puls. 60. cent, one dose, followed by Gels. 30 cent. every 30 minutes. At 10 P. M. a red rash came out all over, which, the family said, looked and smelled like measles, and remained out about four hours, and then disappeared. During the time she was very comfortable, except the cough. Four days later she died, quite easy. An infant which was on the bed at the time of eruption, had measles ten days later, and three children took the disease from it. Isolation prevented further spread. As there was no other measles in the city at the time, there was no other source, from which the babe could have taken it; hence, there can be no question but that it was a case of suppressed measles.

Had the Hepar been judiciously used four years sooner, it would have developed the eruption, phthisis would not have existed, and the lady have lived to die of other causes.

CASE III.—Ella Y., age 14, colored. Had been in ill health from the time she took cold with measles four years before; always taking cold, poor digestion, constant headache, pain in the chest and sore eyes.

February 5th.—Some improvement, able to walk about the

room, with symptoms of advanced stage of phthisis. I gave a grave prognosis and *Calcareo* 200 once a day; saw her occasionally, but no improvement.

March 28th.—High fever; hoarse, rough cough; headache, very sick; throat sore; soft palate and fauces specked with measles.

March 29.—Measles out all over. Five days after, well and continues well to this third day of October, 1890.

CASE IV.—September, 1890, Dr. Hummer, who had read the above pages, called me into his office and introduced me to Mrs. W—., who gave the following sketch of her case. She is tall, slender, and blonde; age 29. Had measles February, 1884. Took cold and eruption disappeared. Called in Dr. M., who treated her four months. Then Dr. C., one month. Then Dr. B., homeopathic, three years. Then Dr. S., Philadelphia, two or three months; John Hopkins hospital one month. Then the British Staff of Physicians, who told her that she had marasmus. Then Dr. T., homeopathic, three months; all without any benefit and finished by saying: "I know from my rapid decline that I can't last long, without something can be done to relieve me." From this, I suspected a suppressed measles, and found, on further examination, that she had taken immense quantities of various kinds of medicines, and had worn very extensive tar plasters, both back and front, and what was supposed to be consumption went on with its work of destruction. We decided *Calcareo phos.* to be her remedy. This was approved by Dr. H., and *Calcareo phos. cm.*, one powder was given and told her to look out for the measles, which created some alarm among her neighbors.

Nine days after, her sister reported her thoroughly broken out with measles; cough, consumption, pain in chest, difficulty in breathing, all gone, and in their stead, a good appetite and digestion, and the lady feeling well and happy. Gave directions to keep in bed, and take the best care; sent *Puls.* 200 to give in the event of taking cold, or suppression. I called to see her five days later, and found her feeling perfectly well, excellent appetite, and measles yet out in full bloom.

October 4th, Miss M. called at his office in good health, and well pleased.

Calcareo appears to have been the leading remedy in the three cases, to bring about the favorable conditions for the re-development. In the first case it is uncertain whether Puls. or Gels. was the appropriate remedy, for they were both used at the same time.

I have selected these cases to show how many cases supposed to be consumption, and have every symptom to justify the diagnosis, end in tuberculosis. The real dynamic force (disease) is suppressed measles, or some other eruption that has been suppressed by cold or improper local medication, Vide Organon, section 204 in order to cure, or rather to prevent these cases of consumption. It may, and can be done, by using the proper antipsoric treatment to remove the cause that suppressed the eruption, and throw it again to the skin. Treat it there, until the life-force (Organon, Sec. 16, 17, 18) of disease is driven from the system, and the eruption disappears for want of support from its parent, morbid vitality. (Org., Sec. 16, 17.) These principles are applicable to suppressed intermittents, and other diseases. I will add that in removing the cause that suppressed the disease the original disease is apt to reappear in its original form, and then must be treated as it should have been treated at first. I have observed this mostly in agues suppressed by quinine.

WM. L. MORGAN.

BALTIMORE, MD.

PROCEEDINGS OF THE ORGANON AND MATERIA MEDICA SOCIETY OF PHILADELPHIA.

At a regular meeting of the Organon and Materia Medica Society of Philadelphia, held on Tuesday evening, Feb. 3, 1891, at 1419 Walnut street, the following members were present: Drs. F. Powel, A. G. Allan, D. W. Clausen, J. T. Kent, M. Powel, H. Powel, Pierce, Johnson, Smith, Medley, Mackay, and Gladwin; also the following visitors: Drs. W. L. Morgan (of Baltimore), Balwin, Alexander, and Van Atta.

As Dr. Mackay, the appointed essayist on the Organon, was not present in proper time, Dr. Kent read § 42 of the Organon. The reader, in commenting upon this §, said: It is a fact—those who have lived in the West have proved it—that two identities may complicate themselves together. At

times, diphtheria and scarlatina, being epidemic, may complicate themselves in the system. Dr. Kent then quoted Hahnemann, in relation to psora and syphilis in the system in their combination. Syphilitic eruptions do not itch except in the nature of complication. When the eruption comes out itching, you may know there is a complication with psora. Complications take place only in diseases that are dissimilar; for if they were similar, the one would cure the other. The essayist then remarked that the experiences of physicians were important in confirming the statements made in these paragraphs of the Organon.

Dr. F. Powel gave his experience with psora and syphilis, and related a case in which syphilitic symptoms had passed into the tertiary stage, the nose having been much diseased. *Rupia* was present. Evidently there was a combination of psora and syphilis. Sulphur controlled the *Rupia*; and other remedies were used in the case; but the patient finally succumbed.

In answer to a question by Dr. F. Powel, Dr. Kent said that he thought Hahnemann had reference to chronic rather than acute diseases, in this matter of complication. Even after Mercury has controlled syphilis, the latter will again burst forth as soon as the complication is over. This he has seen many times. Mercury, moreover, does not cure syphilis, in massive doses. Patients who had been "cured fifteen years ago," as they say, he has seen breaking down with structural changes, and having the evidences of gummata in the brain and spinal cord. When we have a thorough combination of psora and syphilis, so that both come up, we have a hard case. The remedy that disengages them—separates them—is the right remedy; you are then on a right road to a cure; nevertheless, you still have a job on hand. After disengagement of the two miasms, a little bad treatment will recomplicate them, and render the case incurable. Moreover, a drug can just as well become complicated with a miasm, as can another miasm.

Dr. Morgan remarked on certain singular complications of malarial fevers; and cited one or two cases. He could not understand how four different types of ague could exist at the same time in one patient. Dr. Kent replied, that if they had been of one type, one would have cured the other.

The reading of a paper on *Materia Medica* being next in

order, Dr. A. G. Allan apologized for an unfinished article, but read it so far as it was written.

BRYONIA AND NUX VOMICA.

It has seemed to me that it would be profitable for our study of the *Materia Medica* this evening to take up for consideration not one remedy, but two, which in some respects resemble one another, and point out differences in their symptoms, which will assist us in making a selection of the remedy. The medicines that I have chosen for this purpose are *Bryonia* and *Nux Vomica*, two of our most prominent and frequently employed remedies. I have chosen them, not because there is anything new to be brought out in this paper, but because on one occasion they gave me so much trouble and I had so much difficulty in deciding which one was the remedy for my case that I made a detailed comparison of of these two remedies, which I thought possibly would be of interest and profit to us all.

We all know that each remedy has a sphere of action that can not be covered by any other single remedy. When sick persons present a large number of the symptoms of a remedy, we have no difficulty in prescribing for them, because under such circumstances we can not fail to get the picture of the disease. But, unfortunately, our patients often present but few symptoms. On this account, the picture of the disease has been compared to an unfinished portrait in which some of the features have been delineated with fidelity, while others are in such a crude form that they fail to make a perfect ensemble and thus give us a correct idea of whose likeness this may be; and so we stand, as it were, before it, gazing intently upon the finished portions, trying, if possible, to decide whose portrait it is. In a like manner, in a case of disease, we have some characteristic symptoms together with many more that give us but an uncertain idea of the homœopathic remedy. In such a case our choice lies between several remedies which seem equally capable of covering the finished portions of the case. To help us in such occasions, I have written out this comparison of *Bryonia* and *Nux Vomica*, merely endeavoring to give such points of aggravation and amelioration as will be of assistance in a case where the symptoms are so few as to render the choice between these two remedies difficult.

In the first place, we find that *Nux Vomica* acts powerfully upon the spinal cord, intensifying spinal activity and irritability. On the other hand, *Bryonia* acts more upon the brain, inducing a sort of stupor. Neither are what may be termed antipsorics, as their sphere of action is not large enough, neither is their action deep enough to cover that of a chronic miasm. *Nux Vomica* has by far less depth of action than *Bryonia*, and *Nux* symptoms are developed with great rapidity, while those of *Bryonia* come on slowly. *Nux* induces but slight alterations either in the tissues or in the blood, while *Bryonia* may cause a considerable breaking down of the blood. On this account *Nux* can not correspond to typhoid conditions, but *Bryonia* may even include typhoid fever and diphtheria in its sphere of action. *Nux*, as I have already said, expends its force upon the spinal centres and consequently covers those diseases that are of nervous origin, such as hysteria, functional disturbances of various sorts, reflex troubles as gastric, hepatic and intestinal disturbances from over eating and drinking, intestinal obstruction, biliary colic, colds, congestive fevers, such as pneumonia, dengue, influenza, malarial fevers, etc. On the other hand, while *Bryonia* may likewise include in its sphere of action such disorders, its mode of action is different and it enters more deeply into the life of the individual, including in its sphere of action such disorders as miasmatic and blood diseases, over which *Nux Vomica* has no power. From these few words it will be seen that the nature of the sickness is of some value in determining our choice of the remedy. We must be sure that the sphere of drug action can cover that of the disease action. If we find that the disease action is of such a depth that it can not be covered by *Nux Vomica*, then if the choice is between *Bryonia* and *Nux*, *Bryonia* must be the remedy which will cure.

We notice that remedies have certain times of the day for aggravation and amelioration. Some have the period of aggravation by day and others by night; some in the forenoon and some in the afternoon. In looking over *Nux Vomica* we find that this daily period of aggravation is in the morning early and by day while it is light. On the contrary, the time of aggravation under *Bryonia* is in the evening and at night

while it is dark, with amelioration when it is light. Some symptoms of *Bryonia* are worse in the morning and after waking, but this is not the period of the *Bryonia* aggravation. Such symptoms may be alternating ones; however, this matter will be spoken of fully later on; but in selecting a remedy for such a case, great care should be taken, and the concomitant symptoms should be observed with circumspection. The *Nux* patient is under great spinal irritability, consequently he is worse in the morning and by day, since then he is subjected to external impressions such as will irritate his nervous centers. On the contrary, as the *Bryonia* patient is depressed, his period of aggravation is at night, since by night the nervous system is regularly subject to a depressing influence of darkness which serves to increase the depression of the disease.

Motion aggravates a *Bryonia* patient. He desires to be still. All his pains are made worse by motion and ameliorated by being quiet. His favorite position is on the back, and he is not comfortable when lying on the side. When, as in chest troubles, for instance, he has pain in the side, he feels relief from lying on the painful side. On the other hand, the *Nux* patient is better when lying on the side and aggravated when lying on the back.

Again, the *Nux* patient is a chilly one; he is aggravated by cold and ameliorated by heat. Heat from whatever source is agreeable to him. The heat of the bed makes him feel better, even though perspiring freely. The least draught of air chills him and aggravates; even turning in bed makes him chilly.

Bryonia is a chilly remedy, too, but not to the same extent that *Nux* is; and while *Bryonia* is aggravated by cold and ameliorated by heat and warmth, still we observe that there is not that same sensitiveness to cold that we observe under *Nux*. The *Nux* patient is ameliorated by warmth, no matter how it is generated. Even warmth brought on by exercise will ameliorate his condition. On the other hand, the *Bryonia* patient is so aggravated by motion that, although he is ameliorated by heat when applied, still so great is the aversion to motion, that the exercise aggravates far more than the heat or warmth so generated ameliorates. This we notice

is in keeping with the sphere of the drug action which was mentioned above.

Finally, as to external impressions or influences, the Nux patient, as has been shown, is a sensitive one. As we have seen, his nervous system is in a state of super-excitability, consequently we find him irritable and exceedingly sensitive to external impressions. He is aggravated by noises, by the sound of persons talking, by music, etc.; his eyes are sensitive to the light, he is aggravated by daylight; his nose is sensitive to odors and even those that are ordinarily agreeable to him disturb him; the sense of touch is more acute and even slight pressure aggravates. On the contrary, the senses of a Bryonia patient are less acute than normally, external impressions do not disturb his serenity and neither noise nor light nor odors visibly affect him. He merely wants to be still and to rest.

It was mentioned above that some Bryonia symptoms have a morning aggravation, or, at all events, manifest themselves more in the morning than at any other period of the day. These symptoms, when present, are good characteristic ones of Bryonia, provided they are well understood. So let us look at them and obtain, if possible, their full meaning. In looking over the *Materia Medica*, we see that the Bryonia headache is worse in the morning after waking, on opening the eyes and after moving. There is also a sick stomach which has a similar time for aggravation; likewise, there is a diarrhoea and a cough worse in the morning. At first glance this seems to be an exception to the general statement made above that the Bryonia daily period of aggravation is in the night. Nux has a morning aggravation, it has a sick stomach, a foul mouth, a headache, and a cough worse in the morning, very similar to these Bryonia symptoms, and if we are not extremely careful to observe closely the symptoms of the patient, we might give, on the general time of aggravation and amelioration, Nux, when Bryonia is the homeopathic remedy. But if we analyze these Bryonia symptoms which are worse in the morning, we see that these are not worse until after the patient has made some movement, even though it is merely so slight a motion as that of moving his eyelids. All Bryonia pains and symptoms are worse from motion; this is its most characteristic phenome-

non. Aggravation from motion runs through the whole of its symptomatology and modifies every symptom and group of symptoms that the patient experiences. When we find these symptoms just mentioned, worse in the morning after waking, it is not because these symptoms are an exception to the rule, and have a diurnal period of aggravation different from the daily *Bryonia* aggravation, but it is because this characteristic of *Bryonia* aggravation from motion so outweighs the other *Bryonia* phenomena, that the amelioration derived from the hour of the day is so slight as not to be noticeable. When a person awakes in the morning the first thing he does is to move. And it is this motion that aggravates just the same as under aggravation from heat and cold; it was shown that heat generated by motion did not ameliorate, because the motion aggravated more than the heat ameliorated.

In the *Nux* patient we find also an apparent exception to the rule. We have seen that *Nux* is ameliorated by heat and aggravated by cold; but in the catarrhal troubles of *Nux* we see the symptoms ameliorated in the cold air and aggravated on entering a warm room. At first glance this seems incredible, because heat ameliorates all *Nux* symptoms, even the heat from exercise, although *Nux* pains are worse from motion; but on a closer investigation of this phenomena we find that it is not the general condition of the *Nux* patient that is ameliorated by cold air, but it is the local catarrhal trouble that is aggravated by breathing warm air and ameliorated by breathing cold air. Now, how is this to be explained? In the first place, the great *Nux* characteristic is sensitiveness to external impressions. This modifies all *Nux* conditions. The inflamed mucous surfaces in catarrhal troubles, as well as all inflamed parts in *Nux* patients, are sensitive to the highest degree; consequently, the passage of warm air over an inflamed mucous membrane irritates and cold air soothes by its direct and local action alone in the same manner that immersion of a burn in hot water increases the pain, while plunging it in cold water allays temporarily the irritation and quiets the pain. That the general condition of the *Nux* patient is ameliorated by heat and aggravated by cold in catarrhal troubles, the same as in all other *Nux* conditions, is evidenced by the fact that although the cough and the stuffed up feeling in the head are

better while breathing cold air, still the patient feels better when the head is wrapped up warmly and the body is well protected by clothing.

To what has been said, let me add but this which will guide us in difficult cases. All Nux symptoms are subordinate to, and caused by, increased activity of reflex centres, consequently, sensitiveness is the key-note of this remedy. On the other hand, the Bryonia patient is not sensitive, but his sensibility is more obtuse than normal. His great characteristic is aggravation from motion. All his symptoms are modified by motion and everything is ameliorated by rest. Therefore to distinguish between the two remedies, we must satisfy ourselves that the symptoms which we see before us are either accompanied by sensitiveness due to increased reflex activity, or by blunted sensibility with aversion to motion, which outweighs all other symptoms.

If we study remedies in this way, we shall soon be able to see in the individual symptoms, such distinctly characteristic features as will make a complete portrait of the remedy. But if we try to memorize a symptom here and a symptom there, for a key-note, upon which to base our prescription, we will never be able to say with certainty this is Bryonia, or this is Nux vomica. But if we learn in the way pointed out above, what is the true image of the medicine, then we will be able to recognize in the symptoms themselves, Bryonia or Nux vomica, just as we are able to recognize an old acquaintance by his walk or by his general appearance.

ARTHUR G. ALLAN.

Dr. Allan thought it well to consider two remedies, so as to compare them, and to point out their differences. This unfinished paper so effectually furnished evidence of close application to the study of the two remedies in their comparisons and differences, that the essayist received applause, and Dr. Kent commended the study as a grand one, and said that the differences were well put in Dr. Allan's paper.

Dr. Kent further called attention to a Bryonia aggravation—that even the opening of the eyes in the morning will bring on pain in the head. It is *motion*, yea, *motion* that brings on Bryonia aggravations in the morning. He suggested that Dr. Allan, in finishing his paper, would carefully note all exceptions, etc.; then the Doctor cited the following

facts: *Bryonia*—coryza worse in warm room, also *Nux vom.*; better in open air, also *Nux vom.*; nevertheless, the *Nux* patient wants the covers piled on him, he can't put his hand from under the covers but what he chills. After studying the constitutional adaptabilities of remedies, then the little differences are of much importance, for we may prescribe on a difference. The way that Dr. Allan has written his paper is the way in which medicines should be studied.

Next in the order of business was the reading of a paper on clinical medicine; but the appointed essayist, Dr. Farley, was not present.

In the order of new or unfinished business, a motion was made, seconded and carried, that the names of two members be stricken from the roll of membership by reason of their absence from every meeting during the past year, and their evident disinterestedness in the progress of our society.

Dr. F. Powel proposed that we keep a "roll book," which the secretary was instructed to do.

Dr. W. L. Morgan (of Baltimore) was proposed for membership by Dr. Kent; and the chair appointed Drs. Kent, Milton Powel and Pierce, a committee to report on the candidate at next regular meeting.

Dr. Kent reported favorably on Dr. M. N. Johnson, of this city, for whom a ballot was then cast, and she was duly elected a member.

The following members were then appointed essayists for the next meeting: Dr. Mackay, Organon; Dr. A. G. Allan, *Materia Medica*; Dr. J. T. Kent, *Clinical Medicine*.

Dr. M. N. Johnson asked advice concerning a patient in California.

The meeting was then adjourned until the first Tuesday in March ensuing,

When all the happy eve will greet,
To learn once more of Coethen's sage
A truth divine.

DANIEL W. CLAUSEN,
Secretary.

PHILADELPHIA, PA.,
February 8, 1891.

QUININE IN PERNICIOUS INTERMITTENT FEVERS.*

The writer has been honored by a request to contribute an article for this meeting. It would have pleased him much more had it been possible that he could have stepped into the arena, and met the many illustrious gentlemen who to-day make these halls glad with their presence, and listened to the ever-to-be-treasured words that fall from their lips. The words imprinted on *this* paper were not sent to you to teach a lesson, but on the contrary to call forth from some of the leaders present opinions upon a subject so near and dear to our hearts. Not being a member of the Southern Association, my pertinent inquiries may by some be condemned as *im-pertinent*, but it is to be sincerely hoped that the courtesies due an invited guest will be extended to me, and that no suspicion of abuse will mar the discussion that this article may challenge. There are so many opinions, and shades of opinion, among members of our school of medicine as to what constitutes Homœopathy, that it occurred to me it might be well for our Southern Association to assert itself by an emphatic opinion. Be ye not afraid, my brethren, that the old question of potency is to be introduced to disturb your deliberations. No, indeed! I have too often asserted my belief to permit potency to enter as a discomposing element in our controversies. Notwithstanding the fact that I am partial to the highest potencies, I am not bigoted enough to proclaim and maintain that low potencies, or even tinctures, have no place in the domain of Homœopathy. We not only have the master's experience that they have, but I also have my own experience to testify to their worth—their healing qualities. Still, permit me to insist, that, after many years' trial of all potencies, I find the higher more efficient. But the high potency, even though *a similar*, can not be as efficient as a low potency or tincture, if the *latter* be *the simillimum*, and I would rather trust the tincture of Aconite in an Aconite fever, than I would the 200th of Ferrum Phosphoricum, the 1000th of Veratrum or the cm. of Gelsemium, though my peculiar idiosyncrasy, as some have seen fit to term it, would cause me to present Aconite in one of the last-named potencies. That potency is a corollary of the simillimum there can be no doubt; but who shall determine *what* potency? You

* Southern Association, November, 1890.

say low—I say high, and there be hundreds who range along every intermediate step between your low and my high. Each one's determined research and multiplied experience must be his mentors. I have thus made clear my exact position in order to rid you of any prejudice that might arise when I propound my questions. These questions were born of a recent controversy regarding the use of narcotics and similar palliatives—and by similar I mean similar to the narcotics, and not to the condition of the patient—and the presentation of Quinine in the so called "Pernicious Intermittent Fevers."

What I desire to know is :

- 1st. What constitutes the science of Homœopathy?
- 2d. Is the homœopathic *law* an universal, infallible one, or, in other words, is it all sufficient upon which to base any prescription for an idiopathic case of sickness—or is it not?
- 3d. If the law is *infallible*, why resort to allopathically suggested expedients?
- 4th. If the law is *fallible*, why not embrace the best policy, which they tell us is called Honesty, and haul down our flag?

And now permit me to call your attention to the use of Quinine. It has been asserted early and late, formerly and recently, and from many quarters, that Quinine "in appreciable doses" is *the* simillimum to "Pernicious Intermittent Fever." Is this Homœopathy? The very gentlemen who declare that dose has nothing to do with Homœopathy here cry "appreciable doses," and we all know what that means. Then, again, they first diagnose the *name* of a disease, and then prescribe for that name. "But hold!" say these doctors; "while the name, we admit, is only a handy arrangement bequeathed us in part by the old school gentry, it really encompasses a totality of symptoms. Is that so, my friends? Then I challenge you to give to the homœopathic profession a detailed list of symptoms essential to constitute your so called "Pernicious Intermittent Fever," so we may judge from those symptoms whether you are correct, or are merely cutting off all inquiry by presenting us with your diagnosis. I further challenge you to report the cases of Intermittent Fever that may come under your observation in the next year, symptom by symptom, which, according to your declaration, were cured by Quinine crude, and could only have so been cured. The broad

assertion that certain cases of Intermittent Fever can be cured by Quinine only has too much of an allopathic flavor to be considered Homœopathy. Yes, Quinine will cure if it be the simillimum, but, like Arsenicum, Nux vomica, Natrum muriticum, Eupatorium perfoliatum, or any other medicine, it will cure in potentized form. What has here been written was not sent you to wedge its way into your councils as a source of disorder, but to put every true follower of Samuel Hahnemann, be his predilection for the "high or low," upon his metal, not only through the instrumentality of his tongue and pen, but also through his mode of medication. In conclusion, let me ask that, if this paper be debated upon, that such as may reply be not allowed to make "pretty speeches" on foreign issues, but held to reply to the questions presented here.

S. W. COHEN.

WACO, TEX.

STRAMONIUM: A PARTIAL PROVING.

In a psychological study of infancy, entitled "The First Three Years of Childhood," by Bernard Perez, the following is quoted as an instance: "Where the absorption of poisonous substances has thrown young children into nervous states analogous to the state of hallucination."

"A little fifteen months old, had swallowed, in her mother's absence, a considerable number of grains of *Datura Stramonium*. Almost instantly the child was thrown into a state of agitation which frightened her mother very much. The doctor, who was called, made the following depositions: 'A great change has supervened in the visual organs; the child seems to be deprived of sight; she does not look at any of the objects around her, and pays no attention to things which used to please her and which she was in the habit of asking for. A watch is shown to her, and some of her toys, but they do not attract her attention, while, on the contrary, she appears to be reaching after imaginary objects at some distance from her, and which she tries to get hold of by constantly stretching out her arms and clutching with her hands. She even raises herself up by leaning on the sides of her cradle, as if to get nearer to these objects. She tossed her

hands about in the air as if trying to catch objects that are flying away.'”

This is found in “*La Folie Chez l'Enfant,*” by Compayre, Dr. Thoré being the reporter of the case. (*Revue Phil.*, December, 1880, in the *Annales Medicales.*)

It is a confirmation of the characteristic hallucinations of this drug, remarkable for the tender age of the prover. Of course, it had no therapeutic meaning to the minds of the observers, and yet, to scientists, engaged in finding nature's secrets, it should have had great significance.

WM. E. LEONARD.

MINNEAPOLIS.

LETTER FROM INDIA.

SURGERY WITHOUT GERMICIDES.

CASE I.—February 20, 1890, was called to see a native boy twelve years old who had fallen from a tree, fracturing left femur at junction of the middle with the upper third. Found that the lower fragment had pierced the tissues to the surface, leaving an open wound from which blood was discharging quite freely. Two pieces of bone, each about half an inch in diameter, were afterward discharged through the same wound confirming my diagnosis of compound, comminuted fracture.

The surroundings were as unfavorable as could well be imagined, so far as danger of infection from filth was concerned. The boy was dirty; his clothes had certainly never been washed and they were about worn out; he lived on a dirty street where goats, sheep, fowls, and horribly nasty dogs had their abode and came into the house on equal terms with the other dirty neighbors; and the house itself was built of mud, plastered on the inside walls and floor with cow-dung; and the bed on which he lay was a perfect marvel for bugs and dirt, while the covering was in perfect keeping with all the rest.

I washed the wound with water and soap, applied some improvised bamboo splints, and *clean* absorbent cotton to the wound, wrapping the whole with *clean* roller bandage, leaving the wound itself lightly covered and no splint in the way so that the discharge might easily escape.

To prevent shortening and rotation I wound roller bandage tightly around both legs, not allowing the knees to bend, and around the ankle of the injured limb put a strong bandage, pulled the foot down till the proper length was secured and tied it fast to the other foot.

Fever appeared from time to time which was promptly controlled by Arnica 200, sometimes Aconite 200, as symptoms indicated.

The boy made a rapid and complete recovery, with no rotation of the limb and less than half an inch of shortening—indeed the latter would never be noticed by a casual observer, as the boy stands flat on both feet and walks without limping.

CASE II.—Feb. 5, 1891, was called to see a case of cataract. Decided upon immediate operation and prepared for a preliminary iridectomy. The patient, a native man about sixty years of age, washed his face with water and soap. I washed my hands in the same way, dipped my instruments into clean water and wiped them with clean, absorbent cotton. The moment before using each instrument I dipped it into a solution of Boracic Acid, 10 grs. to the ounce of distilled water.

The patient recovered promptly, and three weeks later I removed the cataract, using the same care in the matter of cleanliness as before. The second operation gave no more trouble than the first. I have recently fitted a lens to the eye, and vision is almost perfect.

The surroundings in this case were the same as in the other with the additional disadvantage that the room in which the patient lay was used also to cook in and as a work shop for manufacturing metal ornaments.

No medicine was given in this case.

How much better would it have been in these cases if I had dressed the wounded leg with Iodoform (the vile stuff! I have none and never expect to get any) and had sprayed the atmosphere of the whole neighborhood in the second case with Carbolic acid and had used Merc. bichlor. to kill—what?

Is it not time that homœopathic *surgeons* as well as physicians stop chasing after the *ignes fatui* of allopathic fads and fashions?

C. S. DURAND.

HURDA, C. P., INDIA.

EXPERIENCE WITH DIURETIN.

This drug is made as follows: Salicylate of soda and theobromine are mixed in equal parts. It is a light gray powder with an acrid bitter taste. The dose, as prescribed by Koritschoner, of Vienna, is "four grammes (60 grains) a day." He says: "This may be increased, and is well borne even when taken for months. Even in cases of chronic Bright's disease it hardly ever causes nausea or giddiness, only when large doses are given—8 to 10 grammes daily—it causes slight anguish (slight anguish is good) and palpitations, and in some rare cases diarrhœa. Collapse is only threatened when its diuretic action is too powerful, just as we witness it after emptying the ascitic fluid too rapidly by puncture.

Soon after reading the above I had a case of cardiac dropsy without any renal disease. It was a chronic valvular disease, and the woman had had dropsy several times which I had succeeded in removing with various remedies as they were indicated. But this last attack was rebellious to all. Elate-rium promoted a serous diarrhœa, but caused such nausea and colic she would not continue it.

I concluded to try Diuretin, and gave it in the doses above recommended: fifteen grains three times a day. After using it four days there was only a slight increase of urine, but there occurred *at 6 p. m. every evening a violent, throbbing, bursting headache* which lasted until after midnight. She believed it was caused by the drug and refused to continue it. As soon as it was discontinued the headache ceased. After a few days I persuaded her to take half the usual dose (seven grains) three times a day. On the second day the headache returned and she ceased taking the drug, nor could I persuade her to take even one grain at a dose. By this time the ascites had increased enormously, and I proposed tapping, but as she would not consent, I tapped her in another way. Under the use of one ounce of Epsom salts in one ounce of water before each meal, the ascites soon disappeared.

Notwithstanding I failed to remove the dropsy with Diuretin, I got a valuable pathogenetic symptom which will enable us to cure a periodic headache of that peculiar character and modality.

CHICAGO.

E. M. HALE,

North-Western Journal.

[It is to be regretted that Dr. Hale did not obtain more particulars of this peculiar headache, especially its modalities.—Ed.]

DR. TERRY AND THE POTENCY.

In the March number of *THE ADVANCE* I notice a most vigorous and refreshing denial of the efficacy of high potency by Dr. Terry, in a discussion at the quarterly meeting of the Oneida County (N. Y.) Society. That kind of protest, whether it be right or wrong, is just what is needed to keep us out of ruts and routine in the practice of medicine, and I, for one, believe that if we pin our faith exclusively to the use of any particular potency, we will miss the mark many times. In submitting the following case as an experience with *potency*, let me say that I am a young homœopath and use generally the lower potencies; in ordinary work my favorite being the third decimal, so that I can not be accused of being a "high potency crank;" at the same time I am trying hard to find *the truth* experimentally.

CASE.—Mrs. S —, aged 37, severe and persistent constipation for the last seventeen years, seldom having a passage without an enema of warm water. I carefully selected Sepia 30th trit., a powder night and morning for two days, and for the first time in years a natural and painless passage was the result. The bowels continued to act regularly for three or four weeks, when the old condition returned. Now mark what occurred. I again prescribed Sepia 30, but in dilution (having run out of the trit.), without any effect whatever. I then tried Sepia 3x trit., which had the desired effect in about a week's time, but the result was not as lasting. Meantime I had procured a supply of the 30th trit., and by giving the patient a powder occasionally, the condition of the bowels remained good for several months; but some weeks ago she became as bad as ever. Sepia 30 trit., was again given and utterly failed. I had just obtained a supply of remedies in the 200th potency (B and T), and I gave the patient one dose of Sepia 200 at night; result, a free passage next morning, and no further trouble up to the present. I would call Dr. Terry's attention to the fact that the last remedy was in dilution, and if he can claim the result obtained was due to the alcohol, we might ask why it failed when marked Sepia 30 and acted finely when marked 200. Let us have the truth at all cost. "Prove all things, hold fast that which is good."

P. L. MCKENZIE.

LYCOPODIUM 1x: DR. CHAPMAN'S REPLY.

"As a man thinketh in his heart, so is he."

St. Paul says: "Therefore having the principles of the doctrines of Christ, let us go on unto perfection." This is as sound in Homœopathy as in Christianity. We must work up from first principles. The Organon in our colleges is the hope of Homœopathy. Many pooh-pooh at theory—"give us something practical"—but a doctor without a theory is like a ship without compass or rudder. Theory is an exposition of the principles of a science; a formulation of truths; not mere hypothesis or speculation. Hence the incalculable importance of becoming thoroughly indoctrinated in the theory of our system as laid down in the Organon. Whosoever buildeth on this foundation will have no use for palliatives, polypharmacy, or alternation. This much by way of prelude to what I wish to say in reply to Dr. Gilbert, March ADVANCE.

The doctor attacks a most important fundamental principle of our theory of the healing art—potentiation by attenuation—and he makes the astounding assertion that "Hahnemann revealed nothing!" He did not reveal to a phlebotomized, purged, blistered, and otherwise depleted, exsanguinated, murdered world the beautiful, safe, delightful, but straight and narrow way that leads to health—Similia! His doctrine of potentiation was no revelation. More than likely he drew his inspiration and ideas from Hippocrates, who foreshadowed the law of similars. I am at a loss to understand the doctor when he makes the remarkable declaration that Hahnemann revealed nothing. While I would not apotheosize Hahnemann, yet I look upon him as the man raised up by God to lead us out of Egyptian bondage and darkness. And though he was not permitted to enter into the promised land, yet he climbed Mount Nebo before he went hence,

"And viewed the landscape o'er."

And we, unto whom the oracles of God have been given, instead of going up and possessing this goodly land; instead of converting the world to Homœopathy and affording the sick and dying the beneficent aid and comfort of Similia, are still wrestling with principles when we should long ago have

gone on unto perfection. But the leaven is working; Joshua will soon arise and lead us over Jordan.

“There’s one more river to cross.”

Moses, St. Paul, Martin Luther, John Wesley, George Washington, Samuel Hahnemann, Abraham Lincoln, etc., are all epochal men, raised by God for special occasions, to advance His kingdom and overthrow the powers of darkness. And the womb of Time is heavy with another “Who shall come to the kingdom for such a time as this.” And the doctor, to overthrow a fundamental principle of our system, must so completely repudiate Hahnemann as to declare “most of his theories disproved,” and “he revealed nothing.” He must have been the jolly old humbug his enemies have claimed him to be. Will Dr. Gilbert be kind enough to enumerate the exploded Hahnemannian theories? I ask for information. I confess ignorance. The Ignatius Donnelly of the school will soon rise, and by some cryptogrammatic hocus-pocus prove that Samuel Hahnemann never lived.

When Dr. Gilbert uses the term “strength” as applied to a homœopathic remedy, he undoubtedly refers to its power to heal; or, if he prefer it, sick-making properties. He says, “I have denied that greater strength can be developed in a part than is inherent in a whole.” Bear in mind, now, that the subject under discussion is a homœopathic remedy, and the word “strength,” as here used, stands for “power to alter the condition of the organism.” Having thus settled our premises, let us examine the doctor’s statement. Is *Lycopodium* 1x the whole of that remedy, or is it the part? I am willing to admit that it is a part, and that I was too hasty when I said it had no sick-making properties. So I concede that it is a part; but that it is the whole of that noble remedy certainly is not true. *Lycopodium* 1x might ride upon a jiggling saw-log for centuries, and remain the diminutive end-part that it is. But at stated intervals, if our saw-mill pharmacist will attenuate according to prescribed rules, he will eventually develop the *whole* of this incomparable remedy. This is in strictest harmony with the teachings of Hahnemann, Dunham, et al., and no proposition can be more susceptible of demonstration.

The case I reported in the January *ADVANCE* was but one of many parallel cases I could give. It was failure to accom-

plish cures with low potencies that drove me higher. The instantaneity of the action of *Lycopodium* 15x was one of the most wonderful demonstrations of "power to alter the condition of the organism" in the potentiated drug, that I have ever witnessed. If I can not be sure of this, then clinical experience is valueless, and of all men we are the most miserable. Dr. Gilbert may attribute the cure to discontinuance of *Lycopodium* 6x if he choose, but he makes a pitiful exhibition of begging the question, which approximates the contemptible. No such case recovers from anything short of the potentiated indicated remedy.

The doctor nearly floors me when he propounds, "Where does potency begin?"

"Small ships must keep near shore,
But larger ones may venture more."

My tonnage is too light, doctor, and I hug the shore. I don't know where potency begins or ends; but, like grim Death to an Ethiopian, I cling to my original tenet—*Lycopodium* 1x is not a potency! I base this assertion upon the assumption that it is incapable of curing a typical *Lycopodium* case, and therefore has no place in the armamentarium of a homœopath. Is there in all our literature a report of cure with this preparation?

Dr. Gilbert is an unctuous gentleman. Have I anywhere intimated that *Natrum mur.*, crude, had no sick-making properties? "It is only in such highly potentized form that this (*Natrum mur.* 30x) and all other drugs display the whole of their power to alter the condition of the organism." This is my text, the burden of my song. High attenuation means high potency! It does not matter a rap of the gavel how many provers are recorded in Allen's Encyclopedia as having taken *Lycopodium* or *Natrum mur.* crude. No such provings ever did or can display the whole of the power of the remedy to alter the condition of the organism. I reiterate these words of the great apocalyptic character of medicine—Hahnemann!

I have not noticed the points in the doctor's article seriatim, but in a discursive way have touched them all. If I understand the doctor's position, it is this: Attenuation does not develop power or potency, but simply changes the mode of action. And if this be true, what then? This dif-

ferent mode of action is the homœopathic remedy in its *entirety*; the *whole* of the picture. Where does potency begin? Well, with the innocuous substances under consideration, probably potency begins where "this different mode of action" develops. "This at a venture," as the old deacon said when he roared "amen!" during a very long prayer that could not be heard three feet away.

Get right in the theory, ladies and gentlemen, and then we may go on to perfection in the practice of Homœopathy. Study the Organon.

Of Hahnemann I say as the Irishman did of Texas: I don't believe more than half the lies they tell about him. He is the great lawgiver of medicine, and his theories are no more exploded than is the Decalogue. Truth don't explode.

S. E. CHAPMAN.

**CONFIRMATIONS OF THE MATERIA MEDICA COM-
PILED FROM VOLS. XX AND XXI OF THE
MEDICAL ADVANCE.**

Mindful of the value of confirmation in the study of *Materia Medica* and of the utter impossibility of always keeping in mind the many symptoms given in cases reported to our journals, the follow article has been arranged, with the hope that it may prove of value to those physicians who have not the time to keep a personal index. The article is compiled from Vols. XX and XXI of the *ADVANCE*. The symptoms selected are all those given in the cases reported during that year which seem to bear the stamp of conciseness and reliability, followed by the given potency which seemed to remove those symptoms, and page where the report may be found. A few cases have necessarily been omitted on account of the difficulty of condensing them into proper form for this arrangement which follows, that of Hering's *Condensed Materia Medica*.

Mind. Convulsions with complete loss of consciousness. *Cicuta* 6. Vol. XX, 47.

Sensation of sinking, of the bed, of the person, of all about her. *Lachesis*. Vol. XXI, 84.

While talking he easily forgets what he is talking about. *Rhododendron* 500. Vol. XX, 115.

Fear, anxiety, apprehensive of impending evil, intensely morbid feelings induced or aggravated by foggy weather or strong winds, cause her to weep by herself. Natrum mur. cm. Vol. XX, 262.

Weariness of life, tired of existence. Aurum 30. Vol. XXI, 69.

Sensation of utter despair and fearful confusion of mind, aversion to society, pallor, heat and throbbing of vertex, feet cold, often covered with clammy sweat, suicidal thoughts. Calcarea cm. Vol. XXI, 67.

Delirium tremens from the use of alcohol; patient is restless, trembling; various hallucinations, especially with a tendency to become furious and uncontrollable; unquenchable thirst. Cannabis i. Vol. XXI, 84.

In the brain affections of infantile life—in the stupor, insensibility and unconquerable desire to sleep. Nux Mos. Vol. XXI, 84.

Albuminuria of pregnancy; the mental symptoms are guiding; always better when doing something, when the mind is occupied; restless, wants to be continually moving about; general "fidgety" sensation which is not confined to the feet as in Zinc. Helonias. Vol. XXI, 84.

Believes he is not at home; aggravation from alcoholic liquors. Lachesis mm. Vol. XXI, 512.

Mental conditions arising from leaving off stimulants in old drinkers; patient is restless; undertakes many things and accomplishes nothing; wants to go home; mania from alcoholic stimulants. Lachesis. Vol. XXI, 84.

Always theorizing. Apis, Cannabis i. Sulphur.

Old misers when they get sick. Lycopodium. Vol. XXI, 343.

He goes into a rage when he sees the doctor, saying: "Go home, I am not sick, I did not send for you." (Apis) Arnica. Vol. XXI, 343.

Puerperal mania; she assumed to feel herself a person of great superiority; when her violent paroxysms of mania were off she complained of pain in the back; alternate appearance of the symptoms of the body and mind. Platina 6. Vol. XX, 256.

Fretful and peevish; rolls the hands continuously;

uneasy and distressed all the time. Cina 1000. Vol. XX, 117.

Inner Head. Fear of impending evil, severe headache throughout the cranium, with sensation of fullness, dizziness, flickering before eyes, impairment of vision, roaring, hissing in ears; nausea, anorexia, eructations of gas, tenderness in epigastrium; icy cold hands and feet; redness of face on lying down, pallor and nausea on rising. Aconite 30. Vol. XX, 266.

Intense pain in occipital region, worse at every throb of the heart. Retraction of head and neck; neuralgic pains in the limbs. Macroton 2x. Vol. XXI, 231.

Pain beginning in left temple and extending to right, over the right eyeball to occiput; also from the superior part of sternum through to the back, and crosswise between shoulders, with tenderness on pressure at all these points; swelling and soreness of left side of cervical spine; sudden attacks of vertigo, nausea and vomiting; loss of memory, even forgetting his own name, with deafness of left ear. Sulphur 9. Vol. XXI, 118.

Headache in temples, with single stitches, relieved after eating. Rhododendron 30. Vol. XX, 109.

Headache goes to the side not lain on. Calcarea Ars. Vol. XXI, 343.

Bursting headache with paroxysms, causing her to scream with the terrible, bursting pain; sensation of great tension in membranes of brain. Began in nape of right side, came up to forehead and then spread involving whole brain, also marked sensation of loneliness. Worse from light, noise, jar, even the careful walking across the floor of others. Ameliorated by sitting in a stooping posture and from heavy pressure on nape and vertex. Menyanthes 30. Vol. XXI, 240.

Headache with sensation of a ball in forehead and hollowness in occiput. Staphisagria. Vol. XXI, 343.

Headache worse, and hurts if leaned against anything. Belladonna 1000.

Eyes. Scrofulous ophthalmia of left eye occurring every eighth year, producing ulcers of the cornea, with almost total blindness. Sulphur 15 cent. Vol. XXI, 119.

Eyes wide open, staring, pupils dilated and insensible, eyes turned to left; convulsions. *Cicuta* 6. Vol. XX, 47.

Sudden blindness followed by convulsions. *Cuprum*. Vol. XXI, 343.

Eyes fixed upon the dark side of the room away from the light; violent speech with wrinkled face. *Stramonium*. Vol. XXI, 343.

Ears. Constant discharge from both ears, very offensive, sour smelling odor; dislike of having ears washed out. *Sulphur* 30. Vol. XX, 432.

Nose. Epistaxis preceded by the most intense redness and flushing of the face and throbbing of carotids. *Melilotus* 30. Vol. XX, 325.

Severe fit of weeping, without depression, before epistaxis. *Melilotus*. (proving) Vol. XX, 116.

Extreme epistaxis every day in the afternoon. *Melilotus*. (proving) Vol. XX, 116.

Daily nosebleed mornings. *Arsenicum* 1000. Vol. XXI, 393.

Obstruction of nostrils with profuse discharge of thin mucus which reddens the nose and lips; itching and smarting of eyelids; post nasal discharge which does not relieve the sensation of stoppage of the nose. *Sinapis nig. cm.* Vol. XXI, 354.

Hay fever; eyelids red with smarting, burning and itching; slight conjunctival congestion; much lachrymation; frequent violent sneezing; thick acrid discharge from the nose; loss of taste; no thirst. *Sinapis nig. cm.* Vol. XXI, 354.

Eyelids red and itching, eyes watery; sensation of burning and itching in the nostrils, with severe sneezing; nose obstructed, especially at the bridge, although there is considerable irritating discharge; nasal voice, no thirst; partial loss of taste and smell; hacking cough. *Sinapis nig.* 200. Vol. XXI, 354.

Nasal passages obstructed; thin, acrid mucus discharged profusely from anterior nares; wings of nose red; eyelids smart and itch; no cough or thirst. *Sinapis nig.* 12. Vol. XX, 353.

Profuse, thin watery discharge from the anterior nares, excoriating and acrid; wings of nose red and

sore; mucus in posterior nares and throat; voice thick, nasal; frequent short, hacking cough, painless, worse during day, relieved by lying down. *Sinapis nig.* 12. Vol. XXI, 354.

Hay fever; smarting and itching of eyelids, worse toward inner canthus; margins red; eyes filled with tears; profuse, watery, excoriating nasal discharge; much sneezing, worse in morning and on lying down at night; itching, burning and tickling "high up" in nostrils; frequent hacking cough during the day; dull frontal headache; irritable. *Sinapis nig.* 200. Vol. XXI, 356.

Face. Face pallid, drawn to left, convulsions. *Cicuta* 6. Vol. XX, 47.

Intensely red face. *Melilotus.* Vol. XX, 257.

Deep furrows in forehead and face with flapping nostrils in pneumonia or bronchitis. *Lycopodium.* Vol. XXI, 342.

Teeth. Painful, difficult dentition; gums bluish red; inflamed; swollen over a tooth causes convulsions; teeth begin to decay as soon as they appear. *Kreosote,* Vol. XXI, 84.

Tongue. Sensation as though a hair was on the tongue, which he was always trying to remove by hawking or spitting. *Natrum mur.* 30. Vol. XX, 35.

Mouth. Greasy taste in mouth, causing constant spitting. *Lycopodium* 200. Vol. XX, 36.

Mouth firmly closed, teeth clenched, froth oozing from between teeth and lips. Convulsions. *Cicuta* 6. Vol. XX, 47.

Deep cracks in the angles of the mouth, with indurated edges. *Cundurango.* Vol. XXI, 228.

Throat. Sore throat beginning on left side and extending to the right, relieved by taking warm drinks. *Sabadilla* 1m. Vol. XX, 246.

Great dryness of throat, much aggravated by breathing cold air; obliged to swallow saliva or other liquid, although on first swallowing there was great pain. *Cistus* 200. Vol. XX, 248.

Parotid gland swells every evening at sundown; better all day. Throat felt as if she had swallowed a piece of

paper. Region of throat behind palate aches severely without other soreness. Carbo an. 30.

Desires—Aversions. Desire for fresh fish. Phosphorus 3. Vol. XX, 25.

Eating and Drinking. Violent pain in stomach, which was relieved after eating. Rhododendron 30. Vol. XX, 109.

Nausea and Vomiting. Sour stomach from tomato soup. Lithium carb. 200.

Vomiting and purging, with cold, blue, dry skin. Camphor. Vol. XXI, 343.

Stomach. Full feeling in stomach. Lycopodium 200. Vol. XX, 36.

Contracting pains in pit of stomach, particularly when the stomach is empty. After eating the pains are entirely removed for a couple of hours, then they return; pain also at night beginning at twelve o'clock; many anxious dreams; he can not lie with head low. Arsenicum 10. Vol. XX, 367.

Gnawing sensation below the sternum which compels him to eat frequently; canine hunger with feelings of emptiness in stomach, relieved by eating; can not bear pressure of clothing over stomach; warm room is disagreeable, he must have fresh air and open windows; flatulence; he lies on his side with back elevated at night; frequent urging to urinate. Lycopodium 10. Vol. XX, 435.

Hypochondria. Sore, heavy, pressing pain in left side, below the ribs, and in the axillary, in region of spleen. Chinin sulph. cm. Vol. XX, 39.

Abdomen. Attacks of colic every day at four P. M. Colocynthis. Vol. XX, 401.

Cholera morbus with violent cramping in stomach, even jerking patient from lying to sitting posture, screaming with pain; vomiting and stool every five minutes. Cuprum. Vol. XXI, 506.

Cholera morbus; violent straining to vomit, with perspiration on forehead; continuous nausea, vomiting and diarrhœa; vomiting of food with great effort, following by debility, chilliness and sleepiness. Antimonium tart Vol. XXI, 506.

Cholera infantum; painful swollen gums; intense thirst with greedy drinking and almost immediate vomiting; stools extremely offensive and brownish; great and increasing prostration; very restless, continual tossing and moaning, sometimes dozing with half open eyes, can not sleep except when caressed or fondled, very painful dentition. Kreosote 200. Vol. XXI, 505.

Stool. Non debilitating diarrhoea, worse in morning, discharge pouring from her like water. Phos. 200. Vol. XX, 64.

Stool not oftener than once a week, large, hard and coal black; the dilatation of anus is attended by a tearing crackling sound with flow of blood from fissures; evacuations only after long and violent effort, producing a profuse, cold, clammy perspiration, followed by tremor, exhaustion and great pain at anus for several hours, relieved by bathing the parts in cold water. Lycopodium 15. Vol. XXI, 207.

Cholera infantum; painless, offensive stools; profuse and frequent; vomits large quantities; wants to nurse all the time, but vomits immediately after; great prostration, paleness and listlessness, surface warm. Bismuth 200. Vol. XXI, 505.

Stool of bloody mucus; tenesmus after stool; cutting colic pain below umbilicus; nausea, perspiration before and after stool, particularly on lower part of body and thighs, aggravation day and night. Mercurius cor. 1m. Vol. XXI, 525.

Urine. Burning pain before and after urinating; meatus red and sore; thick yellow pus from the urethra. Copaliba cm. Vol. XX, 439.

Violent burning, cutting pain on micturition, so severe that he bends double and fairly screams with pain; constant urging. Cantharis cm. Vol. XX, 439.

Incontinence of urine which occurred always on lying down and ceased as soon as the patient sat up. Kreosote, Vol. XX, 108.

Narrowing of urethra, so that the urine passed only in a thin stream with much pain; burning during and a minute or so after passage; a drop seemed to remain behind; burning far back in urethra; stiffness on aris-

ing in morning ; hawking of thick tenacious mucus from the fauces ; urine dark red in color ; mouth dry. Kali bi. 6, Vol. XXI, 443.

Male Sexual Organs. Spermatorrhœa, attended by gloomy thoughts and great depression of mind. Sarsaparilla 200. Vol. XX, 257.

Shining face, impotency, prostatic dribbling. Selenium. Vol. XXI, 343.

Discharge of a teaspoonful or more of prostatic fluid immediately after every erection. Phosphoric ac. Vol. XXI, 443.

Female Sexual Organs. Copious, thin, brown, horribly offensive, acrid leucorrhœa. Kali ars. Vol. XXI, 343.

Out of humor, always sad, better in open air, yet very sensitive to cold and wind. Breath smells badly ; coitus painful, followed by bleeding ; uterus very sensitive, enlarged and almost immovable. Aurum 3. Vol. XX, 367.

Menorrhagia, worse while baby is nursing and after drinking beer. Millefolium 30.

The recently delivered uterus becomes actually jammed into pelvis, with great pain. Actea 1000. Vol. XXI, 393.

Pains, seemingly neuralgic, at the close of menstruation ; the pains radiate from the dorsal spine and seem to meet over stomach and abdomen ; some hyperæsthesia of spine ; worse from cold ; very much improved by warm clothing ; compelled to wear corsets for the pressure produced. Magnesia phos. cm. Vol. XXI, 544.

Pregnancy. Constant bearing down sensation as though every thing was coming through the vulva ; every few seconds this bearing down is suddenly and violently increased and I feel the hot blood spurt. Post partum hemorrhage. Belladonna 40m. Vol. XX, 113.

Cough and shortness of breath ; worse in dry air, fog and north wind, and the atmosphere before a thunder storm almost suffocates her ; when walking she often looses her shortness of breath ; lying on left side is disagreeable ; must lie with head high and often sit up in bed ; a warm room is often uncomfortable ; salty expectoration ; urine has blood red sediment ; complaint worse

before and during menses ; disposition sad and disposed to tears. *Sepia* 10. Vol. XX, 437.

Breathing. Asthmatic attacks either day or night which did not permit him to lie down ; the paroxysms gradually increased and decreased in the same way. *Stannum* 30. Vol. XX, 108.

Cough. Croup ; the cough is dry and sibilant ; sounds like a saw driven through a pine board, each cough corresponds to a thrust of the saw ; no sound of looseness or mucous rattle any where ; the cough is dry and hoarse, causing pain in the throat ; the attack comes on or grows worse *before* midnight. *Spongia*. Vol. XX, 252.

Croup ; rattling, choking cough ; the child chokes with every coughing spell, coughs until he chokes ; the attack comes on, or grows worse *after* midnight. *Hepar*. Vol. XX, 252.

Cough ; dry, wheezing, occurring with inspiration, must lie with head high ; paroxysms relieved by eating ever so little. *Spongia* 3. Vol. XX, 349.

Dry cough at night, worse by lying on left side, and and by laughing and talking ; hoarseness, tightness across chest. *Phosphorus* 3. Vol. XX, 349.

Exhausting cough on entering a warm room and on going into the open air ; the cough is not troublesome while walking, but when she stops the cough is much aggravated. *Astacus Fluv.* 30. Vol. XX, 115.

Lungs. Partial loss of voice from getting overheated ; it began with a hot, sore patch in the larynx ; soreness of throat on swallowing saliva ; *feeling of a bar across center of chest*, about the level of the clavicle ; the bar feels heavy, hot and burning on awaking in morning, like a solid, square bar with sharp edges ; later, sensation of the fluttering of a feather at same place, causing constant, irritating cough, which does not relieve it ; must draw the breath by exertion over the bar. *Hæmatoxin* 200. Vol. XXI, 442.

Neck, Back. Violent neuralgic pains implicating whole spinal column ; worse morning and evening and after eating. *Phosphorus* 3. Vol. XX, 25.

Opisthotonos ; head, neck and back bent backward like an arch. *Cicuta* 6. Vol. XX, 47.

Lower Limbs. Sciatica; pain in the hip and posterior muscles of thigh, intolerable when standing, as if the thigh would break. Valeriana. Vol. XXI, 84.

Dull pain in right hip to the front of leg, after exposure, also darting pains running around the leg and down the front of limb; patient made restless by the pains, and was relieved for a short time by moving. Rhus cm. Vol. XX, 11.

Nervousness, felt especially about the ankles. Pulsatilla.

Sciatica; pain running down from hip on outside or back of thigh, aggravated when straightening out the limb, especially in standing. Valeriana 12. Vol. XXI, 507.

Sciatica; right side; pain very much aggravated by any pressure upon the affected side, either by sitting, or especially by lying on it; pain deep in the joint. Lycopodium. Vol. XXI, 507.

Severe pain in great toe of left foot; darting, tearing, excruciating pain, extending in shocks from the toe to knee along the course of the anterior tibial nerve; aggravated by the merest touch of the bed clothing; from the knee the pain darted into the hip or abdomen; complete exhaustion from the pain; worse after sleep. Lachesis 12. Vol. XXI, 441.

Limbs in General. Frightful distortion of left upper and lower extremities, the right remaining passive. Cicuta 6. Vol. XX, 47.

Ulcers of hand and leg looking like raw flesh, with violent itching, burning and pulsating; must keep leg elevated; warmth increased the pains; she lies on her back, with head elevated; aggravation toward evening; regularly at 4 o'clock she becomes hot and can not tolerate the warm room. Lycopodium 10. Vol. XX, 435.

Chronic rheumatism with deformity of finger joints; large, puffy knuckles, swelling, stiffness and pain of both ankles; great tenderness of heels and balls of feet. The swelling of all joints affected were puffy, like wind galls; patient's general condition aggravated inland and relieved near the sea shore. Medorrhinum. Vol. XXI, 85.

Nerves. Hiccough occurring morning, noon and night for the last ten years, which was brought on by the use of Quinine. Natrum mur. 6. Vol. XXI, 229.

Sleep. No sleep day or night, child restless, naps of only five or ten minutes' length. Cina 1000. Vol. XX, 117.

She can not go to sleep because things in her room are out of place, and the room is not tidy. Arsenicum. Vol. XXI, 343.

Sleeplessness; awakes suddenly from every nap as if in a fright, no relief from what she had slept. Physostigma 12. Vol. XX, 258.

Screaming out in sleep, Cina 1000. Vol. XX, 117.

Temperature and Weather. Red face, great nervousness, excitability and fear, intense thirst; hot, dry skin; full, bounding pulse; following prostration from heat. Aconite 3. Vol. XX, 349.

Chill, Fever, Sweat. Patients in low fever want to be mesmerized, they are starving for vital energy. Phosph. Calc. Vol. XXI, 342.

High fever (croup); dry skin; much restlessness, distress and anguish, from exposure to dry, cold air. Aconite. Vol. XX, 252.

When fever is present or when there are pains in the abdomen he covers up, but after these (both fever and pain) pass, the skin becomes cold and he uncovers. Camphor. Vol. XXI, 343.

Sides. Convulsions confined to left side. Cicuta 6. Vol. XX, 47.

Pain and soreness has changed from one side to the other every day—Tonsilitis. Lac Can. 200. Vol. XX, 61.

Skin. Pain like that of shingles, without the eruption. Ranunculus b. 200. Vol. XXI, 394.

Intense itching on retiring, it begins on removal of clothing and continues until warm in bed. Rumex 200. Vol. XX, 249.

FRANK W. PATCH.

SOUTH FRAMINGHAM, MASS.

KALMIA.

Toward evening the Kalmia patient has an irritability which continues the next morning. He seems to have no disposition to move.

Kalmia has vertigo attended with pains in head and limbs, blindness and weariness. The vertigo comes on by moving from a recumbent posture. This reminds us of *Aeonite* which has vertigo on rising from a recumbent posture, accompanied by nausea and vanishing of sight:

Kalmia has vertigo on stooping, and on looking downward. *Pulsatilla* has vertigo on stooping, and turning the eyes upward.

Kalmia has headache with sensation when turning, as if something were loose in the head diagonally across the top of it. *Rhus* has a sensation when shaking the head as if the brain were loose, and were striking against the skull.

Nux Mosch. has the same sensation as *Rhus*, but it is accompanied with heat and pain, especially in the temples which are sore. *Sulphuric ac.* has a sensation in the region of the forehead, as if the brain were loose and falling to and fro.

Kalmia has pain in the top of the head, as if bound closely with a cord. Compare *Aeth. Coc. Mer. Nit. ac. Sulph. Ther.*

Kalmia has pain in the forehead, and over the eyes in the evening; it seems to move backward and down the neck outward on both sides, then it disappears, and is followed by pains in the left shoulder. It also has pain in the forehead which extends to the roots of one of the upper molar teeth of the right side. *Kreosotum* has tearing pains extending through the temples to the left side of the face and teeth. Compare also with *Lycopodium*.

There is a pain in *Kalmia* from the back of the neck up over the scalp to the top of the head and temples, affecting the face, mostly on the right side, which reminds us of the *Spigelia* pain, which comes up from the nape of the neck and over the head, settling over the left eye.

The eyes of *Kalmia* are painful on turning them. *Rhus* and *Spigelia* have the same symptom, but in *Spigelia* the eyes feel too large.

Kalmia has sensation of stiffness in the muscles and around the eyes, and of the lids. *Rhus* has a stiff, rigid sensation of the eyelids in the evening, as if paralyzed. *Spigelia* also has a difficulty of raising the lids, which feel stiff and painful.

Kalmia has supra orbital neuralgia worse on the right side.

Cedron has neuralgia involving the supra orbital nerve and eye, worse on the left side. [See *Chel.*]

Kalmia, throat, feels swollen; there is thirst and great dryness of the throat, which renders deglutition difficult. Compare here *Digitalis* and *Lachesis*.

Kalmia has a sensation as though a ball were rising in the throat. *Lycopodium* has the same, and *Lachesis* has a sensation of a round lump in the œsophagus rising up from the stomach to the region of the throat, with the sensation as if the lump remained and would suffocate her. Compare also *Asaf.*, *Con.*, *Lob.*, *Mag. c.*, *Plumb.*, *Phys.*

Kalmia has pressure as if some one had squeezed the throat with the thumb and fingers. *Chelidonium* has sensation as if the larynx were being pressed upon the œsophagus by some external pressure which does not impede deglutition.

Kalmia has oppression of the chest and shortness of breath, which obliges him to breathe quickly and involuntarily; sometimes the patient seems almost suffocated, so sharp and severe are the chest pains.

There is a sensation in the chest pains of *Kalmia* as if strained by overlifting, reminding us of *Arnica* and *Rhus*.

When articular rheumatism has been suppressed by applications, and cardiac symptoms ensue, or when the pains suddenly leave the limbs and go to the heart, think of *Kalmia*. It has severe pain in the cardiac region with slow pulse.

The pulse of *Kalmia* is extremely weak and feeble, the artery seems slowly to contract and dilate like the action of an earthworm. With the slow, weak pulse, the arms are weak and the limbs cold. We are here led to think of *Digitalis*, in which the pulse is even slower than *Kalmia*, and also of *Hellebore*, in which the pulse is slower than its heart-beat.

Kalmia has palpitation up into the throat after going to bed, trembling all over, <lying on left side,> lying on back. *Cactus* also has palpitation at night, <lying on left, but the palpitation of *Cactus* is > by sitting erect. Compare *Arsenicum*.

Kalmia has pressure in the pit of the stomach like a marble; <sitting bent, > sitting erect, with sensation as if something would be pressed off below pit of stomach. *Spigelia* has pressure in pit of stomach as from a lump, disappearing

after pressing with the hand, and changing to tension and pressure in chest. Compare Aconite and Gratiola.

Kalmia has crampy pains with eructations of wind. *Stannum* has the same symptom, but the eructations of *Stannum* are bitter.

Kalmia has sudden pains in paroxysms across abdomen above umbilicus from lower border of liver downward toward the left, then ceasing in the right; < by motion, > by sitting erect.

The *Kalmia* stool is papaceous, and the discharge is followed by pressure in the rectum. The discharge of *Senega* is also followed by pressure in the rectum, but the stool is hard and scanty.

Kalmia, the menses appear from eight to twenty-four days too soon, the following period coming two weeks too late. During the insufficient and delayed menstruation there is pain in the loins, back and anterior part of the thighs. Compare *Berb.*, *Petr.*, *Verat. alb.*, *Xanth.* A week after the appearance of menses, *Kalmia* has a yellowish leucorrhœa, during which all of the symptoms are more prominent.

With the cardiac affections, *Kalmia* has numbness and tingling of left arm. *aconite* has tingling in fingers. *Rhus* has sensation of numbness in left arm and shoulder following over exertion. *Pulsatilla* has numbness about the elbow. *Phytolacca* has numbness and tingling in the right arm.

Kalmia has frequent pains in the limbs, changing from one place to another. Compare *Puls.*, *Lac. can.*

Kalmia has a bruised feeling all over the whole body. Compare *Arnica*.

F. GLADWIN.

POPULARITY OF HOMŒOPATHY.

It is worthy of note that while there are but 200 homœopathic physicians in Brooklyn to 800 allopaths, fully half of the taxable property is in possession of families employing homœopathic doctors. This same proportion holds good in New York City, and in many of the larger cities of the United States. This fact was demonstrated to the Commissioners of Charities and Correction in New York City some years ago by the descendants of Dr. Carroll Dunham, and as a result of this demonstration the hospital at Ward's Island was turned over to the homœopaths.—*New York Evening Telegram*, Feb. 7, 1891.

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 HOMEOPATHIST—WHAT IS HE, AND WHAT IS TO BECOME OF HIM."—In a recent editorial of the *Medical Index* of Kansas City, the editor thus incisively dissects the homeopathic school. It contains about as many errors as could well be crowded into the space:

There are three classes of men to-day practicing under diplomas of homœopathic colleges.

The first class embraces those who are conscientious, and are sticking to the old-fashioned homœopathy—the law of *similia similibus curantur*, as applied by high attenuations, or potencies. These are deluded men; curing those cases which would naturally recover under the *vis medicatrix nature*, and losing many patients whose lives might be saved by the application of rational therapeutics. This class constitutes what may be called "high dilutionists," and is rapidly diminishing, soon to be a thing of the recent past, like the dodo and the Tasmanian.

This learned opinion is from the pen of one of that numerous class of editors of allopathic journals, who obtains his knowledge of Homeopathy from his homeopathic (?) exchanges and from this source dispenses wisdom to his readers. Can it be logically denied that the journals which he reads are not exponents of the science? Can a knowledge of Homeopathy taken from such a source be questioned? He probably read the erroneous assertion of the *New York Times* in an obituary notice of Dr. Bayard, that there was not a strict Hahnemannian homeopath left in New York. He was not expected to know that the editors of *The Times* now drill in the allopathic camp, and one is a member of an allopathic society. He will soon learn, however, to take all assertions of *The Times* concerning Hahnemann, or Hahnemann's Homeopathy, *cum grano salis*. The editors of *The Times* ought to have known that there are now more Hahnemannian homeopaths within a radius of fifty miles of its office, than there were in all the world twenty years ago. And this, we believe, is also true of Boston and Philadelphia. Instead of becoming extinct "like the dodo and the Tasmanian," there are about 1,000 homeopaths in this year of grace, who believe

in and practice the "old-fashioned Homeopathy" of Hahnemann, every one of whom is prepared to give a reason for the faith that is in *him* or *her*, and this after searching all other fields for truth. The transactions of the national society for 1890, is a well filled volume of nearly 500 pages; and, instead of "rapidly diminishing," the true followers of Hahnemann are becoming more aggressive and making more rapid strides in influence and numbers than any other so-called class of homeopaths.

So far from being "deluded men," the large majority have studied the best the old school has to offer, and have honestly undertaken to apply its delusive theories in practice. They have adopted the Homeopathy of Hahnemann, only after an honest trial of its merits at the bedside. They have put the teachings of the Organon to a practical test in the cure, not alone of diseases which "would naturally recover under the *vis medicatrix naturee*," but of the most fatal in the list of acute affections, such as Asiatic cholera, yellow fever and diphtheria, as well as Bright's disease, cancer and tuberculosis in chronic diseases. During one of the recent epidemics of Asiatic cholera in Naples, a Hahnemannian homeopath treated 705 cases of cholera with a loss of only three patients, while the published mortality under allopathic treatment was from 50 to 80 per cent. If cholera patients "would naturally recover under the *vis medicatrix naturee*," why did not the medical friends of the editor of the *Index* let them alone? The percentage of recoveries of the insane at Middletown Asylum, where "only strait Homeopathy is used," is the largest ever reported by any public institution. It is for such reasons as these—results that they have never been able to obtain under any other methods—that impel the "conscientious" Hahnemannian to follow the practice of the master.

The second class includes that vastly larger array of men who are *not* conscientious; they see the absurdity of the "high-potency" theory, and never put it to use; they cling more or less tenaciously to the law of similia in their therapeutics—professedly—but give, in a great part, the same remedies that we do, however distant these may be from the rules of homeopathic lines of treatment; notably, do they administer such things as antipyrine, bromidia, tongaline, celerina, Tarrant's seltzer aperient, and other like patent or proprietary articles as far from homeopathic remedies as is from the earth the remotest

nebula which marks the marginal dawn of non-existing worlds. Leading homeopathic journals like *The Hahnemannian* and *The Clinical Reporter* are filled to the brim with advertisements of these articles. Men of this class are not true homeopaths, they use the name "homeopath" for the prestige it gives them in some places. These are the men who have rendered the school so obnoxious to regulars; they are the "quacks" of Homeopathy, and the men who, by their disreputable methods, have caused all practitioners in their school to be classed among "irregulars."

The term "irregulars" is not inappropriate here, when applied to those who profess to practice Homeopathy and yet use antipyriin, quinine, bromidia, etc. "The same remedies that we do." And "irregular" is equally applicable to those of the other school who profess to practice Allopathy and yet when called, in case of emergency, boast that they "use homeopathic remedies" when the case demands it.

The third class is rapidly increasing in numbers. It consists of men who, like the first class, are really conscientious,—but more, they are educated. They are the men who have insisted that all students shall take three full courses of lectures prior to graduation, and who have made this a necessity by the action of their National Association—something the managers of the American Medical Association have not done, for reasons best left unsaid. They are really scientific physicians; cultured; progressive; they see the error of attempting to practice by any exclusive rule or dogma, and use everything that experience has shown to be curative; many of them have dropped the distinctive title altogether, and call themselves simply "physicians." Not long since the *Medical Era* (and its Hahnemannian orthodoxy is unquestioned) said: "Wonderful as it is, homeopathic law does not cover everything. The fact is, it is applicable to a *very small part* of the great field of medicine. Our opponents have been quicker to see this than some of our number, and hence they have been very anxious to pin us down to the idea that all medicine is covered by our law, knowing that if they could do so we would be doomed as a school."

So far as practice is concerned we can see no difference between the last two classes, perhaps the editor of the *Index* may. The editor of the *Medical Era*, and many of its readers, will no doubt be astonished to find that his "Hahnemannian orthodoxy is unquestioned." Somebody may have to apologize.

* * *

QUININE IN PERNICIOUS INTERMITTENTS.—In a paper read before the Nebraska State Society by Dr. J. W. Hingston and

published in the March number of the *North Western Journal of Homeopathy* occurs the following logic :

In a late number of the *Medical Advances*, Dr. Fisher, by reputation known to most of you, in reference to the treatment of pernicious intermittent fever, asks the editor of that journal how, after berating the southern homeopaths for using quinine in that disease, "he treats like cases." It appears to me that Dr. Allen's answer is entirely evasive. The question is plainly asked : "How do you treat a case?" Mark you, not "how would you?" And the answer is, "I object to the use of quinine for"—a stated number of reasons. Dr. Fisher explicitly asks for facts, Dr. Allen gives little more than theory ; Dr. Fisher asks for art, Dr. Allen gives him science. Now, though I have the greatest respect for Dr. Allen as a man and a physician, though I hold Dr. Allen inferior to no one living as a close prescriber, though he quotes scripture—"If they hear not Moses and the prophets, neither will they be persuaded, though one rose from the dead," yet I do claim that he is not only unfair but unreasonable, while such answers only tend to convert honest points of differing into points of fanatic dispute.

[While we thank the author for the flattering yet undeserved compliment paid us as "a close prescriber," and assure him that we intended no disrespect to Dr. Fisher or those who think as he does, much less did we intend to be considered "unfair" or "unreasonable" or "to convert honest points of differing into points of fanatic dispute;" yet we have written nothing for which we can apologize; the demands of law are imperative. We can not see how a true follower of Hahnemann—one governed by law instead of the *ipse dixit* of experience—can think of crossing his bridges before he reaches them. Dr. Fisher asks : "'How do you treat a case of pernicious fever?' Mark you, not, 'how would you?' Dr. Fisher explicitly asks for facts, Dr. Allen gives little more than theory; Dr. Fisher asks for art, Dr. Allen gives him science."

There are two factors essential in the making of a homeopathic prescription:

First, a knowledge of the symptoms of the patient.

Second, a knowledge of the symptoms of the remedy in the provings of which the simillimum is to be found.

How could we, or any one else, tell what the latter would be, before we knew what the former was? How could any homeopath select a remedy for a given case of sickness, until the symptoms of the case were known? We might with equal justice ask Drs. Hingston or Fisher, *How do you treat*



a case of pneumonia? not, how would you? No follower of Hahnemann who is guided by law, can select a remedy for a case of sickness until the symptoms, the data of the problem to be solved, are given. Such a prescription would have neither art nor science in it. We could have detailed the symptoms of Apis, Camphor, Gelsemium, Lachesis, Natrum, Nux, Quinine or Veratrum—remedies often called for and often effective—but none of them would be of any use if the symptoms of the patient suffering from a pernicious intermittent called for Arsenic. In view of these facts, let us ask Dr. Hingston who is “unreasonable,” Dr. Allen or Dr. Fisher? We can not hope to convert “these men,” however much we would like to do so, if they will not put the teachings of the Organon—the method of applying the law—into practice.]

If Dr. Allen would be reasonable, I believe he could readily convert many of these men. I presume many of them could give the same reasons for prescribing quinine in pernicious intermittent, that I would give for using Bell. in scarlet fever—I always administer it when no other remedy is clearly indicated. I claim that this is not unscientific. It is not necessarily prescribing for the name of a disease. I think that from the known action of quinine on the system it *must* be the frequent simillimum to these dangerous fevers. I have seen but one case.

[Dr. Hingston's clinical illustrations are unfortunate selections. “I always administer Belladonna when no other remedy is clearly indicated” is not only an unscientific but unhomeopathic method of treating patients suffering with scarlet fever. The elements of both the *science* and *art* of Homeopathy are wanting. It is simply a repetition of the practice of giving Quinine for pernicious intermittent, prescribing for the disease instead of the patient.]

Here it is from my case book :

“May 18, 1882, Mr. C——, age 38, blonde; every spring and summer for four years he has had chills and fever. Quinine, quinine, quinine, without relief. Highly prejudiced against Homeopathy; a favorable feeling toward myself. Sallow, a poor appetite, slightly constipated. Chill every day when going home to dinner about 11:30 o'clock. Still, if he started home earlier the chill was liable to take him on the way. Chill not overly severe and without shake, but excessively tired and exhausted, compelling him to sit down by the way. Then numbness and finally unconsciousness for one-half to two hours. Would waken with commencing fever which was not great but long lasting and accompanied with severe, hammering headache. Sweat not severe. Considerable thirst all the time—prodrome, chill, fever, sweat, apyrexia. Pres. Nat. mur. 30, No. 35 pellets, 6 night and morning. May 17, I was summoned in great haste to his residence. When I arrived about 11:30 P. M. found him unconscious and cold, blue veins standing out on his face, rattling, snoring breathing. As I

was learning from his wife that as he had been feeling unusually bad that morning he had started home much earlier than usual and had gone into a very severe chill soon after his arrival, he awakened and said, 'I feel hungry;' an unknown thing, his wife said. I was about to question him further when he went into a most dreadful shake and complained of his back aching high up. On attempting to place my hand over the painful location he cautioned me not to touch his backbone as it was very sore. Almost immediately he became again unconscious. I never, before or since, saw such a condition. I would surely have thought the man would die, but was somewhat comforted from the knowledge of his previous attacks. As it was, I had grave fears for his life, and his wife assured me that he certainly would die. She always knew and said he would die in one of these attacks, and this was much worse than he had ever before been. She implored me to give him some quinine, assuring me he would be able to swallow it if I put it in his mouth. I said I would do so. I had been studying Wilson's monograph and remembered quinine has the symptom "soreness of the spine to pressure." I gave him a third decimal trituration, one or two grains dissolved in water, and allowed it to trickle and gurgle down his throat. We applied hot applications and rubbed and worked over an hour when the collapse left and he began to get feverish and soon after he partially awakened into a delirium. I left more of the quinine trituration to be given less and less often as he got better. Next day he was vastly exhausted, in bed, but escaped the chill. Under an alternation of the china *aul. 3xt.* and *sac. lac.*, he gradually recovered to a more perfect health than he had known for many months, and, so far as I know, never had another chill.

[In this case, from the symptoms given, it was *Natrum mur. 30*, and not Quinine that cured the patient. At least every symptom given, including the "soreness of the spine," are to be found under *Natrum*, instead of Quinine. There may have been symptoms overlooked or neglected which might have called for Quinine, but as none were given we must credit *Natrum* with the cure of the patient. If Quinine cured the case, it cured in a potency after failing in the crude.]

Again quoting Dr. Allen as a representative of hundreds of others: "When quinine is indicated by its characteristic symptoms, it will cure in the 6, 12, 30, 200 or 1000 potencies, just the same as arsenic or any other remedy. There never need be resort to massive doses of the drug." Here is a statement that was good enough to give the student when Dr. Allen was Professor of *Materia Medica* in the University of Michigan. The student and pupil is supposed to take as true—consider as axioms—many bare statements of the professor and teacher. But men who have long since passed through college life and are now learning in the school of experience require these statements proven.

[We practice what we teach. We have verified this statement a thousand times in practice, and Dr. Hingston may do the same if he will. We can not do it for him. He will never see Jupiter's moons until he looks at them. Put this statement to the clinical test and publish the failures to the world.]

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.

INSTRUMENTS OF PRECISION AND CURING.

Apparently, medical science has held its own in this age of progress and intellectual activity. At least we see nothing so frequently in the medical journals now-a-days, as boasts and vaunts of the marvellous progress which medicine is making. Modern arts and sciences seem eager to assist her; Anatomy, Physiology, Electricity, Chemistry and Physics in all its branches hold out their hands to her, laden with rich gifts. All sorts of most wonderfully constructed instruments of precision have been adapted to investigating the status of the body.

With thermometers we tell to the fraction of a degree the temperature of the various parts of the body; with delicate hydrometers we ascertain the specific gravity of its various fluids; with a slender pencil of reflected light and variously constructed endoscopes we illuminate its hidden cavities; the microscope enables us to examine the minute structure of parts, else invisible; the sphygmograph presents to us a visible tracing of the quality of the pulse, and Anatomy and Physiology are penetrating to the very inner courts of our earthly tenement. Every morning Chemistry presents to the doctor from the jungles of coal tar a brand new antipyretic or hypnotic.

But—(alas, that there should be a *but*)—the sick man with a thermometer in this mouth, a hydrometer in his urine, a microscope over his sputa, a stethoscope to his chest, a sphygmograph on his wrist, with all his microbes fully known, and a dose of the latest antipyretic in his stomach continues to die as heretofore.

It is true that the doctor, although unable to prevent the catastrophe, can yet tell the patient exactly why he dies and how. As to any real use this science of the mysteries of dis-

solution, this dreary analysis of death is a lame and impotent affair.

It may be fairly doubted whether medicine is not hindered from its main function of healing by these over-refinements in the direction of diagnosis, whether Anatomy, Physiology and Diagnosis have not been developed beyond the needs of medicine proper. Any one of these sciences is fascinating enough for its own sake to be the occupation of a life. For practical work, medicine and surgery want but a small part of their voluminous and ever-increasing informations.

A man may know much about the motor oculi nerve and the structure of orbicularis palpebrarum muscle, but all this fine knowledge does not help him, one whit, to wink any better than the unlearned. Laborious thought of how it is done interferes with the process. The conscious possession of unlimited sciences squanders energy over alien fields, and diverts the simple and direct effort of healing.

Medicine, with its immense modern learning, is like a ship so overfreighted with valuables that its main business of sailing the seas and delivering a cargo is interfered with, or like a house so garnished and over-decorated with curtains and tapestry, hanging lamps and ornaments, that its usefulness as a dwelling place is gone.

What medicine needs in Anatomy and Physiology, it already, in the main, possesses; regional divisions, leading functions, position of organs are the essentials, and then certain Instruments of Precision are indispensable to a successful practice of the art; namely, two eyes, two ears, a nose, the tactile finger, the thinking brain.

Far better than the thermometric record or the crooked line of the sphygmograph are the phenomena as recorded by this living instrument of precision, for instance; that the skin is hot, dry, biting; the face flushed, the patient restless, anxious, fearful, thirsty; the pulse full, hard and frequent; we learn, also, of a recent exposure to a cold wind. Without the cumbrous machinery of science, we have here a series of facts directly available for curing, which the most exact knowledge of the state of the patient's internal organs, his temperature, the microbes in his secretions, the chemical analysis of his urine, etc., could never give.

Science, pretentious and arrogant, puffed up with useless

external knowledge, spreading out a wonderful array of delicately contrived instruments, of newly discovered drugs, boasting of immense progress in the sciences of pathology and diagnosis, yet does little or nothing toward restoring health.

Homœopathy on the other hand makes no display of marvellous contrivances, but by using trained faculties of observation and a law of cure, "surpasses every other method in fulfilling one not unimportant object of the physician—the cure of the patient."

J. B. S. KING.

New Publications.

REPORT OF THE CALCUTTA HOMŒOPATHIC DISPENSARY. NO. VI, 1890:

This is the sixth annual report of an institution that is doing good work in the way of introducing Homeopathy in a far-away country. The report includes some clinical cases and a brief proving of one of the Indian drugs, *Ficus Indica*.

POPULAR SCIENCE for April contains Herbert Spencer's views on State socialism in an article entitled, "From Freedom to Bondage," which opens the number. This is probably the strongest refutation of socialistic theorizing that has yet appeared.

WHAT KEEPS THE BICYCLER UPRIGHT?—A question that is often asked—is answered in an illustrated article contributed by Charles B. Warring. Read it.

IN THE CENTURY for April, life in another war prison, at the North, is described by a Confederate soldier, Dr. John A. Wyeth, now of New York City. He shows that "Cold Cheer at Camp Morton," Indianapolis, included hardships bordering on the worst phases of cold and hunger. This article is creating much just and bitter criticism from medical men and should be read, even if it be unpalatable.

SCRIBNER'S MAGAZINE for April marks the beginning of the richly illustrated series on "Ocean Steamships" which, it is believed, will be as successful as the "Railway" and "Electric" series. The most competent authorities have been chosen to write of "Ocean Passenger Travel," "The Ship's Company," "Safety at Sea," "Speed," and the "Lines of the World." Original drawings by skilful artists (who have been granted special privileges for study by the various steamship companies) will illustrate each paper. "What is Right-Handedness?" is discussed by Professor Dwight, anatomy professor of the Harvard Medical School. This will interest all our readers, we are certain, for he has something to say that is new.

ANNALS OF SURGERY for April contains a series of papers on: The Pathology of Appendicitis; The Indications for Early Laparotomy in; The Technique for the Operation for; The Operative technique of; the series forming a very complete resume of the surgery of this obstinate affection.

THE MAGAZINE OF AMERICAN HISTORY for April opens with a frontispiece of "Columbus at the Court of Ferdinand and Isabella." "The first meeting of Admirable Porter and Sherman," and "A Defense of Captain John Smith" are among its choice historical gems.

WIDE AWAKE. A great variety of contributions characterizes the April number from its frontispiece of white lilies to its amusing end-page drawing by Bridgman. "The Mysterious Choir Boy," a beautiful story full of the Easter spirit—the uprising of rejoicing life from conditions dark as death—is by Henry Kirke White, Jr. Like all the sketches by this author, this is captivating.

J. B. LIPPINCOTT COMPANY will, beginning with April, issue quarterly thereafter a work entitled "International Clinics." This work will comprise the best and most practical clinical lectures on medicine, surgery, gynecology, pediatrics, dermatology, laryngology, ophthalmology, and otology, delivered in the leading medical colleges of this country, Great Britain, and Canada. These lectures have been reported by competent medical stenographers and thoroughly revised by the professors and lecturers themselves. The object of the work is to furnish the busy practitioner and medical student with the best and most practical clinical instruction in concise form. Each volume will consist of over 350 octavo pages, illustrated with photographic reproductions of important cases.

Editor's Table.

J. T. KENT, M. D., has removed to 1605 Walnut street, Philadelphia.

THE SAGINAW VALLEY HOMŒOPATHIC SOCIETY appears to be the most active and aggressive organization in the State, evidence of what a few earnest men can do.

H. M. PAINE, M. D., of the Committee on Medical Legislation of the A. I. H., is endeavoring to raise funds with which to continue his war on the single medical board, by selling copies of reports on Legislation. It is a worthy object and the doctor deserves the support of the profession. Write him for a list of articles.

THE DENVER HOMŒOPATHIC CLUB, through its Committee, propose the following amendments to the bill recently introduced in the legisla-

ture, which provides for a board of six allopaths, two homeopaths and one eclectic:

First—That in no case shall a majority of the physicians constituting said State Board of Medical Examiners be appointed from or belong to any one school of medicine.

Second—That no appointment shall be made except upon the recommendation of the State Society of the School of Medicine to which the applicant may belong.

Third—No certificate shall be refused or revoked unless by consent of a majority of all the members of said board.

It will be observed that we ask no favors for our school. We desire no special legislation for the homeopaths. We demand an equal representation for all. We want no more than this, and will accept no less.

CORRECTION.—Dr. L. B. Wells' article on page 171, March number of the *ADVANCE*, sixteenth line from the top, for "production" read "reduction."

OHIO STATE SOCIETY.—The Twenty-seventh (27th) Annual Session of the Homeopathic Medical Society of the State of Ohio will be held at Findlay, May 12 and 13. A fine programme is promised and a large attendance expected.

MARRIED.—Dr. K. J. Severance and Miss Kate M. Foss, of Vergennes, Vt., were married March 18. The doctor is a graduate of Old Hahnemann ('89) and will practice with Dr. Page, Keesville, N. Y.

E. LIPPINCOTT, M. D., of Memphis, Tenn., writes: "I recently began the treatment of hernia by the injection method. Any hernia that is reducible and can be held in or up by a pad or truss is curable, and I offer to cure gratis any physician who will come here for treatment."

GRACE HOSPITAL.—The next regular examination for the position of Junior Assistant to the House Surgeon will be held at the hospital on Saturday, May 9, 1891, at 4 P. M.; term, eighteen months.

First six months as Junior Assistant.

Second six months as Senior Assistant and Ambulance Surgeon.

Third six months as House Surgeon.

Applicants must show evidence of graduation from a recognized homeopathic college.

All applications must be addressed to the President of the Medical Board, The Grace Hospital, Detroit, not later than May 1st, and must be accompanied by certificate of good moral character.

NEW ORLEANS HOMEOPATHIC HOSPITAL.—This latest of hospital projects bids fair to be soon brought to a successful issue. A friend—an earnest advocate of Homeopathy—has already offered to donate the site for the first Southern Homeopathic Hospital. A little earnest work will now make it an assured success.

THE INDIANA INSTITUTE will hold its Quarto-Centenary Meeting at Indianapolis, May 13 and 14, 1891. At the last annual meeting 41 new members were elected, and for the first time in the history of the

Institute the transactions of 1891 will be published in book form for preservation. The discussions will be stenographically reported, and contributions from well known members of the profession outside the State will form a prominent feature of the meeting. Reduced railroad and hotel rates are promised.

THE HAHNEMANN ASSOCIATION OF IOWA will meet at Des Moines, May 12 and 18, 1891, and an enthusiastic meeting is expected. The secretary, Dr. Hanchett, of Council Bluffs, is making preparation for all the members and a large delegation from other States.

H. F. BIGGAR, M. D., had 170 surgical operations besides 105 gynecological clinics, during the recent session of the Cleveland Homeopathic College.

MICHIGAN STATE SOCIETY meets in Grand Rapids, May 19 and 20, and every homeopath in the State is earnestly requested to be present, prepared not only with a paper, but to discuss all that may be presented.

TORONTO HOMEOPATHIC HOSPITAL has been in operation a little over a year and has been, in that short time, compelled to move into larger quarters. The hospital is now full and has a large and flourishing dispensary attached. The mortality is already less than in any hospital in Canada, and will continue to decrease with each succeeding year.

THE KENTUCKY HOMEOPATHIC SOCIETY will meet at Lexington, May 19 and 20, and the President, Dr. Vansant, in a stirring appeal to the profession in the State, says: "Much of the success of Homeopathy depends upon the success of the State Society, and it is to the interest of every subscriber to *Similia* in the State to join in a united effort to further the cause."

A CORRECTION.—In the February number you have *Fela* aranea which should be *Tela* aranea. It is one of Swan's preparations. All the literature I have upon the remedy is found in the *Eclectic Medical Journal*, Cincinnati, November, 1886. What I have said in notes has been verified repeatedly by myself.

W. H. LEONARD.

THE
MEDICAL ADVANCE.

A HOMEOPATHIC MAGAZINE.

VOL. XXVI.

MAY, 1891.

No. 5.

GLONOINE.*

The violence and rapidity with which this medicine affects the head will individualize it, wherever you see it. The violent determination of the blood to the head, the congestion of the blood vessels, the violent throbbing of the heart, the intense heat of the head, the cold body, the cold extremities, give you a general picture of this remedy and associate it with Arnica and Belladonna.

After the premonitory symptoms, the face becomes pale, the head continues extremely hot, there is throbbing in the carotids, the eyes become glassy, there is loss of memory, forgetfulness, falling and unconsciousness.

In the more passive mental conditions, or disturbance of the central nervous system, we have loss of memory, patient loses himself in well known streets, frequently becomes dizzy, falls, with frothing at the mouth, glassy staring eyes, dilated pupils, frightful to look upon. We see this also in congestion of the brain, epilepsy, etc.

The complaints are all aggravated by light, intense light, sunlight, more than by heat, as are the conditions found in sunstroke.

There is great agitation, fear and dyspnoea, fears he has been poisoned, like Rhus and Hyos.

The remedy is full of vertigo, we get many like symptoms in sunstroke, the throbbing, the pale yellowish-red face. It is a great remedy in sunstroke. If you run across a case of sunstroke, pull out your little case (Glon. is pretty nearly

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

always the remedy), give a highly potentized dose of Glon. and keep the patient quiet. A person smitten with sunstroke needs absolute quietude. One of the first efforts made by enterprising friends is to drag the patient to some shady spot, or have him taken to the house, or try to make him sit up; don't do it. If at all possible, don't move him. Shade him from the strong light as quickly as possible, but don't move him. The vertigo is occasioned by the strong light as much as the heat. If you can pursue this treatment you will find your patient all right next day. Belladonna will be your next best remedy. The heat is not as powerful an agent in sunstroke as the bright, intense light. A bright light has often produced loss of consciousness. Dark colored glasses have prevented sunstroke.

There is a sensation in the head, as of swelling, like that in the throat. The head seems to the patient to be growing larger and larger. The eyes feel as if starting out of their sockets; there is loss of taste and smell; the tongue is perfectly milkwhite as in *Ant. tart.*; a condition often seen in brain troubles.

The headaches are congestive; there is a balancing sensation, with constant effort to keep the head erect; worse in the open air. With this you will find tearing, throbbing, pressing pains, burning in the brain continuing till unconsciousness, sensitiveness to a jar, these are the most prominent features. The throbbing felt with every pulse, gives the sensation as if the head would break open.

Like *Bell.* it has this congestive condition coming from a cold taken through the head; from cutting the hair or from getting the head wet.

There are all descriptions of varied and illusory vision in these head troubles, with both dilated and contracted pupils.

The ear symptoms are such as come from violent surging of blood to the head, defined as throbbing and roaring sensations.

The face is flushed and hot, or pale and cold, in the first instance showing the paralysis of the inhibitory nerves.

Studying the symptoms of congestion to the head, either as a result of disease, or of drugging, you will find that as the passive state comes on, the pallor of the face comes on, and it increases in proportion to the depth of disturbance.

First we find the face flushed and hot, then it cools and becomes pale, cold and deathly. The heat of course being while they are yet able to go about; when they have fallen, the condition assumes the passive form, the activity passing rapidly, usually before the fall.

The skin is dry in Glon. and is hot and dry in sunstroke. Glon. and Nitrite of Amyl are both used by some practitioners, to prevent epileptic attacks.

There is violent and anxious vomiting associated with brain troubles, pain and gnawing in the stomach. You may find this condition in pregnancy, with violent determination of blood to the head; the symptoms are reflex, the keynote and center of action is in the brain. Study the symptoms carefully.

Scant menstruation is characteristic, opposing it to Bell. I have used Glon., many times successfully in congestive conditions of the head, not caused by light, when there is determination of blood to the head with swelling of the neck; sensation of filling up in the chest, at a time when the menses should appear.

During the congestions to the head, there are many sensations in the chest: dyspnoea, palpitation, suffocation, filling up of chest and neck.

In bookkeepers, who work under the strong gas light, we frequently find headache, with loss of the senses. The patient may be almost unconscious, or there may be only confusion of mind—a stunned condition from this rush of blood to the head; violent palpitation, neck so swollen that he can not bear the collar buttoned. There is diminished flow of blood from the brain and increased flow of blood to the brain. These headaches begin in the back of the head, not allowing him to lie down, forcing him to sit up. There is sensation of choking owing to the filling up of the chest with suffocation, anguish and vomiting.

Bookkeepers, being men of sedentary habits, are much given to congestive headaches. A patient says to you, "towards evening, I have headache." You will naturally turn to the rubric for evening headache, as a strong symptom from which to base your prescription. You may not find Glon. has evening headaches, you find that the peculiar headache of Glon. is worse in the morning and forenoon. You make the list of

remedies having evening headache. You then take the symptoms thoroughly, writing down the symptoms that he describes, you then compare each symptom with the foregoing list, to find the curative remedy. Should you fail to ask him his business, and his manner of doing it, you may not discover the remedy. He says, "bookkeeper." By experience you know that in many of the offices as night approaches, there is made a bright light, many times an electric light, often more or less artificial light all day. The bright light in the evening, may, in your patient's case, bring on the attacks. This will take you into a new list of remedies, and if you are not an expert at weighing the reasons *pro* and *con* you may yet make a mistake. The bright light, then, may bring on the headache and not the approach of evening, the environment and not time, being the chief factor; this will be the central point round which your study will revolve.

It is well to know the complaints excited by different occupations, the better to comprehend the fundamental truths of Homœopathy.

We see here that a patient may have a morning headache, which is peculiar to the action of the remedy; on rising in the morning a sensation of fullness of the head and a dull aching pain in the occiput, that is made worse by returning to bed, to which he is inclined, because the pain is so severe; but he may have a congestive headache, brought on at any time of day by light, intense light, either natural or artificial. The latter being peculiar to Glon. according to the kind of its congestion, the former according to time, or both.

Children after exposure to the cold, warm their feet at the fireside, go to sleep in the glare; on comes the congestive chill, the pallor, the throbbing of the heart, the surging of the blood to the head, relieved by sweat which is most profuse about the head and neck.

The principal aggravations of Glon. are heat, light, motion, especially from jarring the parts, and lying down; better from general motion. Light hurts the eyes in the evening, artificial light at any time. There is great restlessness and jerking of the limbs in epileptiform convulsions.

S. L. G. L.

PRINCIPIIS OBSTAE!

Dr. Arthur G. Allan has rendered an eminent service to Homœopathics in reporting a case of colic cured by a dose of Belladonna cm. within four minutes, terminating in a sound sleep (MEDICAL ADVANCE, Vol. XXV., p. 349).

This happy effect gives the author the opportunity to comment upon the *rationale* of the cure, based upon the following statement:

“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.”

The first requisite for reasoning upon a fact is to ascertain whether it is a fact. Is that teaching, implied to Homœopathy, founded upon fact, and what is the fact? It must here be premised that a drug for us is not a commercial article, but a substance from which the remedy is derived, what Hahnemann calls “Arzneistoff,” medicine substance. Now, it is claimed as a fact that every drug when swallowed produces symptoms of its own in the healthy organism. If stated in this generality this is not true; because there are substances, or, in the medical sense, drugs which when swallowed do not produce symptoms of their own, at least not such as may be useful for homœopathic purposes: e.g. Silicea, the Carbos, Lime, Alumina, metallic Aluminium, Silver, Gold, Tin, Graphites, Platinum, Sepia, Gems, Grains, Honey, Sugar, Milk, Milk-Sugar, Nutriments, etc. Besides, there are other agents: the Dynamides, Light, Electricity, Magnetism, which are not called drugs, and can not be swallowed, but nevertheless produce symptoms of their own upon the healthy organism, and they are left out of the statement. The fact, therefore, which has been stated as being true for every drug, is true only for a certain class of drugs. Hence, the following teaching in regard to the contrariety of symptoms can not be predicated from it as a general rule, for where a drug produces “no symptoms of its own” no diametrically opposite symptoms can follow.

Furthermore, to ascribe the opposite symptoms to the reaction of the life-force alone is an inadmissible postulatun. The symptoms produced by the drugs from beginning to end are, owing to the reaction of the life-force upon their action, and these two opposite actions in the organism form a mutual action, which can not be separated, as, likewise in motion, the force can not be separated from the moving body. The symptoms, direct and opposite, are the outward signs of the mutual action going on in the organism. The opposite symptoms, though evidently the external signs of the reaction of the life-force by which the drug-action is shown, are just as well as the initial (primitive) direct symptoms, the drug's own symptoms; only they appear at a later time in an inverse direction, and are owing to the drug's individual power to produce symptoms upon the healthy, followed by the opposite symptoms. This opposition resembles that of a boomerang which, thrown in a forward direction, returns to the thrower.

Why the life-force at the appearance of these opposites should be stronger than the primitive drug-action is likewise postulated, not proved, and, according to the facts, it must be denied as a *petitio principii*, in as much as that is taken for granted which is to be proved. There is no proof in the alleged teaching that when opposite symptoms appear, the reaction of the life-force is stronger than the drug-action and produces these opposites. Contrarily, there is nothing to disprove that these opposites are the continuation of the drug-action, but the proof appears to be conclusive that the life-force reacting during both the first and after action of the drug is weaker than the drug-action, because it submits and presents the symptoms peculiar to the drug; just as a body must move if impelled by a force, and its resisting force is consequently weaker than the impelling force. If, after narcotics and other strong drugs, symptoms opposite to the first appear, they belong to the totality of symptoms which the drug is able to produce according to the character of its individuality. The opposite symptoms claimed for the superiority of the life-force are owing to the inverse direction of the drug-action, indicated by the life-force, and as drug symptoms they are available for the selection of the homœopathic remedy.

From this it appears that the greater strength of the life-force in overcoming the drug-action when opposite symptoms from swallowing a drug occur, is an untenable speculation which can not be sustained as a fact. Consequently it can not be admitted as the teaching of Homœopathy.

The foregoing also answers Dr. Vandenburg's question in the Homœopathic Physician, Vol. XI, p. 118: "Are not the secondary symptoms in any case as much peculiar to the drugs as the primary?" in the affirmative.

The author continues: "*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.*"

If the former statement about the drug-action upon the life-force in health can not be sustained, because it is not founded on fact, it can also not be true for disease, and as disease is nothing but distuned life-force, by some cause or other a drug can not act on it in the same manner as if it were in tune. How, then, does the drug act upon the life-force in disease? The old allopathic indication is to give a drug in a maximum dose, short of being fatal, which will either overcome the complaint by contrariety of action through opposite symptoms as narcotics do, or lead it into other channels for physiological elimination—*Allopathization*. The homœopathic indication is to give a drug in a minimum dose just sufficient to cure, which will overcome the complaint by contrariety of action through similar symptoms and consequent equalization—*Homœopathization*. Thus the contrariety of action takes place in any drug-action, whether allopathic or homœopathic, but the difference in the homœopathic method is, that whilst the allopathically (palliatively) applied drugs do not possess the contrariety of action necessary to cure, because of their symptoms-contrariety they are not contrary to the state of the life-force existing; the drugs homœopathically indicated by symptoms-similarity are possessed of the necessary contrariety for the cure; and, consequently are enabled to convert the present state of disease into that of health. From this it appears that the superior strength of the life-force is not depending upon its supposed stronger reaction against the drug-action, but upon that quality of the life-force which we call *similarity*. Where this similarity is wanting, no homœopathic contrariety of action, no equalization, no cure will ensue.

The drug-action, then, is twofold, according to the power to overcome disease; the allopathic action with its inverse, and the homœopathic with its direct direction. Here the objection may be raised, that even in as high a potency, as a *cm*, Opium has been observed to show the inverse direction in the healthy subject. The explanation must be sought in the extreme sensitivity of the provers. This inverse drug-action of high potencies is just as allopathic as when large quantities are given to persons of low sensitivity.

Where is the reaction of the life-force, in the author's sense in his model cure, upon which the comment has been written? The similar remedy at once equalized the disease or distunement of the life-force without any reaction being perceptible at all; in other words: the drug-action assimilated the disease-action within the life-force so immediately and completely, that no further effort of the life-force was necessary. Sleep was the result, as that physiological action of the life-force which repaired the loss sustained by the complaint. It does not seem appropriate to call this physiological compensation a reaction of the life-force, because after the disappearance of the drug-action in the equalization of the disease-action, there was no occasion for such a reaction. The sleep could not be considered as the after-action of the drug nor the reaction of the life-force. For it is a symptom of health appearing after the symptoms of disease had been extinguished, and stands simply for the physiological method of repairing the pathological loss, just as a healthy person, having watched through the night, makes up the loss of sleep the next day.

The case commented on would have ended quite differently in an allopathist's hand. He very likely would have either injected opium in some form or other, or given it by the mouth in large doses; and possibly, but by no means certainly, he might have succeeded in silencing the pain, or producing unconsciousness, to see pain and wakefulness follow afterward; a treatment which would have been a true palliation, but no cure. His fault would have been principally in the selection of the remedy which was not homœopathically indicated, and secondarily, in giving too large a dose of a crude drug. But what becomes of the secondary action in this case if it does not belong to the reaction of the life-force? The action of the

opium had expended itself in silencing the pain and enforcing unconsciousness. The return of the pain and wakefulness is a sign that the opium-action had ceased and the disease reappears, continuing to distune the life-force, and the more so, the more it is subdued by the inimical palliation.

From the premises quoted, the author deduces and explains the homœopathic mode of healing. If they are fallacious as it appears from the foregoing arguments, the conclusions from them must be equally fallacious, and the homœopathic healing method would be neither deduced nor explained. But the law *similia similibus curantur* does not need such a reasoning from supposed facts, because everybody can easily convince himself of the fact by experiment, that the remedy similar in symptoms and dose restores the distuned life-force to its normal state, and the case of colic cured by one dose of Belladonna cm. in four minutes exemplifies it.

B. FINCKE.

BROOKLYN, March 21, 1891.

RELATIVE VALUE OF THE PRINCIPAL TESTS FOR SUGAR IN THE URINE.*

In looking over the chemical and pharmaceutical Journals of the past few years, one can not fail to be struck by the number of new tests for abnormalities of the urine that have been published. Sugar and albumen being the chief abnormal constituents that concern the doctor, the number of tests for these bodies have been correspondingly large. The discoverer or inventor of each with that fondness for one's own, which is a part of human nature, seldom fails to perceive in his new test some rare quality either of delicacy or convenience, that commends it above all others.

But unfortunately time and experience have revealed no transcendent merits in any one of these multitudes of novel methods, and we still await the arrival of a chemical manipulation that will omit all the objections and combine all the merits of its predecessors. The desirable qualities in a test to be used by physicians, pushed as they usually are for time, are simplicity, ease of application, certainty of result and the amount of information conveyed.

*Missouri Institute of Homeopathy, 1891.

Trommer's test or some modification of it has been very generally used for a long time. The method is as follows: a few drops of a dilute solution of copper sulphate are added to the suspected urine. The mixture rendered alkaline with potassium or sodium hydrate, and heat applied: if sugar is present a precipitate varying in color between red and yellow will appear.

So used the test is not especially simple or easy as two reagents are required, the result is far from certain and the information afforded meager. The modification of the above, known as Fehling's solution, is more simple and easy of application, but owing to the unstable character of the solution, is liable to mislead by giving the same precipitate as the result of decomposition as it does when sugar is present.

In another modification of the same, by Dr. Haines, this tendency to decomposition has been overcome by the addition of a sufficient quantity of pure glycerin to preserve it. This solution, commonly known as Haines' Test, keeps indefinitely and has many qualities to recommend it, being simple and easy of application, reasonably certain in result and not likely to mislead.

Fehling's test, in good condition, is to have it made in two separate solutions, the copper Sulphate in one and the alkaline Tartrates in the other. These two, mixed in equal volumes, make Fehling's test in a fresh and reliable condition. As this involves the measuring of two liquids, it may be found a little circumstantial and tedious, but it surpasses the others in reliability, and when used with a pipette gives somewhat of an idea of the amount of sugar present.

In using tests based like the above, upon the reducing action of Glucose upon a Copper Salt, it should be borne in mind that the more or less complete disappearance of the blue color of the reagent is not a proof of the presence of sugar. To prove the latter present there must be a distinct characteristic precipitate of Cuprous Oxide. Moreover, as all these reagents are alkaline, the dirty, flocculent precipitate of the Earthy Phosphates generally thrown down is to be distinguished from that caused by sugar, which it may be, by its color and density.

Still another and a very excellent way of preserving Sol. of Potassium Hydrate together is simple and easy, but not deli-

cate, as minute quantities of sugar escape it. MEDICAL
 serve a purpose as a preliminary test to assist in
 diagnosis, inasmuch as the single reagent necessary, 1891.
 had ready made at every drug store in the land. resident,

The Thymol test has a very unusual disadvantage,
 is too extremely delicate to be frequently useful, s, Brew-
 it is not complicated, it may find a sphere of use.
 as a means of diagnosis in obscure cases, wh
 amount of sugar is only infinitesimal. It may be s
 detect almost the shadow of an on-coming disease. It he had
 performed: To about 2 cc. (two-thirds of a fluid dra
 urine add two drops of a twenty per cent. alcoholic sol.
 of Thymol, agitate, and then add an equal volume of st ought
 sulphuric acid; a deep red color indicates the presenc appli-
 sugar. By this test sugar may easily be shown to exist
 normal urine. By diluting the suspected urine with water appli-
 will detect amounts of sugar slightly in excess of the norm ary
 amount, and yet so minute as to be far beyond the reach of
 any other test.

Nylander's modification of Boettger's test is an excellen
 one; one reagent only, which keeps indefinitely, is needed; it is
 very delicate and easily performed, but is susceptible to one
 source of error, which might mislead, i. e., urine containin
 sulphur in some organic combination, such as albumen or
 cystin, gives the same reaction as if sugar were present. The
 general usefulness of this test is thus somewhat lessened, but
 not so much so, perhaps, as might be imagined at first sight,
 as albumen is easily excluded and cystin is rare.

The Picric Acid test for sugar possesses the peculiar
 advantage of being at the same time a test for Albumen, e d
 thus is something of a time saver. It is to be commend ed,
 too, for the ease with which it is performed, but not for any
 special delicacy. The addition of a saturated solution of
 Picric Acid to urine will show the presence of Albumen by
 turbidity. This is a very delicate test for Albumen, but not
 a very reliable one, since it gives the same reaction with some
 other abnormalities. A further addition of solution of
 Potassium Hydrate and heat gives a red color if sugar is
 present. This last is very similar to Moore's test already
 described.

Mulder's test with Indigo Blue presents no especial quali-
 fications that make it desirable for physicians.

Tromm's fermentation test combines the advantages of absorption, generally faint, of great delicacy if properly carried out, and a few drops at the same time a reliable approximative test, close to the sugar for all purposes of practice.

It is performed in two ways: One is to put the urine into a test tube; with one is mixed a little yeast—it should be kept in a cool place. The other is kept covered in a cool place.

So that the fermentation of the one is complete, they are kept at the same temperature and their specific gravities informed. Each degree lost in the fermented specimen is known to be equivalent to one grain of sugar in each fluid ounce of urine. The second method requires specially made test tubes known as fermentation tubes. In these the gas given off from the fermenting urine is collected in the upper part of an inverted tube, which is graduated so that the amount of gas in cubic centimeters and also the percentage of sugar may be at once read off.

From this comparison of tests the physician may select those which seem best adapted to his purpose. The test that gives the most information, and is the most satisfactory in managing a long lasting disease, like Diabetes Mellitus, seems to me to be the fermentation test. This should be supplemented by another test, more quickly made, for the purpose of diagnosis in new cases, and for single tests, such as Haines' test, or the Fehling solution in two parts. Some might prefer the Picric Acid test, because it shows the presence or absence of two abnormal bodies in one manipulation.

Below are given the formulæ for tests not fully described in the text.

Fehling Solution. (a) Copper Sulphate (crystals), 34.65 grams are dissolved in 200 or 250 cc. distilled water. (b) Sodium Hydrate (sticks) is dissolved in 500 cc. water till the solution has sp. gr. of 1.14; then in this last solution dissolve 173 grams crystallized Rochelle Salt. Mix (a) and (b) and add sufficient water to make one litre. For qualitative work, no great accuracy in the above weights is necessary. This solution does not keep well; if it remains clear on being boiled in a test tube it is all right; if it becomes turbid, it is decomposed.

Fehling's Solution in two parts.—169.28 grams Cupric Sulphate is dissolved in water, 1 cc. Sulphuric Acid added, and sufficient water again to make 1 litre. This makes the Copper Solution.

350 grams Rochelle Salt are dissolved in about 700 cc. water; 100 grams Sodium Hydrate in sticks are dissolved in about 200 cc. water; the two are then mixed and water added to make 1 litre. This makes the Alkaline Tartrate Solution. Equal volumes mixed make Fehling's Solution in perfectly reliable condition.

Haines' or Low's Solution.—Cupric Sulphate, grains, 95; Sodium Hydrate (stick), drams, 6; Glycerine fluid ounces, $\frac{1}{2}$; water to make fluid ounces, 6.

Mylander's Solution.—Bismuth Sub-Nitrate, 2 parts; Rochelle Salt, 4 parts; solution of Potassium Hydrate, U. S. P., 100 parts.

J. B. S. KING.

CHICAGO.

**CENTRAL NEW YORK HOMOEOPATHIC MEDICAL
SOCIETY.**

SYRACUSE, N. Y., March 19, 1891.

The regular meeting was called to order by the president, A. B. Carr, M. D., at 10: 45 A. M.

Members present—Drs. Voak, Stow, Martin, Wells, Brewster, Seward, Dever, Emens, Carr, Clapp and Leggett.

Visitors—Drs. True, Hitchcock and Tobey.

Minutes of last meeting were read.

Dr. True moved, as amendment to the minutes, that he had put an advertisement in the papers but twice.

Minutes were approved as read.

Dr. Seward, chairman *pro tem* of Board of Censors, thought there was no action to be taken to-day, in the matter of applications, by the Censors.

Was reminded that six months had elapsed since the applications of Drs. Norman and Santee, and that it was necessary that their names be presented for ballot.

Dr. Santee's application having been received twenty-four hours late, discussion followed as to the legality of bringing his name to ballot at this meeting.

Dr. Stow made a motion that the application be considered in this special instance, as the matter of 24, 36, or even 48 hours, made no real difference to this Society.

Carried.

The President—Then the Society will proceed to ballot for the applicants, Drs. Norman and Santee.

Dr. Martin was appointed teller.

Dr. A. J. Norman was first presented for ballot, and declared unanimously elected.

Discussion again arose as to the fitness and eligibility of Dr. Santee as a member.

Dr. Stow, having forgotten that he was one of the Board of Censors, and not having informed himself in regard to this matter, asked to be allowed this motion: that matters be suspended for the present, and taken up as the first business of the afternoon session. Seconded. Carried.

Dr. Martin was then appointed to read the Organon, beginning at § 79.

Dr. Martin described a remarkable case of sycotic excrescence upon the labia, which had come under his observation, but not treatment. It was afterward removed by *écraseur*.

§ 80. Dr. Stow spoke of deeper miasmatic disturbances, and had been led to query whether they were eradicable, and if not, how far they were amenable to treatment. Cited a case from his own practice which would go to prove the eventual cure.

CASE.—While practicing in Fall River, Mass., a young man consulted me for “pin-worms crawling out of anus, with discharge of slimy, white mucus, and much itching in the rectum; he could not stand it.” He was tall, thin, blue-eyed and brown-haired, freckled, perspired easily and profusely, drank much water and tea, and was always tired. Had been subject to colic pains, with one or two yellow liquid stools on rising in the morning. Many symptoms were worse at night, in bed, but the perspiration, thirst and debility were worse in the morning. Sulphur 200 (Dunham). Cured.

Some months later a return of symptoms again brought him to me, and he received Sulphur mm. (Tafel) with no further trouble in that direction.

During March of 1886 he called again, with the following symptoms: Very weak, thin, dejected; perspiring freely on slight exertion; anorexia, craving milk and eggs when he could eat anything; bloating and tenderness of abdomen, rumbling of gas; sour eructations; sweating after meals. He was despondent, irresolute; crawling in the rectum; frequent discharge of gray, or thin yellow, offensive stool, < afternoons or evenings; dry itching eruption about scalp, < at night, or when perspiring about the head. The prepuce, glans penis, and meatus urinarious much inflamed and covered with a glairy, sticky mucus. There were two chancreoids; one on the mucous membrane of prepuce, and one on the dorsum behind the corona glandis. The parts were very sore, bleeding if rudely handled; swollen, itching, burning; increased sexual desire; nightly priapism; urine strong, red and turbid; three or four sycotic growths about the rectum, itching, easily bleeding, and smarting when scratched. Setting aside the objective symptoms, and comparing remedies, I gave Calcarea 40 m. Two prescriptions cured him so far that he was able to resume his business as commercial traveler, within three months.

Two years ago he asked for a prescription “for a red, itch-

ing eruption that cracked the skin, and caused falling of the eyebrows." One prescription of Selenium cm. stopped all that.

Saw him last summer, well, and his only symptoms were easy fatigue and easy perspiration.

The young man's mother, a patient of mine some twenty years, was in 1886 the most complete picture of Ichthyosis I ever saw. The skin of her abdomen, thighs, arms, hands, eyelids and forehead, were covered with the characteristic fish-scale eruption. Itching, burning, stiffness of the skin of eyelids, limbs and body, < at rest, and on first motion after rest, Rhus. 300 cured her. When I saw her last July, she met me with tears saying, "Dr. Stow, we would not begrudge \$1,000 for what you have done for my son and myself." Aside from anything acquired by his own imprudence, it is to me evident, that the young man and his mother were victims of the psoric, syphilitic and sycotic miasms.

A question is constantly rising in my mind, what is Psora? Are we to consider it a complicated germ resulting from all the different skin troubles as mentioned by Hahnemann, or an intermingling of blood contagion? What is this hydra-headed monster so often, and in so many guises, presented to us?

§§ 81-82.

Dr. Martin would suggest that Psora has been undergoing potentization through many generations preceding the present.

DR. DEVER: Why! Psora is a dynamic power causing the disturbances found in chronic disease. I will cite the case of a miner poisoned with syphilis who came to me for treatment; the symptoms presented called for Rhus, which was prescribed. Later, after an injury, a closer examination revealed a symptom picture of Ant. c., and it cured. It is the peculiarity of the patient that must be treated. The man might have needed Ant. c. even before he had syphilis.

Dr. Stow denied that the bacilli, microbe, etc., are the cause of disease, but considers them as always resultant from disease; and, any search for the remedy to kill or eradicate them as a cause, is but an *ignis fatuus*, and will lead, no one knows whither.

DR. DEVER: The conditions are such as invite disease.

The system is right for it and ripe for it. People have itch before the acarus appears, as pediculi come when conditions are favorable.

Dr. Martin believes that the bacillus is the result and not the cause of disease, and that the homœopathically administered remedy so changes the "conditions" that the bacillus no longer finds a home in the organism.

DR. CARR: We can better substantiate Homœopathy through teaching it to the people, and proving its truth to them by our practice.

DR. BREWSTER: As homœopaths we try to work in harmony with nature, and to protect the organism, while in old school practice, they try to eradicate as a cause that which is simply a result, through a theory based upon an hypothesis.

Dr. Voak is in sympathy with the last speaker in the manner of cure of disease. Medicine does not cure disease, but renews the vigor of the vital force. He often describes it to his patients in this way: "A horse, pulling a heavy load, comes to a standstill at the foot of a hill. The driver applies the whip, and, with renewed exertion, the horse passes the obstacle. It was not the lash that drew the load, but the lash was an incentive to the flagging energies of the horse."

DR. WELLS: The fault in old practice is that in the continual search for a cause, and not finding one, they create one hypothetically. Now we must take disease as we find it, objectively and subjectively, according to its expression. Disease is a disturbance of the vital force, and bacilli are but the products, and under the well selected remedy the disease and its products disappear. A microbe can not be found in a healthy body.

Dr. Martin showed that the microbe always died in a healthy blood.

DR. WELLS: We had the seeds of chronic disease sown in our family through the suppression of skin disease by ointments. I have carefully studied the direct effects of suppressions in the direction of Hahnemann's own observation, and believe it to be the only intelligible solution we can give of its progress.

DR. DEVER: I have yet to find Hahnemann wrong in his statements and observations; at times, when I have thought him at fault, study and observation have proved it to be myself that was at fault, not Hahnemann.

DR. BREWSTER: Speaking of transmission of the dynamized sick force, does that suggest a reason for the dynamization of drugs as practiced by homœopaths?

DR. CARR: I think that there is the strong similarity, and that it is the main reason for using a dynamized rather than a crude force.

Dr. Stow wonders if drugs undergo the same dynamization in the system as disease.

DR. BREWSTER: Can such conditions ever be met by crude drugs?

ALL: That has been settled, long ago.

DR. STOW: Will the potentized remedy produce in the healthy organism a chronic miasm like unto that produced by suppression of a disease manifestation?

Dr. Clapp supposed no symptoms would be produced upon a healthy organism by a potentized drug.

DR. DEVER: A wrong remedy will so confuse a case, that one may not be able to prescribe at all.

DR. VOAK: Dr. Lippe once said, "the perfect similar would produce an \angle , but would have but little effect if not on the same line of action as the similar."

Dr. Stow thinks that both the profession and laity misunderstand the facts of contagion. A perfectly healthful human is not subject to contagion. Contagion is a firing up of some latent force already in the system. In the provings the remedy finds an affinity to its own peculiar conditions, latent in the subject. We find ourselves in this world in the midst of sins (broken laws) of which allopathic practice may be considered as one of the greatest.

DR. BREWSTER: Why are the symptoms of a potentized drug more similar to chronic conditions than those produced by the crude or toxic doses of the same drug? The treatment of these long standing cases needs great patience, that the conditions be allowed to slowly work themselves out without interference. Is it not about time to adjourn?

THE PRESIDENT: Yes. Taking up the organon again at our next meeting at § 82. A motion to that effect is now in order.

DR. DEVER: Moved to adjourn to 1:30 P. M., which Dr. Stow amended to 2 P. M.

Meeting called to order by the president, at 2 P. M.

The first business to be considered was the election of Dr. Santee.

Dr. Stow, as censor, called for ballot.

The President presented Dr. Santee's name for ballot.

But one affirmative returned.

Declared not elected.

Essayists for this meeting, Drs. Nash, Schmitt and Voak.

The only essayist present, Dr. Voak, apologized for not having finished, and presented his talk upon Apoplexia in form of a written essay, saying that if he had taken the necessary time to do so, he would have had to deny himself the pleasure of coming to the meeting at all, so he had elected to come and say what he could.

DR. VOAK: My talk upon Apoplexia will be not so much in the nature and progress of the disease, which you will find discussed in the books, but upon its results in my hands under homœopathic treatment. I can not say that its treatment depends upon its cause, or upon whether it is situated in one hemisphere of the brain or the other, or that it is with or without aphasia. It makes little difference if it is the result of a clot or an aneurism. The conditions are present and must be met. The greater number of cases met are conditions of engorgement of the brain, and, to relieve this engorgement, I find Belladonna during the first twenty-four hours succeeds admirably. After this stage, I have to meet the results of disease, the bruised and torn blood vessels, caused through extravasation and pressure. In the majority of instances these are met and covered by Arnica. I find I differ from most physicians in this course of treatment. At times other remedies—as Op., Bry., etc.—are clearly indicated, when of course they are administered, but most frequently I find Arnica the remedy needed for the next seven days or more; and in a practice of twenty-five years have lost but two cases. I have found cases in which the anæmia of brain caused by alcoholism was < by Belladonna, but was perfectly relieved by Bryonia.

Dr. Clapp would like to know how Dr. Voak thought alcoholism produced Apoplexia?

Dr. Voak replied, "that in this case the brain was cooked."

Dr. Wells had used both Belladonna and Arnica, the former under congested conditions in the brain. He had had fewer cases of Apoplexia to treat, perhaps, than Concussions. With

latter remedy he had treated a goodly number effectually. Arnica comes in well there, when there is necessity for absorption of the extravasated blood, and could see that it must act equally well under same conditions in cases of Apoplexia.

Dr. Voak had never seen the theory stated in books, but had administered Arnica on that principle.

DR. DEVER: In Apoplexia there is certainly sufficient hammering of the arteries to produce traumatism, therefore Arnica ought to be a good remedy.

Dr. Wells had never lost a case of concussion of the brain through the use of Arnica. He prescribes it invariably in cases of a fall with symptoms of concussion, especially in children. Reported an interesting case of a fall.

DR. CLAPP: I wish to present a case not strictly in point, and would like your assistance in diagnosis. Five weeks ago, a man came to me who was not in the habit of using intoxicants. The peculiar facial contortions and expression, the shuffling gait, dragging of the limbs, etc.; he appeared as if he had been drinking. He wanted cure for a violent pain in the right shoulder. When the terrible pains were on he was horribly restless, and had quite worn out a heavy leather chair with the contortions and twisting about of his body. His restlessness and tearing about is worse at night, and his suffering terrible. I gave Cicuta. At times he is very comfortable, at others ready to tear himself in pieces with the pain.

Dr. Seward has had many cases of Apoplexia, and has cured some cases. Has a case now of two years standing, in which the woman can walk, but can not use the arm. Has not used Arnica.

Dr. Voak thinks it would now be too late.

DR. SEWARD: During the sickness of the late Dr. Miller, in the first stroke, which occurred two years before his death, he was helped with Belladonna. At the recurrent stroke, Belladonna did not help him.

Dr. Voak had had but one case in which the symptoms recurred. Jahr mentions the fifth and eighth days, as days upon which it is likely that < will occur. Dr. Voak watches for those periods.

Dr. Dever thinks we should learn something from the

Organon. We are too likely to say we give Belladonna in Apoplexia, or we give Arnica in Apoplexia, when Hahnemann taught us especially to say "a kind of apoplexia, etc." If it is a Belladonna apoplexia, Belladonna will do the work, perform the cure; if it is a Sulphur apoplexia, Sulphur will perform the cure. It is but too easy to get into routine and eclecticism; giving one remedy for every case with the symptoms of the same disease, is just that.

DR. VOAK: That is quite right. It is very easy to fall into a manner of expression, and also into routine treatment; but I think I stated clearly that there were attacks where other remedies were clearly indicated, and I gave them; but must say that the majority of cases coming under my treatment have needed Belladonna and Arnica.

DR. WELLS: I may have been open to the same criticism in my remarks, but, really, the truth is that apoplexies very closely resemble one another.

Dr. Clapp spoke upon the subject of echymoses, both external and internal, and the homœopathicity of Arnica to these conditions.

Dr. Martin cited three interesting cases, and spoke of his mother, a large woman, who had frequent congestive attacks treated effectually by himself.

Dr. Voak cited Dr. Hammond's observations in a fixed number of cases, by which it was proven that aphasia resulted from effusion into the right, as well as into the left hemisphere; proving also that the development of the organ of speech was not always confined to the left ascending convolution, although true of the majority of cases.

Dr. Stow had a case in which the effects seemed to be from traumatism. The patient had received a carelessly thrown sponge in the eye. Within the following twenty-four hours had developed dimness of vision, etc. Examination showed extravasation of blood into the retina. Arnica was administered with apparently excellent effect. A few months later the patient came with symptoms of pressure and lancinating pain in eyeball. These pains continuing, with restlessness and anxiety, Aconite was administered with relief, but not cure. The blindness, the < from a jar, etc., continued. Belladonna did not relieve. Later, the right hand and arm became paralyzed. Aphasia, loss of motion, sensa-

tion, and even the power of deglutition, yet still he was perfectly conscious. The only solution of the problem seemed to him surgical, to relieve the pressure upon the brain. The wife objected; called counsel. Counsel agreed with him, but thought it would be better done later. Case finally passed into allopathic hands, and slowly grew better; but the pressure and aphasia continued, and is told the patient is becoming vindictive.

A second case was a neighbor, in easy circumstances, who had been thrown from a load of hay, striking his head upon a box. He seemingly recovered under treatment, but a month later developed epileptiform spasms. These were relieved by Hyoscyamus. He had two attacks. In February he sent saying that he had symptoms of an approaching spasm. It came with pronounced spasmodic action of left side. This time it did not yield to Hyoscyamus, but he grew rapidly worse until he died. While dying there came on hemorrhage from the nose; dark, grumous blood, which really was broken-down blood corpuscles, proving it to have been a clear case of extravasation, followed by abscess and final death.

Another case was seized upon the witness stand with loss of consciousness, sensation, motion, retarded action of the heart, suffusion of the face, and stertorous breathing. I knew nothing of the history of the case, and could only prescribe upon the objective symptoms, which I did, and gave Belladonna, which proved curative. The differentiation of Apoplexia and Epilepsy is often confounded. In Apoplexia we find loss of consciousness, motion, retarded heart action, respiration, etc., while in Epilepsy we always find clonic and tonic spasms. There is always soreness of the brain substance after Apoplexia. We often have to prescribe upon objective symptoms when we have no history of the case, and find Aconite, Belladonna, Arnica frequently indicated.

DR. DEVER: We must often do as Dr. Stow says, take that remedy which presents to us the greater number of objective symptoms; but don't say you give Belladonna so long and Arnica so long, for Apoplexia. That savors too much of routine.

DR. VOAK: I see you don't intend to spare me.

This was followed by a discussion of lesion, in which there

was mention of prescribing upon (supposed) pathological conditions.

DR. CARR: I have been greatly impressed with Dr. Voak's success in the treatment of Apoplexia, but don't like him to say he would first give Belladonna and then follow with Arnica. Again, we must not give remedies on pathological conditions. We simply suppose they exist, but we do not know that until the subject is dead and we see the lesion. The symptoms present are what we are to prescribe upon.

DR. STOW: I used the word carelessly, and beg pardon of the President and Society.

Dr. Carr then cited a case in which a man, helping another to carry a heavy basket, fell to the right with paralysis of right half of body, tongue drawn to the right, accompanied by the usual apoplectic phenomena. Gave one dose of Phosphorus upon the symptom of falling to the right, and he never needed another dose. He was cured.

DR. WELLS: We often have to form an opinion upon such objective symptoms as we can gather at the bedside. My experience with Arnica has been good, but I did not intend to say I prescribed it on pathological conditions.

Dr. Dever only objects to rules being laid down to do so and so in certain diseased conditions.

DR. VOAK: Did I not say I gave Belladonna, and Arnica, if I did not find other indications?

The discussion of Dr. Voak's address now closed.

Dr. Wells, who had introduced and discussed the desirability of Richfield Springs as a meeting-place for the I. H. A. during the September meeting of the C. N. Y., now offers a report of his correspondence with the executive committee of that body.

DR. WELLS: I wrote to each of the officers of the I. H. A., presenting the subject in its most favorable light. In return, the President of that society, C. W. Butler, M. D., inclosed a circular to every member of that association, and had received a cordial endorsement of Richfield Springs, N. Y., as the place of meeting the coming June, 1891. The proprietor has assured me that every thing possible shall be done for the interest and comfort of his guests, and I would ask for the influence and attendance of all the members of the Central New York Homœopathic Medical Society, as it is easily

accessible from all points by rail. I would also make the motion that this society adjourn to the Spring House, Richfield Springs, subject to the call of the President upon one of the days of June 24, 25, 26, 27, after the convocation of the I. H. A. upon the 24th. Carried.

Dr. Wells would suggest that the Secretary, in the call issued to this society, should urge upon its members the interest and necessity of their attendance during the coming meeting of the I. H. A. in June.

DR. STOW: In view of the fact that a school for homœopaths has been recently organized in Philadelphia, I would make a motion that there be a committee of two appointed to draft resolutions commendatory of the Philadelphia physicians, for their excellent work in establishing such a school. Carried.

The President appointed Drs. Seward and Hawley as such committee.

Dr. Carr states that Drs. Biegler and Grant require further time for consideration of the paper of Dr. Wells now in their possession. Granted.

Dr. Stow then moved that Dr. True be allowed to explain his position relating to the facts that led to his expulsion at the last meeting.

Dr. Clapp seconded. Carried.

DR. TRUE: Two years ago there came to this city two specialists, professed homœopaths, who were anxious to establish a practice here. Calling upon me one evening, they asked what I thought of advertising. I replied, "If I wanted to and could, I should." Nothing more was said. The next morning's edition of the *Syracuse Standard* contained an advertisement of these physicians as homœopathic specialists, with my name and three others in the list of references. I really thought little about it for a while; not more than that as they were new to the place it was but a temporary announcement. The thing ran on until I began to get uneasy. It began to savor of advertising. I called upon the others of the list, and suggested the same to them. They agreed with me; still nothing was done. The matter ran on for more than a year. I began to find that I was losing patients. Some ten or twelve of my old patients, seeing my name as reference, and fancying they needed local treatment, had gone to these doctors, and upon some pretext or other

were kept under treatment. Still nothing done by my *confrères*. One morning I wrote a note, requesting that my name be removed from the list of references. The next morning it was gone, and in the place of it another name. Still the advertising went on. Finally, to test the matter, I thought I would advertise, putting two insets in each paper. I did so. At the *Courier* office they urged me to continue for the month, as it would be but \$5. I said "No; I only want the two insertions." They still urged. I said, "You put it in twice. If I want it longer I will telephone." I telephoned them not to insert. At the end of the month a bill of \$4 was presented. They had issued for a month without consulting me. What could I do but put my hand in my pocket and pay it? This occurred in October of 1890. No notice was taken of the matter so far as I knew, until upon the sixth of January, 1891, at the County Society, a letter was sent to that society by the secretary of the C. N. Y., referring to the action of the C. N. Y. in a late case of advertising, and begging the president of the County Society to remind such of the members as had been transgressors of the Code (*Sec. 3, Article 1, Part 2d*) of their duties to the profession. It burst upon me like a bomb. I had no thought of other than the local effect of my act. I had not received notice of the act of the C. N. Y. in regard to the matter. The notice reached my hand the next day. I had not known of the agitation of the subject, or that it was to come up at the meeting of the Central Society, or I should have been there, patients or no patients. I thought that they had acted hastily, and that they should have appointed a committee to see what I had to say for myself in the matter.

DR. LEGGETT: Will you tell the Society why, after giving an account of the matter, and of the motive as a test case the other day, you said to me, "and I thought the best thing I could do was to keep away from the Central Society?"

DR. TRUE: I certainly did not intend to say such a thing, or leave such an impression on your mind.

DR. STOW: As there seems to be some reason to think that this Society did act rather hastily in this matter, I would move that the Central New York Homœopathic Medical Society reconsider its action at the meeting in Rochester, December 19th, in relation to Dr. True.

PRESIDENT: Dr. Stow, were you present and a voter at the last meeting of this Society?

DR. STOW: I was not.

PRESIDENT: Then you can not move to reconsider. The only thing possible for you to do, would be to move an investigation.

DR. STOW: Then I move that a committee be appointed for investigation of Dr. True's conduct, and that it report at the meeting in September next.

DR. VOAK: Seconded. Carried.

The President appointed Drs. Stow and Voak as such investigating committee.

DR. LEGGETT: The Secretary finds the Society is indebted to Dr. True, 45 cts. Is she empowered to pay the debt?

DR. TRUE: After some explanations of his relations to the Society, financially, forgives the debt.

Dr. Leggett would like to remind the Society that the choice of the place of meeting to-day, was made because it was highly improbable that the Society will ever be called to this room again as Dr. Hawley's office; as upon the first of May, the Doctor removes his office to his residence, and gives up the lease of this one.

Dr. Stow moves that the thanks of the Society be extended to Dr. Hawley for his hospitality, also, that the sympathies of this Society, because of his illness, and its good wishes for his speedy recovery, be added.

Carried. Adjourned.

Addendum.—By letter from the President. The reappointment of Drs. Nash and Schmitt, and the appointment of Dr. Seward, as essayists for the next meeting.

S. L. GUILD—LEGGETT, Sec'y.

ALLEGHENY COUNTY HOMŒOPATHIC MEDICAL
SOCIETY.

PITTSBURGH, Pa., March 13, '91.

President, Chas. H. Hofmann, M. D., in chair.

In absence of Dr. C. A. Wilson, Dr. Z. T. Miller acted as secretary.

After regular business transacted, the evening's discussions were called. Dr. T. B. McClelland, who was to open the discussion on obstetrics, being absent, *Materia Medica* was called. Dr. Z. T. Miller presented the following paper:

THE NASTY REMEDIES.

On account of certain strictures recently pronounced before this Society against the nosode remedies, I have taken this opportunity to examine, with a view to ascertaining whether we could get along without them.

The remedy selected for this examination is the much-abused *Psorinum*. I shall not tax your time by taking up the indications for *Psorinum* entire, but rather a few of the most marked or characteristic—the symptoms upon which it is usually prescribed. The first:

“Despairs of recovery; thinks he will die; hopeless, especially after typhus; better from nose bleed.”

Now, who has not met this mental state a number of times, and what remedy could take the place of *Psorinum*?

Does the “anxious fear of the future and of death” caused by *Aconite*, or the “dread of death when alone, anxiety and fear of permanent loss of health” of *Arsenic* cover this ground? Not at all; for we have the additional symptom of *Psorinum* that all are made “better by nose bleed.”

Rhus tox. comes nearest covering the ground, for it has the anxiety and fear of death, with some relief from nose bleed in typhus; but with it there is satiety of life.

Another indication for *Psorinum* not found under either *Acon.*, *Ars.* or *Rhus* is the profuse sweating from even the slightest motion.

There are other mental symptoms not paralleled by any other drug.

Among the symptoms of the head, we find:

“Like hammers striking the head from within outward.”

Nat. mur. is similar as to the hammering, but that is all. *Psorinum* is always “hungry during headache,” and this is found under no other remedy.

“The hair is dry, lustreless, tangles easily” under Psorinum.

Borax has something like this, but only the tips of the hair become tangled; these tangles re-form if cut off. The Psor. hair might be likened to a rat's nest made of hair.

The head is cold, “wants to be covered with a fur cap in summer.”

The eye symptoms of Psor. are pronounced and of a psoric character. The blepharitis and photophobia, where the child lies with its head buried in a pillow, has been seen by all of you, and if Psorinum cures a single case, it commands your commendation, not condemnation.

The ear symptoms, principally eczematous, find in Psor. a curative remedy when others fail. The same may be said of the nasal symptoms, when an eczema of the cheeks has been suppressed and the Schneiderian membrane takes on the trouble. The sensitiveness to inhaled air is found under other remedies, notably *Cistus* and *Actea*, but the other symptoms call for Psorinum.

The eczematous symptoms of the face have been verified many times over.

The hepatic symptoms are not unlike *Mag. mur.*, and might follow that remedy well.

The eructations tasting like rotten eggs is also found under *Arnica* and *Tart. em.*, but there the similarity ends.

The stool symptoms are found only under and are cured by Psorinum. Fluid, fetid smell like rotten eggs or carrion, worse at night.

The griping and desire for stool while riding, with soreness in the rectum and anus while riding, is characteristic.

The leucorrhœa, large lumps unbearable in odor, with violent pains in sacrum and right loin, makes you think of *Mercury* as regards the lumps; but a comparison shows that the *Merc.* discharge is smarting, corroding, causing itching, and always worse at night. The unbearable odor and lack of excoriation decide.

During pregnancy the foetus moves violently; the abdomen is tympanitic. There is nausea and vomiting. For the vomiting of pregnancy, when the best indicated remedies fail, think of Psorinum.

Under *Thuja* we find the child moving so violently that it

wakens her, and causes cutting pains in the bladder, with urging to urinate, with pain in the left sacro-iliac articulation, running to the groin.

Sepia feels the motion of the child too sensibly, but it is on account of soreness of the abdominal walls.

How many remedies have dyspnoea better when lying down, worse the nearer the arms are brought to the body? Nearly all our asthmatic remedies are < by lying down.

A chronic blennorrhœa threatening phthisis, or, more properly expressed, an eczema of the pulmonary mucous surface, calls for *Psorinum*. What other remedy can take the place?

Chronic gonitis is also a condition calling for *Psorinum*. I can cite three cases, every one of which confessed to an eczema earlier in life.

Coming to the nervous system, we find: "Weakness, especially *without* structural disease changes."

It occurs to me that what we call hysteria may be nothing more or less than an eczema of the nervous system. We have learned that suppressed psora may give rise to asthma, phthisis, gonitis, meningitis, chronic diarrhœa, chorea of heart, fainting with fear. Why may it not be the cause of hysteria? Certainly in the above symptom we have a drug to cover at least the unaccountable weakness of that complaint. How many people are insane because of an eczema capitis suppressed in babyhood?

If it had but this one symptom, and cured it, you might well take off your hat to it, viz.: "Sick babies will not sleep day or night, but worry, fret and cry." If you cure babies so afflicted, your nest is feathered.

This barometric symptom is found nowhere else. Viz.: "Feels a restlessness in his blood days before and during a thunder storm." Phosphorus has anxious restlessness *during* a thunder storm only.

How often do old chronic rheumatics tell you they can always tell when a storm is coming?

Psorinum has a cough that returns every winter, and such people generally have blenorrhœa. I know of such a case.

Nocturnal enuresis is another condition due to the psoric taint. I have been trying to cure a case with *Pulsatilla*, Sulphur, etc. I shall give *Psorinum*, for the father showed me an eczema in the bend of his knee. The body has a filthy

smell, even after a bath. The body itches intolerably < warmth, scratches until bleeds. Crusty eruptions all over. These symptoms must have Psorinum to cure them, and we can not neglect its use because of its origin. The 42 m. potency, or the two hundredth for that matter, is raised above the plane of nastiness. Of course the man who uses the first three potencies of drugs and does not scruple to mix a few crudes in one bottle, can hardly be expected to deal largely in Psorinum, or even Ambra, Cantharis, Mephites, etc., but the man who has caught the spirit of Homœopathy and recognizes the possibilities of potentization can and does use whatever agent is capable of making the well sick, come from whatever source it may.

DISCUSSION.

Dr. W. J. Martin endorsed the paper and reported several verifications of the symptoms of the remedy, notably "wears a fur cap in the summertime." The patient came into his office in the summer wearing a fur hat. The ophthalmic symptoms he had also verified.

A case of fever in the hospital, where the pulse was 180 and weak, with a foul odor from body, even after bath. At 8 P. M. received Psor. 200, and in two hours after the first dose the pulse reduced to 99. Patient got four doses.

Dr. Edmundson approved the paper and declared that he could not get along without it in diseases of children.

A case of rheumatism of eight weeks' standing, with fever and intolerable itching of skin, was cured by one dose. Eight years before had an eczematous rash on body. Has not been so well for six years; is without a rheumatic pain.

Dr. Pitcairn had a repugnance to the remedy, and would not use it under any circumstance; would as soon give the syphilitic virus.

Dr. Millie J. Chapman commended the paper and did not see how some children could be treated without it. Children with impure blood, offensive discharges, fetid body, and where baths and disinfectants fail, a dose, once in 24 hours, generally was sufficient. The right remedy in a high potency is followed by immediate relief and cure that does not follow the lower, it must be *the* remedy. I have seen such marked relief follow the use of Psorinum that I should feel I neglected my patient if I did not use it.

Have seen eczema facialis disappear, to be followed later by Laryngismus stridulus, convulsions and death. Could this be due to the disappearance of the eruption? Would advise brother Pitcairn to use it.

Doctor Hofmann had not used it often. He recognized one grand requisite of a remedy, and that was its ability to cure.

Had observed clinically that Sanguinaria had hunger especially at the beginning of the headache.

A girl who had gone the rounds of doctors and hospitals came to Ward's Island with facial neuralgia. She had been relieved by hypodermics of morphia. Doctor Lilienthal recommended Syphilinum, 42 m., which was given for two months, after which time she was perfectly well. Whether due to the Syphilinum or leaving off the morphine could not say. Thought the medicine was repeated too often, otherwise the cure might have been more speedy.

Doctor Martin reported a number of cases of grippe with high fever, red face, etc., cured by Belladonna. Eupatorium perf. where there was a great deal of backache and little sweat. Bryonia wants to cover up warm, chills as soon as moves. Eupatorium does not sweat, but vomits. Bryonia wants much water. Children usually got Gelsemium. Mercury, profuse sweat without relief.

Also reported case where there was great thirst, profuse urine, had to get up at night, weakness. S. q. 1028. Cured by Sizygium, 1x.

Another case of complete hepatization of left lung, no fever, soapsudsy expectoration, cured in two weeks by Kali. iod., 1x. After beginning to take the remedy observed a rise of temperature. Probably had had pneumonia.

Another case, vesicles on inner surface of thigh, burning and pricking, < when quiet, > motion. Rhus cured.

Was it shingles? No difference. Diagnosis does not amount to two rows of pins in selecting the remedy.

Dr. Hofmann reported cases of grippe. Pain up back into head; thinks will go insane. Eyes congested. Gels. relieved. Intense backache; aching all over. Eupat. cured.

Chronic pharyngitis with thickening of mucous membrane from repeated inflammation, with glairy mucus. Kali. hydriodicum.

Fauces subtended by a bubble. Populus.

Dr. Edmundson reported a number of cases of grippe with loss of hearing, for which Dr. Hofmann suggested Phytolacca.

Dr. Edmundson—Case of diphtheria, began with convulsions. Offensive breath, left tonsil covered with dark membrane. Throat dark bluish. Lach. 30 every two hours. At 2 p. m. temperature down from 104 to 99.5. Continued Lach. for four hours. Noticed spot on right tonsil about size of split pea. Less blueness of throat, and membrane now becoming white. Next morning could see traces of normal tissue through the membrane. Right tonsil clear. Evening temperature 100.5. Right tonsil completely covered with membrane. Now gave Lach. every two hours. Next morning temperature had fallen, appetite better, no pain. Lach. continued. Fetor disappeared. Membrane now changed to golden yellow. Gave Mer.j.r. 3x every three hours, which concluded the cure.

Dr. Pitcairn reported cases of La Grippe which were cured by Bryonia. One case of measles, woman in fourth month of pregnancy, felt motion during eruption, recovered. Also case of orchitis, left testicle highly inflamed, compelling patient to go to bed. Prescribed remedies indicated. Gonorrhœal discharge reappeared, orchitis went to right testicle, intense itching. Gave Sulphur, Urtica, Arsenicum without relief. Finally gave injection, Zinc. Sulph. gr. iii. to oz., followed by relief from discharge during the first day.

On motion it was ordered that paper and discussions be sent to the MEDICAL ADVANCE for publication.

Appointments were made for next regular meeting, and the society adjourned.

A REMARKABLE CASE.

On January 2d I was called to see a young man, age 24, who about four months since was taken with a severe rigor, followed by more or less fever of a remittant character for three or four weeks. One physician diagnosed typhoid fever. The acute symptoms passed off and he seemed to improve for awhile. One day while doing some light work he felt some-

thing tear or give way in the region of the liver. Almost from the first there was pain, sometimes quite severe, which was followed by swelling that gradually increased up to the time I saw him.

At that time there was quite a large tumor on the right side extending down to the crest of the ilium and a little in front of the median line and well up against the lung. Pulse, 130; temperature, 101; respiration, 30.

January 3d, in consultation with Dr. States, we explored the tumor and forced out about one-half pint of pus.

January 5th we introduced a trocar near the base of the tumor a short distance from the crest of the ilium, and drew off 16 pints (2 gallons) of a yellowish green pus, in one hour and thirty minutes. He felt very faint for awhile after the operation, but he also felt much relieved.

January 7th his pulse and temperature normal, and he had a ravenous appetite. The most remarkable feature of the case is that on the 13th day after the operation he was out fox hunting. He is still improving. Diagnosis—encisted abscess of the liver? What do you think about it?

C. T. RILEY.

NEW MATAMORAS, O.

GRAPHITES:—An Interesting Case.

Miss M. had for years a crack in the skin at the edge of the thumb nail. It was a troublesome little sore, not larger than a line in diameter, and could not be induced to heal. I was requested to examine it and make a prescription. Mentioning Graphites as perhaps the appropriate remedy, the young lady's father laughed outright and said that the patient was continually holding the sharpened end of a lead pencil in her mouth.

I do not know whether it was really a proving of Graphites, but the symptom, "worse from cold water," induced me to give a single dose of Sulphur, very high, which cured the thumb in short order. This case occurred in Chicago. The witnesses of it are people of the first order of intelligence. They believe and gladly declare that the high potency really cured the thumb, and the probability is they are *right!*

CHICAGO.

HOWARD CRUTCHER.

PROCEEDINGS OF THE ORGANON AND MATERIA
MEDICA SOCIETY OF PHILADELPHIA.

At a regular meeting of the Organon and Materia Medica Society of Philadelphia, held on Tuesday evening, April 7, 1891, at the residence of Dr. J. T. Kent, 1605 Walnut street, the following members were present: Dr. F. Powel, president; Drs. A. G. Allan, D. W. Clausen, J. T. Kent, W. A. D. Pierce, W. R. Powel, C. A. Reger, Jean McKay, Jennie Medley, A. S. Ironside, F. Gladwin, M. N. Johnson and Linnæus Smith; also the following visitors: Drs. Alexander, Wm. Baldwin and Van Atta.

The appointed essayist on the Organon being absent, it was moved, seconded and carried, that the order of business be suspended for the present. This was followed by a motion that Dr. Kent's paper on clinical medicine be next read. The motion was carried, and Dr. Kent read his very instructive paper, illustrating the cure of a patient who had been given up by the "old school."

Dr. Pierce said that Dr. Kent's case was all very well for Homœopathy; but he thought that some of us would have been tempted to give more medicine.

Dr. Kent replied that it showed how important it is to *wait* after a slight improvement, to stick to the remedy.

Dr. F. Powel remarked that it requires years of practice and nerve, to wait on a remedy as Dr. Kent had waited on his; a good lesson, indeed, was that taught by Dr. Kent's paper, to wait on the remedy.

Dr. Clausen proposed that Dr. Kent's paper be sent to the **MEDICAL ADVANCE** for publication. The motion was carried.

Dr. C. Albert Reger read a good paper on *Materia Medica*—Picric acid. (See page 356.) No comments.

Dr. A. G. Allan, the appointed essayist on the Organon, having by this time arrived, read § 44; he read also § 45, as he said that this section explains § 44.

Dr. Kent, in commenting upon these paragraphs, said, that wherever Hahnemann had laid down rules for practice, he was infallible; but that when he attempted to explain or theorize, he was like the rest of us. In Hahnemann's note to this section, for example, regarding the extinction of a feeble light by the greater light of the sun, it is not true that

the solar rays wipe out or obliterate a feeble light, as one disease wipes out a similar one. The weaker light is not wiped out at all; it is *still there*, notwithstanding the overpowering brilliancy of the rays emanating from that celestial orb.

Dr. Kent proceeded to say that in the matter of cure, if the remedy is only similar, that is all; for a weak miasm may cure a violent one, if it is only similar. No matter how much it gains in strength, it is of no avail if it departs from the similar. Syphilitic disease may be similar to a mild miasm; the disappearance of the mild miasm is due to similarity, and not to the strength of the syphilitic miasm. Sulphur antidotes Aconite. If it were a less powerful agent, and still similar, it would still antidote the Aconite. Aconite (high) will actually stop the action of Sulphur given in chronic cases. Give Aconite comparatively low (30, or 200), therefore, if indicated, to break up a cold, while the patient is under Sulphur, for a chronic disease. Aconite is a weaker miasm than Sulphur, yet it will antidote the latter.

Dr. A. G. Allan thinks Aconite not "a weaker miasm than Sulphur," but **MORE VIOLENT**, only shorter in its duration of action; it will kill more quickly than Sulphur. Sulphur is more slow, insidious. He thought that Hahnemann ought to be defended in his comparison.

Dr. KENT: If Sulphur is weaker, it nevertheless antidotes Aconite.

Dr. ALLAN: If a force has pervaded the system, and you administer a similar, it causes a reaction, increasing the violence of symptoms of the previously existing trouble. The reaction then is followed by annihilation.

Dr. KENT: If you get the idea of the remedy being similar, it is about all that you can get out of it.

Dr. Allan further remarked that he did not believe that any one could tell anything about the relative power of remedies; but he meant that Aconite appeared to act more violently and quickly than Sulphur.

Dr. Pierce said he did not like to hear of "deep-acting" remedies, "Typhoid remedies," and the like; for any remedy may be the similar under certain conditions.

Dr. KENT: How about Belladonna? That is not a typhoid remedy. Experience has taught that the genius of

certain diseases does not correspond to the genius of certain remedies.

DR. PIERCE: As a matter of fact, it goes only so far as experience goes. You may come across a case of typhoid in a malarious district and have to give an intermittent remedy. The experiences of physicians may be widely different in different localities.

DR. KENT: The genius of typhoid is the same in Philadelphia that it is in Calcutta; so with Aconite—it is an unchanging entity. The symptoms may change under certain conditions, but the *genius* ever remains the same. Provers will produce the same symptoms—the same *essentials*—of a remedy in different places, although they may get symptoms peculiar to the locality; but the *striking characteristics*, or *genius*, will be the *same*. This is the way to understand a remedy. Different symptoms may come up in different people in the same disease, as well as in different places and under different circumstances; but the *genius* is common.

The Secretary read a letter from Dr. Wm. L. Morgan, of Baltimore, expressing his regret at not being able to attend the present meeting.

The Secretary bagged to inform, or rather remind, the members, that he had a roll-book; and suggested that no member should be considered *present*, who was not present at the reading of the Organon, which he considered the most important item in the order of business. This suggestion was made with a view to the welfare of the Society, as well as to command a due share of respect for that clause in the meeting notices, which particularly states that the meeting is called to order at 8:30 P. M. The Secretary was not encouraged in his suggestion, however, and so the matter was dropped.

The following members were appointed essayists for the next regular meeting:

M. N. Johnson, Organon; D. W. Clausen, Materia Medica; Jennie Medley, Clinical Medicine.

Adjournment until further notice.

DANIEL W. CLAUSEN,
Secretary.

PICRIC ACID.*

The study of this drug shows us that it exerts a profound influence upon the vital powers; its action on the brain is very pronounced and of a very depressing nature. We find it produces a state of indifference, a disinclination for any mental or physical work, a weariness, which, although slight at first, soon progresses to paralysis. There is a desire to rest.

It produces great muscular weakness, especially of back and legs.

The pathological observations show it to be a remedy par excellence for diseases of the brain and spinal cord.

Picric acid is very useful for the headache of brain workers; it is a dull, pressing, heavy, aching pain, < mental exertion, > quiet and in open air. Heaviness extending down the spine. Any attempt to study or to use the mind brings on these symptoms anew and also produces great weakness of the legs and back. The characteristic symptoms are the heavy, tired feelings; the patient is always tired.

Phosphorus is most similar in these head symptoms. But the Phosphorus patient is more irritable, he is very excitable, oversensitive; the least unpleasant impression prostrates him.

Phosph. acid also is similar, but it suits when the heaviness is more pronounced; any study or exertion causes heaviness and even numbness.

Arg. nit. Arsenic, Sulphur are also to be compared.

From its action on the spinal cord we may expect a variety of nervous symptoms, nor are we disappointed in this respect, as experience has proved that Picric acid is of great use in locomotor ataxia, meningitis, neurasthenia and myelitis.

It produces, characteristically, heaviness; heavy pains extending down neck and spine, heavy dull pains, aching in lumbar region and legs, < motion. Great weakness of back and legs. Prostration on least exertion. (Phosp.) Sexual desire increased. Violent erections.

Most similar to Picric acid in spinal affections are Oxalic acid, Sulphur, Silicea.

Oxalic Acid is to be compared especially in softening of the brain. Here the heaviness of Picric acid differentiates.

Oxalic acid, more numbness; Picric acid, more heaviness.

Oxalic acid, legs blue and cold; Picric acid, only *cold*.

*Organon and Mat. Med. Society of Philadelphia.

Oxalic acid has characteristically pains in small spots, < thinking of them.

Silicea is distinguished by its peculiar constipation, and the numbness of fingers and back.

Sulphur is distinguished by the *intense spinal congestion it produces*, and by the retention of urine.

EYES.—Many eye symptoms are produced by Pic. acid, but in all we find the heavy sensation so characteristic of the remedy.

Heaviness of the eyes; heaviness in evening, with burning in eyes; heaviness and inability to keep them open.

Conjunctivitis < r. eye; > washing with cold water and by cold air; < warm room, with difficulty in keeping eyes open, and sticky feeling on reading.

For the conjunctivitis, compare first *Apis*, Arg. nit. Aurum, Sepia. *Nit. Acid.*

For the heavy feeling, compare HELL. Hipp., Lachn., Plb. Sulph.

EARS: Crawling as from worms.

Small boils in ear.

Puffiness of ears.

NOSE: Epistaxis, with heat; congestion of the head; full of mucus; can breathe only with mouth open; > open air. Compare Bell., Puls.

THROAT: Redness; raw, scraped sensation, > eating. Sore on empty swallowing, < after sleep. Compare Lach.

STOMACH: Weight; wants to belch, but does not seem to have power to do so, evidently from the muscular weakness. Thin, yellow, oily diarrhœa; straining, burning, smarting at the anus, with prostration. Urging to stool unsuccessful. Nux is quite similar, but lacks the prostration and burning, also the yellow diarrhœa. Sulphuric acid is somewhat similar, but has a trembling sensation over the body, without visible trembling; also great irritability.

URINE: Abnormally high sp. gravity, 1030. Contains sugar.

SKIN: Yellow. Papules on face, becoming small furuncles. Chilly, can not get warm, followed by clammy sweat. Chilliness predominates.

C. ALBERT REGER.

ANAGALLIS ARVENSIS.*

We think of this remedy for the following clinical indications: Hypochondriasis, mania, epilepsy, amblyopia, cataract, spots on the cornea, syphilis, hepatitis and indurated liver, visceral obstructions, inflammation of rectum (horses), hemorrhoids, inflammation of kidneys, gleet, copious urination (horses), gravel, syphilis with deranged mind, nosebleed, pain in small of back, gonorrhœa, amenorrhœa, cancer of mammæ, sterility (cows), consumption, lumbago, itching, gout, bloody sweat (murrain of calves), dropsy, ill-conditioned ulcers, snake-bites and hydrophobia, promotes the expulsion of splinters, inflammation of stomach (horses).

It is characterized by great tickling and itching. We find tickling and pricking in urethra; in left ear; on tip of nose; at soft palate as from something cold; in symphysis pubis; as from a brush against epiglottis (with hoarseness); pains in right leg and at os ilium; itching on vertex and occiput; of eyelids; in left ear; on cheek-bones; itching and tickling stitches on left corner of mouth and upper lip; in rectum; at anus after the evacuation of the bowels; on left side of chest, principally on nipple; on neck and scapula; on inside of upper arm, just above elbow joint, on back of right hand; tetter on hands and fingers. In fact, great itching all over the skin.

HEADACHE just over supraorbital ridges, with eructations and rumbling in bowels; spasmodic lancination in temples, extending to eyes; pressive aching in forehead and occiput from a current of air blowing on him; intense headache and nausea, with pains throughout body. Occiput: dull or tearing pains and inclination to vomit; violent headache, with hard, knotty stools; knocking pains in left side; dull pain all night.

PAINS: Teeth pain as from cold.

STITCHES: in scalp, over left ear and on occiput; in eyeballs; in temples; in left corner of mouth; in right ear; in left side, region of fourth and fifth ribs; in left tibia, when sitting, when moving leg or foot; disturb sleep.

NEURALGIC pains: in right cheek bone. Rheumatic, gouty pains.

* Organon and Materia Medica Society of Philadelphia.

TEARING pains: in occiput; in right cheek bone; in upper molars; in spermatic cords; in muscles of left leg; disturb sleep.

DRAWING pains: in right testicle and cord; tensive drawing in left shoulder to neck, returns when lifting or stretching arms; in muscles of upper arm; especially when moving hand or arm, in writing; in right carpal and metacarpal bones (sometimes left), returning at regular intervals; also tearing; in muscles of left leg.

PRESSING pains: in forehead and occiput; with stitching in eyeballs; in eyes; on lungs; in sacrum.

DULL pain: in occiput; in hollow tooth, with trembling of heart; in upper molars; in gums, accompanied by hard stools.

CRAMPS: in right thenar; ceasing there, it goes to left; in right calf, slightly in left.

VIOLENT pain: as if occasioned by external pressure on occiput, behind left ear; in sacrum when lifting, they take her breath; in muscles of forearm, inside, near elbow joint; in carpal and metacarpal bones, extending to shoulder; in palm of right hand between thumb and forefinger, as if a pin were thrust through.

SENSATION: in lungs, as if struck by cushion full of pins; anxiety in chest; skin of forehead feels too tight; tension in bend of left knee, as if swollen or sore. Cold or chilly sensation on right frontal protuberance; in teeth, as if something cold were placed on tongue; at soft palate, as from touch of something cold; chilly trembling.

Scratching in throat after eating; when reading aloud.

Soreness on chest.

Burning in urethra.

Heat rising to head.

Dryness in throat with scraping of hands.

Things seem to float to and fro; he can not write.

PAIN: In right ear as if meatus auditorius were obstructed; in facial muscles, in lungs, in the front and the back up to the scapulæ; in right side of back,

followed by violent sneezing; in upper arm, outside, near the shoulder; pain and twitching in left thumb; in bend of left knee; at upper part of metatarsus of right foot; in great and little toe of left foot in morning; in sole of left foot.

Hence we find under—

Locality and direction—below upwards.

Pains in upper limbs.

RIGHT: Chilly sensation on frontal protuberance; pain in eyeball; in palm of hand; in and about knee and tibia; in foot; pain and stitches in ear; tickling, pains in leg and os ilium; drawing in testis and cord; pressure on lungs; itching on scapula; weak lame feeling in leg.

LEFT: Knocking in side of occiput; pain in knee and posterior muscles of leg; in tibia; in foot; glittering before eye; stitches over ear; in corner of mouth (and itching) tensive drawing from shoulder; drawing in muscles of leg; itching in ear; on side of chest; tight feeling in bend of knee.

MOTION: In bed: trembling of heart with toothache; chilliness.

POSITION: Sitting with legs crossed; pain in and about right knee; stretching arm; tensive drawing from left shoulder up to neck; lifting; tensive drawing in left shoulder; pain in sacrum.

REST: Walking: pressure on right lung; motion: of leg or foot < stitches in right and left tibia.

TIME: Night: dull pain in occiput; neuralgia in cheek; tickling at palate; erections.

Morning: burning in urethra when urinating; pain in feet.

Towards evening: spells of chilliness.

Evening: glittering before left eye; trembling, anxious feeling in chest; toothache.

AGGRAVATIONS: pain in right eyeball < from touching lids; burning in urethra when urinating, mostly in mornings; violent pain in sacrum when lifting a slight load; tensive drawing, ascending from left shoulder to nape of neck < raising and extending arm; pain in right eyeball < from touch.

- AMELIORATIONS:** Coffee relieves headache; burning in urethra before and during erection, *ceases* during coition.
- CAUSES:** mental work causes great prostration (Picric Ac.); when cutting with shears, cramp in ball of thumb; pressure on right lung after eating, or when walking; pressing in eyes after headache; obstruction and pain in right ear after pressure in eyes.
- MENTAL STATE:** exhilarated, mind very active; everything gives pleasure.
- NOSE:** Nosebleed, violent sneezing, expelling lumps of viscid yellow phlegm; running of water from nose; copious secretion of yellow phlegm.
- MOUTH:** Viscid saliva in mouth, raised by coughing; water in mouth with tearing pains in molars.
- ABDOMEN:** Distended with wind; weak feeling in abdomen.
- STOOLS:** Piles; passes offensive flatus; stools soft and pappy; watery diarrhœa; stools hard, like stone, knotty.
- URINE:** Dark, straw-colored; orifice seems agglutinated; presses to urinate; urine escapes in divided streams.
- SKIN:** Rough, dry; dry, bran-like tetter in rings; groups of small vesicles, smarting and itching, oozing a yellowish-brown lymph, which soon turns into a scurf, new vesicles appear beneath.
- ULCERS** and swelling on joints; promotes expulsion of splinters (Hepar).
- RELATIONSHIPS.**—Collateral relation. Cyclam. Similar to Coffee (joyous, excited); Picric Ac. (prostration after mental exertion); Cyclam. (sneezing); Lith. c. (rough skin, ringworm); Sepia, Tellur (ringworm); Puls. (chilliness; catarrhs); smelling of Rhus., and an hour later, taking Col. relieved sacral pain. Rhus. relieved swollen gums.

W. H. A. FITZ.

LEDUM: VERIFICATIONS.*

At our last meeting the interesting and extended discussion on *Ledum* created a determination on my part to present a few cases for our consideration to-night, in which *Ledum* plays the prominent part. It has been my experience with this remedy that it is usually given after other remedies which were not indicated. This is probably due to the fact that so-called characteristic symptoms have been used as the only guide. The differentiation between *Ledum* and *Rhus* was fully shown by Dr. Kent, so that it will not be necessary to go into detail.

The first case to which I wish to call your attention is that of Mr. T—, farmer, about 38, had suffered for years with all sorts of neuralgias, aches and pains, heat and burning in the eyes. Photophobia from little light with scalding tears which made the cheeks sore, the eyes filled constantly with a yellowish sticky mucus, racking cough from tickling in larynx, followed by great prostration and dizziness.

Expectoration frothy, bloody. Severe pain of a stitching character, especially worse on the left side, starting from the edge of the lower ribs and extending upwards. Pressing boring pains in the shoulders < by motion. Intense awful burning pains shooting up the left leg. Never able to get to sleep until towards morning. Most severe pain began in left great toe joint, extending to knee and even into the body.

Coldness, desire for cover; sensitive to air or cold, while the foot feels hot to himself the skin is cold to others. These pains were followed by profuse, debilitating, sour-smelling sweats; the skin bruises easily, and suppurates on slightest provocation.

Ledum 200 was given three times a day for two days, which relieved the case for several days to such an extent that he returned to work and continued to work until some six months later, when the old symptoms returned.

Ledum was now repeated in the cm. potency, which was followed in short time by entire and permanent relief. An element in the case which I did not discover until long after the cure was effected, was that he at one time, years before, completely crushed his left great toe.

* Organon and Materia Medica Society of Philadelphia.

Mrs. R—, suffering from ague, had received a number of remedies, which seemed to be indicated, but without relief, when I was led to prescribe *Ledum*, because of the peculiar pains, which were sharp, cutting, began in the ankles and extended to her shoulders at times. Heat of the stove and of the bed were intolerable.

The entire lower extremities felt like a burning fire. Covering was out of the question, because it < the burning so much. She also suffered from profuse, foul-smelling night sweats, beginning after midnight. There was little or no thirst. *Ledum cm.* was prescribed, followed by rapid and complete cure.

Mr. W. W., aged 58. Cough every winter, better in summer; < by lying down; > from sitting up. Expectoration tastes sweet. Profuse perspiration. Must get out of bed as soon as the cough comes on. Cough caused by tickling in the epigastrium. Urine dark red, scanty. Intermittent, burning in urethra. Cough > by drinking. General > lying on the face, < on back. Rheumatic pains in legs, so stiff he can not walk, hobbles around the room with his hands on his hips.

Rhus cm. was given with the usual results with such prescriptions, no relief. Three days after he remained in the same condition. I discovered, however, on close examination, that all the rheumatic pain he suffered began in the knee, and extended upwards.

When an attack came on, it would sometimes first reach the knees, then the hips, finally the arms, and would disappear gradually. This had been his experience for a number of years. The pains were intense, sharp, cutting, burning, always going up. *Ledum 50m.* was administered in several doses (3), and was followed by almost instant relief. Severe < intervened for several days from which he quickly recovered, and to this day has had no return of his old symptoms.

R. B. JOHNSTONE.

Diarrhoea of undigested food, painless, occurring in day time only, and after each evacuation great hunger. Petroleum 3x promptly cured.

CHRONIC HEADACHE: SEPIA.

JULY 20, 1890.—Consulted by Mrs. —, aet. 50, spare habit, dark hair and eyes, nervous temperament, neurotic family history; has been ill all her life with what she terms sick headaches; has been treated years at different institutions and by the best physicians (allopaths); still her headaches remain (strange, isn't it?). For a year or more marked mental symptoms have made their appearance which has caused patient to renew her effort for relief, although in a half-hearted way.

The following symptoms are given, nearly, in the patient's own words:

Headache in forehead on awakening in the morning, is relieved by a movement of the bowels, caused by drinking a cup of coffee. Should the coffee fail to produce an evacuation a severe headache ensues, pain extends to the temples. Any little overexertion, mental or physical, caused an < or anything said that recalls past unpleasantness <.

Easily frightened. Fright constipates.

Weakness of the stomach with palpitation, worse about 10 A. M.

Nausea after headache begins, < by moving about and looking downward, > by holding head well back and by pressure on the forehead.

After 2 A. M. sleepless.

In the morning tongue coated with a yellow mucus, no taste, sometimes vomits yellow mucus.

Perspires from any little overexertion, especially about the head.

Bearing down due to any overexertion followed by leucorrhœa, and the feeling that her "insides" would come out unless she held herself or sat down, keeping her limbs closely together.

Great sensitiveness of the abdomen; can wear nothing tight about the waist; all clothing loose and supported from the shoulders; accompanying the bearing down, difficulty of breathing. Coldness of top of head.

MENTAL: Does not want to do anything; neglectful; this symptom is the opposite of what this patient has ever been; avoids strangers; dread of even meeting them. Constant fear of becoming an invalid and

being unable to help herself; irritable; sad and discouraged. Will go to the wrong place, when ordinarily knows better. Oftentimes a familiar place will seem strange.

URINE: Profuse, light colored; sediment orange color, with tendency to adhere to vessel; this symptom noticed just before an < of headache.

General < morning and night.

Another peculiar symptom noticed before < is: Itching of the skin, no evident eruption (?); scratching relieves, but leaves a sore spot.

A condition noticed by the patient is < in summer by south winds, and in winter by north and east winds.

After a careful comparison of symptoms, *Sepia* was chosen as the simillimum, and given in the 1000th potency (B. & T.) one dose; an < occurred which lasted three days, after which a gradual improvement of mental condition noticed; her symptoms, one by one, disappeared.

Mar. 17, 1891.—Patient called at my office and states that she has never been so well as at present.

VERIFICATIONS.

The following article has been compiled from volume eight of the *Homœopathic Physician*. The symptomatology is taken from cases there reported, followed by the remedy which cured the case, or removed the given symptoms, and the potency used.

The arrangement, like the preceding compilation from the *ADVANCE* is according to "Hering's Condensed *Materia Medica*."

MIND: Nausea and disgust of food with painless watery diarrhœa; flushed face and trembling voice; so homesick that she cries nearly all the time. *Capsicum* 1m. Vol. VIII, Page 184.

Acute rheumatism with excruciating pain in lower abdomen, left testicle and left thigh; delirious during the attacks, thinking his attendants were hurting him, and also saying, "Give me something to tear." *Verat. alb.* 200. Vol. VIII, page 372.

HEAD: Aching in right forehead, extending to right eye and forcing it to close; pain in the occiput of a sudden, shooting character. The pain commences between nine and ten every morning and lasts for about three hours, when it gradually disappears. *Calcarea*, 107 m. Vol. VIII, page 649.

Sick headache, beginning all over head, worse on right side; pain in temples and back of eyeballs; when pressing the eyes seems as though she could touch the pain; pressure does not aggravate. Great sensitiveness of eyes to light during headache. Headache usually begins in the morning, growing worse during the day until she sleeps. Always better after vomiting; vomiting difficult; aggravation during vomiting, relief after. Desire to remain perfectly quiet; noise or sudden jar causes intense agony, pains throbbing, beating with the pulse; worse from motion. Stooping causes a knife-like pain, mostly in right frontal eminence. Relief by binding the head up tightly, from hot water; worse from cold; wants to lie with head high. When raising the head, feeling as though it would burst open, roaring and ringing in the ears all the time. During the headache sense of a great load in the stomach, with goneness and oppression in the epigastrium. Frequent pains in the right hypochondrium and under left shoulder blade, going through from breast. After the headache bruised feeling in abdomen; can hardly stand up. Constipation; stools causing sharp, hard pains just before the moving, relief after; during menses pain in lower part of abdomen, sharp, always worse at beginning. A dull pain in sacrum. Rheumatic pains in both upper extremities, worse when moving, worse in right side, disinclination to move. Feet cold, rheumatic pains in left hip; menstrual blood thick, dark, scanty; during menstruation face very red, fretful, cross, don't want people to move around. *Sanguinaria* 200. Vol. VIII, page 663.

Rush of blood to the head, chest and arms; feet cold, must constantly move them, especially after lying down at night. *Lilium* 200. Vol. VIII, page 378.

Pain like a bad bruise over right eye, worse on bending head down; the spot is very tender to pressure; exposure to wind brings on the pain; also has a pain like a tight band over vertex laterally. *Ignatia*, mm. Vol. VIII, page 550.

Headache worse and hurts if leaned against anything. *Belladonna* 1 m. Vol. VIII, page 407.

Headache on vertex, as if carrying an immense weight which would break through skull; she feels it all day and whenever she wakes at night; worse from reading or writing; better by walking in open air. *Carbo veg.* cm. Vol. VIII, page 552.

OUTER HEAD: Eczema on head, neck and behind ears where it began; bald spots on top of head were covered with the eruption, extending into the hair, matting it together by clear, watery and sticky discharge; considerable itching and stinging. *Graphites*, cm. Vol. VIII, page 438.

EARS: Acute catarrhal inflammation of middle ear; face flushed bright red; right cheek and parotid region swollen and very sensitive to touch; snapping and cracking in ear; pain in paroxysms; excruciating, causing her to scream out and weep; pain is sharp, stitching, from within outward, also extends below ear along eustachian tube; paroxysms come on suddenly, "like a flash of lightning," last about half a minute and disappear as suddenly as they came; during the paroxysm she screams, throws herself about; strikes at anyone who comes near her; says she can't help it, feels as if she must strike somebody; pains across lower part of back and in uterine region; aggravated by turning in bed. *Belladonna* 200. Vol. VIII, page 92.

Deafness in left ear following chill; no pain, sound in left ear as of trees waving; aggravated by driving; feeling as if a slide was let down over the ear. *Calcarea*, cm. Vol. VIII, page 548.

NOSE: Violent, exhausting sneezing, during and after which running of clear water from left eye and left nostril. Kali. carb. cm. Vol. VIII, page 550.

Daily nose-bleed mornings. Arsenicum 1m. Vol. VIII, page 407.

FACE: Facial neuralgia, left side, so severe he could not keep still; darting, shooting, flashing pains, that come and go like lightning. Spongia 200. Vol. VIII, page 156.

Parotid gland swells every day at sundown, better all day. Carbo. an. 30. Vol. VIII, page 407.

TONGUE: Tongue feels swollen, seeming to fill the whole of mouth, making her lisp. Cajeput 30-200. Vol. VIII, page 593.

All food tasted bitter; directly food or water touched the palate it seemed to diffuse a bitter vapor through mouth and throat. Lycopodium cm. Vol. VIII, page 551.

THROAT: Throat felt as if she had swallowed a piece of paper. Carbo an. 30, Vol. VIII, page 407.

Region of throat behind palate aches severely, without other soreness. Carbo an. 30, Vol. VIII, page 407.

Upward pressure in soft palate in catarrh. Thuja cm., Vol. VIII, page 552.

Pain in throat on empty swallowing, as if swallowing over a tender lump, first on right side, then on left; throat inflamed. Merc. viv. cm., Vol. VIII, page 554.

Right tonsil inflamed, swollen, with a grayish-yellow patch, size of a dime; tongue heavily coated; aggravation from 4 P. M. till bed time; rumbling in the bowels. Lycopodium 1 m., Vol. VIII, page 619.

Diphtheria; sleepless and restless because bed felt so hard; heat, chilly on movement, cheeks flushed and hot; aching all over; great fatigue; throat dry, with thirst for cold drinks, which relieve; mouth full of viscid, salty saliva, running

out on pillow during sleep; frequent swallowing; sharp pains in tonsils, worse on right side and on swallowing; throat sensitive externally, worse on right side; pain and soreness began on right side and extended to left; right hand and arm go to sleep easily; tonsils swollen, red, shining; light yellow membrane on tonsils, worse on right side, diffused, in points, looking like lid of a pepper box; also patches on posterior wall and pillars of pharynx; offensive odor of breath. Lac. can. 45 m. (F) Vol. VIII, page 329.

DESIRES, AVERSIONS: For three years an intense craving for salt, covering her food with it and eating it by the spoonful, also used tea excessively and took quinine for every indisposition. Nat. mur. 45 m. [F], Vol. VIII, page 370.

EATING AND DRINKING: Whenever she would try to drink would have to take very small sips at a time for want of breath; would seem to want a quantity of liquid at a time, but would get so tired would have to desist. Nitrum 30. Vol. VIII, page 445.

Sour stomach from tomato soup. Lith. carb. 200. Vol. VIII, page 407.

NAUSEA AND VOMITING: Renal colic, with writhing, moaning and wringing of hands; the pain culminated every little while in distressing retching and vomiting; constant urging to stool and to urinate during the pain. Nux. Vol. VIII, page 239.

STOMACH: Stomach felt as if being scraped; the pain goes through to back; it is worse about two hours after food; it also comes on almost directly after stool. Alumina cm. Vol. VIII, page 551.

ABDOMEN: Colic in umbilical region; relieved only by pressure and bending double. Colocynth 1 m. Vol. VIII, page 439.

Pains like a knife in right abdomen on walking. Rhus. 101 m. Vol. VIII, page 554.

STOOL, etc.—Abdomen so tender she shrank from slightest touch; stools frequent, exceedingly painful and consisting only of blood and milky water; felt as

though she would never get done; abdominal pain constant; strength gone; no thirst; little perspiration; tongue yellowish-white with deep teeth marks. Merc. viv. 60-x, Vol. VIII, page 90.

Complete fistula in ano; weakness; stitches through the rectum and a constant slight discharge; usually a drop or two of bloody pus upon the sheet in the morning. Silicea, 30, Vol. VIII, page 309.

Diarrhoea before and during menses, so severe as to cause much debilitation; dents on fingers from pressure of scizzors, or any hard pressure. Bovista, 30-200, Vol. VIII, page 377.

Obstinate constipation for two years; stools hard and dry; desire for stool delayed and causes considerable effort and accompanied by involuntary passing of urine. Alumina, cm., Vol. VIII, page 439.

Diarrhoea during and after meals, stools dark and painless; amelioration in afternoon. China, cm., Vol. VIII, page 553.

Empty feeling in abdomen after stool, as if she needed food, also headache on vertex about 5 P. M. Veratrum alb., cm., Vol. VIII, page 553.

Itching in and about the arms, and forward along the perineum is so severe at night as to deprive him of sleep. It is relieved by scratching vigorously and by application of cold water. When relieved by the compress, he drops to sleep, it quickly wakens him and it is not unusual with him to be obliged to rise to apply these compresses every twenty or thirty minutes, all night long. He has lost flesh and strength, little appetite; nervous and irritable. Amm., c.∞., Vol. VIII, page 93.

Following an attack of dysentery which had been suppressed with walnut bark, the patient experienced a return of the pains and tenesmus, but there was absolutely no stool, only a very scanty, white, glairy substance. She must lie on her back with knees drawn up and strain, but to no effect; tongue coated yellowish-brown, mostly in the center, with

tip and border red; thirsts for large drinks of water, crampy pains in limbs, cross, fretful and changeable humor. Bowels felt as if full of sore pimples; retention of urine; thought always that "some one of the family was mad at her." Sulphur, cm., Vol. VIII, page 183.

URINE: Painful urging to urinate with erections and bloody urine, the attacks coming on and ceasing suddenly. Belladonna 50m. Vol. VIII, page 372.

Weakness, lame all over, drawing in knees, painful cracking in knees when walking; darting pains from the hip to the hollow of knee, aggravated when urinating; excessive backache which causes him to lose much sleep early in the morning; must sit up or roll over in bed to get relief; brickdust sediment in urine which closely adheres to vessel. Constipation; ineffectual urging to stool with some mucus discharge. The feet are cold and damp; cramp in calves at night only relieved by standing on the floor. Urine passed with difficulty; painful pressure in bladder before urinating; painful urging; urine passing in drops with burning; must stand with the knees bent and frequently change position before urine begins to pass. Don't feel that life is worth living, and has a notion to kill himself. Nux 200. Vol. VIII, page 662.

MALE SEXUAL ORGANS.—Swelling and hardness of left testis, following gonorrhœa. Rhododendron 200. Vol. VIII, page 553.

After an attack of gonorrhœa the patient took cold, resulting in paroxysms of intense pain coming on about every ten minutes, causing him to writhe, groan and weep and grasp the bed-posts tightly; the pain began in left iliac region extending to left groin and half way down front of left thigh; it was as if a fluid were forcing its way there, something like an injection, and it ends in a sudden pain in anterior part of middle of left thigh, as from a jagged knife. Between the paroxysms there is throbbing in different parts of left groin

and front of left thigh; left inguinal gland enlarged and tender; left testis swollen; scarcely any discharge; also dull pain extending from left iliac region to left mid thigh, with frequent digs in various parts thereof; tongue white; pulse quick. *Coccus cacti* cm. Vol. VIII, page 315.

FEMALE SEXUAL ORGANS. Terrible paroxysms of cramping, aching, burning pains, commencing in right ovary and extending to left side and lower part of abdomen; last from two to six hours; not relieved by any position or application; aggravated by hot (wet) applications. Great soreness all through pelvic cavity after attack passes away. Rumbling in abdomen; bloating, fullness in bowels not relieved by eructations, but better from emissions of flatus and rubbing. Pain in right ovary running down the limb. Urine looks like strong coffee—at times blood red; *sensation in stomach as if every thing were swinging back and forth.* *Lycopodium* 71 m. Vol. VIII, page 306.

Dysmenorrhœa; at approach of menses she becomes weary and languid; headache; backache, aching all over body; deep aching in the bones; bed feels hard; become stupid and drowsy; tongue coated yellow down the center; no appetite; food makes her sick; fever, and sometimes delirium, at night; vertigo on rising; better when quiet, yet the bed gets so hard she must move to find soft place. *Baptisia* cm. Vol. VIII, page 179.

Dysmenorrhœa; menses regular, rather profuse, natural in color, somewhat offensive in odor; leucorrhœa in inter-menstrual period. For the first twelve or eighteen hours of menstruation she has severe cramping pains low in the abdomen, accompanied with nausea, vomiting and diarrhœa. The bowels move three or four times, usually loose and profuse [she is habitually constipated], but the vomiting continues through the first day.—*Amm. c.* cm. [H. S.] Vol. VIII, page 93. Menorrhagia, while baby nurses, if beer is drank. *Millefolium* 30. Vol. VIII, page 407.

Amenorrhœa ; leucorrhœa instead of menses, profuse and excoriating, accompanied by burning in right ovary. Arsenicum cm. Vol. VIII, page 439.

Ulcer on left labium majora externally, two inches long, covered with dirty yellow pus, edges hard ; sensation as of needles sticking in the edge, especially at night ; beating and throbbing at night so she can not sleep. Leucorrhœa acrid, excoriating, profuse, thick, yellow, sometimes putrid, flows more when walking. Itching of pudendum by scratching. Pain in sacral region. Vertigo passing off by closing eyes. Great desire for fat meat, especially pork, after eating which, the ulcer pains more severely. Left hand goes to sleep when resting it quietly, also at night in bed. Nitric Acid m. Vol. VIII, page 306.

Profuse menstruation, lasting eight to ten days, leaving patient very weak ; no pain. Sabina 200. Vol. VIII, page 445.

Menorrhagia from first menstruation ; had never been pregnant. Sabina 200. Vol. VIII, page 445.

Pain always in the heart when the ovary ached ; pains sharp and cutting, come on about a week before the menses, growing worse until flow began, then easier till the next month, when they would return. Naja 12. Vol. VIII, page 445.

PREGNANCY: Continuous and persistent nausea without vomiting ; great fear ; fears she will not survive her confinement ; anxious and timorous ; does not dare to go on the street alone ; in constant fear when in crowded places, as church, market, etc., but does not know what she fears. Aconite 45 m., Vol. VIII, page 93.

The recently delivered uterus becomes actually jammed into pelvis, with great pain. Actea 1 m., Vol. VIII, page 407.

Threatened miscarriage at third month, pains frequent and strong, but not participated in by the uterus, abdominal walls doing all the work ; awful bearing down pains, almost unbearable, but which

are merely abdominal. Patient sanguine and sensitive to cold. Amanita 59 m., (F) Vol. VIII, page 117.

Premature pains at seventh month, threatening abortion, resulting from a fright during the day; os enlarged, pain steady and severe. Opium 200, Vol. VIII, page 118.

Fourth month of pregnancy complained of severe nausea and occasional vomiting, which annoyed her only late in the afternoon and evening; no thirst; tendency to be chilly all the time (in Aug.). Pulsatilla mm. (Tafel), Vol. VIII, page 93.

Following a normal labor, patient suddenly became very pale, this almost immediately succeeded by nausea and vomiting, with profuse hemorrhage of bright red blood from the relaxed uterus. Ipecac 200, Vol. VIII, page 119.

BREATHING: Pneumonia; great efforts to breath; eyes fairly starting from their sockets; could not move or breath on account of the pain in lungs; every effort to cough would start the tears. Bryonia 45m. Vol. VIII, page 378.

COUGH: Restless sleep; wakens often, feeling sore and tired all over, must get up and sit in a chair for a few moments. All-gone feeling, worse as digestion proceeds; slightly alleviated after a meal; can not tolerate salt fish; constant tickling in throat causing desire to cough; slight expectoration of white, frothy sputa; shortness of breath on exertion, with tumultuous beating of heart; sensation of constriction across chest; soreness to touch in left subclavicular space. Phosphorus 200. Vol. VIII, page 307.

Severe illness rapidly following measles; high fever, rapid pulse, great thirst with desire for wine or beer; restlessness, complete sleeplessness, caused by a feeling of intense giddiness, directly the patient attempted to close her eyes; frequent convulsive cough, during which the head was spasmodically jerked forward, the knees at same time being jerked upward to abdomen. Theridion 200. Vol. VIII, page 648.

Feeling of emptiness in chest after cough. Kali carb. cm. Vol. VIII, page 552.

Hacking cough all day with whitish, frothy sputa, formerly salty; cough worse in damp weather, excited by tickling in throat; sputa on waking is harder and a dirty yellow color. At times, noisy escape of flatus downward when coughing. Lachesis cm. Vol. VIII, page 551.

LUNGS: Feeling of a bar across center of chest about level of clavicles, the bar feels heavy and hot and is very burning on waking in morning; it feels like a solid square bar with sharp edges; later a feeling of fluttering of a feather there causing constant irritating cough which does not relieve it; she must fetch the breath by an exertion over the bar. Hæmatoxylon 200. Vol. VIII, page 593. On going into cold wind felt something strike icy cold in center of lower chest; since then has cough caused by lying on right side, aggravated by eating, and often for a short time afterward; also worse on rising from bed in the morning; sputa thick, yellow, tasteless; cough causes pain like a smarting at front of throat about root of tongue; constant pain in center of lower chest; can not draw long breath on account of weight on chest, relieved by sighing. Phosphorus cm. Vol. VIII, page 547.

NECK, BACK: Pain and sensitiveness in the coccyx, especially when sitting. Petroleum cm. Vol. VIII, page 438.

UPPER LIMBS: Gouty deposits about the finger joints, which were very painful during cold, stormy weather. The joints and nodes were sore and hot at such times. The nodes ceased to be painful, and sudden hoarseness came; ulcers in larynx followed; great dryness in nose and painful dry throat; sticking in cardiac region. She lost flesh, but the appetite kept good. Abrotanum 45 m. Vol. VIII, page 58.

LOWER LIMBS: After exposure, severe drawing pain in left leg, commencing at nates and extending down

posterior aspect of thigh to the popliteal space and on to the calf of the leg; better while lying quietly, with leg extended, and while walking slowly, but is unbearable while sitting. *Amm. mur. cm.* (H. S.) Vol. VIII, page 93.

When walking on hard ground a pain catches her in middle of left thigh, rather toward inner side, when she puts left foot forward; there is a crack in bend of right thigh where it joins body; also cracks between second and third toes of right foot, and between all the toes except first and second of left foot. Violent sweat on genitals, extending over lower abdomen nearly to umbilicus, with feeling as if skin would come off if rubbed. *Lachesis mm.* Vol. VIII, page 550.

Sudden pains in inner side of right thigh, where it joins the body, as if a bruise were pressed on; worse when throwing left foot forward in walking, and so bearing all the weight on the right foot. *Causticum cm.* Vol. VIII, page 550.

Toes itch and burn; are red and swollen, as if frostbitten; case of eight years' standing. *Agaricus 30.* Vol. VIII, page 377.

Nervousness felt, especially about ankles. *Pulsatilla.* Vol. VIII, page 407.

Feet cold and felt wet as if she had damp stockings on. *Calcarea, cm.* Vol. VIII, page 553.

Pain in both shins, especially left; worse when standing; outer side of left lower leg swollen; boring pain in left lower leg, like a gimlet going just below knee to ankle. *Sulphur, dm.* Vol. VIII, page 553.

Itching of legs below knees when undressing at night, only removed by violent scratching. *Rumex, cm.* Vol. VIII, Page 554.

After walking a short distance, compelled to stop from a feeling of intense weariness, heaviness, lameness and stiffness of the legs, which felt sore as if bruised. *Berberis, 70m.* Vol. VIII, page 651.

Chronic rheumatism of left ankle and knee, suppressed by a strong liniment and followed by a severe condition with the succeeding symptoms: Profuse, cold perspiration; small, quick pulse; pain at heart; she was sitting up in bed and apparently in a dying condition; six months pregnant. Abrotanum. Vol. VIII, page 59.

NERVES: Epileptic fit; eyes staring, total insensibility, starting, striking or throwing arms violently about; clenching teeth and biting tongue; clenching hands; then rigid tonic spasm with limbs and body immovable; suddenly a violent trembling and jerking of the right arm. Cicuta 300. Vol. VIII, page 186.

SLEEP: Wakes about 3 A. M., with feeling of discomfort and can not go to sleep again unless she first gets out of bed, then she passes much urine which generally relieves and she can sleep; at same time there is cramp in right elbow and shoulder. If she lies on right side, feels stagnant and cold all over, especially in feet, if she turns over onto left side, the blood feels as if it trickled back into feet and she feels comfortably warm all over. If she goes to sleep on right side, she wakes with a start and is cold all over. Kali carb. cm., Vol. VIII, page 552.

Weak feeling at 8 P. M. Sleeps poorly, wants to lie in bed mornings; feels full after a mouthful; low-spirited. Baryta carb. cm. Vol. VIII, page 553.

CHILL, FEVER, SWEAT: Remittent fever: prodrome, flushes of heat and nausea; no thirst. Chill, no thirst, can't get warm, even by a stove. Heat, great thirst, between chill and heat, much sour vomiting. Sweat, profuse. Was hungry each day but a few mouthfuls caused him to feel full. Lycopodium 43m. Vol. VIII, page 274.

For two years had taken quinine almost every day; has had chills and fever more or less for a dozen years; now, severe chill every other day with long heat and no sweat; feared she would die; restless,

always worse after midnight; very thirsty for slight amounts. Arsenicum 30. Vol. VIII, page 312. Intermittent fever; chill and coldness predominate, cold all night in bed, with chill on moving; chills at eight A. M., eleven A. M., and three P. M.; afternoon fever beginning at about three o'clock, following the last chill; during heat prickling in skin all over body as from needles; great thirst for large quantities during all stages, can not get enough water. Severe pains in knees aggravated by motion, bending knees and especially going down stairs; general aggravation from motion. Feels pretty good when she keeps still but miserable when she tries to move about. Bryonia 200. Vol. VIII, page 91.

SENSATIONS: Peculiar sensation on walking, midway between groin and neck, like a bunch of needles or pins sticking in deep; does not feel it when sitting. Bryonia cm., Vol. VIII, page 185.

TISSUES: Dropsy of six months' standing, with gnawing hunger early in the morning, before breakfast, relieved by eating; feels full and bloated after eating; loud eructations of tasteless gas for half an hour at a time, which relieve; thirst for large quantities of water frequently; rumbling in bowels; diarrhoea of foul-smelling stools, rushing him out, can scarcely reach the closet; seldom and scanty passage of high-colored urine, leaving red sediment in vessel, which is difficult to wash out. Lycopodium 1 m., Vol. VIII, page 305.

CONTACT, INJURIES, ETC.: Left upper eyelid ecchymosed, and also round left internal canthus; it came on suddenly, after rubbing it with a towel. Arnica mm., Vol. VIII, page 549.

SKIN: Giddy when rising from a recumbent position, with chilliness and pressure in the head, forward. Brain feels as though wabbling about when shaking the head. Hair so sensitive that he can scarcely bear to comb it. Eyelids dark, red, swollen, agglutinated, œdematous; conjunctiva injected; eyelids feel as though they were made of parch-

ment. Total loss of strength. Nose dark red, erysipelatous, intense itching, soreness of nostrils. Mouth dry, putrid breath, much thirst. Stools yellow, bloody, cadaverous. Urine hot, burning, frequent, scanty, involuntary at night. Scrotum and penis swollen; skin thick, dark red, erysipelatous. Frequent erections, maddening, exquisite, voluptuous itching, which nearly sets him mad; better by gentle rubbing with a silk handkerchief; better from cool applications; worse from warmth and in bed. Great sleepiness, but can not sleep on account of itching. Worse from sitting still, better from motion and in a cool place. Eruption on the arms a quarter of an inch thick, torn and ragged from violent scratching. More or less itching on other parts of the body having no eruption. Rhus cm. Vol. VIII, page 662.

Pain like that of shingles, without the eruption. Ran. bulb. 200. Vol. VIII, page 407.

Red spots of different sizes on legs and right side of abdomen; not raised; no itching or burning; they sometimes turn bluish or green and look like bruises; at times legs feel numb; feet tender and sometimes swell and burn after protracted standing; feet often cold on first lying down at night, more usually burning both day and night; often swollen and stiff; veins swollen and throbbing; blood sluggish and thick. Conium 10m. Vol. VIII, page 547.

Eczema of body, especially on the bends of joints, with terrible itching, for many years, also an open ulcer on left leg with burning pains day and night, excoriating discharge and sensitiveness to least touch; skin feels subjectively hot. The application of water burns her; can not bear the touch of flannel on the eczematous spots; constant thirst for water which disagrees; mouth and fauces dry, with sensation as of cotton in it; worse in morning, worse from berries; food oppresses her and lies like a load in stomach; skin dry, cracks easily; sometimes little vesicles spring up but soon dry. Insomnia. Sulphur 10m. Vol. VIII, page 664.

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TUBERCULAR MENINGITIS CURED.

Tubercular disease of the brain is said to be incurable under allopathic treatment. When cases under homœopathic treatment are cured, they have generally been looked upon by homœopaths with some doubt, on account of the difficulty in verifying the disease (if the patient lives) by finding tubercles in the brain. Such is the intraceable nature of the complaint that one is more inclined to doubt one's diagnosis. I will give the principal symptoms of this case, which I first saw on

December 6, 1890.—I found the baby, a little girl of seven months of age, very fretful, constantly waking up with a cry, and not easily pacified; perspiration of the scalp; mouth dry, saliva having almost ceased to be discharged from the mouth as previously; no teeth; she had been brought up at the mother's breast for three months, and then by the bottle with cow's milk. She was a particularly good-tempered baby before the illness, smiling at every one, and giving no trouble whatever—lying for hours, crowing and smiling. She was vaccinated from the "beast," all the three places taking; had a *very bad arm, and went back from the time it was vaccinated*. After the arm healed, she was taken to the seaside for some months, and appeared to get on again very well until the present illness. The child did not appear to be very ill, and I put down the disturbance to teething, and prescribed Calcaria 12.

December 9.—No better; always wakes up with a cry, as if frightened; wants to be nursed; bowels costive; rubs its head on the pillow; is dull, and sleeps only in short naps. Lycopodium 30.

December 10.—Better. Continue medicine.

December 12.—Not so well; temperature 100 F.; suspected tubercular disease, partly on account of the slow and insidious invasion of the disease, and from the temperature being too low for simple acute meningitis; from the irritability, constipation, and now some diarrhœa, also a good deal of albumen in urine; this stage came on without any convulsions, but with some twitching of the face, stiffening of the body almost amounting to opisthotonos; strabismus, great sensitiveness of the skin to touch; on drawing my finger over the abdomen a red line soon came up, the "cerebral stain" of Trousseau, supposed by some to be diagnostic of this disease. Gave Tuberculin 200 three times a day.

December 13.—Continue medicine.

December 14.—Cries a good deal; easily startled; eyes sensitive to light; suddenly crying out when lying still on mother's lap, and when smiling. Kali carb.

December 15.—Temperature 103. Dr. Burnett saw the case with me to-day; he agreed with me that it was a decided case of tubercular disease, and suggested that the vaccination may have had something to do in inducing the attack; advised me to undo the probable influence of vaccination. I accordingly gave the child the antidote to vaccine, Thuja 200.

December 16.—Temperature in the morning fell to 101, although in the evening it rose to 102.3; continued Thuja.

December 17.—Temperature 101 morning, 101.1 evening; improving in every way; continued Thuja.

December 18.—Temperature 99.4 morning, 1 dose Tuberc.; evening temperature 100, doing well; no medicine.

December 19.—Temperature 100.4 morning, 100.1 evening; continued Thuja.

December 20.—Temperature 98.2 morning, 98.2 evening; child a little restless, wakes rubbing nose and side of face; stares a good deal, as if lost in thought; cries as if in pain in the head. Hellebore 30.

December 21.—Temperature 97 morning, 98 evening; doing well; continued Hellebore.

December 22.—Temperature 97 morning, 98.3 evening; much better; continued Hellebore.

December 23.—Temperature 97.1; gave one dose of Tuberc. 200; this low temperature continued until the 28th.

December 24.—Some constipation, rubbing back of head, waking up crying, etc., for which I gave Lycopodium with benefit.

December 28.—Temperature 99.4 morning; continued medicine.

December 29.—Temperature 101.4 morning, 101 evening; one dose Tuberc. 200.

December 30.—Temperature 101.4 at 7 A. M.; when I saw child at 11:30 it was 99; in the evening it was 101.1.

January 1.—Temperature 97.4 morning, 97.2 evening; 1 dose Tuberc.

January 2.—Temperature 96.4 morning, 97.1 evening.

Very restless day and night, no sleep, drowsiness, constantly looking at her fingers. Hyos. 6.

January 3.—Temperature 99.4 morning, 100.4 evening; good night; long sleeps; continued Hyos.

January 4.—Temperature 98.4; much better; 100.1 evening.

January 5.—Temperature 98.1 morning, 97.4 evening. Better all day yesterday and to-day.

January 6.—Temperature 97.3 morning, 97.1 evening. Better; bowels costive; pain continued on action; passes large, hard lumps. Bryonia.

January 7.—Temperature 97.1 morning, 98.1 evening. Better; rectum red, painful at stool. Sulph. 200.

January 8.—Temperature 98.1 morning, 97 evening. Fretty on waking; must be attended to at once. Cham.

January 9.—Temperature 97 morning, 97 evening. Wants to be always nursed; fretty all night; rubs her nose a good deal; one cheek flushed. Cham. 30.

January 10.—Temperature 96.3. Better; bowels acted twice since yesterday morning; very happy and good; 1 dose of Tuberc. 200.

January 11.—Temperature 96.3 morning, 96.4 evening.

January 12.—Temperature 96.4. Wakes up smiling; redness of chest; bowels costive; takes her food well; rather more wakeful. Sulphur 200.

January 13.—Temperature 98.4 morning, 97.3 evening. Actions consist of little hard lumps, like lumps of jelly or altered bile; good night.

January 14.—Temperature 96.1 morning, 97.1 evening. Fits of temper and crying; almost loses her breath with temper; dark redness of face. Kali Iod. 30.

January 15.—Temperature 96.1 morning, 97.1 evening. Better; bowels relieved; a hard lump at 5 P. M. and again in the night, more freely and easier; slept well from 10 P. M. to 3 A. M.; very happy; laughs a good deal.

January 16.—Temperature 96.1 morning, 96.2 evening. Chafing of the back with rough, brittle skin which cracks; red spots on back; rubs head about on pillow; generally wakes with a cry; no action of bowels; a good deal of flatus passed. Nat. sulp. 12.

January 17.—Temperature 97.1 morning, 97.3 evening.

Passed lumpy, clay like motions; sneezing and snuffing, as if from cold; spots drying up; rubs nose continually. Nat. sulph. 12.

January 18.—Temperature 98.2 morning, 98.1 evening. Restless night; softer and larger action of bowels in night, draws up legs and screams loudly after action; had another large, soft action; pale in color since 10 A. M.; eyes watery; 1 dose Belladonna 30.

January 19.—Temperature 97.2 morning, 97.2 evening. Slept much better; bowels relieved twice; more natural color; lay all day very quiet, but more excited toward evening. Tuberc. 200, 1 dose.

January 20.—Temperature 97.2. Bowels more relaxed; color more natural; good night; head perspires freely; wakes startled; chafed on outside of buttock; *no trace of Albumen* now in her water; no medicine.

January 21.—Chafed, a good deal at rectum, quite red and sore; skin of back inclined to crack. Sulph. 200.

January 22.—Temperature 98.2. Normal redness and soreness of rectum gone; skin peeling off; child apparently quite well; sent to seaside for change of air.

ALFRED HEATH.

114 EBURY ST., LONDON.

POISONING BY QUININE.

There are three grades of poisoning, corresponding to a dose of one to two grammes for the first, of two to four grammes for the second or more than four grammes for the third. The symptoms of the first grade are a Quinine intoxication: roaring in ears; decrease of the sensation of touch; auditory hallucinations and decrease of hearing and seeing, as if the eyes were covered by a veil, sleepiness, apathy. Of the second grade: oscillating gait, as if he were drunk, diminution of the reflexes, deliria, deafness, sometimes amaurosis, difficulty of speech. From more than four grammes, death may set in with convulsions or from paralysis of the respiratory organs or of the heart, yet exceptionally the reflexes may be at first fearfully increased by large doses of Quinine, of which Erlenmeyer narrates a beautiful example, where examination for the patellar reflex caused terrible convulsions all

through the body with mental anguish lasting over half an hour. In such cases Quinine effects far more the brain itself than the spinal cord, though it is well known by experiments on hogs that Quinine in small doses increases reflex irritability, because the action of Quinine is at first stimulating, and secondly, paralyzing. This drug is too often indiscriminately prescribed in locomotor ataxia and in spastic spinal paralysis, whereas the dose in the one disease ought to be the very reverse in the other. The same difference must be made in relation to neuralgia and neuritis. Quinine increases epileptic attacks and after giving large doses (4.8 grammes in thirty hours) epileptic spasms were observed. A middle-aged man suffered from headaches which were worse at night, and for this neuralgia he took large doses of Quinine, in consequence of which he lost all power over his legs, walked as if he was drunk and trembled in arms and legs, he was unable to hold anything in his hands and complained of constant twitching all over the body, probably because the reflex irritability was also in this case increased. His headache was as bad as ever.—*Centrabl., J. Werverheilk, June, 1890.*

ON THE PARALYZING ACTION OF STRYCHNINUM.

Poulssoen studied the influence of Strychnine on the motory nerves of the frog and explains the different opinions of authors. The general paralysis following large doses of Quinine is caused by a direct paralysis of the entire central nervous system, small doses only paralyze certain parts of the medulla oblongata and of the cord. Direct introduction of large doses in the blood never causes tetanus; but immediate paralysis and the spasms appear much later after the excretion of a large quantity of the alkaloid. The whole symptom complex is similar to the action of large doses of Morphium on lower animals. Very small doses of Strychnine (up to 0.1 mge.) cause tetanus, medium doses (up to 1.0 mge.) first tetanus; then paralysis; and then again tetanus.—*Centrabl., J. Nerocah, June, 1890.*

Comment and Criticism.

Ask yourself if there be any element of right and wrong in a question. If so take your part with the perfect and abstract right, and trust in God to see that it shall prove expedient.—WENDELL PHILLIPS.

ON THE TREATMENT OF IRITIS.

The value of a therapeutic measure is determined, not by the theories upon which it may be based, but upon its practical results as a matter of every-day experience. The strongest argument for Homœopathy is not that it is the embodiment of a natural law, but that the bedside experience of many thousands of physicians has shown its practical superiority as a means of cure. In fact, whether the law of similia is a natural law or not can be known only by putting it to the test of experience; if it is competent to explain every phenomenon in the domain of therapeutics, we have the inductive proof of its universality; if it is incompetent for this we discover its limitations. Thus, it would seem that to find the truth in medicine were simple enough, and so it would be, certainly, if we could all agree upon the interpretation to be given to the phenomena we are called upon to discuss, but here is a rock upon which our hopes are sure to be very soon shattered. We agree upon the facts, but arrive at diametrically opposite interpretations, when we come to study them. This is the reason why we do not succeed in proselyting and converting the entire allopathic school to Homœopathy; at least it is one reason, and it also explains why all members of our own school do not believe and practice alike. I may believe my neighbor when he tells me that a wart has disappeared from the back of his hand, but I may refuse to believe that its disappearance was due to his having carried a potato in his pocket for a week, or from having buried a bit of pork under a stone at midnight, and my readiness to believe or disbelieve comes not only from what I know, or think I know, about warts, but also from the extent of my credulity. The business of the commercial world is rendered possible, largely, through the existence of a system of credit, and similarly the profession of medicine

has its basis in faith. But just as business credit must be justified by the payment of debts in gold or silver, or their equivalent, so medical faith must be justified by the experiences of the sick-room, and justified under the most liberal and varied interpretations. This is the appeal to which all of our preconceived notions must be subjected, and which is to decide upon their validity.

In the March number of this journal there is an article by Dr. A. G. Allan on "Repetition of the Dose," illustrating by a clinical case a phase of belief common to many homœopaths, and it is a legitimate question whether or not the facts shown by the history of the case are sufficient to justify this belief from any standpoint other than that assumed by the author of the article.

The patient was a young woman, who applied to the doctor "for an acute inflammation of the iris of the right eye," from which she had suffered very severe pain for two nights previously, and for which she wished relief. "The right pupil was very much contracted, and dilated but very little when she was in the dark. There were no posterior adhesions between the iris and the crystalline lens. Upon these symptoms she received a dose of Merc. cm., to be dissolved in water and taken in four doses, half an hour apart." The next day she was better, and reported "that she did not have anywhere as severe a time last night as she had the previous two nights; that she remained in bed all night, and thought she slept four hours." Upon the next day she was still better, and had slept all night without pain. "The redness of the eyeball was almost all gone. * * * The iris expanded nearly normally, and there were no posterior synechiæ."

This is the case, and the writer states that it is presented "to show that Atropia is unnecessary as a mydriatic when the true homœopathic remedy, which has been selected according to the requirements of the law of Homœopathy, has been administered and allowed to act undisturbed by a second dose or by any other medicine. The writer states also, that the only excuse for the use of this drug as a mydriatic in iritis lies in the ignorance of homœopaths as to how to apply their remedies so as to cure the sick, and that moreover, "curing the sick patient of his disease, and causing a few of his most

prominent symptoms to subside, are two widely different things." One thing further remains to be noted, and that is that this was a case of what is called syphilitic iritis, although no other symptoms of the syphilitic condition are noted as having been present.

It may fairly be inferred, I am sure, that if this case is cited to prove that atropia is unnecessary in iritis, it may be supposed to be typical in character, method of treatment and results. The patient applied for relief after the disease had been shown by more or less acute symptoms for forty-eight hours, and after two nights of severe suffering, and yet upon examination the pupil of the affected eye was found to dilate sufficiently to enable the doctor to say that "there were no posterior adhesions between the iris and the crystalline lens." Inasmuch as it requires considerable dilatation to determine this point with certainty, it is evident that the mobility of the iris was not very seriously impaired at this time, and that there had been no exudation of plastic lymph upon its surface. In these respects the case is not at all typical, for at this stage of the disease there is, as a general rule, great immobility of pupil, and more or less adhesion between the iris and the lens.

From the limited number of symptoms given, the selection of the remedy seems to have been judicious, if we take it for granted that "Merc." stands for Merc. sol., and it is doubtful if any other remedy could have been found to cover the case so well. For twenty-four hours, more or less, after the administration of the remedy, the patient still suffered some pain, although this and the redness of the eyeball both subsided shortly afterward. The record shows that the symptoms of the iritis disappeared, but does not state what the effect of the prescription was upon the primary syphilitic disease, or even upon the symptoms which had led to the selection of Mercurius; such as the offensive breath, the flabby tongue, the thirst for milk, etc.; and as the symptoms that are reported as cured were only "a few of the most prominent" ones, it is hard to say that the cure was a homœopathic one, for the same facts would be noted by an oculist who had used Atropia and given no internal remedies whatever. But if we grant that it was homœopathic, it is hard to see wherein it was a more successful and valuable act of practice than the

cure of a similar series of symptoms, as in such a case as the following:

Miss J. B—, age 22, referred by Dr. Mera, March 18, 1890, for severe pain in both eyes, which began on the day previous and was worse during the night. Pupils contracted, sluggish; circumcorneal injection, etc. Atropia was instilled two or three times at short intervals, and in a few minutes the pain had entirely subsided, and the pupils were pretty well dilated. The patient was given a few powders of Merc. cor. 30 and a dram or so of a four-grain solution of Atropia sulph. for frequent local application, and in two days reported herself as having been entirely without pain ever since the first visit, and I found upon examination that the ciliary injection had disappeared. The further use of remedies was discontinued, and recovery went on without interruption. The patient has had no further trouble with her eyes since this time.

This case is not selected as a typical one, but because it is closely similar to the one reported by Dr. Allan. The only difference in his results and mine is in the duration of the pain after the first treatment. It would be a baseless assumption to say that either patient was not as thoroughly cured, or rather did not recover as completely, as the other. The fact is, both of them recovered, and we can not dispute it. To those who employ Atropia in the treatment of iritis, the relief of pain in this disease is a common occurrence, and is something very gratifying to physician and patient alike, but that one case should have recovered without this drug, particularly a mild and simple case, is not remarkable, nor can it go very far in establishing a principle of therapeutics. Standing by itself, the fact is interesting and has its value, but can not be accepted as a type, because it is not typical. Those who believe in the employment of Atropia in iritis rest their belief upon certain theoretical necessities not to be specified here, as well as a large body of experiences, and not upon the fact that one or two cases have recovered under its use; yet no one would deny the possibility of a better method of treatment. It might be very illiberal to say that iritis could not be better cured by the indicated remedy alone, and in the cm. attenuation, than by Atropia alone or by Atropia and the indicated remedy together; but it would be entirely proper to declare that the evidence is wanting upon which to base any such claim. If those who have the temerity to try such a plan of treatment will accumulate sufficient clinical facts to prove their assertions, no reasonable man can longer contradict them.

There is one more question to be considered, and that is, what evidence is there that Atropia in iritis is objectionable? As a palliative measure, its usefulness in relieving pain is an every-day observation, as is also its importance in preventing posterior synechiæ, but unless we start with the assertion that every palliation of pain not brought about by the administration of a dynamized simillimum is a positive injury to the patient, we may find it hard to show wherein it is inferior to any other means of cure. It has proven itself to be trustworthy through the experience of many years, and it will take a very clear and unanswerable argument to drive it from the armamentarium of the oculist. Two things must be demonstrated—first, that other means of cure are as good, and, second, that they are better.

HAROLD WILSON.

DETROIT, MICH.

[Clinical experience is much more valuable when a single remedy, Mercury, is used, than when Mercury is used internally and Atropia locally. If the cure be equally rapid and gratifying, it is far more scientific and satisfactory to know what did it, and to know also that the law of similars is just as applicable in diseases of the eye as in any other affection.—Ed.]

“GUERNSEY'S BÖNNINGHAUSEN.”

I notice on page 227 of the current number of the *Homœopathic Physician*, in an article headed “The Hahnemannian Analysis Sheet,” a reference to “Guernsey's Bönninghausen” as being “too cumbersome,” and would like to suggest a means (and the only one I can think of) by which this really just objection can be removed. When the work was gotten out it was so different from the usual order of publications that no printer seemed anxious to handle it, in fact some of them positively refused to do so at any price, and while it was finally produced at a cost that barely compensated for the labor expended upon it, it was found difficult to sell it at a price which would cover the outlay. This fact, coupled with downright dishonesty on the part of several subscribers, prevented the undersigned from subsequently supplying them with a proper receptacle for it, such as he found to be necessary for his own use, to render the slips less “cumbersome”—in short, to make it of actual value. As I can not

well be accused of having any pecuniary interest in the following, and as it will be of benefit to those of your readers who avail themselves of it, I will describe a simple contrivance which will enable the student to quickly find any slip and as readily replace it: Order from any paper box manufacture fifty square "tubes" (if you will pardon the expression), each measuring $1\frac{1}{2}$ inches wide \times 1 inch deep \times $12\frac{1}{2}$ inches long, closed at one end, open at the other. Have him stand these on end in five rows, ten in each row, the $1\frac{1}{2}$ inches surface presenting. Then elevate each row one and one-fourth inches above the other, and have them glued in this position with an outside casing of cloth. Thus you will have a series of pigeon-hole cases, into which you can place the slips, fifty in each, and by the rows being placed in this position the front slips of each will show its number; the whole looking not unlike the ordinary ticket office case. The cost will be from \$1.50 to \$4 according to the finish.

WM. JEFFERSON GUERNSEY.

PHILADELPHIA, May, 1891.

THE AMERICAN INSTITUTE OF HOMEOPATHY.

THE INTERNATIONAL CONVENTION. The first meeting was held in Philadelphia in 1876; the second in London in 1881; the third in Basle, Switzerland, in 1886, and the fourth will convene at Atlantic City, N. J., June 16-23, 1891, in connection with The American Institute of Homeopathy, for which complete arrangements have been made.

"There is not a single indication pointing to a failure of the Convention in any important respect. The fear that it might be international only in name has no longer any warrant in fact. There will be representatives present from England, France, Germany, Russia and probably other European countries; and of our distinguished transatlantic brethren, there will be at least twenty-five of them represented, either by essays, reports, or their personal presence." If you do not receive the annual circular, with list of essays, etc., write Dr. Pemberton Dudley, 15th and Master streets, Philadelphia. If you are not a member of the Institute, you are cordially invited to attend. Reduced rates have been granted over all lines to Atlantic City for members and their families and all

others desiring to attend. Purchase a ticket to Atlantic City, taking a certificate from the ticket agent at point of starting. This certificate, when signed by the Chairman of the Railroad Committee at Atlantic City, will entitle you to a return ticket at *one-third the regular fare*, but no reduction can be obtained without a certificate. Tickets can not be purchased earlier than three days before date of meeting, and will not be honored unless presented within three days after adjournment (Sunday excepted). No stop-over privileges allowed on return journey.

Members from Chicago and all points North and West thereof coming through Chicago will find the Pennsylvania lines the most direct—in fact, the only line running direct to Atlantic City without change.

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."—HAEHNEMANN.

KOCH'S LYMPH.—After more than two months' experience with Koch's lymph in the treatment of tuberculosis in the Hospital Saint-Jacques, Paris, Dr. P. Jousset closes his clinical report with the following remarks* upon the use of that remedy:

"What shall we say now of Koch's lymph? Presented as it has been by its inventor, recommended as a specific for tuberculosis, it is only a sad deception which has already produced several deaths, and, perhaps, a single definite recovery. In addition, the infatuation of physicians and of patients has died out with the same rapidity with which it flared up. The danger of the method has alarmed and overpowered the judgment, and to-day prevents its benefits being seen. Moreover, the rapidly fatal cases which have repeatedly occurred absolutely justify that attitude.

"I add that the theory given by Koch on the action of the lymph is the principal cause of the mistakes experienced by the physicians. They have persistently watched for that reaction which Koch deems so necessary to obtain the cura-

*Translated from *L'Art Medical*, April, 1891.

tive effects of the lymph, and they have brought about serious results, which, in some cases, have caused the death of the patients, and in others prevented the continuation of the remedy during a time sufficient for the recovery of chronic diseases.

“But what could be expected from therapeutists without doctrines, always searching for specifics, for medicines which destroy the cause of disease, poisons or microbes; who fly from antithermics to antiseptics, enameling all the Galenistic rubbish? It is certain that Koch’s lymph will always be a dead letter for them, and that they will henceforth abandon its employment.

“The physicians of the Hahnemannian school are guided by a better light; they alone may say *they know what they do and why they do it*. They know that Koch’s lymph is an energetic agent which localizes its action upon the tuberculous affections; they know also why they administer it to consumptives; it is because this remedy, given in strong doses, aggravates phthisis and produces tubercle. They know why they give it; it is because it is a homœopathic remedy; that is to say, a remedy which modifies the organism in such a manner that the organism cures the disease which the remedy produces in the healthy person.

“And, as it is a homœopathic remedy, they well know that it acts only when indicated by the ensemble of lesions and symptoms; that, consequently, it is necessary to complete the pathogenesis of this remedy in order to know in what cases of phthisis it is indicated and in which it is not.

“Finally, like every remedy which acts in the same sense of the disease, Koch’s lymph should be employed in very small doses, so as to avoid the aggravations. What is that dose? It is surely variable with the subjects, and clinical experience alone will teach it to us.” H. P. HOLMES.

OMAHA.

* * *

OUR NATIONAL SOCIETIES.—There never was a time in the history of Homeopathy in America, when a large and influential attendance at the annual meetings of our national societies was more urgently demanded. There never was a time, also, when an active interest in the work was more needed, or more likely to be productive of lasting benefit. Many physicians who have contemplated joining these socie-

ties, but from some cause have postponed it from year to year, should come out of their shell, abandon their hermit-professional life, become acquainted with the representative men of our school, and assist in promulgating the truths of similia. You can not make a professional investment that will bring you better returns.

New Publications.

A TEXT-BOOK OF MATERIA MEDICA AND THERAPEUTICS, CHARACTERISTIC, ANALYTICAL, AND COMPARATIVE. By A. C. Cowperthwaite, M. D. Sixth Edition. Entirely rewritten and revised, with Clinical Index. Chicago: Gross & Delbridge, 1891.

Is announced for delivery June 15, 1891. "The entire text has been completely rewritten and thoroughly revised. Every symptom of doubtful origin has been expunged." We are very skeptical of a work on *Materia Medica* which bases its claims to professional acceptance by "expunging" symptoms. This promise and "a complete resumé of the clinical uses of the drug" looks like improvement in a backward direction. This is the way in which Dr. Burt spoiled a promising work on characteristics. Give us more *Materia Medica*, and not so much authors' opinions.

A MYSTERY OF NEW ORLEANS: SOLVED BY NEW METHODS. By W. H. Holcombe, M. D. Philadelphia: J. B. Lippincott Company, 1890.

The author needs no introduction to the readers of a homeopathic journal. For years his contributions to our periodical literature have been read with pleasure, if not with profit. "How I became a Homeopath," one of the earlier popular pamphlets from his pen, was one of the most convincing missionary leaflets that ever appeared. This work is in another direction, and its purport is clearly set forth in the brief preface. "Hitherto my vacations from strictly professional work have been devoted to metaphysical and theological studies and writings. This time the result is a novel, written not without a purpose. To illustrate the new discoveries in physio-psychology, with certain notes of warning; to throw a little helpful light upon the race problem; and to cultivate friendly sentiments between North and South are the moral threads which have been woven into this web of romance." There is also a "Note on Vivisection," and a "Symposium on the Race Problem." It will do every busy doctor good to sit down and read it.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS.

In the January number is a Discussion on Anæsthetics, by Drs. Macewen, Coats, Henderson, Hartley and Kirk. The following points

were taken up: 1. The relative value of various anæsthetics. 2. Their mode of administration, including the examination of patient. 3. Fatal issues: how they arise and how to avert them.

The February number contains an article on Ether-Drinking: its Prevalence and Results, by Earnest Hart, which will be of interest to our readers. It is being used as a substitute for alcoholic stimulants, and often with fatal results.

The most noticeable article in the March number is Baldness and Grayness: Their Etiology, Pathology and Treatment, by Tom Robinson, M. D. There are many curious and interesting facts here collected which, to the majority, will be new, and will repay perusal.

TRANSACTIONS OF THE ELEVENTH ANNUAL SESSION OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION. Held at Watch Hill, R. I., June 24-27, 1890. Published by the Association.

This volume of 488 pages is "full of meat" for the student of homeopathic therapeutics, and one from which any homeopath may derive much that will be helpful in his daily labors.

THE CONCORDANCE REPERTORY OF THE MORE CHARACTERISTIC SYMPTOMS OF THE MATERIA MEDICA. By Wm. D. Gentry, M. D. Vol. III. Pp. 930. New York: A. L. Chat-terton & Co. 1890.

The contents of Vol. III are:

The Abdomen, 17 pages; Anus, Rectum and Stool, 230 pages; Urine and Urinary Organs, 583 pages; the Male Sexual Organs, 793 pages.

This great work, thanks to the energy and enterprise of author and publisher, is now rapidly approaching completion, and when finished will enable the physician to find almost any symptom of recognized prominence in the Materia Medica. It will be an encyclopedic repertory, and he or she who possesses it will have little complaint to make in future of our "cumbrous" symptom record.

SECRET NOSTRUMS AND SYSTEMS OF MEDICINE: A BOOK OF FORMULAS. By C. W. Oleson, M. D. Chicago: Oleson & Co. 1891.

This collection is from the published analyses, sometimes exposures, of prominent proprietary medicines and the secret methods of the itinerant and quack. "For a number of years the compiler, a physician in active practice, has been collecting analyses of such proprietary nostrums as have appeared from time to time in the medical and pharmaceutical journals. From various sources has also been obtained exposés of many of the secret systems of practice in vogue in different parts of the country." From these various sources the author has made a curious yet interesting work. To the physician it is often an advantage to be able to show a patient that he is posted in regard to all these worse than useless preparations, and thus demonstrate that their continued use can be only detrimental to health, or, what is often the case, the chief cause of his or her illness. To the homeopath it may be used with practical benefit, as it will often enable him to antidote the cause of a case of sickness.

A CYCLOPEDIA OF DRUG PATHOGENESY. PART XIV. SULPHUR-VALERIANA. By Richard Hughes, M. D., and J. P. Dake, M. D.

This work is now rapidly approaching completion, and the editors now appeal for contributions to the Appendix.

HEREDITY, HEALTH AND PERSONAL BEAUTY. By John V. Shoemaker, M. D. Philadelphia and London: F. A. Davis. 1890.

While this treatise is chiefly intended for popular instruction, yet from a semi-scientific standpoint as well as from the intrinsic value of the matter itself, it will be a decided acquisition to any professional library. The question of "Health and Personal Beauty," is discussed upon the general basis of the laws of health, the strict conformance to which is the true source of beauty, both physical and spiritual. One of the most interesting and instructive chapters is "The Evolution of the American Girl," and the knowledge gained from this, both from a historical and psychological point of view will repay the cost of the volume. It is by far the ablest work which the author has yet given the profession, and is capable of doing much good. We must also thank the publisher for a most attractive volume.

ORIFICAL SURGERY AND ITS APPLICATION TO THE TREATMENT OF CHRONIC DISEASES. By E. H. Pratt, M. D. Chicago: Halsey Brothers. 1891.

Practically, this is a third and more carefully written edition of the author's work on orifical surgery. It is the fruit of his later surgical experience, and gives the most advanced views of the subject and best methods of operating yet devised. The various steps in the different operations are illustrated by a new process, and although good of the kind we frankly confess we prefer the other kind. So far as we know, this is the best work on this subject yet published; at all events it is the best in our school of practice. The publisher has given us a beautiful volume, for which he should receive the thanks of the profession.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK. Vol. XXV. 1890.

There is, as a frontispiece of this volume of over 600 pages, an excellent likeness of President Dillow, an introduction, as it were, of the feast in store for the reader. For this volume is one of the best which has ever been issued by the Society, notwithstanding the publication of Dr. Decker's tirade. The report of the Committee on medical legislation, with the arguments, addresses, appeals, circulars, etc., which resulted in the passage of the act providing for three separate State Boards of Medical Examiners, occupies 190 pages, and shows the amount of work done by these indefatigable men.

THE INTERNATIONAL MEDICAL ANNUAL for 1891. Edited by P. W. Williams, M. D., secretary of staff, assisted by a corps of thirty-eight collaborators, European and American. 600 octavo pages. Illustrated. \$2.75. New York: E. B. Treat.

The ninth yearly issue of this one-volume reference work is received, and it richly deserves the reputation which its predecessors have made, for selection of material and accuracy of statement. Its numerous

illustrations, many of which are in colors, make the *Annual* welcome to the profession, providing at a reasonable outlay ready résumé of medical progress.

PART I comprises the New Remedies and a review of the therapeutic progress of the year.

PART II is devoted to special articles on diagnosis: the first on Deformities of the Hand, and their Diagnostic Value in Nerve Lesions; the second on the Character of the Sputum as an Aid to Diagnosis.

PART III, comprising a large portion of the book, considers new treatment, and is a retrospect of the year's work.

PART IV is made up of miscellaneous articles, such as Recent Improvements in Sanitation, Concerning Climatology and Hygiene, Alcoholic Inebriety and the Results of Asylum Treatment, Improvements in Pharmacy, Books of the Year, etc. The work is alphabetically arranged and has a complete index. It is a recapitulation of the year's progress in medicine, serving to keep the practitioner abreast of the times.

SEXUAL NEURASTHENIA: ITS HYGIENE, CAUSES, SYMPTOMS AND TREATMENT; WITH A CHAPTER ON DIET FOR THE NERVOUS. By George M. Beard, M. D. Edited by A. D. Rockwell, M. D. New York: E. B. Treat.

In the Introduction the author says:

The causes of sexual neurasthenia are not single or simple but complex; evil habits, excesses, tobacco, alcohol, worry and special excitements, even climate itself, are the great predisposing causes.

The subject is restricted mainly to sexual exhaustion *as it exists in the male*, for the reason that the symptoms of neurasthenia, as it exists in females, are, and for a long time have been, understood and recognized. Cases analogous to those in females are dismissed as hypochondriacs, just as females suffering from now clearly explained uterine and ovarian disorders were formerly dismissed as hysterics.

This view of the relation of *the reproductive system* to nervous diseases is in accordance with facts that are verifiable and abundant; that in men as in women, a large group of nervous symptoms, which are very common indeed, would not exist but for morbid states of the reproductive system.

This forms Volume XX of Treat's Medical Classics, and is, practically, with revisions, additions, etc., the third edition of this popular work. The causes and symptoms of forty-three cases are given and a chapter on Diet for the Nervous.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF MICHIGAN. 21st and 22d annual sessions.

This volume of nearly 200 pages contains only the papers not published elsewhere, and contains some papers of merit.

A COMPEND OF GYNECOLOGY. By Henry Morris, M. D. With forty-five illustrations. Philadelphia: P. Blakiston, Son & Co 1891.

Another of those convenient pocket companions—Quiz Compend— which form such splendid works for ready reference, for either student or practitioner.

KNOWLEDGE: A WEEKLY MAGAZINE. Supplementing all Cyclopedias. Pp. 586. Vol. I. June to December, 1890. New York: John B. Alden. 1891.

Knowledge undertakes to give the information which one ordinarily seeks in a Cyclopedic and *fails to find*, because the Cyclopedic is not "up to date"; it was published last year, or more probably ten years ago. "The world moves," and the most important questions to be answered are of *to-day*, and not of yesterday. The bound numbers will make two encyclopedic volumes per year. Write the publisher for particulars. This may be what you are looking for.

ANNALS OF THE BRITISH HOMŒOPATHIC SOCIETY, and of the London Homœopathic Hospital. 1890.

A volume of essays and discussions, much of which has already appeared in the English journals *The World* and *The Review*.

Editor's Table.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION meets at Richfield Springs, N. Y., June 23, for a four days' session. The Springs is one of the most delightful summer resorts of Central New York. It is situated on Lake Canadarago, six miles from Otsego Lake—the Glimmerglass of Cooper's tales—1,700 feet above the sea, and the seat of the famous White Sulphur Springs of the North. The sessions will be held in the parlors of the Spring House, which under its present management has won an enviable reputation, and the Association is assured that nothing will be left undone to make the meeting one of the most pleasant and profitable in its history. Every member who has ever attended one of the sessions has been fully repaid, and this meeting promises to be no exception. Hotel rates have been made \$2.50 per day.

THE R. I. STATE SOCIETY has voted to invite the American Institute to hold the session of 1892 "within the boundaries of the State." We think we can see the plucky hand of Dr. Peck in this early move.

BROOKSIDE RETREAT, a private homeopathic hospital for the insane, has been established at Plainfield, N. J., under the management of J. H. Cooley, M. D., with Drs. Rushmore and Davis as consulting physicians. These names are a guarantee that patients will receive homeopathic treatment.

F. F. CASSEDAY, M. D., has removed to 828 First avenue South, Minneapolis, and taken the *Medical Argus* with him.

GLENMARY HOME, Oswego, N. Y., is another private hospital for the insane.

"If you should ever have a friend or patient for whom you wish to find a small Private Asylum, where the medical treatment is strictly homeopathic, and the best hygienic regulations are adopted, and where the care and surroundings are homelike and pleasant, investigate the

above. Dr. A. J. Givens, formerly Interne at Middletown, is the medical superintendent.

G. G. CLIFFORD, M. D., has been appointed physician to the county hospital, containing sixty beds, at San Antonio, Texas. We believe this is the first official recognition of Homeopathy in the South. The homeopaths of the Lone Star State are to be congratulated.

DR. THOMAS M. STEWART has removed his office to 104 W. Eighth st., Cincinnati, Ohio.

H. A. MUMAW, M. D., has, after spending a year in post graduate study in the Detroit hospitals, located at Elkhart, Ind., where he will engage in general practice.

DRS. T. P. AND HAROLD WILSON have removed their office to 96 Miami avenue, Detroit, where they will pay exclusive attention to the eye and ear (of Detroit).

LIPPINCOTT for June. The eyes of travelers and pleasure-seekers who are weary of the beaten paths are just now turned towards Alaska, which is said to possess some of the most marvelous scenery in the world. An article describing a trip to Alaska and the beauties of its mountains and valleys is contributed by Grace Peckham, M. D.

H. F. BIGGAR, M. D. has performed 239 laparotomies. In the last 39 only two deaths, both malignant, in which were included seven hysterectomies without a fatal issue.

J. R. KIPPAX, M. D., will be out of the city this year from May 25th to July 15th. His office will be closed during his absence. Fortunate doctor.

OFF FOR EUROPE. Drs. Ludlam and Bailey have gone, and Drs. Hoyne, Shears and Hawkes go on the 1st of June. A few have to remain to represent the Faculty of Hahnemann College.

TO THE MEMBERS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION: Richfield Springs is right before us. The Bureau of Surgery is short. If it is to make a fair showing, members will have to write for it soon. Too many have the notion that only cases requiring mechanical assistance belong to this bureau. A great mistake! Everyone is requested to contribute the history of some case cured with medicine that would have been condemned to the knife by the old school; or some case, necessarily operative, rendered more surely and quickly successful, and more comfortable by homeopathic medicine. We should put many such cases upon record, and confound our enemies.

Reader, this is addressed to you. Please send the title of your paper at the earliest moment practicable. EDMUND CARLETON, Chairman,
53 W. 45th St., New York.

FRANK KRAFT, M. D., editor of the *American Homeopathist*, has removed to 1905 Euclid avenue, Cleveland, Ohio.

C. C. HOWARD, M. D., has removed to 64 West 51st street, New York.

S. E. CHAPMAN, M. D., writes: "Please add the following names to the list of correct answers: B. Fincke, Brooklyn; C. St. Clair Drake,

St. Thomas, Ont.; J. L. Coombs, Grass Valley, Cal.; C. H. Barber and F. E. Brown, Hahnemann College, Chicago; Arny Quackenbush, Mountain View, Ont.; J. S. Cron, Gladbrook, Ia.; Lillian A. Dell, Oakland, Cal. A few of the students of St. Louis College did not answer all the questions correctly."

MARRIED: W. I. Wallace, M. D., and Miss Hattie L. Vanderoef, on Wednesday, May 13, 1891, at 234 Green avenue, Brooklyn, N. Y.

"**THE THREE FATES**," a new novel by F. Marion Crawford, opens attractively in the May number of the *Home-Maker*. The illustrated articles are "Some Old Time Jersey Weddings," beginning with the "Bridal of Lady Kitty Alexander," and followed by the "Camera," illustrated by a number of distinguished amateurs, including Miss Catherine Reed Barnes, Mr. Elbridge T. Gerry, Mr. Franklin Harper, Mr. David Williams, and others.

"Bicycling for Women" is delightfully written about by a well known New York expert, Mrs. Josephine R. Redding, editor of the *Art Interchange*.

Grace Ellery Channing, Clinton Scollard, Lucy Agnes Hayes and Carlotta Perry contribute charming poems, and there are short stories and a great variety of excellent miscellaneous and domestic matter.

IN MEMORIAM.

DAVID SHEPPARD SMITH, M. D., president of Hahnemann Medical College, died April 29th, of angina pectoris, aged 75. He was born in Camden, N. J., April 28, 1816; studied medicine in Philadelphia and graduated from Jefferson Medical College, in 1836, when 20 years of age, and soon after settled in Chicago. In 1837 he married Miss Rebecca A. Dennis, of New York, and four children were born to them, two of whom survive him. In 1840 he began to investigate, and in 1842 adopted and began the practice of Homeopathy in Chicago, the first homeopath west of the lakes, from which he received the well-earned title of "Father of Homeopathy" in the West. In 1854, assisted by Abraham Lincoln and Thomas Hoynes, he obtained the charter of Hahnemann Medical College and was its first president. In 1858 he was elected president of the American Institute, and in 1865 its treasurer, and no member ever took a more active interest in its welfare. He was an honest, patriotic, progressive, public-spirited man, of sterling integrity, a sincere Christian, with a large circle of friends both in and out of the profession. He attained an oft expressed wish to outlive his seventy-fifth birthday and died the day after.

WILLIAM A. HAWLEY, M. D., died at his residence in Syracuse, N. Y., at 1 A. M., May 16th, 1891, in his 71st year. His loss will be severely felt in Central New York, and in the I. H. A., of which he was a recent president, and has always been an active and valued member. An honest, earnest, fearless man, who had the courage of his convictions and the ability to maintain them.

Dr. Hawley was born August 28, 1820, in Hinsdale, Berkshire county, Mass. He was a son of Rev. W. A. Hawley, a Congregational minister, who preached for twenty-five years in that place, the Hawley family

being descendants of Joseph Hawley, who settled in Stratford, Conn., about 1680. Dr. Hawley was fitted for college by his father, and when eighteen years old entered the Williams College, and graduated with credit in 1842. He first turned his attention to teaching, going for that purpose to Kentucky. In the winter of 1848 he returned to New England and took up the study of medicine and graduated from the Albany (N. Y.) Medical College in 1851, as he himself expressed it "a confident believer in allopathy." He began the practice of medicine in Albany, and in a few years turned his attention to Homeopathy and was one of the old school practitioners. From Albany he went to Saratoga Springs and associated himself with Dr. Bedortha in the water cure at that place. He then took charge of the water cure establishment at Lebanon Springs Columbia county, which was the first water cure establishment in this country, and was very successful. After a year or so spent at Lebanon, he removed to Watertown, and in 1861 came to this city, associated himself with Dr. A. R. Morgan, and has practiced here ever since. He was one of the oldest practitioners of homeopathy in the country, and his practice was characterized by a strict obedience to its laws. He was a thinker not alone on the practice of medicine, but on many subjects which claimed his attention. His position in his profession was in the front rank, and he was honored by his brethren in many ways, having held the office of president of the County Homeopathic Medical Society eight years out of the twenty-seven of its existence. He was a member of the International Hahnemannian Association, of which he was president in 1888. He was also a member of the Central New York Homeopathic Society.

In September, 1851, he was married to Miss Willard, of Massachusetts, who died in 1889. He leaves three children, Mary E., William A., of Pittsburg, Pa., and Mrs. M. J. Howes, of Holyoke, Mass.

At a special meeting of the Onondaga County Homeopathic Medical Society, held at the office of Drs. Sheldon and Candee, the following resolutions were unanimously adopted:

Whereas, Death has entered our ranks, choosing therefrom a shining light in the person of Dr. William A. Hawley, be it

Resolved, That through the death of Dr. Hawley this society has lost one of its oldest, most valued and respected members, one whose place it will be hard to fill; a man whose natural abilities would have rendered him prominent in any walk of life, whose professional attainments had gained for him deserved eminence, whose stability, and devotion to principle were most remarkable, and whose professional consecration was most thorough—a wise counsellor and a leader of men.

Resolved, That this society pays highest tribute to Dr. Hawley's untiring efforts for the cause of Homeopathy, to his invaluable services in behalf of this organization to his long years of effectual work among the sick, and to his value in the profession and to his fellow-men.

Resolved, That we extend to his afflicted family our most cordial sympathy, together with expression of our own personal bereavement.

Resolved, That a copy of these resolutions be sent to the family of the deceased, to the MEDICAL ADVANCE, and that they be engrossed upon the records of the society.

J. W. SHELDON, M. D.,
S. L. GULD-LEGGETT, M. D.,
E. ELMER KEELER, M. D.,

Committee.

SYRACUSE, N. Y., May 18, 1891.

THE MEDICAL ADVANCE.

A HOMEOPATHIC MAGAZINE.

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No. 6.

AMAUROSIS, DUE TO CHANGES AT THE VISUAL CENTRE—A PECULIAR CASE; CURED.

The following case is one of such rarity and of such unusual profundity in its expressions, and the result attained so eminently satisfactory and remarkable in its exemplification of the law of similars, that an exhaustive description of the symptoms, with their objective and subjective manifestations, as well as the reasons for the choice of the remedies, are herewith fully given:

Chas. E. Y., aged 30 years, was referred to me by his physician, Dr. A. D. Smith, who accompanied him to my office. The history of the case is as follows: During the latter part of August, 1888, Mr. Y., who worked as fireman on a locomotive, was subjected to much care and worryment of mind, incident to the sickness and death of a child. The child's illness lasted four or five weeks, during which time the father worked on his locomotive by day, remaining frequently with his child during the whole night, and for the last ten days of the child's illness the father had no sleep, preferring to be up and watching, being wakeful, as he thought, on account of his anxiety of mind. On October 2d, the child died, and the father went to bed at night, waking, however, after having slept ten minutes, in a state of restlessness, sleeplessness and depression of spirits; he got up and dressed, remaining up all night, during which time he complained of feeling strangely, with great dejection of spirits; dizzy in the head, as if everything about him whirled in a circle. This

wakefulness and dizziness, to about the same degree, persisted during the time preceding the funeral of the child, after which he went to bed early, at 8 o'clock in the evening, and slept well all night, being awakened at 4:30 by an alarm clock set for the purpose of rousing him, when he found himself totally blind, not the slightest response to, or consciousness of, the presence of light, although the lamp was burning brightly at his bedside. With this condition was associated twitching and spasmodic distortion of the muscles of the face. In this state, with the addition of the following symptoms, he presented himself at my office: He had no distinct headache, but a dizzy, whirling, confused feeling was almost constantly present, aggravated when stooping, and especially on rising from stooping, with a pressure toward the forehead, as if the contents of the skull would almost protrude. The left eyeball converged, and although he had not the slightest objective consciousness of the presence of light, he was very sensitive to an exposure to it, especially to artificial light, which caused an intense, stinging pain, shooting directly backward to the lower occipital region. As the light from an ophthalmoscopic mirror was permitted to enter the eye, the sensation was unbearable; at such an examination he would spring as if he had received a charge of the most pungent pepper thrown into his eyes, causing the eyeballs to roll convulsively.

On October 26, 1888, he appeared for treatment, being led to my office by an attendant. On ophthalmoscopic inspection, the retinal and optic discs showed a somewhat blanched, anæmic appearance, but the retinal blood vessels gave no evidence of a want of conducting ability, and the media were perfectly transparent.

Treatment was commenced with Belladonna 30, the doses being repeated daily, several times, till November 3d, when such evidence of gain was manifest that Sac. lac. was substituted; from this time to November 13th he continued to improve steadily, becoming gradually more conscious of the presence of light, with marked change for the better in the facial expression, and a steady decrease in the dizzy consciousness of the head. With the gain in the visual ability, he first became conscious of the presence of *white* things, although no form or outline could be discerned, yet *white* objects were recognized as *white*, and produced much distress of dazzling sensi-

tiveness, causing a stinging backward from the eyeballs to the center and base of the brain. As his visual ability still further increased, objects began to assume form and shape, although microscopic and exceedingly diminutive in size, as if they were at a great distance, such as would be produced by looking through the large end of an opera glass, though much more markedly so, for everything was of exceedingly reduced appearance and proportion; for instance, the white curtain at the window looked like a distant, diminutive, white bead; the sidewalk looked like a thin, narrow ribbon, and persons walking thereon appeared in size like minute, black spiders or bugs. During this time extreme sensitiveness to light continued, so that, with much difficulty, could he expose his eyes long enough to be tested as to his visual ability; the stimulus of *white* light producing much more distress than any other, though all light was extremely trying. On account of the disproportion in the appearance of objects, looking both too small and too distant, with great sensitiveness to white light, and a continuance, more or less marked, of the facial distortion, I concluded to give Stramonium 200, which was done on November 15th and continued till the 17th, at which time he reported a renewed increase of discomforture, more consciousness of the head, with inclination to increased wakefulness at night; vision became more blurred, with greater sensitiveness to *white* light, so I deemed it advisable to return to the use of Belladonna, under which remedy he had certainly gained; it was given in the 200th potency, repeating an occasional dose till February following. During this interval of time, vision and strength steadily improved, objects getting progressively more normal looking, with reference to distance and size: for instance, a person walking a few yards away on the sidewalk, from looking at first as small as a diminutive ant and extremely distant, improved in proportions daily, increasing gradually in stature to the normal appearance in steadily progressing gradation.

On December 15th vision for distant test type equalled $v = \frac{1}{2}$, with the diminutive and distant appearance in a relative degree. Had been able to come alone to the office for a week past, having vision enough to avoid objects and keep upon the sidewalk. Early in February $v = \frac{3}{8}$ in each eye; his head felt well and he had refreshing sleep at night. At

his earnest request, although not without many misgivings and repeated injunctions to him as to the necessity of the observance of the utmost care in exposing himself to great muscular exertion, to heat, or to the glare of strong light, as would be the case in work on his locomotive, I yielded to his entreaties and gave a certificate to the railroad company; that Mr. Y. was able to again do duty as a fireman, which occupation he soon thereafter undertook.

On the 27th of February, while pursuing his vocation, had again a profound relapse, beginning with a gradual, but rapidly increasing, blurriness in the visual fields; vision became double and treble in each eye individually, with hard, stinging pains extending from the eyeballs to the back of the head; sight was soon thoroughly obliterated, first in the left eye, then as profoundly in the right. A mild delirium developed, and the head was drawn forcibly backward, with much rigidity and pain in the occipital region; face flushed, and a very sore throat developed; tympanitic condition of the bowels and constipation. Pain in the eyes, worse at night, so far as continued suffering was concerned, but the stimulus of light at any time, although unable to see it, produced an aggravation of the stinging distress, extending from the eyeballs to the lower occipital region. Paresis of the extremities developed, especially of the lower, with a marked influence on the cardiac plexus of nerves, whereby the motion of the heart became unsteady and very slow, decreasing to 30 to 35 beats per minute; respiratory motion was greatly impeded, causing much dyspnoea, and necessitating lying with the head high, almost in the erect position, to avoid suffocation; when losing voluntary control in sleep, or *first* falling asleep, respiration would stop and revive again only as he wakened with a start to recover it; but this want of respiratory control would disappear after having been repeated a few times; this condition was accompanied by a state of great prostration, confining him to his bed; with it he complained much of severe, snapping sounds in the head, repeated frequently; was very drowsy, sleeping two or three hours at a time, day and night; countenance looked wan and drawn, with facial twitching. Prescribed Secale 30. When these symptoms first developed he was attended by an allopathic physician, who diagnosed the case as one of typhus fever; to me, however, the situation

seemed to be that of a combination of meningeal inflammation, with effusion into the ventricles at the base of the cerebral cavity. During the following month, in the main, Dr. Smith kindly attended him, reporting to me, at intervals, of the condition, which, so far as physical improvement was concerned, progressed, with aggravations and ameliorations alternating, till the middle of April. During this interval of time *Laurocerasus* was given first, then *Gelsemium* was prescribed, also *Grindelia robusta* was given a few times; the last two remedies, particularly with reference to the condition of loss of respiratory ability on falling asleep. The treatment, however, was conducted mainly under the influence of *Belladonna*.

By April 17th Mr. Y. was physically able to be about, but not a vestige of the return of vision was manifest. The severe stinging pain in eyes, induced by the presence of artificial light, continued; eyes felt much worse during the act of looking (rolling them) upward; the eyeballs felt cold to the sensation, not so to the touch, with aggravation of the cold sensation in the open air; feet cold and clammy much of the time. Prescribed *Calcarea* 200; a general relief to eye discomfortures, and an improvement in the circulation commenced and progressed under this influence, but vision remained unchanged.

On May 15th again prescribed *Belladonna*, not so much, however, from existing symptoms, for they were almost *nil*, but principally from the fact that so much had heretofore been accomplished under its influence. This remedy was continued, with occasional repetition of the dose, till July following.

In June the question arose as to Mr. Y.'s probable permanent blindness, instituted by the Lodge of Locomotive Firemen, to which order he belonged, as to the right for payment or not of the sum due to disabled members, to which he was entitled if he was to be permanently blind. Considering it advisable to obtain other and varied testimony and opinions upon the case before a decision was given, he was examined by several prominent oculists of both the old and new schools, who unhesitatingly concurred as to the probable permanency of blindness, and this statement was made to the Lodge in question. During this time and until the latter part of Septem-

ber Mr. Y. reported at the office at intervals of ten days and had an occasional dose of *Calcarea* administered. The eyes now began to develop an appearance as of catarrhal conjunctivitis, with congestion of the conjunctival blood vessels; the secretion of mucus was of a peculiarly glutinous, tenacious and discomforting character, cementing the eyelids together and most firmly during sleep, thus necessitating much washing and continued efforts to release them; this state was accompanied by an increased sense of icy coldness of the eyeballs, the sensation being much worse when exposed to the open air; the tarsal borders became congested in appearance and sensitive to the touch. Prescribed *Alumina* 200, which produced a gradual modification in the sensation of coldness of the eyeballs, also in the adhesive character of the mucus secretion. *Alumina* was continued, with occasional doses, till

Jan. 29th, 1890. During the intervening time there was a gradual, progressing consciousness of a disposition to a clearing in the area of the visual fields, though no form or shape was yet apparent; he was conscious, however, of the shadow of objects passing closely between himself and the light.

On Jan. 29, wakened in the morning, with a tremendous noise and pain in the occipital region, and an aggravatingly increased sensitiveness to the presence of light from the window towards which his bed was facing. The stinging pain in the pupils, extending straight through to the occipital region, became greatly augmented on exposure to the stimulus of light, so that the room must be darkened. *Alumina* was continued as before. Vision still gradually improved, announcing itself; as after the first attack, with a microscopic diminution in size and position of objects, with much mistiness in the visual fields; notwithstanding, however, that objects had steadily improved in their relative size, and even after he had sight enough to go about alone vision continued very misty.

On March 10th, on account of continued sensitiveness to light; pressure and stinging in the eyes; acrid lachrymation, keeping the eyelids wet all the time; a slight dizzy, stupid feeling in head existing, and a humming sound in the ears, with a sense of distension within the auditory canals, I prescribed *Nitric acid* 30, which proved to be the last remedy needed to complete the cure. He is now in the full enjoy-

ment of his strength and sense of vision, and is following the vocation of brakeman, instead of fireman, for the railroad company deemed it unsafe to again permit him to work upon a locomotive, for fear of a possible sudden return of the trouble.

The exact nature of the brain disturbance seems to me somewhat obscure, although an effusion into the basilar region was evident, which extended itself along the visual tract. An effusion into the gyrus angularis, or final visual area, was evidently present, as well as in the cuneus and subjacent gyrus, where the visual center in man is established. The cardiac plexus was involved in the influence, through pressure on the cephalic portion of the cranial nerves and the sympathetic. There was no history of venereal disease associated with the case. Mr. Y.'s first attack of profound blindness lasted thirty-four days, and the last attack one year and fifteen days. He now affirms that his eyes are stronger and vision clearer than ever before.

FREDERICK W. PAYNE.

BOSTON.

THE INDIANA INSTITUTE OF HOMŒOPATHY.

The Indiana Institute of Homœopathy held its quarto-centenary meeting May 13th and 14th at Indianapolis, and it was very successful. We regret that we only have room for an abstract of the practical address of the president, E. W. Sawyer. After congratulating the members of the Institute upon their increased growth and prosperity as a society, the doctor spoke of the disgraceful fact that although a large proportion of the wealthy and intelligent people of Indiana were believers in, and patrons of, Homœopathy, and although so large a per cent. of the taxes were paid by them still there was not a public institution in the State that was controlled by homœopaths. There was absolutely no hospital and no insane asylum in the State where patients could be treated homœopathically. Give Homœopathy a fair chance, let it have an equal standing before the law and it has nothing to fear. In this respect our beloved State is behind New York, Massachusetts, Minnesota, Illinois and many others. Let us hope that the proper presentation of these facts will be made, and this great injustice remedied.

The doctor then spoke of the unfairness of having a mixed board of State examiners for all schools. Only in this way can we attain freedom from majority rule, the right to examine and licence our own candidates, and secure fair play in the exercise of our professional and constitutional rights. A vigorous effort for the establishment of separate examining boards has been successfully made in New York, and he advised the inauguration of a similar effort to be made in Indiana. Every homœopathic physician in the State was advised to see the representative of the district in which he practiced in the interest of fair play for all.

The year's progress in medicine was then briefly reviewed, and much of it shown to be fallacious. The inception, rise and fall of numerous medical fads were referred to, including the world-wide famous Koch Lymph, and the conclusions stated that the real progress of the year was chiefly confined to those who had carefully studied their cases, profiting both by their own and others' experience, and thus attained to greater skill in curing the sick. This was real progress, and none the less so because it was not heralded with a fanfare of trumpets, a great noise and commotion. He concluded by extending the right hand of fellowship to the visiting physicians.

THE FORCE IN DRUGS WE EMPLOY.*

Diseases are either modified, ameliorated, or cured by substituting another disease. This is so universally admitted as to become a postulate.

Co-equal with this is a second acknowledged fact, that artificial diseases are created by application or administration of substances which have been termed by the general name of drugs, or medicinal substances.

The employment of said medicinal substances admits of an inherent power resident, which is sought after to produce the condition above stated. Thus far all schools are a unit in belief and practice, but as to preparation and law of administration of these medicinal forces they here reach the point of divergence, especially in theory. But it is not the intention or purpose of this paper to discuss that side of the issue, but as homœopaths to discuss the force we employ according to Similia.

* Indiana Institute of Homœopathy, May, 1891.

Natural philosophy teaches there is a force known as cohesion, which attracts and holds atoms and molecules of the same kind together, thus giving us aggregation of same, collecting matter into a mass or bulk, hence in its aggregated form we behold the gold or silver mass or any of the sixty-four or more simple elements which are not gaseous in form.

Peck's Ganot says: "Cohesion differs from chemical affinity, which determines the molecules by uniting dissimilar atoms according to fixed laws. Chemical affinity unites atoms of carbon, oxygen and hydrogen to form molecules of sugar, but it is cohesion that unites the molecules of sugar into a solid body."

Here we have a new force entering into the composition of substances which are denominated compound, being composed of two or more simple elements chemically combined.

Molecular force is spoken of, but on analysis we believe it a term used to designate two opposing forces which might be, and are, known under the titles of attractive and repellant. Some philosophers, among them Peck and Ganot, think these forces give to bodies many of their most important physical properties.

Of these forces, can either be the one sought for? Will they fulfill all the demands of this force? Were we to conclude it cohesion, we would be confronted with the following: So far as we can learn, cohesion is the same identical force wherever found; hence its action according to Similia must be the same at any and all times. Our provings of remedies give us that great variety which goes to make up the homœopath's strong armamentarium; hence cohesion fails.

Chemical affinity is subject to the same objection as cohesion, with still a stronger. Were it the power, elementary substances would necessarily be deprived of medicinal power by absence of this force.

Molecular force being a compound, viz.: Attractive and repellant, giving to bodies many of their physical properties, might have a faint possibility of being our desideratum; but we know the forces only when operating on matter, giving it the physical properties by which we are made cognizant of their presence.

Analysis of these forces, according to our known knowledge, favors cohesion as being identical or the same as this

attractive force spoken of as being one of the components of molecular force.

Sacred history teaches that in the beginning God created all things, giving to each its own peculiarity or individuality. We, through study and investigation, have learned that substances are under the guidance of a force which maintains and directs their existence, the same as the life of man.

Down in the cell, mysteriously hidden from the physical vision, dwells this intangible, imponderable, invisible, strong force, silently directing and performing the mightiest of works. Call it vital power, vital force, spirit force, dynamis, individuality,—it is the same mighty principle, silently performing its great mission. Through the principle of potentiation, made known to us by the immortal Hahnemann, we are all able to separate and transfer it to a proper medium, capable of holding it until administered, whence it manifests its power on the healthy of making sick; and, under the beautiful law of *Similia*, of conquering morbid forces, returning vital force, restoring health.

W. R. BENTLEY.

MORRIS TOWN, IND.

HOW SHALL WE STUDY THE MATERIA MEDICA?*

This is a question of the greatest importance, and it has engaged the attention of the best intellects of our school from Hahnemann's time to the present. This has not yet been solved, nor does the writer of this article presume to offer anything conclusive on the subject; but if these hurriedly written thoughts should provoke discussion, some good will come of it, and he will have accomplished his object.

In our college course we gain a general knowledge of the "key notes," or most salient features of the polychrists. Beyond this, we do not know much. Thus equipped, we enter the field and encounter disease with its infinite symptomatic manifestations. And now, as never before, we must engage in the study of *Materia Medica*. The *simillimum* is the great desideratum, and it must be found. A human life is at stake; our own reputation and fortune depends upon our finding the indicated remedy. These weighty considerations stimulate us to our utmost endeavor. So we are brought

* Indiana Institute of Homeopathy, May, 1891.

to confront that colossal mass that constitutes the homœopathic *Materia Medica*. We can not manage so much material without method. I have a few thoughts to offer:

First. When we approach this endless symptomatology, we must entertain a clear concept of what we are seeking. This involves that all important item, "The taking of the case." At this point many fail, fall into bad practice, such as alternation, polypharmacy, palliative methods, etc. Right at this point is the key to success. In difficult cases the symptoms should be carefully written down, and all those that are persistent, periodical and peculiar, should be sedulously studied, especially those that are purely subjective and mental aberrations.

Second. Having taken the case, we are now prepared to seek for the remedy. We have taken the picture and we will know the simillimum when we see it. Of course, as homœopaths, we understand that but one remedy is indicated in a given case. How then, can the alternationist come to this tremendous mass of symptoms, seeking and hoping to find the remedy? Alternation is the legitimate child of ignorance and laziness.

I do not come before you as a transcendentalist, advocating the single dose of the highest possible potency, but with all my soul I do contend for the single remedy. Nothing less than this can fulfill the requirements of science as formulated in *Similia Similibus Curantur*.

I had been practicing but a few months after graduation, when there fell into my hands a case of typhoid fever, the patient, despite my most earnest, zealous, agonizing efforts, progressed very unsatisfactorily, and I felt that I was about to be dismissed unless a change for the better occurred very soon. In this desperate strait I learned that one of my old college professors was stopping a few days in an adjoining town. Joyfully I hastened to bring him to see my patient, entertaining no doubt but that he would save her and teach me a jolly good lesson. The great man came, saw, but did not conquer. After examining the patient we consulted in the parlor.

"Professor, can you save her?"

"With a most sapient expression of countenance he sagely replied: "There is no reason to think she will live, and no reason to think she will die."

Of course that was most edifying! "What remedy do you find indicated, professor?"

"Doctor, I would give *Arsenicum album* 3x, *Rhus tox* 2x, and *Muriatic acid* 1x in half hourly alternation." Just so! 'Twas done—she died.

Now if Homœopathy be the science of therapeutics, was not that woman the victim of ignorance? How can such a man as this professor study the homœopathic *Materia Medica* to any advantage? He is a stumbling block and a blind leader of the blind! If they do not all fall into the ditch a heavy percentage of their patients will do so.

Third. And now we must consider how we can most expeditiously discover the simillimum. Without question this can only be done by the aid of our repertories. I confess a great liking for Hull's *Jahr's Symptomatology and Repertory*. To be sure it is old and needs bringing up to date, but it often serves me a good turn. Monographic repertories such as Bell on *Diarrhœa*, and Allen's *Therapeutics of Intermittent Fever*, are of the greatest value. T. F. Allen's *Böninghausen's Pocket Book* will prove to be a wonderful aid to all true homœopaths who use it. There are many other repertories worthy of mention, but must be omitted for lack of space. That the best arrangement has not yet been devised seems apparent from the fact that works on *Materia Medica* and repertories are multiplying. But the womb of Time contains a giant who will come in good time. He will make the crooked paths straight, and give us a perfect arrangement. Condensation or abridgement I do not believe to be a movement in the right direction. In gathering out what we suppose to be tares, we are sure to pull up wheat. Spurious symptoms will become eliminated by reprovings, and eventually we shall possess a perfect pathogenesis of every known remedy. Who, then, would abridge such a work? Is a pocket edition of Webster to be compared with his great "Unabridged" for practical purposes? Herring's "Condensed" is a grand book; but when his "Guiding Symptoms," with a well-arranged repertory, is completed—I am not prophet enough to say when that will be—the abridged edition will fall into disuse to a great extent.

In conclusion, our *Materia Medica*, when perfected, will be the homœopath's exhaustless picture gallery. And the

good time is coming when we may take our guide book (repertory) in hand, and walk unerringly to the picture we seek. But this glorious millennial period is for the true homœopath alone; the man who patiently and studiously takes the case, and enters the gallery with a clear-cut, definite idea of what he is there for. But for the alternationist, the eclectic-homœopath, the fearful and unbelieving, no such time is possible. They must continue to walk in darkness, because they reject the light.

S. E. CHAPMAN.

WATSONVILLE, CAL.

HYDROCEPHALOID: A CASE AND ITS LESSONS.*

Sunday, March 29th, the three year old son of Mr. B. was taken ill with a convulsion. The previous health of the child had been excellent, though of a somewhat scrofulous tendency. When one year old he barely recovered from a severe and prolonged attack of catarrhal pneumonia.

No reasonable cause of the convulsion was apparent, other than a profuse and frequent discharge from the bowels, which had been present since midnight of that day. These discharges were quite frequently bloody or bloody water. Thinking that the child had eaten some poisonous or irritating substance, and as the symptoms seemed to agree thereto, Arsenicum was given with no relief. At the close of the second day the case had become very alarming, from the frequency and exhausting character of the discharges, which were returning as often as every five or ten minutes

A very careful study of the case presented the following characteristic symptoms at midnight of the second day:

1. Stools frequent.
2. Violent tenesmus.
3. Color green; occasionally bloody.
4. Great thirst.

By reference to the repertory in Bell's Therapeutics, the remedies having symptoms 1 and 2 were found to be:

Ant. t., Bap., Bell., Bov., Canth., Caps., Coc., Colch., Cub., Dulc., Kali b., Lach., Merc. c., Merc. v., Rhus, Thromb.

These being contrasted with symptom No. 3, the following remedies were selected:

* Minnesota State Homœopathic Society.

Ant. t., Bell., Canth., Colch., Dulc., Mer. c., Mer. v., Rhus.

Contrasting these with symptom No. 4, the following were selected. The degree of importance of each of these symptoms as appearing in the pathogenesis of these various drugs was indicated by marking them with one, two or three marks, according as the symptom was seldom present or very emphatic. These marks were counted at the end of the process of cancellation, with the following results: Ant. t., 4; Colch., 6; Dulc., 5; Merc., v., 8; Rhus, 5.

Merc. v. was clearly the indicated remedy and was given in the 200th potency. But, to my bitter disappointment, the case steadily grew worse and presented at the close of the third day the following prominent and undoubted symptoms:

1. Stools frequent.
2. Stools watery.
3. Color green.
4. Stools painless.
5. Sopor.

By the use of the Repertory as in the previous case Apis was clearly the indicated remedy, for the symptoms obtaining at that time, and was given in the cm. potency. Two powders were given three hours apart and allowed to act uninterruptedly for five days.

During this time there appeared no change in the appearance and frequency of the evacuations from the bowels. Life hung on such a brittle thread, all hope was given up by the family and the allopathic physician called in council. During this brief period and the days just immediately preceding it, no less than 500 passages occurred of a very exhausting character.

But of the hydrocephaloid condition, for which the remedy was given, there was a slow but continuous improvement. The pupils were no longer contracted, the rolling of the head ceased, and the *cri encephalique* no longer startled the anxious watchers.

But these symptoms being only complications, and incidental to the original trouble, I was not surprised to find on the morning of the ninth day that the passages had returned to the former deep olive green, jelly-like mucus and had become very painful. Evidently the Apis had finished its work and now the system called for Merc. v.

This time the effect was prompt and satisfactory. A few doses of the 200th were given and allowed to act uninterruptedly the remainder of the week. The improvement in the frequency and appearance of the passages was exceedingly slow, but, nevertheless, sufficient to require only an occasional repetition.

On the morning of the thirteenth day, the Merc. having expended its force, the following symptoms presented:

1. Stools followed by tenesmus.
2. Color green.
3. Aggravation from 12 P. M. to morning.

Three doses of Sulphur cm. repeated at intervals of three or four days as there appeared a revival of the above symptoms, cleared up the case and added the finishing touches to as sick a child as rarely falls to the lot of the physician under a favorable termination.

COMMENTS.

The severity and long continued action of this case, placing it beyond the probabilities of a natural favorable termination, and the clear cut selection and undoubted action of the remedy, renders this a fitting case to illustrate THREE important rules of the Organon.

First, ON THE PROPER MANNER OF TAKING THE SYMPTOMS OF A CASE:

I am anxious to emphasize this point as being the fruitful cause of a vast amount of indifferent and harmful prescribing. Allow me to quote freely from the Organon. §84 reads thus:

The patient narrates the history of his complaints; his attendants communicate what they have heard him complain of, and describe his behavior and other circumstances they have observed. The physician observes by means of sight, hearing and touch what is changed and abnormal about the patient, and WRITES DOWN EVERYTHING in precisely the same expressions used by the patient and his attendants. He quietly allows them to finish their story, if possible, without interruption, unless they digress upon irrelevant subjects, only requesting them at the outset to speak slowly, to allow him to take notes of the speaker's words.

The following paragraphs speak of reviewing and rewriting the statements until the whole is accurately and systematically "boiled down." In this way only can the unmistakably characteristic symptoms be sifted out and arranged so as to fit to them the drug picture to be found in the *Materia Medica*.

You say this takes too much time and is not practicable for the busy practitioner. It is practicable and becomes a solemn duty, if thereby we can save a desperate case, that would have otherwise died under much of the ordinary careless off-hand prescribing. Such care and accuracy may not be needed with every patient, especially if the physician has become skillful in writing out and selecting the salient points of a case. But such skill comes only from frequent writing, and the more often it is used the better the prescribing. Certain it is unless the physician acquires the habit of writing out his cases, he will not be able to do so at a time when he might be most anxious to avail himself of the accuracy and skill that that habit brings. Here is the great advantage—the discipline it gives to the physician in the line of accuracy and conciseness of thought and expression, and a wider familiarity with the *Materia Medica*.

Second, ON THE USE OF THE REPERTORY:

Only in thus preparing a statement of the case can we avail ourselves of the valuable aid of the repertory. How the conscientious homeopathic physician can consider his duty discharged to his patients who never makes use of the repertory is past my comprehension. Certainly it must be through ignorance of its use and of its wonderful help in time of need. I am bold to say that no man can be a master in the homeopathic profession who does not use that well thumbed book often and freely. It prevents careless and routine prescribing, deepens and extends the knowledge of the *Materia Medica* and often points out the long-needed remedy from a source from which one had never thought to look.

A case to illustrate: Woman, aged 43. Agonizing, lancinating pain in the ball of the left great toe. Aggravation at night and from *hot* applications. This last symptom knocked out of the ring all the usual rheumatic remedies and set me all at sea, never having met that combination before; the aggravation had always been from COLD, not from HOT applications in rheumatism. Without the repertory I would not likely have found the only remedy that could and did relieve that terrible suffering the very first night—a suffering for which quantities of morphine had been taken in years previous, but never before cured.

Further inquiry disclosed great physical disturbance from the poisonous bite of all insects.

Lastly, ON THE REPETITION OF THE DOSE:

§ 248 reads thus: The dose of the same medicine is to be repeated several times, if necessary, but *only* until recovery ensues, or until the remedy ceases to produce improvement; at that period the remainder of the disease, having suffered a change in its group of symptoms, requires another homeopathic medicine.

I am satisfied that this is a very wise rule, and we do well to strictly adhere to its teaching. My own experience convinces me that many a favorably progressing case is hindered in its action and recovery, even spoiled, by a repetition of the remedy after improvement had become established. I am satisfied that the finer and deeper effects of the drug are only brought out by allowing it to act uninterruptedly till its force has been expended. Then it may be necessary to repeat or select a new medicine, as in the rule.

To get a clear tone from a bell, only one firm stroke is needed; and as these vibrations die out on the distant air, one other stroke is needed. To strike rapidly would intensify the noise and jargon, but would not give a clear, musical note. So acts the impression made upon the delicate nervous system by the single dose of the indicated remedy. Violence and inharmony is reached by a continued application. The aggravation so obtained is surely detrimental to the action of the remedy, and in critical cases, like that cited, might easily have become fatal.

But you say, to sit and wait and do nothing while life hangs tremblingly in the balance is the height of presumption and nothing less than suicide. Just there is where many physicians make the mistake of their lives. It is vastly more important to do nothing than to do the WRONG thing. This last would likely prove fatal in many a case, while the first leaves Nature—the Great Healer—free to practice her divine art. But are you sure that nothing was being done while we anxiously waited five days for Apis to complete its action? Was not the very utmost being done that it was possible for any or all drugs to do? The firmest ground the homeopathic physician ever stood upon (and he will realize it when he gets there) is to know the symptoms of his case and equally well know the adaptability of the remedy, and then await its action.

Neither he nor the family need be disturbed nor lose their heads, as long as there is observed "a letting up" of the severity and diminution of the number of the symptoms on the list. Frequent and accurate observation will discover when the improvement has ceased and the time has come to renew or change the medicine, and until that time is reached the physician risks nothing by waiting, as in the case reported, but gains immensely. Rather, I might say, it was the only possible course by which to obtain the full curative action of the remedy. To have repeated often would have so aroused and taxed the flickering vitality as to seriously endanger the little life.

Let us review the statements we have made:

1. We should write out and analyze the symptoms presented by the patient.
2. We should make frequent use of the repertory.
3. We should repeat the remedy only when clearly indicated.

But as practical physicians what are we to gain or lose by this added labor and expense?

What is the Dr. and Cr. account?

By adhering to these rules, the first more especially, we would

Lose:—(a) More or less valuable time, consumed in writing out the case and in condensing it under its characteristic heads, then finally in running over long lines of remedies in the repertory.

“ (b) The expense of several costly books.

“ (c) A large slice off, in the size of the doctor's bill.

But what do we and humanity .

Gain:—(a) Many valuable lives.

“ (b) A great saving of time and suffering to the patient.

“ (c) Greater skill and knowledge to the physician.

“ (d) The knowledge and satisfaction of having improved the powers and opportunities God has placed within our reach, and filled to the full the measure of the responsibility He has placed upon us, for the right use of such powers.

G. E. CLARK.

STILLWATER, MINN., May 21, 1891.

"FIVE YEARS' EXPERIENCE IN THE NEW CURE OF CONSUMPTION BY ITS OWN VIRUS."

BY J. COMPTON BURNETT, M. D.

This is one of the most delightfully entertaining little books we have ever read on a medical subject. The freshness, the child-like honesty, the thorough love of the subject he handles, gives the author a hold upon the reader that does not relax until the last page is reached. When the little volume was laid upon our desk we forgot the world, and even the dinner table, through the charming influence of its pages. In all our worldly reading we had found but one author that could compare with this handiwork of Burnett's. As page after page was devoured we felt more and more impressed with the idea that J. Compton Burnett and H. Rider Haggard were the same person.

Listen to these descriptions of the work done with the consumption virus and then read either "Allan Quatermain" or "King Solomon's Mines:" "One of my very early cases of bad phthisis, which the virus quite cured, was the daughter of an aged army surgeon then resident in South Wales. The old gentleman has since gone home; but Miss H. is now a fine, stout woman, whom I totally failed to recognize when she came to thank me for her cure. She must have gained thirty pounds in weight. But as I can not lay my hands on the notes of the case, I will count it for nothing.

"In my little treatise entitled 'Fistula and its Radical Cure by Medicines,' may be found a case of urinary fistula in which the bacillic virus saved the patient's life, and cured his disease with the help of other remedies; but I will not count that case as anything, because the virus was not always given by itself."

Case V the author describes at some length, and then says: "The virus of consumption was here administered, the thirtieth at twelve days' interval, and after one month of this the perspirations had greatly diminished; after two months the dullness on percussion at the right apex had gone; the chest took on a much better shape [the depressed right side stood out much better]. In another two months of the same medication she was in capital health, and her mother wrote me at the end of October, 1887: 'She is so well.'

"And now, two years later, I am able to say that she has

never looked back, and is a bonnie person—just a wee bit stout, perhaps. Patient had altogether forty-eight globules of the virus of the thirtieth potency, spread over four months.”

Case VI was a frightfully bad one, that the good doctor treated faithfully from February to October, 1888, with no relief. He says: “I then determined to try the phthisic virus. After being under it for a month she did not trouble herself till March 15, 1889, and then she only came because she had a cold, and therewith some cough again. She had been so well all the winter that she considered herself quite cured. Here I repeated the October prescription of the virus, and I discharged the patient cured in one month and two days therefrom, viz., on April 17, 1889. She has never looked back, and is now a stout woman.”

In comparison we would like to quote a few lines from Haggard where he speaks of the danger to oxen from “lung sick,” and against which the animals have to be inoculated before going far into the wilds of Africa: “As for ‘lung sick,’ which is a dreadful form of pneumonia, very prevalent in this country, they had all been inoculated against it. This is done by cutting a slit in the tail of the ox, and binding in a piece of the diseased lung of an animal which had died of the sickness. The result is that the ox sickens, takes the disease in a mild form, which causes its tail to drop off, as a rule about a foot from the root, and becomes proof against further attacks. It seems cruel to rob the animal of its tail, especially in a country where there are so many flies; but it is better to sacrifice the tail and keep the ox than to lose both tail and ox, for a tail without an ox is not much good except to dust with.”

Burnett’s book is so interesting, the descriptions are so straightforward, the author seems to be such a fine shot and brings down his cases—“pop, bang!” right and left, that we are so carried away by the story that we forget all about the real subject in hand. To save our life we can not decide whether Dr. Burnett had better go on treating consumption by its own virus or spend his time writing books.

OMAHA, NEB., April 27, 1891.

H. P. HOLMES, M. D.

[But Dr. Burnett, and every other homœopath who treats all cases of phthisis with the same remedy, does not individualize his cases, and must necessarily meet with many mortifying failures. He is treating the disease and not his patient.—ED.]

HIGH TEMPERATURE.

Perhaps one of the most extraordinary fevers on record has been under the observation of several physicians of Memphis during the last three weeks. A patient's temperature rose to 158° Fahrenheit, and eleven physicians' thermometers were burst by the pressure.

At the home of M. T. Paoli, manager of the Postal Telegraph Company, 94 Monroe street, a young girl from Cat Island, Miss., has been sick of a remarkable fever for the last three weeks. She is a cousin of Mrs. Paoli, and has been attending the Clara Conway Institute for two years.

The fever started in tonsillitis, to which she is subject. Little was thought of the matter until a fever followed two or three days after. It was then found that the girl was dangerously ill. The tonsillitis, meanwhile, had been cured.

Mrs. Paoli took her temperature with her own fever thermometer. It registered 106°. A physician was summoned. He pronounced the case serious.

Next day the temperature rose to 108° Fahrenheit. Dr. Sale, who was present this day, doubted the accuracy of Mrs. Paoli's thermometer and used his own. It reported the same result. The physicians, Drs. Jones and Sales, became alarmed and expressed it visibly. Telling Mrs. Paoli to telephone them if the fever rose again, they left.

The fever was intermittent. It rose usually about 9 or 10 o'clock in the morning and continued at intervals until about noon. [Nat. mur.] The patient rested well during the night.

Soon after the physicians had gone on the second day of the fever Mrs. Paoli summoned them again, announcing that the temperature had risen to 118°. This was all the thermometer could register, and the bulb burst. A second attempt was attended with no more success.

From this time thermometers broke daily. Little estimate could be made of the fever's height, for every fever thermometer that was tried broke under the great pressure.

Finally a thermometer of extra strength, and highly graduated, was obtained from Chicago. It was capable nominally of registering 160°. It was tried. When the mercury rose rapidly to 110, 120, 130, 140°, and lastly to 158°, the physicians and attendants were simply nonplussed. The thermometer broke at 158°.

It is estimated that as there could have been no pressure at 158° the real temperature must have been fully 180° to break this thermometer. In all, eleven instruments were broken. The extreme temperature could not be measured many times for want of a thermometer.

The patient has been aware of her wonderful condition almost the whole time. She kept "tab" of her temperature and used to take bets about its height at certain times.

She had ways of describing and measuring it that required no thermometer. When she felt it coming on she would say, feeling her head with her hand: "It is numb." When the fever increased, it grew "number." Finally she would declare that was "numbest."

The fever was attended with many peculiarities. The skin, instead of being dry and hot, appeared rather damp and cold at the extremities. As the fever increased numbness set in at the top of the head. The patient declared that she had no sense of feeling whatever in her head when the fever was highest. The strangest, most wonderful part of the whole affair is that the little girl is expected to recover. She has not suffered with the fever for three days and seems much better.

One peculiarity was the rapidity and extent of the change. The patient's temperature sometimes fell to 92° F., when stimulants would be needed to raise it. Perhaps only half an hour later the temperature might be climbing toward 120°.

A physician said last evening that he had known of but two instances where the temperature had reached the fatal limit—110°. Both died. One was a case of sunstroke, the other lock-jaw.

Following is the ordinary scale of fever temperature, Fahrenheit's thermometer:

100°—Feverish.

100 to 102°—Mild.

103°—Moderately severe.

104 to 105°—High temperature.

106 to 108°—Dangerous; hang out the red light.

108 to 110°—Fatal.

The case was carried before the Shelby County Medical Association for discussion. It was well established that the fever was not of a malarial nature. Concensus of opinion deemed it due to a disturbance of the nerve centers. The

fever never lasted more than two hours at a time. It is due to this, according to the physicians, that the patient's tissues were able to endure the heat.

Dr. Heber Jones, who had charge of the case, had kept as complete a record of the temperature as could be obtained. The case will be reported in full.—*Memphis Daily*.

DEAFNESS HEREDITARY.

The question whether and in what degree deafness is hereditary has much light thrown upon it by the records of the marriages of pupils of the American Asylum, Hartford, Conn. From the institution of the asylum till 1891 there were received 2,459 pupils; and there have been 590 marriages in which one or both of the parties were once pupils: the offspring of these marriages number 811. The facts bearing on the question of the hereditariness of deafness are exhibited in the following table, in which c. = congenitally deaf; ad. = adventitiously deaf; h. = hearing; u. indicates that the age at which deafness occurred is unknown:

PARENTAGE.	Number of marriages.	Children congenitally deaf.	Children adventitiously deaf.	Hearing children	Children whether deaf or hearing unknown.	Whole number of children.	Percentage of children congenitally deaf.
Husband, c.; wife, c.	52	48	1	88	15	151	31.78
Husband, c.; wife, ad.	37	5	.....	74	7	87	5.74
Husband, ad.; wife, c.	51	17	.....	102	5	124	18.70
Husband, ad.; wife, ad.	55	4	.....	129	6	189	3.87
Husband, h.; wife, c.	18	12	.....	52	2	66	18.18
Husband, h.; wife, ad.	5	.....	.....	16	2	18	.....
Husband, h.; wife, u.	1	.....	.....	4	.....	4	.....
Husband, c.; wife, h.	28	9	.....	18	5	72	12.50
Husband, ad.; wife, h.	6	.....	.....	13	.....	13	.....
Husband, ad.; wife, u.	23	.....	.....	43	8	51	.....
Husband, u.; wife, u.	2	.....	.....	4	2	6	.....
Husband, c.; wife, u.	27	.....	.....	58	4	71	12.67
Husband, u.; wife, h.	1	.....	.....	4	.....	4	.....
Husband, u.; wife, c.	2	.....	.....	4	1	5	.....
Sterile	3*	.....	.....	.....	.....	.....	.....
Totals	283	.....	.....	.....	.....	.....	.....
Totals	590	104	1	649	57	811	12.82

Mr. Job Williams, who drew up this table, supplements it in *Science* (vol. xvii., no. 418) with the following important observations:

Of the 52 families in which both parents are c., 23 have c. children.

*Three families are reported with several hearing children in each.

Of the 37 families in which the husbands are c., and the wives ad., 2 have deaf children—4 in one family, 1 in the other.

Of the 51 families in which the fathers were ad. and the mothers c. 7 produced deaf children, and 9 of the c. children came from 2 families.

There are 55 families in which both parents are ad. and from these have sprung 4 c. children—1 in each of 4 families.

Four of the 16 families in which the husbands are h. and the wives are c. have deaf children.

In 5 families out of the 26 in which the husbands are c. and the wives h., there are children born deaf.

Six of the 27 families in which the husbands were c. and the wives u. produced c. children.

Of the 26 families in which both parents are deaf and have c., children, there are 5 families in which one of the parents has 1 deaf parent, 17 families in which both parents have deaf relatives of the same generation, 4 in which 1 parent has deaf relatives of the same generation, and 5 in which neither parent has deaf relatives of the same generation.

Of the 26 families in which both parents are c. and have h. children only, there are none in which either parent has a deaf parent, so far as reported; 12 families in which both parents have deaf relatives of the same generation; 11 families in which 1 parent has deaf relatives of the same generation; and 3 families in which neither parent has deaf relatives of the same generation.

The proportion of issueless marriages is very much greater than normal; after allowance has been made for defective reports, recentness of many of the marriages, and other circumstances, the percentage of childless unions is still very high.

Alden's Cyclopaedia.

PROCEEDINGS OF THE ORGANON AND MATERIA MEDICA SOCIETY OF PHILADELPHIA.

At a meeting of the Organon and Materia Medica Society of Philadelphia held on Tuesday evening, May 5, 1891, at the residence of Dr. J. T. Kent, the following members were present: Dr. F. Powel, president; Drs. A. G. Allan, D. W. Clausen, J. T. Kent, W. A. D. Pierce, Wm. F. Kaercher,

C. A. Reger, L. Smith, Jean I. Mackay, Jennie Medley, F. Gladwin, and M. N. Johnson; also the following visitors: Drs. Wm. Baldwin, S. A. Alexander, Foster, J. D. Tyrrell, E. M. Van Atta.

Dr. M. N. Johnson read §46 of the Organon.

Dr. Pierce: We will all agree with Hahnemann.

Dr. Kent: This paragraph sustained a different relation to the time when it was given, to what it does at the present. We do not need observations, like the old school physicians, to know the law of cure. Our time is more profitably taken up by discussing clinical observations. We see now with more experience. The allopaths close their eyes to the truth, by shutting off all proper resources, and shutting off homœopathic observations. They live in darkness now, just as much as ever. All their avenues are closed. They refuse to interview us, or to accept our literature; but we, who have accepted a law, have, nevertheless, very valuable experience. We have the natural evidences furnished us by nature; and we have the evidences furnished by art.

Dr. Medley asked if any one present had ever had any experience in regard to bovine virus producing symptoms similar to those of syphilis; as she had read it somewhere.

Dr. Clausen offered an apology for a paper on *Materia Medica*, as other business had precluded the possibility of preparing one suitable for the occasion.

Dr. Medley read a paper on Clinical Medicine.

CASE I.—*Belladonna*—Mrs. B——, æt. 25. About 4 o'clock one morning was called to see a patient with the following symptoms: She had been married three years and had not been pregnant until a little over five months ago. She aborted at the third month in spite of her efforts to prevent it. The above is what I obtained previous to taking the case, which is as follows:

Had an abortion ten weeks ago; ever since has had bearing-down pains and discharge of bright red blood. Yesterday took a long walk; did not feel the worse for it until 2 A. M., when the violent bearing-down pains and hemorrhage came on. I immediately inquired if the after-birth had come away after the mishap. She replied that one of her neighbors had advised her to send for her family physician, and see if that wasn't the cause of her trouble; she did so, and was

assured that it had come away. Although the symptoms looked suspicious I thought I would venture the remedy first; then if I didn't notice improvement shortly, make an examination. She had been suffering excruciating pain since 2 o'clock and flowing steadily; flow bright red, with dark clots. She lay on her back, nails clenched into palms, body arched back occasionally; she was not worse from a jar, the flow did not seem hot now, but was about 2 o'clock; no other symptoms. Prescribed Belladonna 4 m. in three teaspoonfuls of water, teaspoonful every five minutes. Before the third teaspoonful was administered wind began to pass from the bowels, and shortly afterward she vomited about a cupful of watery mucus; after this the hemorrhage ceased, and half an hour later I took my departure. I left Sac. lac. and another powder of Belladonna in case the hemorrhage returned, to be given in the same way. On my second call in the evening learned that she had one violent pain with the passage of a small amount of blood, but had been very comfortable since, having had a good nap in the afternoon. She was instructed to keep quiet. The next call was the following morning.

I inquired if she had any more flow; she replied, "No, but I had something else;" on urinating, that morning, the after-birth dropped into the vessel. She wanted to know if I wasn't surprised. I replied, when I gave medicine I expected it to do its work; although I was surprised at the work it had accomplished in this case.

When the patient had such prompt relief after the remedy, I felt that the diagnosis of previous physician had been correct. The placenta had been in the uterus ten weeks.

CASE II.—*Rhus*—Mrs. B., aet. 38.—This patient did not believe in Homœopathy thoroughly, thought it was splendid for babies, but she would give it a chance now, and would be a thorough convert if it helped her present malady. Her allopathic doctor who stands very high, gave her very powerful medicine, and instructed her to be sure to send for him within twelve hours from the time she was taken or she would be past help. Symptoms: when she takes a bad cold becomes suddenly very hoarse, if she doesn't speak for a few minutes hoarseness is <; and if she doesn't speak for fifteen minutes, can scarcely speak in a whisper. If she

takes a nap even for a few minutes day or night, can hardly breathe and her voice leaves her almost entirely. Pain from upper part of sternum to back, as if from a string, throat slightly relieved by a swallow of water; aching as if pounded from head to foot; profuse sweat with no relief; restless, worse toward evening and during night; ichorous discharge from the vagina; brick-dust sediment in urine.

I could not settle on a remedy and knowing I would have but one chance I took the symptoms to Dr. Kent who prescribed *Rhus cm.* The next morning I called to see her and was greeted with these words, "Now I am a homœopath. Who would think those sugar pills would do such wonderful things, when it takes such strong old school medicine?" The hoarseness had almost left her when I arrived in the morning. Has had one attack since which was also relieved by *Rhus cm.*

CASE III.—Mrs M. M., aet. 40, sister-in-law of one of the leading old school specialists in this city, had been treated for her trouble, which was constipation, by the leading doctors of that school medically, but would not submit to an operation. She had suffered very much with constipation for the last twelve years, would take one prescription after another until she began to notice that from year to year it was having less effect on her. At length Pratt's operation was suggested, but she would not have it. About this time one of her friends advised her to try Homœopathy. Symptoms:

Says bowels would never move if she did not take physic, and even then has a hard time. Burning, throbbing piles pain all the time; can scarcely sit down sometimes. Sleeps very little during night, dreads to go to sleep, has such frightful dreams; constant pain in the left ovary relieved during menstrual period. Gave *Lachesis* 43 m. one dose. Her bowels did not move for nineteen days, when she had a dreadful time; she was tempted to take physic, but remembered what I said, that she might as well not take the medicine if she took physic. After this movement she had several at intervals of from one week to three days, and suffered a great deal with them; but she found out her bowels would move without physic, which she considered impossible heretofore, and that encouraged her to persevere. At the end of three months her bowels moved every day and she felt better than she had for years. It is two years since I first treated

her; since then she has had one spell of constipation, which was relieved again by the same remedy in the same potency. Her children have had severe illnesses since, and Homœopathy has cured them, and now the husband says no other medicine will be used in his house.

JENNIE MEDLEY.

PHILADELPHIA.

Dr. Kent called attention to the peculiar Rhus symptoms in Dr. Medley's case.

Dr. Clausen, who is about to remove from the city, regretted that he was compelled to tender his resignation as secretary. After expressions of regret from the president and several members his resignation was accepted and a vote of thanks for efficient services rendered the Society, was passed unanimously.

Dr. Mackay was elected secretary.

Drs. Tyrrell and MacDonald of Toronto were elected honorary members, and Drs. Baldwin of Toronto and Van Atta of Colorado were proposed for membership.

The following members were appointed essayists for the next regular meeting:

Milton Powel, "*Organon.*"

W. A. D. Pierce, "*Materia Medica.*"

Wm. F. Kaercher, "*Clinical medicine.*"

At a regular meeting of the *Organon and Materia Medica Society*, held on Tuesday evening, June 2d, at the office of Dr. Kent, the following members were present: Drs. A. G. Allan, D. W. Clausen, J. T. Kent, W. H. A. Fitz, H. Powel, J. I. Mackay, J. Medley, A. S. Ironsides, M. Powel, F. Gladwin, Linnæus Smith; also as visitors, Dr. Biegler, of Rochester, N. Y., and Dr. William Baldwin, of Toronto, Canada.

Dr. Milton Powel, the appointed essayist on the *Organon*, then read §§ 47 and 48, closing with the remark that on these sections there remained little to say.

Dr. Kent: We have been reading the *Organon* for three years to get to these sections. It is a summary of what is before. We notice in nature that similar diseases will cure similar diseases, that dissimilar diseases will not cure dissimilar diseases. We observe that drugs producing symptoms similar to a sickness will cure that sickness. In those pages

all the observations of Hahnemann and all previous literature prove that no cure has been observed by other than homœopathic means. In this section Hahnemann held forth the challenge, and it still stands. We, in our day, must continue to hold it out. Hahnemann says so; all our masters say so; experience says it is so. Then what are we to call the results of old school treatment? They can not see that they do not cure.

Dr. Biegler: As Dr. Kent said, what keeps the old-school practitioners from seeing that they do not cure, is the fact that they suppress the symptoms. They think they have performed a cure, and when they are called again to the patient they think they have a new disease to contend with. They do not see that it is another manifestation of the same sickness.

I have left home under difficulties. I left a very sick and valuable young man with "Bright's disease," if I should name it. I believe, however, his trouble to be masked syphilis. When he began to improve, as the urine increased, which was of coffee color (he now voids a chamber in twenty-four hours), an eruption appeared on the forehead and an ulcer on the left side of the throat, showing that his disease had not originally been cured, but suppressed.

Would it not be well for this Society to alternate the reading of the *Organon* with the reading of the *Chronic Diseases*? The study of one leads to the study of the other.

Dr. F. Powel: A very good suggestion.

Dr. Kent: When we come to chronic diseases in the *Organon* it would be well to also read from Hahnemann's *Chronic Diseases*.

In the absence of the essayist on *Materia Medica*, Dr. Pierce and the essayist on *Clinical Medicine*, Dr. Kaercher, Dr. Kent reported a case of a clergyman who was troubled with loquacity, otherwise apparently well. The wife reported the case to Dr. Kent, saying that her husband was talking all the time, connectedly or otherwise. He would not even let her finish her sentence, but he would do it for her. She thought this talking amounted to a disease, although he preached better sermons than he had ever done.

Four years previously Dr. Kent had treated this man for periostitis involving the entire hand. *Lachesis* worked so effectually that he had the complete use of his hand except a

slight stiffness of the index finger. He had also treated other members of the family who called for Lachesis. With this knowledge and the single symptom, he prescribed Lachesis, which entirely wiped out this latest manifestation of his sickness. I relate this case to call out the discussion that often family ailments run in the line of one remedy. The father and mother have much to do in shaping the symptoms of the child. You see in this case an outcropping of the old remedy, also that other members in the family called for the same remedy.

Dr. Biegler: One case comes to my mind, the case of a young lady sick, for a name I should call it Chlorosis. She was not a light but a dark one. Her face was green. For two years I studied her case with no effect, but the family was faithful. As I have no record of the case with me I can not give it accurately, but she had scanty and painful menstruation with jerking pain, I think in the right temple. Another symptom was emaciation. Accidentally one day the mother told me the menstrual flow turned green on the napkin; that reminded me of what I had done for an older sister. Lac. caninum had cured her. Then came this single symptom, "menstrual flow turns green on the napkin." She got Lac. caninum, and last week I had the mother's grateful thanks. The girl is well and hearty and about to be married.

Dr. Kent: I remember a Sepia family. One member called for Sepia after confinement (the symptoms forgotten) which made a radical change in the patient (after confinement the patient often calls for a constitutional remedy). Another sister came after giving no definite symptoms. At last she said "I have hard work, doctor, to make myself love my children or my husband." Sepia cured. Third sister came with nondiscript constipation. She got Sepia, which cured. Finally the brother came. He began by telling me how well he felt after riding his bicycle, etc., and I said "Well, if here isn't Sepia again." Probably they all came from a stock who should have had Sepia. In obscure cases frequently some little symptom will come up that gives insight into the case, leads to the remedy and cures the case.

Dr. Fitz: I had a case, not long ago, of diarrhoea in a young man. The case seemed to call for Sulphur. He had the early morning diarrhoea that hurried him out of bed.

I waited on the remedy but with no effect. He then told me of rumbling of gas in the abdomen and flatulence with the stool which led me to Aloe. It quickly cured the case. Not long after the mother, sister and brother followed suit, and were all relieved by the same remedy.

Dr. Kent: Did they drink beer?

Dr. Fitz: Mother did, but not the rest of family.

Dr. Kent: Aloe is a great remedy for bad effects from beer drinking.

Dr. Medley: I had a *Natrum Mureaticum* family. After I had prescribed *Nat. Mur.* for one member with good effect, two others came, out of whom I could get nothing on which to base a prescription. Remembering my one success in the family I gave *Natrum Mureaticum*, and cured both cases.

Drs. M. Powel and J. Medley reported favorably on the candidates for membership, Drs. Baldwin and Van Atta. Drs. Tyrrell and Overton McDonald, of Toronto, Canada, and Eleanor M. Van Atta, of Telluride, Col., were elected to honorary membership, and Dr. William Baldwin to active membership.

On motion of Dr. Kent, Dr. F. Powell was elected as delegate and Dr. A. G. Allan as alternate to represent the Society at the meeting of the I. A. H. at Atlantic City this month.

Dr. Ironsides then presented a case for advice. Woman, age forty-three years, was taken with violent tenesmus on urinating three days before. She had aching and sharp cutting pains across the sacrum, which get easier, then they appear in the bladder and drive her to urinate with violent tenesmus. She lies easiest on the left side. Must walk slowly for relief. Urine dark yellow, shreds, passes two or two and one-half cups. Skin burning hot at times, then chilly, mostly during night. Can not take water or tea, it makes her sick. Have given her *Nux. Sulphur* and *Cantharis* without relief.

Dr. Kent: What is the color of her face?

Dr. Ironsides: Pale.

Dr. Biegler: Is she restless?

Dr. Kent: More so than the pains would make her?

Dr. Ironsides: I do not think so.

Dr. Biegler: Do the pains extend down the thighs?

Dr. Ironsides: No, I think not.

Dr. Kent: Has she taken any nourishment?

Dr. Ironsides: Yes, a few strawberries, but they sickened her.

Dr. Kent: Then both food and drink make her sick? Is she constipated?

Dr. Ironsides: Her bowels have been regular.

Dr. Kent: It reminds me of a saleswoman whom I treated. The urgency to urinate would come while on her feet. I think Sepia might be thought of in this case. You said the deposit was hard to remove from the vessel. "Slow motion ameliorates," is Ferrum and Pulsatilla prominently. Is there anything in the patient to lead you to either of these constitutionally?

Dr. F. Powel: What is her mental state?

Dr. Ironsides: Rather patient.

Dr. Biegler: I was impressed with Pulsatilla, which has the painfulness down the thighs, also the changeableness of her symptoms. The Pulsatilla patient you can't do anything with; what you offer to her she don't want.

Dr. F. Powel: Pulsatilla has the > from lying on the left side.

Dr. Clausen: It has the pale face and thirstlessness.

Dr. Kent: The < from tea made me think of Ferrum. The > from slow motion, Pulsatilla.

Dr. Biegler: What is her menstrual condition?

Dr. Ironsides: She has not menstruated for three months. She says she is not pregnant and has delayed once before as long. She is sensitive across the sacral region.

Dr. Kent: That looks like Sepia. You have a close differentiation between Pulsatilla and Sepia.

Dr. F. Powel: I had a patient not long ago who had pains in the back < by stooping, with pain and tenesmus after urinating. I relieved this case with Angustura.

Dr. Biegler: One of the first questions to ask in such cases is: "Have you been blinkered with?" The physician must be on the alert. It is important to inquire into this as a symptom, for there may be a suppressed discharge to consider in the treatment.

Dr. F. Powel: I have at present such a case, a victim of "stretching the rectum."

Dr. Biegler: Such a case frequently requires several visits before it can be fully taken. Do not let the young physician

unjustly or hastily accuse himself for not finding the remedy at once.

Dr. Ironsides: The patient has a faint feeling after urinating.

Dr. F. Powel: I think Opium has this symptom.

Dr. Kent: Aconite is given under "faintness after urination."

The secretary then read to the society greetings from Dr. C.H. Lawton, of Wilmington, Del., with his expression of deep regret at his inability to be present, but hoped to be present in the near future.

Adjourned to meet July 21, 1891.

JEAN I. MACKAY, Sec.

CALCAREA FLUORICA.

In THE ADVANCE for March, 1890, I reported the absorption of an induration in a case of typhlitis under the use of *Calcarea fluor.* 3x. I have since proved its efficacy in promoting absorption of indurations without abscess, in two cases of enlarged meibomian glands, and also an induration in epigastric region.

CASE I.—C. G., a young man, age 28, has been troubled with tumors of the eyelids for several years. They were hard and painless, produced no inconvenience, but were unsightly. Under *Calcarea fluor.* 3x three times daily, his general health improved and the tumors entirely disappeared.

CASE II.—B. G. has had a tumor of eyelid for several months; it was hard and painless. He would not submit to its enucleation, and said he preferred to take medicine to cause absorption. *Calcarea fluor.* 3x improved his health and the tumor disappeared.

CASE III.—A young girl had been kicked in the epigastric region by a colt. She came to me from an allopathic physician some months after the accident. Palpation discovered an induration as large as my hand, and she complained much of the stomach. *Calcarea fluor.* absorbed the induration and restored her to health.

In each case the remedy mentioned was the only one administered.

GEO. P. HALE.

MEMPHIS, MICH.

HYOSCYAMUS.*

Hyoscyamus is usually classed with Bell. and Stram., on account of similarity of mental states and febrile conditions. It has active and passive mania, insanity, madness, rage, hysteria, and low fever. (In active delirium compare it with Bell. Stram. Stram. has the highest degree of delirium, with or without fever; Bell. has intense heat; Hyos., least heat.)

Patient wants to run away; glassy eyes; bites; afraid of water (Bell., Canth, Lyssin, Stram.), < by light (Bell. Stram. —Bell. has red face most marked; Stram. next; Hyos. last). Hyos. has mottled face.

Stupor (Bell. Stram. — Bell. and Hyos. have passive countenances; Stram. is more wakeful).

Haggard, wrinkled countenance, anxiety, fear, aggravated by light;—these conditions* in insanity, and in the mania of old drunkards.

The patient sees lizards; watches the flowers on the wall paper; wants to run them in rows and can not; gets angry about it, and swears; he sees the bed bugs on the wall, and arranges them like soldiers.

Jealousy (Apis, Lach.).

Suspicious; afraid she will be poisoned; full of fear; sings obscene songs one minute, and the next minute she prays, followed by foolish actions, silly expression.

Ungovernable rage.

Disappointed love, followed by epilepsy. Epileptiform convulsions. Puerperal convulsions.

Groundless suspicion of being watched.

The Hyos. patient is inclined to expose the genitals, with or without fever, also in hysteria; no modesty (Phos. and Phyt. also have a desire to expose genitals).

There is a most violent form of erotomania; this may exist in typhoid and puerperal fever.

In Hyos. fever the patient rouses up, asks bystanders where he is, and drops again into a stupor; he can be aroused, and can usually answer questions put to him; sometimes drops into a stupor before he answers the question (like Baptisia).

Forgets words while trying to answer (Arn. Bry.). Forgets where he is (Bry. Rhus—Bry. wants to go home; Rhus is away from home on business).

*Indiana Institute of Homœopathy, May, 1891.

In typhoid, the Hyos. delirium comes on late (Bry. delirium early—Bry. is not the remedy in stupor. Stram. is not often indicated in typhoid, except for the delirium. Nor ought Acon. and Bell. to be given in typhoid fever, as they do not conform to the inner nature of the disease, even though some of their symptoms be present).

The Hyos. patient is restless, but not so much so as Rhus (Rhus corresponds to the first stage of typhoid).

The patient sees persons who are not present or are dead; calls his wife by the name of some one who has been dead for years (Calc. silicata).

Stupor comes on at the onset of typhoid (Bapt. stupor comes on slowly after a long period).

Constant staring; pupils dilated; face sickly, mottled, bloated, besotted look. Tongue dark brown like burnt leather. Puts his tongue out slowly; needs to be constantly reminded; can hardly draw the tongue back in his mouth, sordes on the teeth; cadaverous smell from mouth. Thirst, but is not relieved by water, yet is not made sick by it (Bry. better from water; Rhus worse from water).

Typical typhoid stool, yellow, mushy, like corn meal mush (Bry. Rhus); stool passed involuntarily; urine and stool involuntary in bed; retention or suppression of urine. When he strains to urinate, stool passes (Mur. acid has involuntary stools and urine; exhausted muscles; mind clear; patient wonders why he is so weak. Phos. involuntary stools and urine; exhaustion of mind; vacant look; answers slowly; tires him to think).

Hysterical girls dare not laugh, for fear of passing stool; relaxed bowels. Hyos. is often indicated in young girls suffering from spinal trouble. Tympanic abdomen.

Paralysis of sphincter of bladder after labor; the mother can not pass water; has no inclination, though the bladder is full (Ars. has desire to urinate, but can not; Caust. no desire, and can not; Acon. the baby can't urinate).

Spasms with hemorrhage (Secale, uterine hemorrhage with puerperal convulsions). After labor, hemorrhage begins with convulsions; every convulsion, more blood; sub sultus tendinum.

Stiffness of the cervical muscles, as if too short. Spinal meningitis, convulsions, also after injury, neck drawn back, fever not high; head drawn back with mental picture.

(Bell. Gels. head drawn back; Bell. hot head, cold extremities. Gels. head heavy, tired; free in mind. Natr. sulph. in beginning of cerebro-spinal meningitis; head drawn back, pain in back of neck, like gnawing of a dog; knife-like pain in head and spine. Natr. carb., Natr. ars., and Natr. mur. are likewise useful in meningitis. Opium, pupils small; face red; child stupid; arching back. Apis, same condition; no thirst; face red; pupils not contracted; pink round eruption; screaming. Arg. nit., pain; further down seems affected; patient feels constricted, caged in a gauze. Lyc., child wakes up frightened, looks around, bewildered; then drops to sleep again. After a short time will repeat the same process.)

Hyos. has a nervous, dry, hacking cough, with spinal irritation in women and children; as soon as the head touches the pillow, cough comes on. Cough worse after singing, talking, laughing, eating, and drinking; worse in bed at night; after midnight > by sitting up. Cough shakes the whole body (Phos. cough shakes the whole body, with trembling going all over). Cough after measles.

J. T. KENT.

PHILADELPHIA.

NATRUM MURIATICUM.

CASE I.—HEADACHE: *Natrum mur.*—May 8th, W. S., æt. 42, slight build, spare, wrinkled, looks old; wants relief for a myalgia of chest. Arnica 6 relieved.

May 15th. Soreness all gone from chest, but has some stiffness in dorsal spine and calves of legs; now he asks treatment for a chronic condition which he did not mention before, because the myalgia troubled him more then; he now gives this history: Had sunstroke in 1889, since which he suffers from a pain in left temple, beginning with obscuration of sight and followed by a dull, heavy throbbing, with thirst and sleepiness; he is very weak and much prostrated by the heat of this season and by being in the sun. On pressure there is a tender spot in the affected temple; better by sleep, and slight perspiration, if it be in the shade. Hot days distress him greatly, causing weakness, oppression of breathing and nervousness.

During the attack of pain left eye becomes bloodshot and sore, any movement of the ball aggravating the temporal

pain. Lies on right side during sleep. Natrum mur. 30, 3 powders, one every other night, then report.

May 22d. Greatly improved, but, this being a hot day, he feels the effect of working in the sun, which he has not done for years, and it seems as if the pain might return. Sac. lac., 4 powders, as before.

May 29th. Better until to-day, and now has a return from exposure to the sun. Natrum mur. 30, 1 powder dry on tongue, then Sac. lac. for one week.

June 6th. Has had no return and works in the sun without any trouble; has gained fifteen pounds since May 8th. Sac. lac.

June 20th. Reports himself well.

CASE II. — CHINA: *Rheumatism*.—September 5th, was called to see Mrs. M——, æt. 28, who had contracted a cold, and presented general symptoms calling for Rhus, of which she received the 200. The symptoms yielded rapidly, but in their stead appeared a large, soft swelling, about the second and third metatarso-phalangeal joints of the left foot. It was pale red, hot and very tender to the touch. She gave this symptom and complained greatly about it: "With my slippers on I am in agony, but if I put on tight shoes the foot feels pretty comfortable." Not knowing just what to give, I gave Sac. lac., and looked up the *Materia Medica*. In Perkins on Rheumatism I found these symptoms:

"Very soft swelling of soles of feet," "aggravation from touching parts softly," "amelioration from hard pressure." Therefore she received China 200, and in a few days I had the pleasure of seeing the trouble entirely disappear, verifying the above symptom and its conditions.

CASE III.—GLONOINE: From my case book I take the following: April 4, was called to see Mrs. L——, æt. 39. Several weeks ago she looked at the bright snow, which gave her a violent headache, from which she now suffers every time she looks at a bright or glistening object. There is a violent, throbbing and splitting sensation, obliging her to close her eyes and lie down. Glonoine, 2x, in a half glass of water, relieved her in a few hours, and there has been no return.

C. M. BOGER.

PARKERSBURG, W. VA.

THE HOG AS A DISEASE PRODUCER.

The following practical suggestions are from the report of Dr. Houston, health officer of Urbana, Ohio: Some of the diseases in our midst we attribute to the unsanitary condition of our city which is unavoidable, so long as hogs and hog-pens are allowed to exist within the city limits. In some portions of the city, residents, during the summer evenings, are unable to sit on their porches or in their yards because of the stench from neighboring pens. At night when the air becomes heavy and damp, and windows of sleeping-rooms are lowered to admit fresh air, the poisonous gases from hog-pens rise and float in with the air, bringing disease with them. Hogs render impure the air above and the water supply beneath them. From a report made by the Board of Health of Warren, Ohio, a city of over 8,000 population, we learn it was made unlawful, on and from January 1st, 1888, to keep a live hog within the city limits, and that from that date to January 1st, 1891, a period of three years no death has occurred there from typhoid or scarlet fever, diphtheria or any other contagious disease. The report says "after three years not only has the air cleared, but the public mind as well, and to reinstate the hogpens would create as great a storm as did the order prohibiting them." It may be this immunity from contagious diseases should not be attributed wholly to the absence of the hog, but it certainly is in part due to that fact.

During the period from 1888 to '91 referred to in the report, nearly thirty deaths occurred from the above mentioned diseases in Urbana.

Not only is it probable that many cases of disease are to be attributed to the effluvia from these pens, but it is also a fact that disease is often developed from the eating of meat of hogs raised in ill-ventilated, foul pens and fed on swill. Such meat is very different from that of hogs allowed to run at large in the pure air of the country, feeding on fruit, corn, etc.

During the past year a census of the hogs in our corporate limits was taken and they were found to number 1089 contained in 262 pens. With 262 sources of noisome odors and filth is it to be wondered at that our death rate is greater than it should be? The utmost care on the part of the sani-

tary policeman and the Health Officers did not prevent over one hundred complaints being entered by indignant citizens against this nuisance. In view of these facts and believing the accumulated filth of 262 pens responsible in part for disease in our midst, the Board at a meeting held on the evening of February 27th, 1891, unanimously passed the following:

Resolved, That the Board of Health request the city Council to enact an ordinance prohibiting the keeping of live hogs within the limits of Urbana on and after May 1st, 1891, excepting they be on farm lands and allowed to run at large on these farms.

PATHOLOGY AS IT RELATES TO THERAPEUTICS.*

From the multitude of definitions of pathology given by the various makers of dictionaries, it might be hard to select one upon which we could all agree. I have chosen to adopt the definition of Pathology presented by your chairman, to-wit:

“We define Pathology as the science of disease. Science is knowledge. Therefore, Pathology is what we know of disease.”

And Therapeutics, according to Dunglison, is: “That department of medicine referring to the application of remedies, and the cure of diseases.”

Therefore, “Pathology as it relates to Therapeutics,” translated briefly, means: “The medicines that cure disease.”

Plainly stated, there is no such thing known to Homœopathy. From the opening to the closing paragraph of the Organon we are never permitted, even for a single instant, to lose sight of the great Hahnemannian law: “Thou shalt not treat diseases. Thou shalt the rather treat thy patients.” If we accept the Organon as the bible of Homœopathy, and it has been so decreed and promulgated by the American Institute of Homœopathy, it is difficult to understand how pathology can have any relation whatsoever to homœopathic therapeutics. Find the totality of symptoms, give the indicated remedy, and cure your patient. And, conversely, if you depend not upon the symptoms, and the indicated

* Transactions Michigan State Society.

remedy, you will lose your case, no matter how great the expenditure of gray matter and midnight oil may have been in pursuit of pathological lore.

“Pathology is what we know of disease.” As that sweet Melanchthon of Homœopathy, Carroll Dunham, somewhere has said: “I think, I may know exactly when my buggy broke down; I may be able to describe learnedly the fault in the grain of the wood, the flaw in the iron; may be competent to trace the wood through its various gradations back into its primal elements; may be capable of writing a treatise on metallurgy, showing the faultiness in the metal composing the broken part of my buggy; I may even be posted in geology, meteorology, and the other essential things which united in breaking my buggy; but, and unless I am a practical wheel-right, all this erudition will not restore my buggy. On the other hand, if I am a good wheelwright I will not need to concern myself with these excellent though practically useless accomplishments. I will take the buggy, overhaul it, find its breakage, repair and rebuild until it leaves my shop as good as before the breakdown. To make the application—I may know exactly where my patient was exposed to his ailment; I may know that he ate or drank that which precipitated the attack; I may know that his heart is twice its normal size, that there is a cancer in the pyloric orifice, or a dangerous inflammation of the Peyer’s patches, but if I am not a skilled *Materia Medica* man, the pathological knowledge will serve me but little, if any.”

That I may not seem dogmatic, and in order to make plain the position I assume, I ask permission to append two cases from my practice:

Mrs. Fred D., living on a farm in Michigan, æt. about 48, was given up to die with cancer of the stomach. I was the fifth or sixth physician called in, and then only, I suspect, more in derision of my school than with any expectation of help from “little pills”—my predecessors having all been members of the old school—or possibly to put the signing of the death certificate on me. I asked the question, quite natural under the circumstances, what is the matter with her? Cancer of the stomach, came the answer. The doctors had all agreed upon that diagnosis, and had set her death for two weeks ahead—long enough to have relatives who had been

telegraphed for, come from Dakota. Pathologically she had cancer; an intimate acquaintance with that disease had left no doubt in the minds of the pathological prescribers on that score, and the treatment was for cancer. Entering into the case between the eleventh and twelfth hour, I firmly resolved to ignore the cancer, and address myself wholly to the eliciting of symptoms, if any could be found under the mass of drugs. I found the lady propped up in bed, a constant stream of saliva running from the corner of the mouth on a board, and down the board into a chamber vessel. If she lay down the saliva choked her. Restless, fidgety, nervous, uneasy, terribly prostrated, the stomach on fire like the slaking of lime, with the explosion of air bubbles, and eructations of burning hot gas, which had cankered the mouth. Water, a bare touch to the tongue was sufficient. Yellowish-white, transparent complexion; œdematous appearance of the face and dependent parts of the body. So weak could hardly speak; "tired unto death." Bowels running off too freely. What was this but cancer? Had I been better versed in pathology than I am in homœopathic therapeutics, I would perhaps have given Dr. Mitchell's recommendation of Arsenicum 2x and 3x a trial, and lost my patient. Remembering the teachings of my old preceptor, Dr. Wilcox of St. Louis, and of my alma mater, I went back into the history of the case to look for a cause for this alleged cancer in an otherwise healthy family. I found that some eight months preceding this time now spoken of, being in July, the "menfolks" had gone to town, leaving her and a small girl alone on the farm. While engaged in putting up fruit she heard the dog bark, and going to the kitchen door saw that some pigs had found their way into the garden. Throwing a sun bonnet on her head she rushed out, and after considerable exertion succeeded in driving the pigs out. She returned to the house in a perspiration, panting and almost breathless, sat down in the kitchen door on a stone door sill, a strong current blowing through the kitchen from an opposite door, and fanned herself with her apron. She remembered that she suddenly shivered, got up, washed her hands and face, and resumed her preserving. But within three or four days she began to have nondescript chills, rheumatic twinges took her here and there, appetite began to fail, she grew nervous and peevish,

couldn't get to sleep till after midnight, and then she was driving pigs or doing something else in her dreams that caused unusual exertion. Quinine eventually "broke" the chills, but the lady felt that she never got completely over the "breaking." She continued to grow weaker until she was bedfast. Then the old school pathologists began to experiment on her with cancer medicines, until they and the relatives reached the conclusion that death was imminent. I gave Mrs. D. one dose of *Nux vomica* on general principles, to antidote the cancer medicines of the pathologists; put her on *Sac lac* for twenty-four hours, and at the end of that time she received *Rhus tox.* in water, one powder, divided into bi-hourly doses until all was taken. I treated her ten days, and with but one exception, that of a solitary dose of Sulphur, she received no other medicine. She is alive, fat and hearty to-day, and the funeral has been postponed. Did *Rhus tox.* cure cancer of the stomach? I don't know, and what is more I don't care. But this I do know, that the instant I found the clear cut totality for *Rhus* I told the lady, "You have no cancer, and you will get well." I found *Rhus* symptoms so unmistakable, that it made no matter to me whether she had cancer, corns or consumption, I knew I could help her. Of what value would pathology have been to me in this case? Even supposing that a perfect knowledge of pathology had saved me from the error of diagnosing a cancer, what more could it have done beyond giving me a long-handled name for what I chose arbitrarily to call nervous dyspepsia? It could not in the remotest degree have suggested the remedy or remedies.

The other case occurred in June, 1888. Mr. Jerry M., a middle-aged farmer, residing a few miles south of this village,* had been bedridden for upwards of ten years. Had doctored, and doctored, and doctored, until discouragement set in, and he began investing in patent medicines. One doctor told him he had a cystic tumor of the left liver; another, that his liver was grown fast to his midriff; another, that he had holes in his liver like those made by buckshot; another, that he had what I interpret to have been cirrhosis of the liver; another, that the bottom of his right lung had hardened and had rubbed a hole in his liver; another, that there was a bag of water as big as a teacup on the under side of the liver; in short

* Sylvania, O.

all the learned old school physicians, except one, had saddled the disease on the liver; pathologically it was a liver trouble and he was given liver medicine; he got lots and lots of it. The more he got the less strong he became, until eventually he could not leave his bed. The excepted one said he had stomach fever and need calomel. This went along from bad to worse, until one of his grown up sons, meeting the last attending physician, got out of him the declaration that all the doctors in the United States couldn't get the father out of bed again. The son took it upon himself to discharge the physician, and came to see me for a little talk. The result was that I was persuaded to take up this forlorn-hope case, and visited the patient. The history I received has already been detailed. I resolutely determined to put the liver behind me, and addressed myself wholly to the presenting symptoms. I found him a little, dried-up old man, prematurely old, a squeaky voice, yellow of complexion as a ripe cow pumpkin, dyspeptic, hungry for oysters, but they were no friends of his; terrible agony from wind in the bowels, eructations and flatulence, rattle in his abdomen like distant musketry, a most pronounced four o'clock aggravation, pain across the "coupling" of the back, constipation, piles, bloody urine, with red sand sediment, in short a *Lycopodium* case. And that is what he got and nothing else. I made him two visits, and the man is alive and well. (I met him to-day, March 12, 1890, driving a fiery team of young horses, feeling himself as he hallowed to me, "pert and sassy.")

Now for the application. Suppose I had been awed by the many diagnoses of my predecessors of the old school, who are nothing if not pathologists, had followed in their wake, and given "liver" remedies, what would have been the result? Unquestionably death. As in the former case, I am moved to ask of what especial value would a close pathological knowledge have been to me in this case?

To recapitulate, therefore, I beg to say, as in the beginning, if the chief end of a physician is to cure the sick, to do so homœopathically, I can do it equally well with the pathological prescriber; and, further, that if I give my leisure time to the study of *Materia Medica*, I can make more and better cures than the pathological prescriber. Hence, I conclude that there is no vital relation between pathology and homœopathic therapeutics.

FRANK KRAFT.

CLEVELAND, OHIO,

HOMŒOPATHIC PRACTICE BY ALLOPATHIC PHYSICIANS: PODOPHYLLUM IN DIARRHŒA.

In the *University Medical Magazine* of October, 1890, Prof. Hobart A. Hare contributes "Specific Indications for the use of Podophyllin and Mercurie chloride" in the treatment of diarrhœa. So far as he mentioned these indications they are in perfect accord with homœopathic materia medica and therapeutics. He has, however, omitted some of the peculiar symptoms that we have found to be important in deciding the remedy. According to Dr. Hare Podophyllin is indicated in diarrhœa dependent upon deficient secretion of the various intestinal juices. There is a history of constipation accompanied by the occasional passage of slightly colored or greyish stools, which has ended in a sudden reversal of symptoms, consisting in a watery diarrhœa of a more or less profuse type, containing particles of curdled milk or pieces of food semi-digested. These passages are often somewhat musty or mouldy in odor as the case progresses, and the entire attack is one in which the patient rapidly wastes, has persistent vomiting, and almost uncontrollable watery purging, which, if it be retarded briefly by powerful remedies, seems to renew its vigor through delay." The prescription for a child sixteen months to two years old is as follows:

R. Resinæ Podophylli grs. j.

Alcohol, f ʒ j, *M.*

Sig. One drop in a teaspoonful of water every five hours.

This is equivalent to one drop of the second decimal dilution of Podophyllin. Dr. Hare does not describe this as a new treatment, but a very useful one, the value of which the profession does not recognize.

This treatment is comparatively new to the allopathic school. But very little is said in their text-books on the use of Podophyllin in diarrhœa. An article in Quain's Dictionary of Medicine says it is useful when there is severe pain. However, allopathic journals have contained frequent reports of the successful use of small doses of Mandrake for bowel complaints. The source of this information has undoubtedly been the homœopathic materia medica. Nearly fifty years ago Drs. Jeanes, Williamson and Hering gave the pathogenesis of Podophyllum to the homœopathic profession. In 1846 this pathogenesis was published in Vol. I, Transactions

of American Institute of Homœopathy. This first proving revealed the true curative sphere of the remedy. On page 208 of the above mentioned volume occurs the following: "Much may be expected from *Podophyllum peltatum* in the following diseases, when indicated by the similarity of the symptoms,—diarrhœa, dysentery, prolapsus ani, hemorrhoids, cholera infantum, diseases of children during dentition," etc. The characteristic bowel symptoms were brought out in that proving and being confirmed by clinical cases, the homœopathic school has been using the Mandrake for the cure of diarrhœa for nearly fifty years.

The writer would like to make a suggestion to allopaths using Podophyllin according to similia. Purchase the homœopathic tincture of Podophyllum and make attenuations to the sixth, on the decimal scale, keeping the remedy free from contamination of any other drug substance. The third to the sixth dilution will give better results than the second or first. Dr. Hare says his prescription will not succeed every time. Every homœopathist knows that his specific indications are insufficient.

A week ago I was called to see a child having had diarrhœa three weeks. I found a case having the indications exactly as described by Dr. Hare. I was not satisfied that Podophyllum was the correct remedy, as characteristic symptoms were lacking. I administered that remedy, however, and for two days the child grew rapidly worse. Being called to see the patient again I learned that there was swelling under the eyes like bladders, worse every morning. The other symptoms corresponding to Apis, a small powder of the third decimal trituration was dissolved in a half glass of water, to be given in teaspoonful doses every two hours. This effected a speedy cure.

Nine months ago I cured the same child of diarrhœa in twenty-four hours with *Croton tiglium*, the characteristic symptoms being present. Apis has saved several cases for me of severe enterocolitis.

Dr. Hare's indication for Mercuric chloride is "mucous passages." His prescription is one teaspoonful doses of the $3\frac{1}{2}x$.

Two years ago, Mary A— presented herself at my office, saying that she was suffering from a very bad bowel complaint. That it was bad was evident from her haggard look,

quite different from her usual robust appearance. A careful questioning failed to draw out any characteristic symptoms. The discharges were frequent, scanty, painful, occurring day and night alike. She had taken hot medicines and all of the domestic remedies and vile mixtures that her friends could suggest. I had several times prescribed for her with marked success because she generally gave me characteristic indications. Instead of prescribing *Nux vomica* I asked her to describe the beginning of the attack. She said she had profuse, watery stools without pain, worse every morning. I gave her *Podophyllum*. A few days later, when she called to pay the bill, she said the medicine helped her very quickly.

I practiced three years without appreciating or scarcely learning the value of *Podophyllum* in diarrhœa. The editor of this journal having been called to see a case in consultation with me, was stopping at our house. Our oldest boy, at that time our only child, was very sick with a bowel complaint. We asked Dr. Allen to prescribe for him. He said that *Podophyllum* was the remedy. The exhibition of a few doses confirmed the correctness of the prescription. For some time after that my wife considered *Podophyllum* the only remedy for children teething during hot weather.

H. W. CHAMPLIN.

TOWANDA, PA.

HOMEOPATHY DYING OUT (?)

The following is from a paper by T. S. Hoyne, M. D., read at the Illinois State Homeopathic Society, May 13, 1891:

Since the last annual meeting of this association the United States has taken the usual census, and the total population of each state and territory has been published. We are thus enabled to give an accurate statement of our exact position in this country, and to compare it with our standing of former years.

It is frequently asserted by the intelligent as well as the ignorant enemies of the homeopathic school of medicine, that the number of our adherents is constantly diminishing—in fact, is not keeping up with the growth of the population; or, in other words, is “playing out.” In order to show that there is no true ground for such assertions, I wish to call your

attention to a few figures, which will not only astonish even you, who are accustomed to hear wonderful things of Homeopathy, but will conclusively prove to our avowed enemies that our school is not dying yet—that it is still growing—that it is more than keeping up with the increase in population.

Let us begin with our own State, Illinois, which had a population of 2,539,891 in the year 1870, and 3,818,536 in 1890, a satisfactory growth of slightly over 50 per cent. for the twenty years. The period of twenty years is used because Homeopathy was to die twenty years ago, and when it did not the period was extended twenty years more. The number of homeopathic physicians in this State in 1870 was 394, and in the year 1890 was 766, an increase of over ninety-three and one-half per cent. Not a very sickly patient truly is Homeopathy in Illinois.

In other words, in 1870 there was one homeopathic physician to every 6,446 persons, and in 1890 one to every 4,985. Hence in the State of Illinois the school has lost no ground, but has increased nearly twice as fast as the population.

In the State of Iowa during the last two decades, the population was augmented less than sixty per cent., while the number of homeopathic practitioners grew 160 per cent.

The banner Western State, however, was California, where the population increased 115 per cent., and the "little pill doctors" 1,655 per cent. in the past twenty years.

In Minnesota, hampered by a one-sided board and a large foreign element, the population and number of practitioners show a growth of 288 per cent.

In the State of Missouri, where little was expected, Homeopathy grew nearly 250 per cent., while the population barely passed a fifty-five per cent. growth in the twenty years.

Much was looked for in Kansas and we were not disappointed. Over 290 per cent. was the growth in population, while 837 per cent. marked the increase in number of homeopathic physicians.

So far as your chairman knows, there is only one Northern or Western State that has not kept up with the procession, and that is Wisconsin. The new settlers in this commonwealth are nearly all foreigners who know nothing of Homeopathy, and our doctors have had a hard fight to over-

come stupidity, ignorance and prejudices. The population in twenty years was augmented 59½ per cent., while the number of homeopathic prescribers increased only 11 per cent. How much the Milwaukee test had to do with these figures it is hard to say, but it looks very much as if the profession were still suffering from that cause.

The following States taken at random, illustrate fully the unparalleled growth of Homeopathy in twenty years:

	INCREASE IN	
	POPULATION. Per cent.	HOMEOPATHY. Per cent.
Alabama.....	31.....	130
California.....	115.....	1655
Connecticut.....	57.....	150
Delaware.....	83.....	270
Florida.....	108.....	750
Illinois.....	50.....	98½
Indiana.....	80.....	179
Iowa.....	60.....	160
Kentucky.....	40¼.....	190
Kansas.....	290.....	837
Maine.....	5¼.....	123
Maryland.....	38⅓.....	190
Michigan.....	76.....	89
Minnesota.....	288.....	288
Nebraska.....	751.....	21.75
Missouri.....	55.....	250
New Hampshire.....	18.....	98½
Texas.....	183.....	600
Virginia.....	84.....	87
Vermont.....	1.....	17
West Virginia.....	71½.....	260
Wisconsin.....	59½.....	11

In the above table we have figures from the north, south, east and west, and everywhere they tell the same story—that Homeopathy is growing at a more rapid pace than the number of inhabitants. A continuation at this pace will, in the course of time, make Homeopathy the dominant school.—
The Medical Visitor.

MENTAL DELUSIONS.

- Afternoon, that it is always: Stann.
 Air, that everything is in the: Stann.
 he is lifted high in the, and is anxious lest the
 slightest touch should make him fall: Hyper.
 is hovering in, like a spirit: Asar.
 Alone, that she is always: Stram.
 in the world: Plat.
 Arms, that her, do not belong to her: Agar.
 are bound to her body: Cim.
 that she has three: Petr.
 Ball, that he is sitting on a, Chim: Can. i.
 Beautiful, everything is: SULPH.
 Bed, was bouncing her up and down: Bell.
 sinking under her: Kali c. Bry. Rhus.
 falling through, she is: Bell. Lach.
 motion, is in: Lac. can.
 people are at foot of: Bry.
 Bier, is lying on a: Anac.
 in next room, upon which he or a friend is lying: Anac.
 Birds, that he is picking feathers from: Hyos.
 Body is separated from soul: Thuja Anac.
 would sink down between thighs: Bell.
 Bottle, sees, with friend's head sticking out of mouth: Bell.
 Bowels, were turning: Sabad.
 Brains, that her feet are in her: Amphisbœna.
 Brittle, that he is made of some substance, hence does not
 want any one to approach him for fear of being broken:
 Thuja.
 Called, thinks he is, by his distant mother or sister: Anac.
 Cats, sees: Arn. Daph. Hyosc. Puls. Stram.
 Chair, is rising: Phos.
 mouse running from under: Cim.
 Chin, is too long: Glon.
 Child is not hers: Anac.
 Churchyard, that he is dancing in a: Stram.
 Ciphers, sees: Phos. ac.
 Confined, that she will soon be: Verat.
 Consciousness, will soon loose, or that it belongs to another:
 Alum.
 Convent, will have to go to a: Lac def.
 Corner, sees something coming out of: Phos.

- Crime, is about to commit a: Kalibrom.
 Criminal, he is a: Hyos.
 Damned, thinks he is: Kali phos.
 Dancing in a churchyard, thinks he is: Stram.
 Dead, everything is: Mez.
 all her friends are, and she must go to a convent:
 Lac def.
 people, sees: Hep.
 that he is, and that preparations are being made
 for his funeral: Lach.
 is nearly, and begs some one to help her off: Lach.
 Deaf and dumb, that he is, Verat.
 Death, she feels approaching: Anthracinum.
 she feels approaching, with despondency: Arn.
 she sees as a black skeleton: Crot.
 gives wrong things to people causing their: Sulph.
 Deformed, thinks same part of her is: Acon.
 Delirious, will become: Bry.
 Delivered, will soon be: Verat.
 Devil, is possessed of the: Hyos.
 is riding on her back: Anac.
 in his ear whispering blasphemous words: Anac.
 Die, has to, but no fear: Lac def.
 has to, and she weeps: Bar. c. Kali c.
 time has now come to, and begs those around to
 help her off: Bell. Lach.
 Disease, has incurable: Plumb. Arg. n.
 Dissected, that he will be: Can. i.
 Dress, which has been made for her, sees: Aeth.
 Dresses and fine ornaments, she has: Sulph.
 Duty, has neglected, and deserves reproaches: Aur.
 Ear, devil in, whispering blasphemous words: Anac.
 opens and closes: Bor.
 Enemies, is pursued by: Lach.
 Eyes, sees big: Lac can.
 Face, thinks is elongated: Stram.
 grows larger: Acon.
 Fall, is in air and slightest touch would make her: Hyper.
 Fire, house is on: Bell. Hep.
 everything is on, hence she has got to go home: Bell.
 a little noise in the street, seems like cries of, and fright-
 ens her so she trembles: Bar. c.

- Fits, thinks he will have a, so he must walk faster: Arg. n.
 Forehead, that the skin of, is drawn into folds: Graph.
 Following him, thinks some one is: Anac. Crot: Staph. Lach.
 Friend sees, lying dead: Ars.
 Glass, thinks is made of: Thuja.
 Goose, thinks he is a: Con.
 Greens, for sale he has: Cup.
 Halves, is divided into, left half does not belong to her: Sil.
 Hand, is too large, and she is constantly looking at it: Hyos.
 Head, cold breeze blows on : Petr.
 too light : Stram.
 scattered : Bapt.
 too full : Calc.
 transparent : Bell.
 sees friends', sticking out of bottle : Bell.
 is tall and can't look over : Zinc met.
 his, belongs to another : Ther.
 can lift it off : Ther.
 Health, he has ruined his : Chel.
 Heart, turning around, is : Aur.
 disease, is going to have, and die : Lac. can.
 is too large: Lach.
 Home, is not at: Op.
 has got to go, because everything is on fire: Bell.
 House, is on fire; Bell. Hep.
 Husband, thinks is not her husband: Anac.
 Insane, that people think her: Calc.
 Insects, sees, and throw them away by handfuls: Ars.
 Island, is on a distant, and is a lady of rank: Phos.
 Juggler, thinks he is a: Bell.
 Journey, talks of going on a, and is ready: Op.
 Killed, roasted and eaten, thinks he is: Stram.
 Knee, that he walks on his: Bar. c.
 Laughed at when walking on street: Bar. c.
 Legs, has three: Petr.
 don't belong to her: Agar.
 are holding a conversation: Bapt.
 are cut off : Bar. c.
 are cut off, and walks on knee: Bar. c.
 Lie, thinks all she says is a: Lac can.
 Lip, lower, is swollen: Glon.

- Live, longer, can not: Thuja.
 Magician, is a: Bell.
 Man, he orders away a: Puls.
 Medicine, is poison, thinks the: Lach.
 Men, sees old: Laur.
 thinks, are swine: Hyos.
 Mouse, see, running from under chair: Cim.
 Murder, thinks she is about to, her husband or child: Kali
 brom.
 that he has to, some one: Ars.
 Music, is at a concert and hears sweet: Croc.
 Neck is too large: Kali c.
 Officer, is, and gives the word of command: Bell.
 Paralyzed, that he is, when lying on back: Sang.
 Pursuing him, thinks some one is: Anac.
 Places, thinks he is in two, at same time: Sil.
 Power, thinks herself in the hands of some: Lach.
 Pregnant, thinks herself, old maid: Thuja.
 thinks herself, after menses: Ign.
 Queen, thinks she is a: Can. i.
 Railroad car, is in, and everyone is talking, and she begs to
 be held: Sang.
 Rank, thinks he has noble: Phos.
 Rocked, thinks she is: Bell.
 Rocks, sees: Magn. m.
 Running against the people he meets: Acon.
 Sees, thinks some one else, for him: Alum.
 Sheep, is driving: Acon.
 Shoulder, thinks people are looking over his: Brom.
 Sick, believes he is going to be: Pod.
 beloved friend is, and dying: Bar. c.
 members of his family are: Hep.
 he is not sick: Arn.
 Skeleton, sees black, which is death: Crot.
 Soul and body are separated: Thuja.
 Space, that there is empty, between brain and skull: Caust.
 Speaks, when he speaks he thinks it is some one else: Alum.
 Spiders, sees: Lac can.
 Spirit, sees, hovering in the air: Aur.
 Stare, thinks he must: Kali mur.
 Steps, hears: Canth.

Stomach, thinks he has ulcer of: Acet. ac.
 is devoured: Sabad.
 was shortened: Ign.
 that all the functions of the soul were performed
 in pit of: Acon.
 Striking him, thinks some one is: Elaps.
 Succeed, that he can not; does everything wrong: Aur.
 Thieves in house, and wants to jump out of window: Lach.
 Throat disease, she has, and it will end fatally: Sabad.
 Tongue cold, air blowing on: Acon.
 too long: Aeth.
 is made of wood: Apis.
 Two places at same time, thinks he is in: Sel.
 is cut in, thinks he is: Plat.
 Veins, thinks cold water is in: Rhus.
 Virgin Mary, thinks she is: Can. i.
 Voice, hears, from left side, which she must follow: Crot.
 Walk, can not, hence must run or hop: Hell. Apis.
 on knees, must: Bar. c.
 Water, sees falling: Merc.
 Wood, is made of: Nitrum.

[These symptoms have been verified; if not in your *Materia Medica* or repertory, put them there, where you can find them when wanted.—ED.]

HOW TALLEYRAND WAS CRIPPLED.

The cause of Talleyrand's lameness has long been a matter of dispute. During the fifty-two years which have elapsed since his death, his deformity has been accounted for in all manner of ways.

In the extracts from his memoirs, published in the *January Century*, Talleyrand himself settles the controversy. "At the age of four," says he, "I accidentally fell from the top of a cupboard, and dislocated my foot. The woman to whose care I was entrusted only informed my family of this several months afterward. . . . The dislocation of my foot had been neglected too long to be remedied; even my other foot, having to bear alone the whole weight of my body, had grown weaker, and thus I remained lame for life. "That accident," he adds, "had a great influence over my after life."

**"THE STIGMA THAT RESTS UPON SOUTHERN
HOMŒOPATHS."***

The title of this paper was suggested to my mind by a physician who has not only been honored by this association, but who stands high in the esteem of its members; one of the leading Homœopathic physicians of the South. If, therefore, it (the title) or some of the expressions herein voiced seems to harp discordantly upon the sensibilities of some, please to bear in mind that I, the writer, am only one of a goodly number who feel the pressure, the weight of responsibility portrayed by this same title.

In a personal communication this representative Southern Homœopath says: "*Help remove the stigma that rests upon Southern homœopaths of crudism,*" and he might have added of *un-homœopathic methods.*

For a number of years I have been striving to do this with pen, precept and example. I have in the past done all I could in this direction within the range of my ability and influence, and it is my purpose to continue so doing at all times, and on all occasions when consistent.

There is a lamentable proneness on the part of a certain class of physicians who arrogate to themselves the title of "Purists," or "Hahnemannians," or "Homœopathicians," to hold aloof from their fellows and establish a sort of exclusivism which tends to disintegrate and thus to weaken our standing and influence as a school of medicine. This is especially damaging where and when any organized action is necessary. This tendency should by all fair and practical means be discouraged. Each side should be less intolerant of the other than at present.

Because my brother differs from me in methods of practice; because he can not see as I do; because he has not been able to overcome his prejudice, or timidity, or incredulity; because he has not observed such operations or has failed to secure such results as others claim—and truthfully too—to have done, is no reason why he may not some time overcome those clogs which hinder and learn the better way. Above all things it is no reason why he should be called a "mongrel," and have heaped upon him the slur and opprobrium of wrong doing. Scolding and calling names is in no sense

* Southern Homeopathic Association.

argumentative, and fault finding is far from being the best method of teaching and converting.

The charge of crudism and un-homœopathic methods made against us of the South, is, we are sorry to confess, too true. Witness, for instance, a recent controversy between Northern and Southern writers on the subject of intermittent fever.

Among us are many bright men—men of intelligence and education, ambitious men, men of character and capacity. But how many Simon Pure homœopaths are there among us? So far as this writer knows they can all be counted on one's phalanges and yet have enough left to scratch with. Among these few, however, are the brightest and most capable men, who wield much influence where they live, men who are respected at home and abroad but who are not in touch with either this association or their State societies, and take no interest in our deliberations or work.

Ask of one of them, "Why don't you attend the Society meetings?" and the answer is, "I am not in sympathy with them. There is no harmony between us. I go there and am forced to listen to all sorts of talk about pathology, the germ theory discussions, and to a few men striving to impress the others with their wonderful superiority in scientific attainments, a little of this and that and other things, but hardly a word of Homœopathy. And if any one attempts to offer anything in that line indifference is at once manifested, he is only tolerated and is made to understand that his statements are considered as vagaries and himself as a materia medica 'crank.'"

That there are grounds for this situation in the South none can deny.

First. "Our friends the enemy" are, and have been for a generation at least, unceasingly preaching that Homœopathy may be all right in the North but it won't do in the South; that only massive doses of medicine will be found effective in the South. They have reiterated these and such like statements, in season and out of season, until a majority of the laity and many professional men have come to regard it as truth, although it is one of the most senseless fallacies ever perpetrated upon trusting humanity. Many homœopaths (by profession only) have fallen into this egregious error, as

seen in their writings and shown in their daily work. They assert that immaterial dynamic doses may, and doubtless do, meet the requirements in the Northern States, but that we must use stronger medicines in the South. Pernicious intermittents can only be controlled by large doses of Quinine, or a mixture of a number of crude drugs (as advocated in an article recently published in a homœopathic journal, a formula of which can be obtained on application to the author).

An answer to such statements, which is simple and to my mind irrefutable, is "Why?" Is it possible that a man or woman born and educated in Iowa is of finer clay, of more refined and sensitive material, than a man or woman born and educated in Florida? Is there more delicacy of organism, more natural refinement; are symptoms more easily influenced, temperaments more accurately adjusted, and therefore more in harmony with the laws of nature in the North than in the South? Are the rules of living, of hygiene, of relations—are the laws governing physics, physiological and philosophical, in nature and art, in science, or the operations of either dynamic or material influences relatively different in different countries or different sections of the same country?

No man in his senses, whose judgment is worthy of consideration in such matters, will dare to assume the affirmative of these propositions.

As a matter of fact and experience, those who have tested the questions and conditions have found that the *law is universally applicable*. If it was otherwise it could not be a law, for all natural laws operate at all times and under all circumstances in the same way. Chemical affinities and proportions are always exact and unchanging. The relations of the immaterial to the material, as motion, heat, light, etc., are ever the same. Then, if we have a law of cure, it is just as unvarying, and must operate at the tropics as at the poles and *vice versa*. If a man is suffering from a set of Sulphur symptoms Sulphur is the remedy, and will as surely remove them, whether the man lives in the swamps of Louisiana or on the Adirondack mountains.

"But," says the skeptic, "if these things be true, why such diversity in methods?"

Ignorance of the law and its application affords the only solution to the problem; the only explanation to the situation.

If you will show me a man who administers medicines in crude doses—one who mixes two or more medicines and then administers the mixture, or one who administers two or more drugs in alternation or rotation—I will show you a man who never studied the *Organon of the Art of Healing*, by Samuel Hahnemann, or if he has it has been to little purpose. This book teaches the law and its application. It is the very Bible of Homœopathy, and he who has failed to possess himself of a knowledge of the principles therein taught is less qualified to practice Homœopathy than the man is to practice law who has never read Blackstone, or to preach Christianity who is a stranger to the New Testament. It contains what there is of Homœopathy and all there is of Homœopathy.

When we look over the list of papers presented at the meeting of this Association one year ago, we are forcibly reminded of the lack of Homœopathy and kindred subjects. On the list which came under my eye there was not one, and, so far as the title went, the papers might have been presented at a meeting of an allopathic medical association as well. Some of them have been published in the journals, and in *not one* of them which I have read did the author give any exhibition of possessing any knowledge of the principle *Similia*.

It is no wonder, then, that a stigma rests upon Southern Homœopaths, not only as regards crudism, but in everything relating to the subject. And while we continue to run after the pathological will-o'-the-wisp, which is so constantly undergoing revision and change—the germ theory and its microbe craze—or strive so much after the scientific flesh pots, just so long will that stigma continue to rest upon us.

It is well to learn all there is to know regarding diseases, their causes, courses and probable termination. To learn to know what to look for, what to expect, and how to find anything that will shed light upon any given case of sickness. "Knowledge is power," and the attainment thereof is always commendable, and for the gaining of it no man is condemned. But to the followers of Hahnemann is revealed *truth*, a knowledge of which renders obsolete and useless all such teachings when we come to the treatment, the therapeutical management of human ailments.

But the "stigma that rests upon us as Southern Homœopaths!"—can we remove it?

One way suggests itself to me, and I believe that it is the only one in which we can be relieved of this incubus, and if pursued will as surely lead to a revolution in matters medical. I offer it. It is an *old method*, and in substance is what Hahnemann offered nearly a century ago.

Let every Southern homœopath, who has not one already, procure a copy of the *Organon* and read it through carefully, section by section, at least three times during the coming year. Let us study to apply the knowledge thus gained in our daily work. If we fail the first time let us try only harder the next, and conscientiously labor to the attainment of wisdom in *Homœopathic Therapeutics*, and at the next meeting report results.

I tell you it is God's truth, revealed to the world by Hahnemann. It is God's law, and when rightly understood and properly applied, *what a flood of light is shed upon us. What a consciousness of power takes possession of us, and what a happy spirit of contentment is ours as we contemplate our work, well done.*

Hahnemann's challenge was, "*Put these principles to the test in the manner described, and publish the failures to the world.*"

This is now the challenge of every true follower of the law, and it is the challenge of the writer of this paper.

S. MILLS FOWLER,

In Southern Journal of Homœopathy.

GAINESVILLE, TEXAS.

[The "stigma" to which Dr. Fowler refers belongs to Northern as well as Southern homeopaths, and can only be removed by a desperate effort on the part of both—viz., practice *Homeopathy* according to Hahnemann's teachings.—ED.]

POST DIPHTHERITIC DROPSY: ARSENICUM.

Was called Feb. 5th to see A. P., age 15 years. Had been treated by an allopath two weeks for diphtheria. During the second week of his illness he was taken with dropsy, which commenced in his feet and gradually went to his abdomen and chest. He could not lie down for fear of suffocation. Waxy skin. Great thirst for cold water, but takes but a little at a time. All the symptoms worse at night. On

examining his urine I found that it contained a large per cent. of albumen, with a specific gravity 1012. The patient was given Arsenicum 30th, and was discharged Feb. 10th as cured. Another victory for Homœopathy.

EARLHAM, IA.

J. F. IRVIN.

GONORRHŒA INSTEAD OF PSORINUM.

Editor Advance: On page 349 of the May number of this journal, in the report of a discussion on Psorinum, Dr. Pitcairn, of Pittsburgh, is reported to have said that he "had a repugnance to the remedy and would not use it under any circumstance; would as soon give the syphilitic virus."

The interpretation, of course, is that he would not give the syphilitic virus, yet we find him re-establishing a gonorrhœal discharge in a case of orchitis and then giving it back to the patient in its *crude* form and in its *entirety*, by means of injections of sulphate of zinc! (p. 351.) That is the doctor who would not give Psorinum or Syphilinum in any degree of attenuation, no matter what the attending circumstances might be.

The above is a good example of anti nosode doctors: they have a holy horror of such "nasty" remedies as *Psorinum*, and yet they will be guilty of the most damnable practices in the same line; you can always depend on them for suppressing gonorrhœa for fear of being "left behind in the race," and for all sorts of allopathic treatment, on the plea that Homeopathy does not cover the condition. The doctor found a man with orchitis from suppressed gonorrhœa which he restored with remedies that were only similar, not the most similar; for the orchitis went to the other testicle at the same time that the discharge was restored; and yet in the face of that the doctor proceeds to suppress the discharge again. If the orchitis was not renewed, it was the patient's good fortune, not the doctor's devotion to similia, that saved him. Strange to say, the doctor was not ashamed to tell of it.

CHAS. B. GILBERT.

WASHINGTON, D. C.

HOMŒOPATHY is a perfectly simple system of medicine, remaining always fixed in its principles as in its practice,

which, like the doctrine whereon it is based, if rightly apprehended, will be found to be so exclusive (*and in that way only serviceable*), that as the doctrine is pure so must the practice be also, and all backward straying to the pernicious routine of the old school (whose opposite it is as day is to night) is totally impossible, otherwise it ceases to deserve the honorable name of Homœopathy. That some erring physicians, who would wish to be considered homœopaths, engraft some, to them more convenient, allopathic bad practices upon their nominally homœopathic treatment is owing to ignorance of the doctrine, laziness, contempt for suffering humanity and ridiculous conceit; and, in addition to unpardonable negligence in searching for *the best* homœopathic specific for each case of disease, has often a base love of gain and other dishonorable motives for its spring. And for its result?—that they can not cure all important and serious diseases which pure and careful Homœopathy can.—HAHNEMANN.

HOMEOPATHIC GRADUATES FOR 1891.

So far as heard from the number of graduates is 390, credited as follows:

Hahnemann Medical College of Chicago.....	97
Hahnemann Medical College of Philadelphia.....	59
Chicago Homeopathic Medical College.....	53
New York Homeopathic Medical College.....	45
Pulte Medical College, Cincinnati.....	29
Boston Homeopathic College.....	29
Cleveland Medical College.....	19
Iowa City Homeopathic College.....	17
Homeopathic Medical College of Missouri.....	15
Woman's Homeopathic Medical College of New York....	9
Cleveland Homeopathic Medical College.....	8
Kansas City Homeopathic Medical College.....	6
Hahnemann Medical College of California.....	4

The University of Michigan is yet to be heard from. The figures show conclusively that Chicago has become the homeopathic center of the world. There are more students in our two colleges every year than there were practitioners in the State twenty years ago. "Westward the star of Empire," etc.—*Medical Visitor*.

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.

HIGHER MEDICAL EDUCATION.—If by this term is meant, higher literary and scientific attainments as preliminaries to the study of medicine, no objection will be offered by any follower of Hahnemann. But does higher medical education in the general acceptation of the term fulfill the requirements of § 1 of the Organon, where Hahnemann says: "The physician's highest and *only* calling is to restore health to the sick?" Does the highest education to be obtained from the ablest allopathic faculty, either in this country or Europe, enable the graduate to "restore health to the sick?" Does the death list during the recent epidemics of *la grippe* answer this question in the affirmative? What we, as a school, need, is better instruction in the *art of healing* from our college rostrums; a better and more thorough drill in the method of applying the law of similars in homeopathic therapeutics from both college and preceptor; a better, a higher, a more thorough education in the principles of the Organon. This teaching is now practically neglected in our colleges, and it contains the essence of homeopathic therapeutics and all there is of Homeopathy. Omit this from a "higher education" and so far as the healing of the sick is concerned—"the physician's highest and only calling"—the homeopathic graduate is placed on a par with his allopathic brother. He can use the knife, morphine, quinine and other palliatives just as well, but no better than his allopathic competitor; and he meets with about the same success.

* * *

Our friends of the dominant school are generally credited with having received the higher medical education, and yet the excessive mortality during the recent epidemic influenza in all our large cities clearly demonstrates that they have yet to learn how to "restore health to the sick." Here is a sample from the *Buffalo News*:

"'There's a queer thing about this epidemic, which is that the allopaths are losing all the cases,' said an over-worked undertaker to a *News* reporter yesterday afternoon.

“‘Are you serious or jesting?’ asked the reporter, who is an allopath by predilection.

“‘Dead in earnest,’ was the reply. ‘We’ve been rushed to death for a month and we haven’t buried a homœopathic victim of grip or pneumonia yet. If you doubt what I say, go and look at the death certificates.’

“The reporter proceeded to the bureau of vital statistics and found the undertaker’s statement pretty well backed up.

“The registrar had just moved into the board of health’s new quarters in the new Municipal building and was unable to comply with the reporter’s request to be allowed to scan the death certificates for the past month, and was only able to exhibit those filed since April 14th.

“With the aid of a list of physicians of both schools and the individual knowledge of reporter and registrar, the investigators were able to identify most of the names as those of allopaths or homeopaths.

“Altogether, out of seventy certificates of death from acute lung diseases, such as pneumonia, congestion of the lungs and ‘la grippe,’ it was found that sixty-three bore the signatures of allopaths, six signatures were described as in doubt as to which school the practitioner belongs, and but two were signed by physicians recognized as belonging to the homeopathic school.

“The Register looked very uncomfortable as he aided the reporter in his task, for the city government’s Health Department is old school. ‘You should remember that there are more allopaths than homeopaths in this city,’ said he, as he called out ‘allopath,’ reading from the last death certificate which had just come in.

“Inquiry elicited the fact that there are 300 allopaths in Buffalo to sixty homeopaths—a proportion of five to one. To bring up the proportions and eliminating the doubtfuls the reporter multiplied the homeopathic deaths by five, which would give that school ten deaths to the allopathics sixty-three, given an equal number of homeopaths and allopaths in Buffalo.”

From the above it is evident that to the *kind* of higher medical education is due the vast difference in the mortality during great epidemics. This was just as true of Asiatic cholera and typhus in the time of Hahnemann, as it

has been of yellow fever, influenza and every great epidemic since. How "to restore health to the sick," has unfortunately been neglected.

* * *

But much as we regret it, honesty compels us to say that many in our own school have yet to learn the principles of applied Homeopathy—higher medical education—as expounded by Hahnemann; and this neglected knowledge of the history and course of chronic diseases is often attended by deplorable results. Why professed homeopaths should be guilty of suppressing chronic eruptions and discharges, a la Allopathy, and proclaim such bungling treatment as "the best Homeopathy can do" is past comprehension. Yet, this is what is being done every day in the week, both in hospital and private practice, and that too in the name of Hahnemann and Homeopathy. Is it any wonder that the people are unable to distinguish any difference between "modern" Homeopathy and old school methods?

* * *

A gentleman recently applied for the relief of a chronic neuralgic affection of the left side of the head and face, of many years standing. It had been, and was, most severe in the temple and along the course of the superior and inferior maxillary nerves; tooth after tooth having been extracted until the entire left side, as far as the symphysis was toothless, and yet the neuralgia was unaffected. The nerves were "stretched," and yet the pain persisted; Morphine and Chloroform alone modified its severity. Flushes of heat preceded the attack; left side extremely sensitive to touch; and it was attended by a nervous weakness in stomach and abdomen. Lachesis afforded prompt relief.

Here is another case, and our journals are teeming with similar illustrations, treated by a professed homeopath, which to say the least might have had a very different termination had the higher medical education of Hahnemann been understood and practiced. It is reported by Dr. Carmichael, of Philadelphia:

Miss E. R—, aged 18, strumous. Has had nosopharyngeal catarrh and otitis media for several years. I found her complaining of lassitude, headache and intense pain in left ear, which was discharging profusely. There was also some discharge from right ear. The ears were loosely packed with Boric acid, which was removed every night

by syringing, and internal remedies were given with marked relief of all symptoms.

On the seventh day after my first visit she suddenly developed tonic and clonic convulsions, with strabismus and slight inequality of the pupils. After regaining consciousness she experienced intense pain in the frontal region and in the left mastoid. The latter was almost unbearable, but it was the only indication of mastoid disease. Delirium was a prominent symptom. At no time was the temperature above 101.2. I diagnosed brain abscess, which I supposed was related to the disease of the left ear. Up to this time the treatment consisted in the application of heat to the head, mustard to the mastoid and nape of the neck, and Belladonna, Hepar, Acetanilide and Codeine internally.

On the tenth day Dr. Carl Vischer saw the case in consultation and suggested incision and trephining the mastoid.

On the same evening I made a free incision over the mastoid, but with a negative result, and next morning Dr. Vischer trephined the mastoid, but without any indication of pus or diseased bone. It was then decided to explore the brain, and Drs. Vischer, Bartlett and myself trephined at the usual point above Reid's base line, for cerebral abscess following suppurative ear disease. On removing the bone the tissues surged into the opening, showing abnormal tension, but incision of the dura mater and pia mater and probing in every direction failed to discover pus. The probe met with no resistance save when it came in contact with the tentorium. The wound was dressed antiseptically, but loosely, so as to favor the exit of pus should it have been overlooked.

The patient rallied nicely from the operation, and for several hours was apparently relieved, but delirium and restlessness again recurring, she was given Phanacone and Morphia with good results. On the following day she was rational, took bovinæ and chicken broth, but at 8 P. M. died suddenly while attendant had left the room.

Post mortem revealed no evidence of mastoid disease. On the under surface of the tentorium, and within a quarter of an inch of the edge of the trephined area, pus was found. There was about a drachm of it spread over the membrane. From the appearance of the parts it was decided to be of tubercular origin.

The case was interesting from the fact that it followed an acute catarrhal otitis media, and that the subjective symptoms mainly pointed to the ear as the source of the trouble.

* * *

Another feature of the case which the physicians overlooked entirely was the fact that the brain symptoms promptly supervened in about the usual time, after the local application of the Boric acid to the ear and the suppression of the profuse discharge. Had the discharge not been suppressed, it is very doubtful if the patient would have

succumbed to the tubercular pachymeningitis, and had the attending physician been imbued with the higher education to be found in the *Organon and Chronic Diseases*, he would not have used allopathic measures in the treatment of his patient.

* * *

REMARKABLE TEMPERATURE.—The reliability of the clinical thermometer as a diagnostic and prognostic measure has recently been put to a severe test. In the *Journal of the American Medical Association*, March 21, 1891, Dr. W. J. Galbraith, Prof. of clinical surgery, Omaha Medical College, reports the case of a Mrs. M——, aged 26, married five years, mother of one child two years old, suffering from peritonitis as a result of tubal pregnancy, in which the temperature ranged from 6° F. below normal to 117°, 125°, 137°, 145°, 151° and 171° F. above; and, what is still more peculiar, when the temperature reached 140° F. or more, her pulse was 60 or 70, and when the temperature was normal or below, the pulse was from 100 to 120.

Another case is reported from Memphis, Tenn., of a young girl in which, after an acute attack of tonsilitis, a fever set in each morning about nine o'clock, lasting two or three hours, in which the temperature ranged from 92° F. to 158° F.; at the latter point the thermometer broke. Our colleague, Dr. Lippincott, writes that he has seen eighteen broken thermometers, including the one that registered 160°. Both these patients are recovering, notwithstanding the fact that the temperature has fallen 6° below normal and raised more than 60° above.

NAJA IN ASTHMA.—I was subject for fifteen years to severe attacks of asthma, and I never found a remedy to touch it until I found Naja. I have since found that it is one of the most important remedies with which to control hay fever and autumnal catarrh, and the symptoms which seem to indicate it are first a flow of water from the nose, which is continuous for a few minutes, and is followed by intense sneezing, after which there is freedom in breathing; but after a continued recurrence of this same condition for a few days there follows dryness in the lungs, great difficulty of breathing,

worse on lying down; the asthma from the difficult breathing is relieved by rising and sitting in an erect position. In my case, and in several others, Naja has always relieved in a short time. I have always used it in the 30th potency.

SANITARIUM and sanatorium are words often used synonymously, but really of different, though allied, meanings. Sanitarium is derived from the Latin *sanita*, health, and means a place of health, a health retreat, a spot where correct sanitary conditions prevail. Sanatorium is derived from the low or late Latin *sanatorious*, which in turn comes from the Latin *sano*, *sanare*, to heal, and means a place of healing, a curative retreat, a spot where active health-restoring conditions prevail. The former, in brief, is hygienic or prophylactic; the latter therapeutic. The same distinction is to be observed between sanitary and sanatory.—*Exchange*.

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.

PRINCIPIIS OBSTA: DR. ALLAN'S REPLY.

Editor Advance: In the May number of THE MEDICAL ADVANCE Dr. B. Fincke has seen fit to severely criticize the explanation I made in a paper that appeared in the November number, of the rationale of the homœopathic cure. Throughout his paper, from the very beginning to the end, he has misconstrued my words entirely and made it appear as if I had made an assertion which has no foundation whatever in fact, but only in the imagination. It does appear as if there will always be some one who fails to comprehend the meaning of an argument, however clearly it be explained, and it is with profound surprise mingled with deep regret that I read Dr. Fincke's criticism. Surprise that he should have misunderstood my paper, and regret that he should have fallen into the grave error of considering secondary (alternating) symptoms and secondary action (reaction) to be one and the same.

In his criticism Dr. Fincke has taken me to task on two points:

First. For saying that every drug when swallowed produces symptoms in the organism peculiarly its own.

Secondly. That I had ascribed the opposite symptoms observed after the administration of a drug to the reaction of the vital force.

When I made the assertion that every drug when swallowed produced symptoms peculiarly its own, I did so with the full knowledge of what I was saying, and since my critic has called me to task for it, it is now in order for me to defend my position.

In the first place, when a drug, medicine, substance—call it by any name you please—is swallowed or is by any other means (swallowing being the usual way) introduced into the organism so that its inherent force is brought to bear upon

the vital force of the individual, it produces symptoms that manifest themselves to the senses of the patient and to the eye of the observer. These symptoms produced in different individuals are always alike so that a trained physician is able to recognize by the totality of these morbid manifestations or symptoms the medicines that gave rise to them. Proof of this assertion is to be found in the provings of the remedies and these provings are the corner-stone of Homœopathy. Belladonna invariably gives rise to symptoms which are characteristic of Belladonna, and Ipecac to those of Ipecac, Silicea to those of Silicea, and so on through the entire list of medicinal substances. Were this not the case there never would have been a possibility of the existence of the Law, *Similia, Similibus Curantur*.

In order to show his readers that I have made a false statement, our critic has given as examples to prove this assertion that all drugs under all circumstances when swallowed do not produce symptoms, Silicea, the Carbos, etc., in their crude state. Such an illustration as this is puerile, indeed, and is no proof whatever of the truth of his objection to my statement. Crude Silicea may, under certain circumstances, not produce any apparent symptoms; but, I venture to say that if the doctor should swallow a large enough lump of it he would shortly have plenty of symptoms and before many days would pass to

“That undiscovered country, from whose bourn
No traveler returns.”

Again, he sets forward grains, honey, milk, nutriment, etc., as a further proof of his objection; but here again he blunders. In grain, in honey, in milk and in all articles used for food there resides a force around which the matter has arranged itself in perfect order. The matter then is a cloak or covering of a force residing within, just the same as our bodies are the material covering of a vital force contained within. This force in food, etc., can not be seen or detected by the eye any more than the vital force which animates our bodies can be seen with the material eye. We have merely to potentize, as we call it, that is to say, liberate these forces which are contained in these very articles of diet, free them from their material covering and make a proving of them, to find that they too may produce symptoms upon the healthy which are

peculiarly their own. And I might here call our critic's attention to *Lac can.*, *Lac felin*, *Sac lac.*, as well as some other articles of diet (?) which he has potentized and himself uses as medicine. It is not necessary in all cases to potentize articles of diet in order to obtain symptoms in the healthy. I may here call attention to the fact that persons are found who are made sick by certain articles of diet. We call this an idiosyncrasy on the part of the patient, perhaps it is a supersensibility of the individual to this particular substance. But it nevertheless exists, and no doubt many, if not all, of my readers have in mind at least one case who could never eat honey on account of the disagreeable symptoms it produced.

Still this is one of the inert substances which our critic declares does not produce symptoms in the healthy when swallowed (introduced into the organism). Again, he says light, heat, electricity, etc., can not be swallowed, yet they produce symptoms of their own upon the healthy. Here again he contradicts himself, for he declares light, heat, etc., produce symptoms in the healthy, when most of us have been about in the light and in various degrees of heat for many years, and have not yet exhibited a proving of those forces any more than those of us who have eaten bread and honey for a like number of years without experiencing symptoms, and yet his objection in the one instance is his proof in the other. Thus the fact that something is found that can produce symptoms and yet can not be swallowed is thrust before me as evidence of the falsity of my statement, yet the doctor knows the mere act of deglutition has nothing to do with the question of a drug's action upon the vital force. A medicinal force will act, no matter through what channel its force is brought to bear upon the vital force. Hahnemann states this in numerous places and shows that inhalation is equally as efficient as a means of introducing a medicine into the system as swallowing; likewise the medicine can be applied to any mucous or abraded surface and will act equally as well as if introduced into the mouth; and, more than this, some substances act when applied to the unbroken skin alone, viz.: Mercury. We have merely to watch the gums of a patient on mercurial inunctions to be convinced of this last assertion. Enough has been said upon this subject, as time and space will not permit of lengthy arguments.

We now come to the second objection that our critic has raised to my statement, and here, from the beginning to the end of his paper, he shows that he did not comprehend what I actually said. From the first to the last he accuses me of saying that those symptoms which we often observe after the administration of a remedy, which are the opposite of some that appeared earlier, are caused by, and are evidences of, the reaction of the vital force. Did he comprehend my words, he could *never* have made this assertion, for what *I said means nothing of the kind*. No one who understands the Organon could ever make such a statement as I am accused of. Our critic says, "To ascribe the opposite symptoms to the reaction of the vital force alone is an inadmissible postulatam."

To this I will add that it is an error which no true student of Homœopathy could make, and it is an unwarranted assumption on the part of our critic to draw from my words such an unreasonable meaning. Now, in order that all may know how I stand in this respect, I will give in as few words as possible my reasons for writing what I did. Then, if I am not understood, let the points be clearly set forth and objections shown, so that I shall be able to defend my words at length and in detail.

There are two kinds of drug action, one upon the tissues and another on the vital force. In other words, drugs produce some sort of an effect either upon the tissues or upon the vital force. When Arsenic is introduced into the system in large quantities it produces an effect which is shown by a variety of morbid symptoms. We are able to distinguish among these symptoms evidences of a two-fold action. We find some symptoms due to a direct and irritating local effect upon the tissues themselves, and others due to a dynamic action upon the vital force. Its direct, local, corroding action upon the tissues is due solely to that matter which we see and recognize by its physical appearance and properties as Arsenic, corroding and destroying the matter in the tissues with which it has come into contact. But the symptoms of mental anguish, of restlessness, etc., which characterize its dynamic action, are due to a hidden power or force which is stored up in the matter, deranging not the material portions of the human organism, but that force which ani-

mates the material bodies which we call the vital force of the individual. This force in drugs is the power which we should employ as remedial agents. In each and every substance throughout the universe there resides an unseen force which, when brought to bear upon the vital force of the individual, impresses it in its own peculiar manner and no two of them in exactly the same way. It is this power of affecting the vital force, which substances possess, that makes them available as medicines, and it is the totality of the drug action being similar to the totality of the disease action which makes them of value as remedies in a given case of disease. We often notice that we are called upon to employ some remedies quite frequently and others more rarely. This is because diseases met with oftener bear a resemblance to those remedies. Consequently, some medicinal forces are of great value and others of little or no value because disease rarely resembles them in sphere of action. Some substances in their crude form are apparently inert, as *Lycopodium*, *Silicea*, *Bismuth*, the *Carbos*, etc., but they can be made use of, and, if administered in large enough quantities, act mechanically and produce symptoms and remove existing ones; namely, *Bismuth* to coat ulcers, tin for worms, charcoal as an antacid and absorbent of foul gases, etc., etc., as employed by allopathists. Others are irritants when applied to the tissues and others have a variety of modes of action, hence the classification of drugs according to physical properties, etc., by the allopaths, who have discovered nothing in substances beyond the matter which can be seen and recognized. But the follower of *Hahnemann*, the homeopathist, as he is called, has no use for crude matter in his remedies. His drugs must first be divested of all matter so that he can have nothing but the drug force to administer to his patients. Therefore Homœopathy which taught us to potentize our remedies, that is to say, to employ only the drug force as medicine, also teaches us that every drug, that is to say, every drug force, when swallowed, in other words, when introduced into the organism, so that its force will be brought to bear upon the vital force, will produce an effect which will manifest itself in symptoms, which in totality are peculiarly its own, that is to say, are different from those produced

by each and every other drug force. When the drug force has been introduced into the organism, it immediately attacks the vital force with all its energy. Then commences that struggle between the vital force and the drug force, which results in morbid symptoms. But when the drug force has expended its energy, then the vital force reacts inversely to the impression made upon it by the drug force to rid itself of the power of the drug and to return to its normal state, which is health, which is characterized by absence of symptoms. See *Organon*, §§ 63 and 64. Therefore, all symptoms which are experienced during the proving from the beginning to the end, whether they are like some that appeared previously or whether they are their opposites, are the drug's own direct action upon the vital force, what Hahnemann termed primary action. See *Organon*, § 115. But the secondary action, which is the reaction, is not attended with symptoms; on the contrary, when the reaction takes place the symptoms subside, until all the primary action of the drug has faded away, as it were, in a complete absence of symptoms, which is health. *Organon*, § 64.

In disease this same action and reaction take place as in health.

Were this not a fact there could be no cure by Homœopathy. This action and reaction after the administration of a remedy take place when we apply our remedies correctly or wrongly. They take place when the allopathist applies his as well as when the homœopathist applies his. But when the medicinal action upon the vital force is similar to that of the disease force already acting, the effect of the medicinal force superadded to that of the disease force intensifies to a certain extent the already existing effect upon the vital force. But as soon as the action of the medicinal force begins to wane the vital force reacts against it the same as though no disease existed, and the reaction thus started continues either until the entire disease is ejected together with the drug action and the normal state is re established; or, if the disease force is too great to be thus overcome, the reaction moderates the disease so that a second dose, or some other remedy, will complete the reaction and effect the cure. But when a wrong remedy has been administered, either by a homœopathist or by the allopathist, the reaction, not being in an

inverse sense to the action of the existing disease force, merely wipes out the drug action, leaving the disease to still continue in its course.

ARTHUR G. ALLAN.

PHILADELPHIA.

WAS THE KNIFE NECESSARY?

Editor Advance: In the MEDICAL ADVANCE for November I see a report of cases, which I fail to understand, under "a few cases in surgical practice." Cases I and III. Pages 390 to 391.

If the remedies used in the cases proved beneficial (as reported), why were they not allowed to act? But if not, why were not the proper ones selected? Why was the knife used in either case? I write for information. In my limited practice, the Remedy has been my dependence, and I have learned from some source that the use of the knife in such cases is exactly the wrong thing. Now, if I am mistaken, please correct me. If the knife is to be used in some, or all cases, at first, or later in the case, I wish to know it. Quite the contrary is taught in the Organon. Fortunately for the patients, but unfortunately for my purse, very few such cases have been mine to treat, but in those few cases the results following the use of remedies have been satisfactory.

One case in particular: An aged lady, seventy-two years, after la grippe last year (treated by herself), suffered with double pneumonia, with apparent hepatization of both lungs, and so pronounced by a professor in consultation with me, who also declared the case utterly hopeless. She recovered under the use of the simillimum, after settling up her business, choosing her pall-bearers, selecting the text, hymns, etc.

During her illness, a small hard growth was noticed under the skin on the forehead. It gradually grew, and by the time she was well of the pneumonia the growth was the size of a pea. Then she began treating it herself (as she has a book and case of her own). Belladonna was indicated, as she thought, and she took it for several weeks. And when I next saw the growth it was as large as a black walnut, with a red, angry look, as though it might break out into a running sore at any time. There were severe stinging pains, for

which Apis was prescribed, with some relief. Soon after this a blow upon the growth from a grandchild's head caused it to break, and a sticky, watery fluid was discharged, also blood. After that time the growth began to spread, and from the symptoms Thuja was prescribed with the best results, as there is scarcely a trace left.

Early in the case she was advised by a medical friend to have it removed, but concluded to wait for a time, at least. Perhaps she might have been relieved of the growth much sooner had the knife been used. But would the result have been as satisfactory? Now I want to know if I am right or wrong? Does good homœopathic practice sanction the use of the knife in such cases?

W. S. HATFIELD.

CINCINNATI.

HOW TO LESSEN THE LABOR OF MAKING POTENCIES.

Editor Advance: Reports of cases and our own experience often prove the greater efficacy of the higher over a lower potency; hence the need that we have the former at our command. The great question, however, is the time and labor required. Why the higher potency should have the better effect we are unable to say. If, however, we ask ourselves the question: What is the difference in the making of the higher and the lower potencies? the only answer is, that the higher receive so many more shakes. Would it not, therefore, be a legitimate conclusion, that to make the lower of equal efficacy to the higher, it is only required to give to each potency a proportionately greater number of shakes? By giving each potency ten times the number of shakes more, would not the 10th equal in efficacy the 100th? The labor required would be so very much reduced that I offer the suggestion for trial.

R. F. SECOURS.

BARBADOS, WEST INDIES.

[We suggest that the doctor answer his own question by solving his own problem. Potentize Aconite and a few others to the 200th, in this way, and test them at the bedside. Then with the results before us we can form an opinion of their efficacy. Ed.]

New Publications.

A TREATISE OF DISEASES OF THE EYE FOR THE USE OF STUDENTS AND GENERAL PRACTITIONERS. To which is added a series of test types for determining the exact state of vision. By Henry C. Angell, M. D., Professor of Ophthalmology in the Boston University School of Medicine. Seventh edition. Rewritten and illustrated. Boston: Otis Clapp & Son. 1891.

This edition has been largely rewritten and brought up to date, aided by the facile pen of F. Park Lewis, M. D. As in the previous editions, the author's aim has been to aid the general practitioner in treating the more common diseases of the eye. But much of the teaching is by far too mechanical for a professor of Ophthalmology in a homeopathic college. For instance, in the treatment of Chalazion, the author says: "Such tumors are usually an indication of impaired health," yet the treatment recommended is an ointment of red oxide of mercury and the knife, measures not well adapted for the removal of the constitutional impairment.

Warts of the lids "may be ligatured, or snipped off with the scissors." Why not cure the constitutional ailments, and the warts go as they came? It is the unhomeopathic part of the work that is disappointing.

CHOLERA AND ITS TREATMENT ON HOMŒOPATHIC PRINCIPLES. (Based mainly on the results of fourteen years' practice as a Homœopath) by Râdhâkânta Ghosh, author of "Sâral-Chikitsâ," "Chikitsâ Sopân" (Practice of Medicine), "Bhaisajya-Sopân" and "Chikitsâ-Probesikâ" (Elements of Materia Medica and Therapeutics), "Treatment of Cholera" and "Diseases of Women and Children" on Homœopathic Principles. Calcutta: Published for the author by Berigny & Co. 1887.

A valuable pocket companion in a cholera epidemic, if Bell's work is not available. It has the advantage of giving "personal experience," which, in this case, is greatly reduced in practical value by the absurd habit of alternating remedies. We trust, if another edition be called for, this senseless and unhomeopathic method will be entirely eliminated.

SIX CENTURIES OF WORK AND WAGES: A HISTORY OF ENGLISH LABOR. By J. E. T. Rogers, M. P., late Professor of Political Economy in the University of Oxford. Abridged; with Charts and Appendix by the Rev. W. D. P. Bliss. Introduction by R. T. Ely, Ph. D., Associate Professor of Political Economy in Johns Hopkins University. Price 25 cents. New York: The Humboldt Publishing Company.

This is the first number of the Social Science Library, which puts at the disposition of the public a record that is invaluable. It is the story of the struggle of the English poor against the avarice of priest, king, landlord and capitalist; a story told by the records of thousands of court rolls, and stewards' accounts, compiled by unconscious historians, who little dreamed the figures they so patiently added up would

one day tell a tale. From the beginning of the thirteenth century, when almost every one not only possessed land, but cultivated it; when a landless man was looked on as an outlaw and a stranger; when the use of the common pasture was without stint, and the arable land of the manor was usually communal; from that remote date to modern times Professor Rogers conducts the reader through the successive stages of a drama whose motive was the cheapening of labor for the benefit of the monopolist. And surely no time could be more fitting than the present for publication of this work; which, with its charts, clear type and good paper is destined to have an extensive sale.

DUST AND ITS DANGERS. By T. Mitchell Prudden, M. D., New York and London: G. P. Putnam's Sons. 1890.

In the preface the author informs us that "This little book has been written with the purpose of informing people, in simple language, what the real danger is of acquiring serious disease—especially consumption—by means of dust-laden air, and how this danger may be avoided." While the dangers from bacteria and bacilli, as disease producing factors exist largely in the imagination of the author, the subject is presented in a clear and pleasant style and is as attractive as a romance.

MANUAL OF CLINICAL DIAGNOSIS. By Dr. Otto Seifert, of Wurzburg, and Dr. Friedrich Müller, of Berlin. Translated from the fifth German edition by W. B. Canfield, M. D. Second English edition revised and enlarged, with 50 illustrations and one colored plate. New York and London: G. P. Putnam's Sons: 1890.

That this little pocket manual of 185 pages has already run through several editions and been translated into many languages, speaks "louder" than any review notice can of its practical value. The author evidently has given only what is considered reliable and practical, omitting everything self evident and of secondary or minor importance, thus making it an every day reference book for the student and physician. Like all works from the Putnam's, it is beautifully printed; an exceptionally handsome volume, for which the house will receive the thanks of the profession.

MEDICAL EDUCATION, MEDICAL COLLEGES, AND THE REGULATION OF THE PRACTICE OF MEDICINE IN THE UNITED STATES AND CANADA, 1765—1891. Medical Education and the Regulation of the Practice of Medicine in Foreign Countries. By John H. Rauch, M. D., Secretary, Illinois State Board of Health, 1890; p. 222.

From this admirable report, filled with statistics, we learn that there are now 148 medical schools in the United States and Canada, of which forty-five admit women and three are for colored students. Of these, three do not grant medical degrees. Besides the colleges there are twenty-six examining and licensing bodies. Cornell, Yale, Princeton, Lake Forest, Johns Hopkins, the universities of Pennsylvania and Wisconsin, and the North-Western University offer courses preliminary to the study of medicine.

The first college to adopt and adhere to the three years' graded course of study was the Chicago Medical College, in June, 1868. The

American Institute of Homœopathy was the first National Society to require four years of study and three full courses of medical lectures, and eighty colleges will now exact four years of study, while twenty-one colleges have failed to arrange for the three years course of six months each.

A foot note to preface, page xxvii says: "The craze for establishing medical colleges commenced in the United States about 1840, and continued uninterruptedly until 1880, where there was a lull, but it seems to have broken out again," a fact upon which Dr. Rauch cannot lay too much stress. There are elaborate and valuable tables affording a summary of the requirements, standing and character of the medical schools and examining bodies in the United States and Canada, as well as foreign countries, and those who are interested in medical education will find here a guide to information not to be found elsewhere. Dr. Rauch has done his work well.

THE DAUGHTER, HER HEALTH, EDUCATION AND WED-LOCK. By William M. Capp, M. D. Philadelphia and London: F. A. Davis. 1891. Price \$1.

This book of "homely suggestions for mothers and daughters" was written, the author informs us, by special request of "a young wife who found reasons to deplore the insufficiency of an education which, though good as far as it went, was totally wanting upon subjects relating to present and prospective duties." A knowledge of its practical contents is calculated to save much misery, pain and consequent sickness, both before and after marriage.

INTERNATIONAL CLINICS: A Quarterly of Clinical Lectures on Medicine, Surgery, Gynecology, Pediatrics, Neurology, Dermatology, Laryngology, Ophthalmology, and Otology. By Professors and Lecturers in the leading Medical Colleges of the United States, Great Britain and Canada. Edited by Drs. Keating and Griffith of Philadelphia, and Bruce and Finlay of London, England. April, 1891. Philadelphia: J. B. Lippincott Company.

The Lippincott's have the very latest thing out, in the way of current medical literature, and show an enterprise in medical publishing that is worthy of patronage. It will be composed largely of stenographic reports of lectures of the best known teachers in Europe and America. As the authors announce in the preface: "It is proposed to make this periodical a complete post-graduate course of medical instruction." It is similar to Wood's Medical Monographs, but issued quarterly instead of monthly.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES: A YEARLY REPORT OF THE PROGRESS OF THE GENERAL SANITARY SCIENCES THROUGHOUT THE WORLD. Edited by Chas. E. Sajous, M. D., and seventy associate editors, assisted by over 200 corresponding editors and collaborators. Illustrated with chromo lithographs, engravings and maps. Philadelphia: F. A. Davis, publisher. 1890.

The herculean task of preparing the Annual should be duly considered when the five large and handsomely illustrated volumes are taken into account. The main improvements are the creation of departments

on subjects which have hitherto been considered under general heads, such as Syphilis, Surgical Mycoses, Thoracic and Oral Surgery, etc. The authors have done their work well, and, with the enterprising publisher, deserve and should receive the thanks of the profession.

PRACTICAL TREATISE ON ELECTRICITY IN GYNÆCOLOGY. By Egbert H. Grandin, M. D., Chairman Section on Obstetrics and Gynæcology, New York Academy of Medicine; Obstetric Surgeon, New York Maternity Hospital; Obstetrician, New York Infant Asylum, etc., and Josephus H. Gunning, M. D., Instructor in Electro-Therapeutics, New York Post Graduate Medical School and Hospital; Gynæcologist to Riverview Rest for Women; Electro-Gynæcologist, North-Eastern Dispensary, etc. Illustrated. Octavo, 130 pages. Muslin, \$2.00. New York: William Wood & Company.

The preface defines the sphere of the work: "The aim of the authors has been to present, as far as possible, an unbiased estimate of the value of electricity in the treatment of the diseases peculiar to women. The agent is considered not from the standpoint of a specific, but as a valuable adjuvant to routine therapeutics."

Chapter I is devoted to "General Considerations and Descriptions of Apparatus."

Chapter II, "Routine Uses of Electricity."

Chapter III, "Electrolysis."

Chapter IV, "Static Electricity."

Chapter V, "Treatment of Malignant Growths by the Galvano-Cautery."

Chapter VI, "Electricity in Obstetrics."

To be honest, we do not think, after perusing much of this work, that the authors have made out a case for the galvano-cautery in malignant growths. It may be a useful agent when we know how to apply it; but very few know how, and we do not think any one will master the knowledge from this work.

ALDEN'S MANIFOLD CYCLOPEDIA OF KNOWLEDGE AND LANGUAGE, WITH NUMEROUS ILLUSTRATIONS. Vols. XXVI, XXVII, XXVIII from Neuvaines—Perseus.

This splendid and practical cyclopedia improves in illustrations as it nears completion, and the publishers are pushing it rapidly onward. It is fully up to date, and its definitions and pronunciations are reliable so far as we have examined the volumes. Write the publishers for terms.

THE PHYSICIANS' LEISURE LIBRARY, Paper, 25 cents; cloth, 50 cents. Detroit: Geo. S. Davis, has recently issued some of the most valuable of the series:

Auscultation and Percussion, by Shattuck. *Taking Cold*, by Bosworth. *Electricity, its Application in Medicine*, in two volumes, by Wellington Adams.

Dr. Bosworth discusses the question: "How do we take cold?" and an intelligent and scientific answer is given. Read it.

Editor's Table.

C. F. MENNINGER, M. D., Topeka, Kas., writes Dr. King: "Permit me, however late, to congratulate you upon the Associate Editorship of THE ADVANCE. I feel proud to have the honor of being one of your pupils. THE ADVANCE has been on my table ever since I left college and every month becomes more helpful to me in my practice. The reason is that it is strictly homeopathic and as such has helped me out of more difficulties than any Materia Medica or work on Therapeutics in my library." [Thank you, doctor. Many readers have told us the same. But remember, a journal is what its contributors make it. We have not seen your name to an article for many years.—Ed.]

WOOD'S MONOGRAPHS. The April number contains two articles worthy of especial notice: "Causes and Prevention of Phthisis," by Ransome; and "Railway Injuries, with Special Reference to Those of the Back and Nervous System in Their Medico-legal and Clinical Aspects," by Herbert W. Page, of England. This is a valuable paper and should be read by every physician and surgeon in the country.

The May number contains "Differentiation in Rheumatic Diseases," so-called) by Hugh Lane, L. R. C. P.; and "Cure of the Morphia Habit," by Oscar Jennings, M. D.

J. P. RAND, M. D., of Worcester, Mass., gives his "Personal Observations of Koch's Bacilli" in a summary of fifty cases, which appears to satisfy the observer that all cases of suspected phthisis in which the bacilli appeared in any numbers, proved fatal, and those in which no bacilli were found recovered. It will require many more observations and many more experiments to demonstrate that the bacillus is the cause of tuberculosis, Koch and his experiments to the contrary, notwithstanding.

LIPPINCOTT for July contains a new and complete novel, entitled "A Rose of a Hundred Leaves," by Amelia E. Barr, author of "Friend Olivia," "Jan Vedder's Wife," "The Bow of Orange Ribbon," etc.

A CORRECTION. *Editor Advance*: In the April number of the MEDICAL ADVANCE you charge the *New York Medical Times* editor with taking steps against the homeopaths of this State, and then you quote the opinion of the *Times* editor. Now this quotation was never issued by the *New York Medical Times*, but was published by the *New York Daily Times*, which is a mugwump journal, apparently under the control of old school influences. SELDEN H. TALCOTT.

[The editor of the *New York Medical Times* has our apology. We were after the man or men who struck Homeopathy.—Ed.]

THE JUNE CENTURY has an interesting frontispiece portrait of George Mifflin Dallas, formerly Vice-President of the United States. This portrait accompanies the second and last installment of the papers

extracted from Mr. Dallas's journal, written while he was American minister to the Court of the Czar Nicholas I. In this installment he describes not only the great luxury and splendor of the Court, but tells about hearing Thalberg, the great pianist, and Sontag, the famous singer. A portrait of the Empress is printed with the article.

A WESTERN physician (says the *Boston Med. and Surg. Journal*) is said to have received the following from a brother physician: "Dear Dock, I have a pashunt whose physical sines shows that the windpipe has ulcarated off, and his lungs have drop into his stumick I have given hym every thing without effeckt his father is welthy honable and influenshal as he is a member of assembly and god nose I dont want to lose hym what shall I do ans by return male. Yours frat, —————."

AN ENGLISH DUKE'S OPINION.—After a trip over the New York Central we fully endorse the following from the *Troy Budget*: "In his very interesting and instructive article on American railways, published in the April number of the *Fortnightly Review*, the Duke of Marlborough places the New York Central at the head of the great railway corporations of the United States. Its central location through an almost continuous city from New York to Buffalo and Niagara Falls; its wonderful capacity for handling an immense traffic; its splendid passenger service, with eleven daily trains between New York and Buffalo and Niagara Falls, eight between New York and Chicago, three between New York and St. Louis, three between New York and Cincinnati; reaching by its own rails and through its connections every important commercial center in the country; its beautiful scenery comprising, as it does, every variety of landscape; its entrance into the very heart of the metropolis of the country; these advantages, in connection with the number and variety of health and pleasure resorts, which it reaches by its unequaled through-car service, combine to impress the opinion upon all who investigate the subject, as the Duke of Marlborough did on his recent extended tour of the United States, that the New York Central is to-day 'America's greatest railroad.'"

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HENRY C. ALLEN, M. D., Editor.

J. B. S. KING, M. D., Associate Editor.

CONTENTS.

Amaurosis, Due to Changes at the Visual Centre—A Peculiar Case Cured. F. W. Payne	401	Homeopathy Dying Out.....	446
The Indiana Institute of Homeopathy.....	407	Mental Delusions	449
The Force in Drugs We Employ. W. R. Bentley	408	How Talleyrand was Crippled.....	453
How Shall We Study the Materia Medica? S. E. Chapman.....	410	The Stigma that Rests upon Southern Homeopaths. S. M. Fowler.....	454
Hydrocephaloid: A Case and its Lessons. G. E. Clark	413	Post Diphtheritic Dropsy: Arsenicum. J. F. Irvin	458
"Five Years Experience in the New Cure of Consumption by its Own Virus." H. P. Holmes	419	Gonorrhoea instead of Psorinum. C. B. Gilbert.....	459
High Temperature	421	Homeopathic Graduates for 1891	480
Deafness Hereditary.....	423	EDITORIAL.	
Proceedings of the Organon and Materia Medica Society of Philadelphia.....	424	Higher Medical Education.....	461
Calcarea Fluorica. G. P. Hale.....	433	Remarkable Temperature.....	465
Hyoscyamus. J. T. Kent	434	COMMENT AND CRITICISM.	
Natrum Muraticum. C. M. Boyer.....	436	Principus Obstae: Dr. Allan's Reply. A. G. Allan.....	467
The Hog as a Disease Producer.....	438	Was the Knife Necessary? W. S. Hatfield.....	473
Pathology as it Relates to Therapeutics. Frank Kraft	439	How to Lessen the Labor of Making Potencies. R. F. Secous.....	474
Homeopathic Practice by Allopathic Physicians: Podophyllum in Diarrhoea. H. W. Champlin.....	444	NEW PUBLICATIONS.....	475
		EDITOR'S TABLE	479

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AVOID.—Starchy and saccharine food, all malt liquors, wines and coffee.

We publish on this page, for the benefit of our subscribers, the names of specialists in the different departments of Medicine and Surgery residing in various parts of the United States.

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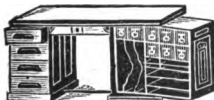
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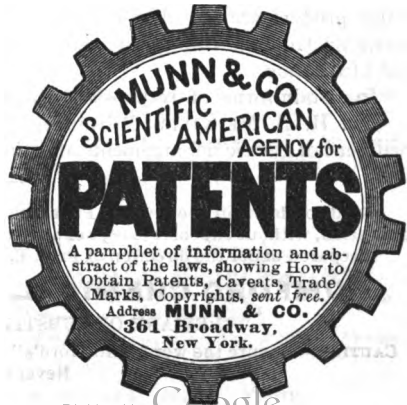
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OPINION OF THE PROFESSION.

Dr. Geo. B. Hope, Surgeon Metropolitan Throat Hospital, Professor Diseases of Throat, University of Vermont, writes in an article headed, "Some Clinical Features of Diphtheria, and the treatment by Peroxide of Hydrogen (*N. Y. Medical Record*, October 13, 1888). Extract :

" . . . On account of their poisonous or irritant nature the active germicides have a utility limited particularly to surface or open wound applications, and their free use in reaching diphtheritic formations in the mouth or throat, particularly in children, is, unfortunately, not within the range of systematic treatment. In Peroxide of Hydrogen, however, it is confidently believed will be found, if not a specific, at least the most efficient topical agent in destroying the contagious element and limiting the spread of its formation, and at the same time a remedy which may be employed in the most thorough manner without dread of producing any vicious constitutional effect. . . .

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Dr. E. R. Squibb, of Brooklyn, writes as follows in an article headed "On the Medical Uses of Hydrogen Peroxide (*Gaillard's Medical Journal*, March, 1889, p. 267), read before the Kings County Medical Association, February 5, 1889 :

"Throughout the discussion upon diphtheria very little has been said of the use of the Peroxide of Hydrogen, or hydrogen dioxide ; yet it is perhaps the most powerful of all disinfectants and antiseptics, acting both chemically and mechanically upon all excretions and secretions, so as to thoroughly change their character and reactions instantly. The few physicians who have used it in such diseases as diphtheria, scarlatina, small-pox, and upon all diseased surfaces, whether of skin or mucous membrane, have uniformly spoken well of it so far as this writer knows, and perhaps the reason why it is not more used is that it is so little known and its nature and action so little understood. . . .

"Now, if diphtheria be at first a local disease, and be auto-infectious ; that is, if it be propagated to the general organism by a contagious virus located about the tonsils, and if this virus be, as it really is, an albuminoid substance, it may and will be destroyed by this agent upon a sufficient and a sufficiently repeated contact. . . .

"A child's nostrils, pharynx and mouth may be flooded every two or three hours, or oftener, from a proper spray apparatus with a two volume solution without force, and with very little discomfort ; and any solution which finds its way into the larynx or stomach is beneficial rather than harmful, and thus the effect of corrosive sublimate is obtained without its risks or dangers. . . ."

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PEROXIDE OF HYDROGEN IN GYNECOLOGY AND IN OBSTETRICS.

By Egbert H. Grandin, M. D., Obstetric Surgeon New York Maternity Hospital, Visiting Obstetrician New York Infant Asylum, etc. Published by *The Times and Register*, of Philadelphia, January 31, 1891.

Modern methods of antiseptics enable us in the vast proportion of cases to prevent suppuration. The problem remaining is how arrest it when present, or abort it when imminent.

The virtues of peroxide of hydrogen (H₂O₂) in general surgical practice have recently been heralded by Dr. Robert T. Morris, of this city, in the columns of *The Times and Register*.* The object of the writer is to exemplify his personal experience with this agent, through the brief record of a few cases in which he has tested it.

CASE I. Sub-mammary Abscess.—About one year ago I was consulted by a Mrs. G. She was nursing a two-and-a-half months' puny infant, notwithstanding the fact that the right mamma was fairly riddled with sinuses, and the left presented to my touch faint fluctuation. Her previous medical attendant had exhausted all rou-

*See reprint of article headed "The Necessary Peroxide of Hydrogen," by Dr. Robert T. Morris.

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tine measures, and yet, as she expressed it, "she was going from bad to worse." She had hectic fever and other symptoms of sepsis; her appearance suggested the absolute necessity of rapid action.

I at once weaned the child, of course; made a deep incision in the left mamma, giving exit to a mass of fetid pus, washed out the cavity with bichloride (1-1,000), and packed it with gauze. I thoroughly wetted the sinuses in the right mamma, irrigated and packed them similarly. In a few days I had control of the sepsis, but the pyogenic membrane and its product resisted all my efforts. In despair, and without much hope of success, I washed out the cavities with peroxide of hydrogen (half diluted with glycerine), and applied a compression gauze bandage. At the end of ten days the abscesses were cured.

CASE II.—Suppurating Pelvic Hematocele.
—This case was seen in consultation. The patient was a young prostitute, and the only etiological cause I could determine was copulation during menstruation. The tumor bulged in the retro-uterine pouch, and I treated it as follows: Under antiseptic irrigation I aspirated along the finger as a guide, and obtained a mixture of blood and pus. Using the aspirator muzzle as a director, I enlarged the opening transversely, sufficiently to admit a Palmer dilator. Inserting this I divulsed, curetted the cavity—which measured fully three inches square—and washed it out with equal parts compound tincture of iodine and water. I next inserted a flange rubber drain tube. The cavity was washed out daily through this tube with two and one-half per cent. carbolic, but contrary to my experience with similar cases, it had not contracted much at the end of the week, and was still secreting pus. I then inserted a small Chamberlain glass uterine tube, and distended the cavity with undiluted peroxide of hydrogen. This checked suppuration at once, and when the patient was seen three weeks thereafter an induration in the posterior vaginal cul-de-sac was the only remnant of the hematocele.

CASE III. Puerperal septic endometritis.—Seen in consultation. Fifth day post-partum. Patient had foetid lochia, tenderness over uterus, rise of temperature, rapid pulse. A number of intra-uterine bichloride douches had been administered before I saw the case. Having

differentiated extra-uterine source of the general sepsis, I curetted the cavity of the uterus, according to the method I have repeatedly described and advocated, removing a mass of degenerated decidual matter, and then instead of applying pure phenic acid to the cavity, and irrigating it with iodine and water, I washed it out through a Chamberlain glass tube with a pint of peroxide of hydrogen (undiluted). The local sepsis was thus at once checked; the patient made a rapid convalescence under the means which suggest themselves for meeting the sepsis already in the system.

These cases typify instances in which the peroxide of hydrogen will be found useful by the gynecologist and obstetrician. As opportunity offers I propose to resort to this agent in vaginitis, urethritis, and purulent cystitis. Further, and in this direction I am as yet only experimenting, I am hopeful that in this agent we will find we possess a means which will enable us to avoid laparotomy in certain instances of pyosalpinx. My conclusions on this point, however, it would be premature to state.

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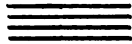
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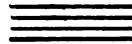
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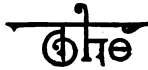
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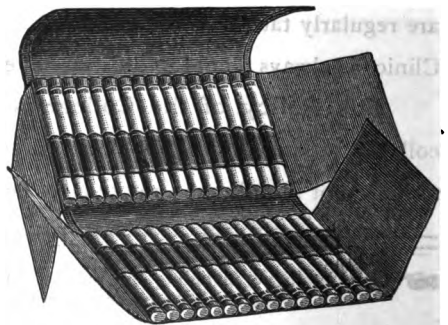
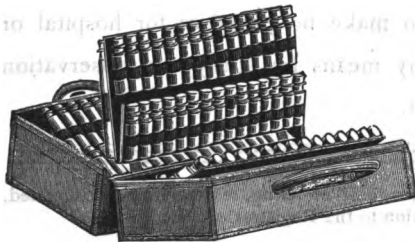
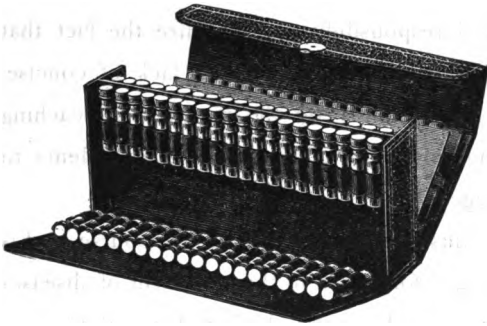
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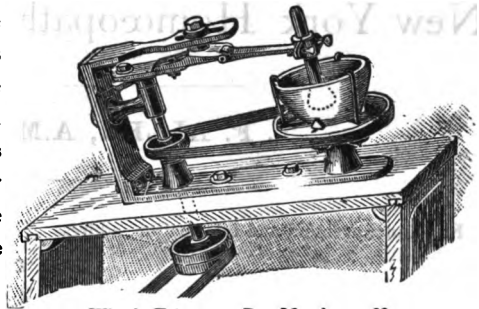
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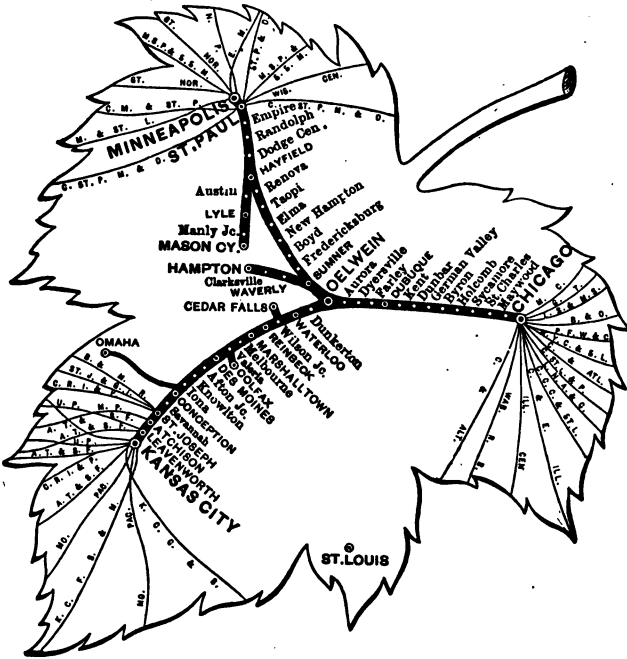
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