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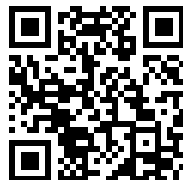
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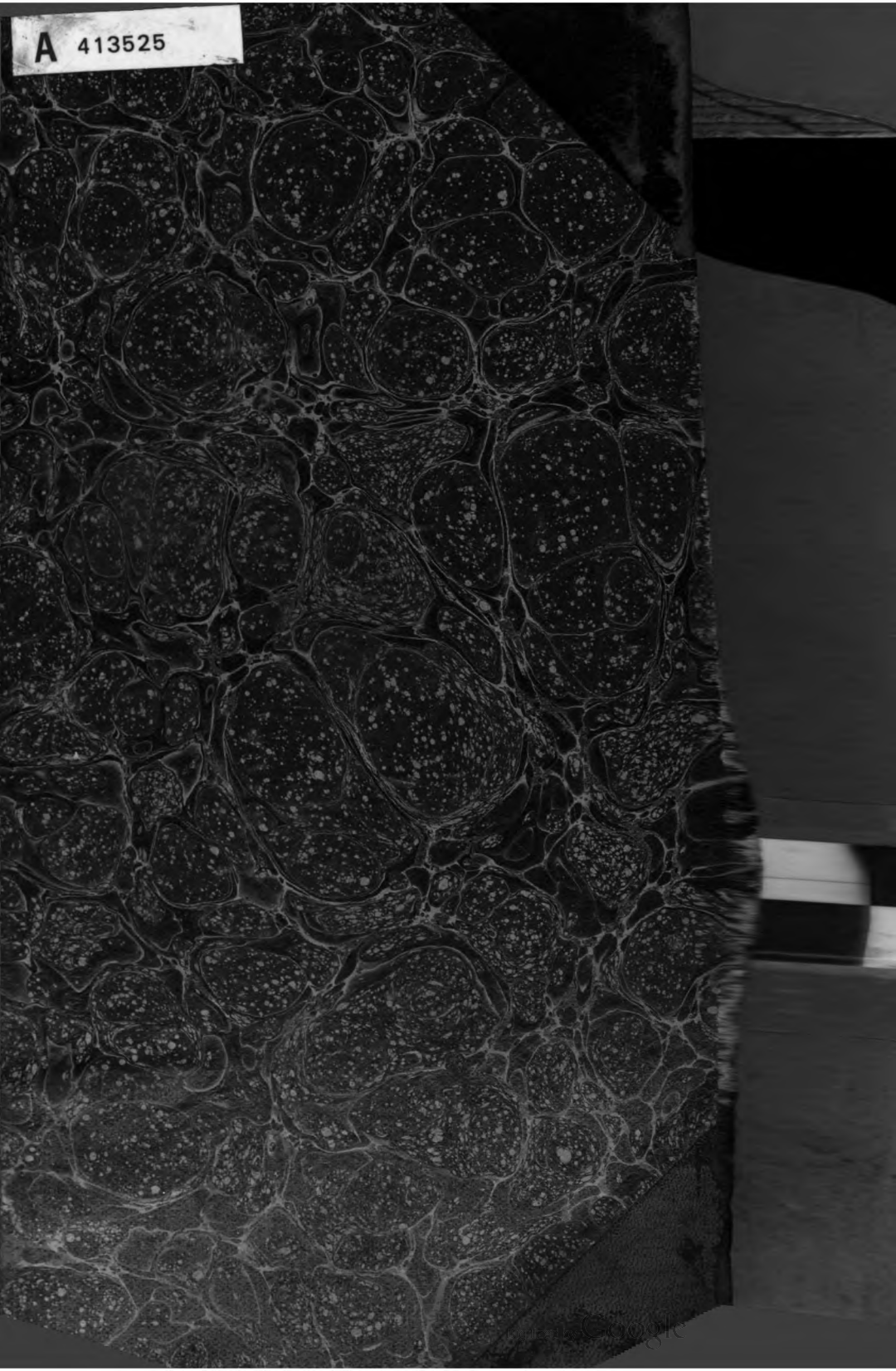
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HENRY C. ALLEN, M. D.,
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J. B. S. KING, M. D.,
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No. 1.

**INTERNATIONAL HAHNEMANNIAN ASSOCIATION.—
PRESIDENT'S ADDRESS.**

Mr. Chairman, Ladies and Gentlemen :

Each session of a learned society marks an epoch in its history. It is a time for the development of ways and the perfection of methods, for imparting and receiving knowledge, for interchange of ideas and renewal of enthusiasm, and it is particularly a time for reviewing the past and ordering the future. Wise, therefore, is that time honored custom which decrees that, at the beginning of each session, the presiding officers shall, with such completeness as is compatible with appropriate brevity, review recent records along those lines of human activity which are the especial business of this Society.

Since the last meeting of this International Hahnemannian Association, another year has been taken from Time and added to Eternity, and its register of events and records of results in thought and in action have become a part of the history of the world's progress. Naturally, that which first presents itself, as we view this year in retrospect, is the sad fact that the "fatal asterisk" must be placed, to mark our loss, against the names of three of our most honored and respected members. Of their life history and their labors you will hear in appropriate season from the Necrologist; but I can not pass to speak of those subjects which are of supreme

interest to us, and which were equally of supreme interest to them, without an endeavor, albeit too briefly and inadequately, to voice our appreciation of their many virtues, and our sense of irreparable loss.

On the 16th of last month, full of years and of honors, Dr. Wm. A. Hawley, of Syracuse, passed to his well earned rest. Probably no man of equal learning and ability in the principles and practice of Homœopathy has ever been so little known outside those favored few who were permitted personal acquaintance with him, for his was not the "pen of the ready writer," and his contributions to current medical literature were few and infrequent. That he was an independent thinker, an intelligent reader and a good debater, we have had many evidences before this Association, and when his earnest interest in respect of the subject in hand overcame his natural diffidence, he was always forceful and often eloquent.

Who that heard him will ever forget his graceful and appropriate reply to the Honorable Mr. Ross's speech of welcome at Toronto? Those of us who knew something of his practice can testify to his marked and often phenomenal success as a prescriber. But better even than on his professional attainments, I love to dwell upon his character as a man. Possessed of a genial and most sunny temperament, always considerate of others, modestly retiring in disposition and with a courteous, pleasant manner peculiarly his own, he was, in the full sense of that much abused word, a gentleman.

Ever sternly intolerant of error, he still had for its honest, but misguided advocate, abounding charity. Singularly pure of life and clean of heart, he had the happy faculty of drawing out from others the better side of their nature, and the wide charity to judge them by it alone.

You remember that two years ago he hastened from the meeting of this Association, and the duties of its presidential office, to the bedside of his dying wife. From the shock of that separation, albeit not unexpected, he never recovered. Not that he sat down mopingly to grieve—the "duty that was nearest" was still done faithfully and well. Nor did he bemoan his loss to every listening ear; he was not one to

"Wear his heart upon his sleeve
For daws to peck at."

As the inexpert workman, with ready glass to peering eye, in the watch's intricate machinery discovers a speck of dust, or a loosened rivet, and, in his ignorance, never knows that the mainspring is broken, so we physicians, in this material age, finding here, perhaps, obstructed bronchia, or there a leaking valve, too often overlook the fact that Hope, the mainspring of life, has been transferred from the here to the hereafter. And I dare assert that the day that severed that bond which, through many years, in trial and in triumph, had bound these two together in loving companionship, marked for him the beginning of the end.

“Green grow the grass above thee,
Friend of my better days;
None knew thee but to love thee,
Nor named thee but to praise.”

Doctor Hockett was a man of great industry and earnest purpose, with a mind large enough to comprehend the philosophy of that system of medicine which he advocated, and honest enough and fearless enough to practice and teach Homœopathy in its purity, despite the opposition of its open enemies and the covert sneers of its alleged friends.

Locating in the West at a time when well educated, thoroughly equipped physicians of any school of medicine were the exception, by his recognized professional attainments and ability, he not only commanded for himself the respect of the profession and of the laity about him, but brought credit and honor to that system of medical practice of which he was such an able exponent. He was a pioneer of Homœopathy in his region, and brighter would be the history of its progress had all its early advocates and teachers been men of his high standing, pure practice and personal worth.

By strange coincidence the same year which closed his useful labors brought immortality to his favorite pupil, our former vice-president and always active member, Dr. William S. Gee.

To me the death of Dr. Gee was inexpressibly sad. Not alone because of the loss to this Association of his wise counsels and his able and scholarly papers; not alone because of the loss to that cause the advancement of which was his life work as it is ours; not because of these, but because I must yet, in the selfishness of my sorrow, think mostly of the loss to *me* of my friend.

“And how shall I deck my speech for the large, sweet soul that has gone,
 And what shall my perfume be for the grave of him I love?”

I need not dwell upon his many virtues. Until sickness prevented, he was a constant attendant upon the meetings of this Association, and you know as I do the calm evenness of his temper, the purity of his thought and speech, how thoroughly he was imbued with the love of his profession, his earnestness and devotion to the cause of Homœopathy, and his interest in this Association and faith in its future. Just at a time when it seemed that his most useful years were before him—when the name and fame which he had made seemed but an earnest of the name and fame which he could make—when his experience as practitioner and teacher, rich as we know they were, seemed but the blossom and bud of promise for fullness in future fruitage, the irresistible summons came, and we almost dare deny

“That God
 Ne'er dooms to waste the strength he deigns impart.”

If, Mr. President, when my book of life shall have closed forever, it may come to my ghostly sense through the dim vistas of the vast unknown that one has risen among his peers and said of me, “Through this man’s precept and example I was led to a better knowledge of the great truths of Homœopathy, to a purer practice and to greater earnestness in my labors for its advancement,” I believe, sir, that not all the joys of Heaven nor all the pangs of hell shall prevent one thrill of intensest satisfaction in the assurance that the highest efforts of my earthly life were not all in vain. And this tribute, with profound sorrow at his all too early death, but with profounder thankfulness for his useful life, I pay to-day to our dead comrade, to my dead friend.

But we may not dwell longer in praise and panegyric with these, our noble dead. Already the harvest is ripe for the sickle, the laborers are few, and our time is short and fleeting. Pass we then to the duties of the hour. The limits of our time and of my ability make it impossible that I should refer to all among the past year’s records that is of especial interest to the Association; but a consideration of some of them will be, I trust, of present interest and happily not without profitable suggestion.

The unfortunate conditions which made this Association a necessity, and the history of its organization, have been ably and fully presented by my distinguished predecessor in this high office, while the records of its labors and of its progress are written in its published transactions. And these all mark it as distinctively a therapeutical society. To the National, State and local Societies of the homœopathic school we may entrust such labors as are the due contribution of the homœopathic fraternity to the sum of medical knowledge and the cause of medical progress in other fields of professional work, and we bid them "God speed" in their endeavors. To us, by the irresistible logic of events, is relegated the sacred duty of preserving and advancing the Homœopathy of Hahnemann, of Bönninghausen, of Hering, of Dunham, of Guernsey, of Lippe—that Homœopathy which knows no need for aid and succor from lawless eclecticisms, sufficient in itself for all therapeutic necessities, because it is based upon a law of nature as eternal and unchangeable as the God who gave it; that true Homœopathy which is, and is the *only* science of therapeutics. If, in reviewing the labors of the past year for therapeutical advance, we turn to that school of medicine which boasts of its 2,000 years of history, and arrogates to itself the proud title of "regular," we are confronted with a theory in therapeutics as novel in its nature as it is confident and extravagant in its claims.

I refer, of course, to the use of Parataloid as advocated by Dr. Koch, and I have characterized it as a theory "novel in its nature."

Now I am well aware that some members of our school of medicine have regarded this latest theory as a crude sort of Homœopathy, while still others have classed it with the well known isopathy of Lutze and of Swan. I can not regard either claim as well founded. In its method of application, in that its prescriptions are made upon a pathological basis, in its exhibition of a sick making agent, which is not only unproven, but is without even the poor excuse of clinical experience, and above all that its claims for usefulness rest upon *theory* instead of upon *law*, it is assuredly directly opposed to the foundation principles of Homœopathy and can claim no kinship with it.

Holding in high regard Dr. Samuel Swan, the greatest and

most original living advocate of isopathy, for his undoubted honesty, his indefatigable industry and his earnest persistence, I have still, as I need hardly assure you, no sympathy with his theories and no faith in his dogmas. But that the nosodes with which he proposes to treat diseased conditions are in reality products of disease there can be no reasonable doubt, and as such are entitled to as much confidence as is the dogma under which they are employed. Parataloid (Kochine Tuberculine), however, may advance no such claim. While the exact method of its preparation is still held secret by its distinguished discoverer—inventor (how shall I designate him?)—that it is a “glycerine extract of pure cultures of the tubercle bacillus” is known upon his authority. Now, if the tubercle bacillus is the cause of tuberculosis, its employment as a therapeutic agent in “glycerine extract,” or otherwise, may meet the demands of isopathy in a sense of that word seemingly justified by its derivation, viz.: a treatment by the same sick making cause, and consequently capable of producing the same sick conditions. But this rests upon the violent assumption that the tubercle bacillus does bear causal relation to tuberculosis, which I respectfully submit is not proven; and again it makes use of the term “isopathy” in a sense in which that word is not now employed. By isopathic treatment we understand the treatment of disease by products of that disease. Now, if, on the other hand, it be granted that the tubercle bacilli are products of tuberculosis, in using Parataloid are employed the descendants of a disease product, modified by the processes of culture and the accident of environment (the culture-media) plus the glycerine, etc., necessary to preparation of the extract. Such a preparation from the product of a disease may be, it would seem *must* be, a very different thing from the product itself. In short, ladies and gentlemen, Kochism is not Allopathy, is not Homœopathy, is not Isopathy—it is simple empiricism. I use the term “empiricism” in the better sense of that word, but when we consider that the nature of this drug was for a long time unknown to the profession at large, and that the exact method used in its preparation is even yet a secret, I submit that it dangerously approaches the border line between that honorable empiricism which is the only resource of the “regular” physician in his therapeutic research, and

empiricism in that popular use of the term which we of the medical profession usually designate by a harsher and more offensive word than I care to allow myself in this connection.

It was not, however, for the purpose of reviewing its history already familiar to you all, nor for examination and estimate of the true nature of its therapeutic agent, nor even to see if the records of experience substantiate its extravagant claims, that I have referred to this new theory. Whatever of hope or of fear the homœopathist may have for it is of little present moment. Time will try the theory, and Homœopathy will prove the drug. That this latter has undoubted sick-making powers has been abundantly demonstrated. That it will prove an agent for cure in serious sicknesses even the imperfect data which we now have of its sphere of action make more than probable, and that it is entitled to recognition and such examination and experimentation as shall make definite the indications for its use may not be denied. The experiences of its 2,000 years of history, however, have not taught the old school of medicine how dangerous, uncertain, and futile are the methods which it has ever employed and still employs for arriving at a knowledge of the true sphere of drug action. Nor may we hope that from it we shall gain such sufficient knowledge as shall make the use of this new agent either safe or profitable.

In due time Homœopathy, by the certain and definite method which since the time of Hahnemann has furnished reliable knowledge of drug action and reliable indications for drug use, will determine of this new agent its true sphere of application and place it in its appropriate niche in that grand temple, the pure *Materia Medica*, whose foundation was laid by Samuel Hahnemann, and which is still building, the work of many willing hands. Until that time it will but cruelly delude with false hopes the unfortunate victims of that dread disease which it vauntingly professes to cure.

I notice that recently there is a disposition among the practitioners of "Kochism" to modify their original claims very materially, it having been proclaimed by some among them, including, if I mistake not, Dr. Koch himself, that perhaps the principal sphere of usefulness for Parataloid will be in establishing a definite diagnosis.

And are men to be made sick, how dangerously and perma-

nently sick we can not yet know, that "diagnosis may be established?"

Rise from your premature graves, ye thousands of victims of Razorism, and forbid such reckless trifling with human life!

The significant thing in connection with this whole matter is this, that it does but illustrate and emphasize the fact that the old school of medicine is to-day as hopelessly incompetent in therapeutics, in so far as system and method in drug application are concerned, as at any period in its long history. From the time of Hippocrates to the time of Koch, its records show but series after series of therapeutic theories based upon a pathology manifestly incomplete and acknowledgedly unproven, accepted on the authority of a great name, pursued with a blind recklessness calculated to make devils grin and angels weep, and finally relegated to deserved obscurity and remembered only by the medical antiquarian as he pores over the musty tomes of a forgotten past. When we consider the light with which modern scientific research has illuminated the processes of nature and spied out her long-hidden secrets, the change in methods of investigation inaugurated by the requirements of inductive philosophy, the vastly improved instruments ready to the hand of the scientific worker, the accumulated data in Anatomy, in Physiology, in Etiology and in Pathology, how poor and meager are the records of therapeutics outside of Homœopathy.

Indeed, how much greater and better is "Kochism" than a hundred other theories, furnishers to hospitals and feeders to cemeteries, long since discarded.

Look at it, ladies and gentlemen, employing a secret remedy, based upon an etiological theory, not only unproven, but which if I read aright the signs of the times is destined to speedy abandonment, advanced without proof of its utility, and in such a manner as to confine investigations to a favored and almost surely a prejudiced few, and still hailed by a large number of the old school of medicine and, I regret to say, by not a small number of our own, as the most wonderful medical discovery of any age; one destined to establish a principle in medical treatment applicable to a large class of diseases, if not to revolutionize all therapeutics. And this in these

closing years of the nineteenth century, with the coming dawn of the twentieth already brightening the eastern horizon of scientific thought ; this at a time when we boast of our enlightened scepticism not only in politics and in religion, but in medicine as well, renouncing all claims of authority for recognition and professing to believe only that which may be demonstrated as inevitable induction from undisputed fact. Truly, the sight is not inspiring nor are the signs hopeful. But fortunately the fate of sick and suffering humanity rests not upon the delusions of the honest but misguided many ; and as we pass to consider of Homœopathy, it is like turning from the unresting turbulence, the purposeless tossing of the whirlpool, to gaze upon the calm bosom of the mighty river ever moving tranquilly and majestically onward to its appointed goal.

For wild and fanciful speculations and sensational theories have never convulsed the homœopathic school of medicine. And I say this, although I am not unmindful of the fact that, from time to time, men have arisen in its ranks propounding and advocating doctrines as foreign to its tenets and as fanciful as any in the history of medicine. But I hold it a significant and hopeful fact that, while their theories have always received careful attention and critical examination, no considerable number of disciples have ever followed these false prophets, nor have their vagaries retarded the progress of Homœopathy one jot or tittle. Compare the relative relations to their respective schools of medicine. Of Rasori, of Brown, of Koch, and of Lutze, of Shairp and of Burnett. The one class held by members of their own school as leaders of thought, and counting among their followers vast members of their professional contemporaries : The other held by the members of their school as mere sensationalist and numbering their disciples upon their finger tips. The one class bell-weathers of the flocks, leading them whithersoever their *feu follet* directs : The other, the weakling of the fold who do but excite pity with their feeble bleatings.

No, the dangers to Hahnemannian Homœopathy come only from ignorance and indolence, never from the vain vaporings of ambitious theorists. And I say to you, fellow-members of this Association, these men know not and have never known Homœopathy. They have seen the shimmer of her vest-

ments as she moves through the darkness, and have blindly, gropingly followed her ; but, burdened with false teachings, hampered with inherited prejudice and blinded with self conceit, they have never approached her near enough to touch the hem of her luminous garment.

We may not, therefore, in reviewing the therapeutic progress of our own school for the last year, expect to find such imposing and impressive advance as shall excite our wonder, or mark it as a peculiar or phenomenal year in the history of Homœopathy. It is as true of the evolution of an established science as it is of the life of a nation that "happy is the time which has no history ;" for, as in the latter case the absence of those stirring events and violent commotions which occupy the pen of the historian mark it a time of peace and prosperity, so in the former these mark it a time of industry and progress. Our medical journals in their monthly visitations, the annual publications of our various societies, the occasional books and pamphlets from the pens of industrious authors, have all brought to us from time to time abundant evidences of healthy growth and steady progress. Day by day something has been added to our knowledge of the *Materia Medica* : a symptom confirmed, a drug added, a proving recorded, a cure reported, or something of interest and profit established for the perfection of our art. Many of these doubtless deserve, but of three things only shall I make especial mention at this time. And, first, I notice the republication with additions (bringing it down to date) of Bönninghausen's *Therapeutic Pocket Book*. After Hahnemann the homœopathic school has known no man of clearer insight and keener powers of observation than Bönninghausen, and none of more untiring industry and entire reliability. It is much to be regretted that many of his published writings are buried in journals long defunct or in books out of print, and hence are unavailable to the great mass of the present generation of homœopaths, while many more are still clothed only with his mother tongue, and are therefore sealed volumes to the monoglot. Who is he, that German scholar, who will round out his professional life, and earn the love and gratitude of the true followers of therapeutic law through all time, by collating, translating and publishing the recorded wisdom of the Apostle Paul of Homœopathy?

Upon the merits of the Therapeutic Pocket Book I need not dwell. No work since the publication of the Chronic Diseases has done more than has this one to point to true methods of examination, to right selection of the simillimum; nor has any been a more faithful friend to the busy practitioner, or more truly an educator towards the highest possibilities of the therapeutic art.

We could not hope that the present edition would be faultless; but after a pretty critical examination and some months of daily use, I do not hesitate to assert that the work of the editor has been done with fidelity and ability.

Again I wish to call your attention to the fact that during the past year, through the exertions of Dr. Timothy Field Allen, of New York, arrangements have been made and funds provided for the establishment of a college of drug proving. While the scheme is not yet altogether perfected, and its present financial backing falls far short of its ultimate needs, still it is not a possibility, but an actuality (for work is already doing and provings are now making), and I am permitted to state that the promise for its future is most hopeful and encouraging.

I suppose that no one will doubt the expediency nor question the great value to the cause of Homœopathy of such labors conducted under the supervision of, and tested by trained specialists, in the various branches of medical science, and I bespeak for it the hearty and active co-operation of the members of this Association.

Let no one withhold his aid and encouragement because of fears that the false lights, medical theory and pathological uncertainty will render futile their efforts and make unreliable its results. Remember that these will be very largely what you make them, and that upon you rest responsibilities in this matter which you may not evade.

No one thing has caused among Hahnemannian homœopaths a keener sense of regret, nor called from them more earnest and vigorous protests, than the lack of adequate homœopathic teaching in homœopathic colleges.

As the field of medical study widens from added knowledge, as year by year new theories in etiology, pathology, and, alas, in therapeutics, command the attention of the practitioner and of the student, and as the specialists

demand more and more exhaustive training in their peculiar departments, each confident that his little branch of medical science is the axis around which revolves the whole Sidereal system, less and less time is given to the teaching, or allowed for the study of old-fashioned Hahnemannian Homœopathy, either as a science or as an art.

The candidate for graduation is expected to know the origin and insertion of the *levator anguli oris alæque nasi* muscle, the differential diagnosis between periuterine cellulitis and pelvic peritonitis, the proper antiseptics for use in surgical operations, the exact proportions of *aqua distillata cum mercuric-bichloride seu acidium carbolicum* appropriate for post parturient douching—even the proper method of writing an allopathic prescription; but of correct methods of examination for the homœopathic prescription, of the evidences of curative drug action, of the repetition of doses or the sequence of remedies, he need know practically nothing.

Verily “Knowledge comes, but Wisdom lingers.”

Let it be granted, if you choose, that a working belief in the law of drug selection, *Similia Similibus Curantur*, is the only thing essential to make of one a homœopathist; he who in a homœopathic college endeavors to fit himself to practice in accordance with his belief is assuredly entitled to a fair understanding of all the resources of the art which the accumulated experiences of its many followers have proven practically helpful, and to such fair presentation of the theories in respect of it—the philosophy of it—as shall place him in touch with the masters of thought along those lines, which must of necessity occupy his attention through all his professional career.

But I am not here to censure our medical colleges, nor to apologize for them. I realize how difficult it would be for any of them to establish professorships devoted wholly to teaching these branches, even did they desire to do so. And I am pretty well convinced that none of them will so desire, for are they not all dominated by the Medical Mugwump? From them we may not hope for better things therefore, at least, not in the near future. And since this is true, the most hopeful sign for the growth of pure Homœopathy, and the most notable event of the past year, is the announcement of a medical school devoted to these much needed and

neglected branches, and we hail the Philadelphia Post Graduate School of Homœopathics with hearts full of hope and of gratitude.

And so, while the past year has not been expressly prolific of great things, it has still been one of fair progress, marked by some events full of encouragement and of comfort.

That the practice of pure Homœopathy is steadily gaining, both in the number of its advocates and in its influence in determining the trend of medical thought, he must be a pessimist indeed who would deny. That this Association has been in the past, and will be in the future, the most potent factor in this medical advance, I do not hesitate to assert.

How then shall we direct our labors in order that they may accomplish the largest possible results with the smallest possible waste of energy? I confess myself wholly incompetent to answer this question with a completeness in any degree commensurate with its great importance. But I will crave your indulgence while I briefly make some suggestions toward this end.

In the conduct of our bureaux and in the contributions to our proceedings there has been in the past no organized effort toward a certain definite result, while our discussions have been allowed to wander far from the matter under consideration and frequently to embrace subjects entirely foreign to it. I speak of this custom not to criticise it, but rather to defend it, for I have noticed a growing disposition in some quarters to endeavor, by more rigid organization of our work and the pursuit under bureau direction and supervision of labor, toward more comprehensive and exhaustive consideration of some especially appointed medical topic.

It seems to me that the inevitable result of this method of work must be a degeneration in the character of the papers presented from the crisp freshness of recorded experiences to the dry and stale mannerisms of the machine made text book. That the members of this Association might, under wise direction and with due division of labor, produce monographs of great value, I make no doubt, but such work must ever lack the force and earnestness which characterize the presentation of some fact, or some thought, newly stamped upon the brain by the stern necessity of a professional emergency. Let us have from our essayist records of those methods, those

facts, those theories, if you please, which have proved presently helpful to them, for these are those things which will prove in the highest degree valuable and helpful to others, and their utterances, fresh from their hearts, will be—must be—made in such a manner as to carry with them, if not conviction, at least clear understanding, and to provoke thoughtful examination.

And we need more such papers. In looking over our transactions we find, from year to year, the same names under the caption of contributed essays. Many of our members, like the sponge, take greedily, but give nothing save under pressure. To these I want to say, your duty to this Association, your duty to the cause of Homœopathy, your duty to your chosen profession imperatively demands from you some contribution to the literature of your school. If you practice Homœopathy as an intelligent and conscientious man should practice it, scarcely a day passes in which something of value or of interest is not added to the sum of your own medical knowledge. And if these things are of value or of interest to you, they are equally of value and of interest to others. You have no right to carry to your grave knowledge which may help some other earnest worker in his efforts toward the grand aims of our noble profession. Let no one offer as excuse his youth or inexperience. Thousands of physicians, your juniors in practice, need all the light that they can get, and the very fact that your professional life and needs so nearly approach their own will often make more helpful to them your suggestions or observations than those of practitioners many years your senior.

And now if you will not consider it too presumptuous, I want to suggest as to the character of the papers you present. As I have already said those are most useful which are the results of your own experience. But let each paper have some definite object. Be it the confirmation of a symptom, the efficacy of one or the other necessity for repeated doses, a cure by one remedy or the necessity for more than one, a contribution in the potency question (for we do not fear the potency question here), anything, in short, which has made you a wiser and better practitioner, assured that that which has aided you will aid others, only let there be some object in your record. The bare fact that a drug has been

given under the law of homœopathic selection and has promptly exerted its beneficent action, of course need not be recorded; for the experiences of many thousands of physicians and the records of many thousands of cases have already proven this to all but the willfully blind, but an illustration of homœopathic method in almost any, if not every other, department of the art, may be of the greatest usefulness.

And now one word about the philosophy of Homœopathy. I am well aware that many among us regard all speculations and theories as foreign to the spirit of an inductive science, such as Homœopathy assuredly is, and useless and profitless to the practical physician; but I am not of those who regard all theories as profitless. If it does nothing else it furnishes us a language by which we can communicate our ideas in respect of those unproven and mysterious subjects which ever surround the study of medicine, and which will surround it as long as life in its essential nature is unknown. It is the theoretical and the speculative which "brings the unknown into the realm of the known," and so long as it does not cut loose from known facts and revel wholly in the mystical regions of transcendentalism, it has a practical side of supreme value. In short, the inductive and deductive methods must go hand in hand, and he falls far short of his highest possibilities who would depend only upon known fact for guidance.

"That some so virulently declaim against theory," says Maudsley, "is as though the Eunuch should declaim against lechery; it is the chastity of impotence."

That Hahnemann held his theories of little value we know from his own assertion, but it remains none the less a fact that they are an integral part of the Homœopathy of to-day, and as such merit the careful and critical study of all homœopaths.* And this opens a wide field of labor for the members of this Association. The theories which have been advanced touching Homœopathy should be carefully examined in the light of accumulated facts, and critically considered from the standpoint of modern science, and to such investigation I invite the earnest efforts of the present and future members of our Bureau of Homœopathics.

Ladies and gentlemen, before I close these already too

* T. P. Wilson, Transactions I. H. A. 1890, p. 23.

extended remarks, let me assure you of my high appreciation of the honor which you have done me in calling me to this, the highest and most honorable office within the gift of the medical profession.

I bespeak from you your aid in the performance of my duties, your forbearance for my shortcomings and charitable construction upon word and deed; for if it shall be my misfortune to offend any I shall have desired it not at all.

Let our papers receive careful attention, our criticisms be made and received in a spirit of friendliness, and our discussions be marked by perfect fairness and unfailing courtesy. So shall our session be profitable and pleasant, and our meeting at Richfield Springs the peer of any of the past and a pattern for the future. CLARENCE WILLARD BUTLER.

MONTCLAIR, N. J.

SCATTERED GEMS.

EXTRACTS FROM THE PRACTICAL OBSERVATION OF SAMUEL HAHNEMANN AND OTHERS.

ABBREVIATIONS OF HEADINGS USED IN THIS WORK.

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|---------------------|----------------------|
| 1. PR. Precedent. | 6. AGG. Aggravation. |
| 2. QL. Quality. | 7. AM. Amelioration. |
| 3. SM. Similitude. | 8. CS. Cause. |
| 4. MD. Modality. | 9. TM. Time. |
| 5. CN. Concomitant. | 10. SB. Subsequent. |

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1. PRECEDENT. Those symptoms or actions which precede the one under consideration—as the abdominal pain before the menses. Or those functions after which the symptom follows—in colic after eating, eating is the precedent.
 2. QUALITY. The nature or class of the symptom, including sex, seat of trouble, extension, etc.
 3. SIMILITUDE. The resemblance between the symptom suffered and the action, effect or quality of a thing as: cutting like a knife, jelly-like stool, etc.
 4. MODALITY. Those functions or personal actions, under which the symptoms appear or develop, as eating, walking, moving, rising, etc.
 5. CONCOMITANT. Accompanying symptoms.

6. AGGRAVATION. } Those circumstances which make
 7. AMELIORATION. } the symptom worse or better.
 8. CAUSE. Source of the trouble or symptom.
 9. TIME. Hour, part of the day, etc., at which the symptoms appear.
 10. SUBSEQUENT. Those new symptoms succeeding the one under consideration. In diarrhœa after colic, diarrhœa is the subsequent.

OTHER ABBREVIATIONS.

S. S. Symptoms.

R. S. Right side.

L. S. Left side.

< Worse.

> Better.

HEAD.

BURNING with boring in forehead: *Dulc.*COLD, propensity to: *Bar. c., Carbo. v., K. carb.*COLDNESS: *Sep., Sulph.*circumscribed, in spots: *Sulph.*icy, in R. S.: *Calc.*CONGESTION: *Aur., Ant. c., Carbo. v., K. carb., Nit. ac., Phos., Sep.*stooping: *Sep.*with flushes of heat: *Sulph.*in the morning on rising, followed by headache: *Lyc.*EMPTYNESS (sensation of): *Anac., Graph.*FORMICATION, with a dull noise: *Sulph.*GOUT. Paroxysmal: *Guaj.*with boring pain, cries and vomiting: *Sep.*HEADACHE: *Sep., Sulph.*PR. eating: *Amm. c., Ars.;* pressive: *Carbo. a.*
epilepsy (paroxysms of): *Cup.*QL. beating: *Iod., Nat. m.*in middle of brain: *Calc.*in forehead, with pulling: *Nat. m.*in occiput: *Petr.*while moving the body: *Nat. m.*boring, as if forehead would burst: *Calc.*with heat in forehead: *Dulc.*chronic: *Clem. (Stærk).*with nausea: *Arn. (Ruoff).*

- especially arthritic: *Col.* (Dalberg).
- periodical, especially during menses: *Bell.* (Ruoff).
- continuous: *Zinc.*
- extending—from nape of neck to vertex: *Sil.*
- preventing sleep at night: *Sil.*
- from the temples toward the eyes; with pressure: *Anac.*

GOUTY:

- paroxysmal: *Guaaj.*
- with boring pain, cries and vomiting: *Sep.*
- habitual: *Amm. c.*
- hammering: *Amm. c., Nat. m.*
- in the open air, compelling to lie down in bed: *Calc.*
- hysterical: *Sep.* (Ruoff).
- periodical, chronic, especially during menses: *Bell.* (Ruoff).
- pressing, at night: *Chin.*
- pulling: *Sil.*
- in the head, forehead, temples and back teeth: *Petr.*
- in forehead, with beating: *Nat. m.*
- as if head would burst, every day: *Sulph.*
- semilateral, with nausea and vomiting, < moving head or eyes: *Caps.*
- sick headache: *Sil.*
- smarting: *Zinc.*
- stitching: *Caust., Sulph.*
- in the eyes, from within outward: *Nat. c.*
- above the eyes: *Nat. m.*
- in the vertex: *Caust., Con.*
- in the temples: *Caust.*
- in the parietal bone: *Nat. m.*
- external, in one side: *Phos.*
- chronic: *Con.*
- compelling to lie down: *Nat. m.*
- with distressing pain: *Petr.*
- stupefying: *Nat. m., Phos.*
- supraorbital: *Bar. c.*
- tearing:
 - in the forehead, after midday: *Lyc.*
 - in the forehead, vertex and occiput: *Nit. ac.*
 - in the forehead, with heat; at the break of day: *Sil.*
 - paroxysmal, compelling to lie down: *Con.*

- in forehead, upper part, temples, eyes and nose: *Lyc.*
 in one side, back teeth and in the glands of neck: *Graph.*
 external, at certain hours of the day: *Nat. c.*
- SM.** as if compressed by a plate; in front: *Calc.*
 as if head would burst: *Calc., Nat. m., Sil., Sulph.*
 every day: *Sulph.*
 as if head were empty: *Cup.*
 as if hairs were pulled at, with nausea: *Alum.*
 as if forehead would break open: *Amm. c.*
 like a nail implanted in the brain: *Ign.*
- MD.** while riding in a carriage: *K. carb.*
 while standing or walking: *Tarax (Ruoff).*
 on the least motion in bed, at night: *Sulph.*
- CN.** inability to work: *Sep., Sulph.*
 murmur and buzzing in head: *Aur. (Ruoff).*
 nausea: *Amm. c., K. carb., Nit. ac., Sep.*
 noise in head and hot cheeks: *Calc.*
- AGG.** moving head or eyes, semilateral, with nausea and vomiting: *Caps.*
- Cs.** bath: *Ant. c., Calc., Puls.*
 contrariety (opposition): *Lyc.*
 cough and sneezing: *K. carb.*
 draught: *Acon., Bell., Nux v.*
 false step, in occiput: *Anac.*
 indignation: *Petr.*
 mental work; contusive, A. M.: *Aur.*
 nausea: *Carbo. v.*
 overheating: *Carbo. v., Sil.*
 reading and writing: *Calc.*
 sun, heat of: *Nat. c.*
- TM.** daily: *Mag. m., Sil.*
 every other day: *Phos.*
 in the morning: *K. carb., Nat. m., Phos., Phos. ac.*
 on waking: *Nat. m.*
 at night: *Lyc.*
 on the least motion in bed: *Sulph.*
 pressive: *Chin.*
 in external parts: *Lyc.*
- HEAT** in the head: *Sil.*
 on the vertex: *Sulph.*

- HEAVINESS: *Carbo. v., Con., Lyc., Nat. m., Sep., Sulph.*
 on stooping: *Sulph.*
 in forehead: *Ars.*
 pressive: *Stann.*
 with pressure, compelling to close the eyes: *Calc.*
 from midday until night: *Sil.*
 in occiput: *Sulph.*
 all day, especially in occiput, compelling to close the eyes: *Nat. m.*
- INABILITY to lie down with head low: *Nitr.*
 to endure noise or conversation: *Phos. ac.*
- INCLINATION of head on walking: *Sulph.*
- ITCHING in forehead: *Alum.*
- MALAISE while reading: *Sil.*
 from mental work: *Nat. c.*
 right after mental work: *Graph., Sil.*
- PRESSURE on the head, on rising from the table: *Carbo. a.*
 in the whole head and temples: *Nat. m.*
 with tension: *Lyc., Mag. m.*
 in the whole brain: *Carbo. a.*
 dull, in the brain: *Caust.*
 above the eyes: *Nat. m.*
 in the forehead, with afflux of blood to the eyes and nose, and epistaxis: *Alum.*
 as from a plate: *Dulc.*
 in occiput, painful: *K. carb.*
- PULSATIONS: *Calc., Nit. ac., Sil.* (see beating).
 with stitches: *Mag. c.*
 especially in occiput: *Sep.*
 in occiput: *Calc.*
 in the vertex: *Sulph.*
- SWEAT in the head, evenings: *Calc.*
- SENSORIUM.
- DIZZINESS: *K. carb., Nat. c., Petr., Sil., Zinc.*
 vertiginous: *Caust.*
 when eating: *Amm. c.*
 drunken-like, evening: *Sil.*
 in the morning, on rising from the table: *Graph.*
 with trembling, before breakfast: *Calc.*
 in the morning: *Iod.*
- VERTIGO: *Alum, K. carb., Nat. c., Petr., Phos., Sep.*

PR. EATING: *Sulph.*

QL. CHRONIC: *Nat. m., Pet., Sulph.*

especially on stooping: *Puls.*

with tearing pains in the ears: *Puls.*

with tearing headache and beating in ears: *Puls.*

in the morning: *Nux v.* (Ruoff.)

LIPOTHYMIC:

With faint feeling in the stomach every morning, vomiting, sometimes gastric S. S. after meals: *Nux v.*

with trembling of arms and legs: *Opi.* (Note: It has cured such a case due to a fright. Ruoff.)

MAKING ONE fall forward: *Nat. m.*

lie down: *Nit. ac.*

to take hold of anything handy: *Sil.*

PAROXYSMAL, frequent: *Sulph.*

VIOLENT with congestive headache, great lassitude, falling and loss of consciousness: *Sil.* (Ruoff.)

MD. ASCENDING stairs or elevation: *Calc.*

LOOKING AROUND: *Con.*

READING: *Amm. c.*

SITTING: *Sulph.*

and reading: *Amm. c.*

on sitting: *Nit. ac.*

STOOPING, on: *Lyc.*

WALKING in open air, momentary, with loss of consciousness: *Sep.*

on walking: *Nit. ac.*

WRITING, momentary, with loss of consciousness: *Sep.*

CN. FALLING, loss of consciousness and blue face: *Aur.*

JERKS and confusion in head: *Nat. m.*

LOSS OF CONSCIOUSNESS and coldness of body, indicating a diminution of the blood flow towards parts distant from the heart: *Camph.*

SENSATION OF STUPOR and intoxication: *Coc.* (Ruoff.)

TM. MORNING: *Carbo. a.*; chronic: *Nux v.*

SCALP AND EXT. HEAD.

DESQUAMATION in hairy scalp: *Oleand.*

ERUPTION: *Bar. c., Carbo. a., Clem., Oleand.*

in the head and other parts, caused by a complication of mercury and psora, *Clem.*

on the head and nape of neck: *Petr.*

- QL. crusty, on the head: *Graph.*, *K. carb.*
 on the hairy scalp: *Ars.*, *Nat. m.*, *Petr.*
 crusty, humid and itching, on the head: *Sil.*
 humid and itching, on the head and behind the ears:
Mez.
 scaly and humid on the hairy scalp, with itching at night
 and burning after scratching: *Oleand.*

HAIR.

- BALDNESS: *Bar. c.*, *Lyc.*, *Zinc.*
 FALLING OUT: *Amm. c.*, *Calc.*, *Con.*, *Petr.*, *K. carb.*, *Phos.*,
Nit. ac., *Sep.*, *Sil.*
 ITCHING in hairy scalp: *Graph.*, *Nit. ac.*, *Phos.*
 in hairy scalp, nose and ears: *Sep.*
 uncomfortable, in hairy scalp, with falling out of the
 hair: *Ant. c.*
 SWEAT in the head, while walking in the open air: *Graph.*
 in the evening: *Calc.*, *Sil.*
 TUBERCULOUS ELEVATIONS on hairy scalp: *Sil.*

MIND.

- AGITATION: *Sil.* — in the evening: *Am. c.*
 ANGER. Propensity to: *Lyc.*, *Sil.*
 — to indignation, ill humor and: *Caust.*
 Diseases in which a moral state predominates, character-
 ized by violence, activity, and: *Nux v.*
 with hot face, unquenchable thirst, bilious taste, anxiety,
 agitation, and pain in the stomach (bilious troubles
 after great indignation and): *Cham.*
 of a violent, inconsiderate, slow character (sadness
 depending upon): *Cham.*
 of same character, with general coldness (sadness depend-
 ing upon): *Bry.*
 ANXIETY: *Anac.*, *Carbo. v.*, *Caust.*, *Col.*, *Con.*, *Graph.*, *Nat. c.*,
Nat. m., *Petr.*
 continuous: *Calc.*
 nocturnal, driving out of bed: *Ars.*
 excited by meditation: *Calc.*
 at the approach of night: *Calc.*
 while narrating cruelties: *Calc.*
 due to domestic affairs: *Bar. c.*
 while working in the sitting posture: *Graph.*

which compels to loose garments and seek the open air:

Sulph.

in the morning: *Graph.*

in the evening, in bed: *Sep.*

with constipation, burning face, retention of urine; patient wants to leave the house; thinks she is not at home: *Opium.*

flushes of heat: *Sep.*

horripilations, at the approach of night: *Calc.*

melancholy and desire to cry: *Lyc.*

palpitations of heart: *Nat. c.*

perspiration: *Calc.*

excessive restlessness, sleeplessness, and heat in the head; the patient cried frequently and thought he had offended everyone: *Ars.*

paroxysms of: *Sulph.* —at night, compelling to leave the bed: *Ars.*

APPREHENSION of death: *Zinc.*

AVERSION to ordinary occupations: *Sep.* —to men and society: *Nat. c.* —to work: *Con.* (See work.)

CAPRICES: *Lyc.*

inclined to indignation and: *Nit. ac.*

CONTRARIETY. bad effects of: *Alum.*

DEATH. Fear of: *Ars.* —thinks of: *Zinc.*

fear of impending: *Anac.*

DEJECTION: *Calc. c. Nat. c.*

hypochondriacal: *Caust.*

and ill-humor: *Sulph.*

and weeping: *Sep.*

DELIRIUM, and alienation of mind for some time (certain paroxysms of pain, causing the patient to fall into a state of): *Verat. a.*

DESPAIR: *Caust.*

caused by impairment of health (attacks of): *Calc. c.*

DISCOURAGEMENT: *Anac., Con., Cup., Nat. c., Sep., Sil.*

DISGUST of life: *Am. c., Aur. f.*

DISOBEDIENCE. Indocility: *Am. c.*

FEAR. at the very moment of having had: *Opium.*

when already dispelled; or, when accompanied by sadness: *Acon.*

propensity to: *Carbo v., Caust., Con., Kali c., Nat. c.,*

- Nat. m.*, *Petr.*, *Phos.*, *Sep.*, *Sulph.*. —when the propensity is great: *Calc.*, *Carbo. a.*
 or disappointment during menses: *Acon.*
 with indignation (morbid state developed in persons whose moral has been altered by): *Acon.*
 sadness, caused by: *Ign.*
- FUTURE.** Distrust of the: *Caust.*
 sadness and inquietude about the: *Nat. m.*
 inquietude caused by the: *Phos.*
- GHOSTS.** fear of: *Carbo v.* —during night: *Carbo v.*
- GRIEF:** *Lyc.*
 concentrated (morbid state due to a): *Ign.*
 calm, or at least gentle and resigned, especially if during health the patient is kind and yielding, although light and changeable: *Puls.*
- HUMANITY**, lack of: *Anac.*
- HYPEREXCITABILITY:** *Sil.*
- HYPEREXCITATION:** *Petr.*
 nervous: *Stann.*
 —extreme: *Calc.*
- HYPOCHONDRIAC:** *Caust.* —dejected and slow: *Anac.*
 inclined to silence, but irritated at the least provocation: *Verat. a.*
- HYPOCHONDRIASIS:** *Aur. f.*, *Con.*, *Nat. c.*
 from continence, in the unmarried: *Con.*
 with paroxysms of hysteria: *Con.*
- HYSTERIA**, paroxysms of, with lowness of spirits: *Con.*
- IDEAS.** While reading or listening to reading, difficulty to understand and combine the: *Nat. c.*
 disagreeable: *Lyc.*
 lewd: *Calc.*
 fixed, religious: *Sulph.*
 sad at night and weeping during the day: *Caust.*
- INDECISION.** State of mind as though he had two wills, one impelling to go forward, the other backward: *Anac.*
- INDIFFERENCE:** *Calc.* —inclined to anger and: *Am. m.*
 to one's family: *Sep.*
- INDIGNATION.** Propensity to: *Con.*, *Nat. m.*, *Nit. ac.*
 —to caprices and: *Nit. ac.*
 —to anger, ill-humor, and: *Caust.*
 bad effects of: *Sep.*

- and disappointment for the least cause: *Sil.*
 concentrated (occult): *Col.*
 with sadness: *Staph.*
 if it brings about fatal consequences: *Nat. m.*
 accidents, such as cramps in the calf of legs and in the
 intestines, spasmodic and bilious colic, insomnia, etc.,
 brought about by: *Col.*
- INDOLENCE:** *Alum, Am. c.*
- INQUIETUDE:** *Alum.*
- IRRESOLUTION.** trifling affairs appear insuperable: *Alum.*
- IRRITABILITY.** *Carbo. v., Con., Lyc., Phos., Sulph.*
 excessive: *Nit. ac.*
- JOY.** sudden and excessive (accidents produced by): *Coff.*
- LOVE.** unhappy, with concentrated grief: *Ign.*
 with jealousy. *Hyos.*
 disorders, brought about by unhappy: *Ign., Phos. ac.,
 Hyos., Aur. Staph.*
- MALICE.** to slyness, to anger (spirit inclined to): *Nux v.*
- MELANCHOLY:** *Aur. f., Caust., Clem. (Stærk), Lyc., Sep.*
 with red cheeks: *Caps.*
 anxiety and desire to weep: *Lyc.*
- MEMORY.** weakness of: *Kali c., Nat. m., Petr., Sep., Sulph.,
 Zinc.*
 weak power of thinking, and: *Con., Petr.*
- MENTAL DISEASES.** In one-third of these troubles we should
 study: *Verat. a.*
 In certain: *Cocc., Hell., Stram.*
 viz., distraction: *Oleand.*
 and of the senses (certain): *Hyos.*
- MISANTHROPY:** *Anac.*
- MOOD.** bad humor: *Ars., Carbo. v., Graph., Kali c., Nat.
 c., Sil.*
 bad humored and slow: *Con.*
 dejected and ill-humored: *Sulph.*
 hypochondriac and slow: *Anac.*
 propensity to anger, indignation and bad humor: *Caust.*
 sad: *Nit. ac.*
 want of good humor: *Phos.*
 weeping, inclined to anger, indifferent. *Am. m.*
- MORAL FEELING.** humanity, lack of: *Anac.*
- RELIGION.** want of: *Col.*
 fixed ideas about: *Sulph.*

- SADNESS: *Con.*, *Nat. c.*, *Nat. m.*, *Nit. ac.*, *Sep.*
 caused by anger: *Cham.*
 caused by domestic cares, concentrated grief or hidden
 affront: *Ign.*
 with indignation: *Staph.*
 depending upon, violent, inconsiderate, slow, anger:
Cham. —due to the same character of anger, with
 general coldness: *Bry.*
 above all in women. Spasmodic pains in different parts
 of the body, which predispose the spirit a great deal,
 to: *Cocc.*
- SCRUPULOSITY. inconsolable, crying for actions committed,
 and which are considered wrong: *Sulph.*
- SELFISHNESS: *Calc.*
- SENSIBILITY. (sensitiveness) extreme: *Lyc.*
 to pain, and for the too violent effect of this, upon the
 mind: *Cham.*
- SLOWNESS: *Alum.*, *Sepia.* —with heavy legs: *Calc.*
 and bad humor: *Con.*
 and hypochondriac mood: *Anac.*
- SOLICITUDE: *Am. c.*
 when alone: *Phos.*
 about the future: *Phos.* —with sadness: *Nat. m.*
 about his illness, with fear of death: *Nit. ac.*
- SOLITUDE: fear of: *Lyc.*
 uneasy in: *Phos.*
- SOUL. was not in relation with the body. State as if:
Anac.
- SUSCEPTIBILITY. (great): *Calc.*
- TIMIDITY: *Alum.*, *Phos.*, *Sulph.*
- THINK. inability to: *Nat. m.*, *Sil.*
- THINKING. difficult: *Alum.*, *Calc.*, *Lyc.* —with headache:
Sep., *Sulph.*
- THINKING POWER, decreased: *Am. c.*
 and memory weak: *Con.*, *Petr.*
- THOUGHTS of death: *Zinc.*
 disagreeable: *Lyc.*
 lewd, lascivious: *Calc.*
 sad at night and weeping during the day: *Caust.*
- UNHAPPY. feels: *Graph.*
- VIOLENCE. *Nat. m.*, *Sulph.*

WEEP. Anxiety with melancholy and desire to: *Lyc.*

Diseases in which a moral state predominates, characterized by sudden alternations of joy and desire to: *Ign.*

WEEPING and dejection: *Sep.*

propensity to: *Bar. c., Calc., Sulph.*

EDWARD FORNIAS.

. PHILADELPHIA.

PROTEINOL: A NEW CANDIDATE.

THE CALCIUM SALTS IN NUTRITION.

The Calcium Salts, both Phosphate and Carbonate, are indispensable in the formation and life of animals as of plants. They not only form the mineral part and, as it were, framework of the bones and teeth, but are also integral parts of all the elements of the body, principally of the brain, marrow, nerves, muscles and blood—in short the support of the organic substance of all the cells. Indispensable to pregnant or nursing woman, who, in addition to supporting their own bodies, are compelled to furnish material for the formation and development of a new organism. Likewise, of the greatest necessity for children during their period of growth.

Insufficiency of these principles must produce weakening of the constitution and dental caries on the part of both mother and infant—curvature of the bones, late and painful dentition, and a state of general debility.

It has been shown by numerous chemical analyses of the milk of nursing women, that very often it is deficient in Calcium salts, notably phosphate—especially is this true of residents in the city. The cause of this, no doubt, is that during pregnancy the digestive disorders, which are so frequent, prevent an active assimilation of these principles in the state in which they are contained in the food.

The idea of adding some extra Calcium salts to the food suggests itself spontaneously. But the difficulty of making the compound enter into the economy is well known. When mixed with the food they ordinarily pass as foreign bodies into the salts of the urine, without benefiting the organism.

But as albuminated Calcium, both phosphate and carbonate, as exhibited in Proteinol—a food composed of the entire egg, digestible fat and brandy, is the form in which

nature seems to have put these salts in small quantities in eggs, milk, grain, etc.—they are retained and utilized in the organism.

The use of Proteinol during pregnancy permits the birth of living and vigorous infants from mothers with a history of abortion, or whose children had hitherto come into the world weak, and had succumbed soon after birth.

Again, under the use of Proteinol pregnancy is more easily endured; the pregnant woman loses neither her strength nor her good general health, and having arrived at term is in splendid condition for being an excellent nurse.

Moreover, the milk of women taking Proteinol is more abundant, is much richer in fat and the lime salts, seemingly so necessary to metabolism. Their children improve in health, their dentition is easy and their growth rapid.

A CLINICAL CASE : SULPHUR.

Mrs. C—aged 73 years, had been sick for more than a year, and had tried everything, including “Homœopathy” (?), and now wished for death as offering the only hope of relief.

Was called April 3, 1890, and found her suffering from the following symptoms: Pressure on vertex, as if the scalp was drawn over the skull too tightly.

Scalp inflamed, red as fire, and covered with white scales, varying from the size of a finger nail to that of a half dollar. Intense itching of scalp, < mornings, smarting and burning of eyes, with tinea tarsi.

Ringing in the ears.

Dropping of water from nose on looking upward; also dropping from post nares into throat.

Bitter taste in mouth, < toward night; dryness of mouth.

Goneness at stomach before meals, with fullness at stomach after eating but a little, and empty eructations after eating; thirst, < toward night.

Rumbling in the bowels.

Wandering pains.

Cramps in soles and toes, at night.

Whole abdomen, face, neck, inside of thighs and flexures of knee and elbow joints intensely red and covered with scales similar to those on the head.

She would remove an enormous quantity of scales every morning, after which the skin would smart and look as if raw with oozing of moisture.

Intense itching, < at night, especially on getting warm in bed ; after scratching changed to smarting and burning.

She would lie the coldest nights with no covering but a sheet, and often the burning would be so intense that she would fan herself with the sheet, sleep was impossible.

Sulphur 200, in water, a dose every half hour for four doses, followed by Sac. lac.

This relieved the itching and burning to some extent, but the disease spread to the back and began to work down the limbs, while showing a tendency to heal above ; therefore I continued Sac. lac. until April 28th, when I gave her four doses of Sulphur cm., same as above.

After a slight aggravation she began to improve rapidly, and continued to do so until June 9th, when she received a single dose of the same remedy and potency.

Improvement recommenced and continued until July 7th, at which time the scales had ceased to form and the only symptoms remaining were redness of skin and œdema over the tibiæ for which she received Phosphorus, 80 m.

July 20th she was discharged.

During the rest of the summer she did her own work, milked her cow, made her butter, took care of her garden, and said she felt like a new person.

Sept. 20 I was called to see her and found her suffering from a severe attack of cholera morbus, due to eating poisoned hog's liver—perhaps more properly from arsenical poisoning; for although I did not learn the facts until afterwards when it was too late to make sure of it, and although the symptoms were those of cholera morbus, yet in view of later developments there seemed to be no doubt that the violent vomiting and purging, with the extreme prostration, were due to Arsenic, administered with murderous intent.

The vitality being depressed by this attack the skin trouble manifested itself a couple of times afterwards, but a few doses of Sulphur removed it, and when last heard from she was enjoying good health, the hair had come in so that her head was covered and she has now removed to the West.

FREDERICK HOOKER.

PLAINVILLE, N. Y.

KALI CARBONICUM.*

The constitutional condition of *Kali carb.* is so affected that the symptoms of the sickness are aggravated by every change of the weather; he takes cold after every exposure, even the slightest; is usually chilly, keeps about the fire to keep warm, bundles himself up warmly.

All the symptoms are brought on or made worse by taking cold. I have often observed that a patient having a weak heart has this susceptibility to cold after, or aggravated by, every change of the weather. The symptoms are the out-growth of a feeble circulation, or of a fatty heart.

I do not know any remedy more likely to ward off heart failure than this one. If a patient recovering from an attack of pneumonia, towards the close has hot flushes, evidences of a weak heart, symptoms of heart failure after the "Grippe" result of vicious and inappropriate allopathic treatment, is always taking cold, has prostration, tendency to catarrh of the chest and nose; in such cases *Kali carb.* has often proved a valuable remedy. Where *Nux vomica* has been the acute remedy, especially in stomach and bladder difficulties, and has accomplished its mission and no longer helps, *Kali carb.* may come in as the chronic of *Nux* to complete the cure, and here it competes with Sulphur.

A very striking feature of this medicine is its characteristic stitching, sticking pains, flying about in various parts, especially in the chest and heart, like *Pulsatilla* and *Bryonia*. The constitution is unlike that of *Pulsatilla*. The *Pulsatilla* patient wants to be cool, the *Kali carb.* to be warm. Most of the *Kali carb.* symptoms are aggravated by cold. The stitching pains of *Bryonia* are worse in a warm room, those of *Kali carb.* are better in a warm room.

Pains wandering like *Pulsatilla*, stitching like *Bryonia*; constriction through the chest; difficult breathing; stitches through the heart; many catarrhal symptoms.

We have in *Kali carb.* all that can be found in scrofulous ophthalmia. The very worst forms of catarrh of the nose; thick, copious, yellowish green mucus filling up the nose and posterior nares; crusty formations in the nose. Bronchitis, with copious, thick, yellowish green expectoration; contin-

*Contributed to the *Southern Journal*.

ually taking cold keeps up this state of affairs, the catarrhal condition follows down the smaller tubes and capillaries and there is created a predisposition to phthisis. Miliary tubercle may come on.

Great pallor, aggravated by the slightest draft and by washing. Washing the skin causes it to become covered all over with blotches, red, mottled purple spots.

Ammonium carb. is the remedy generally required for the symptom; "every time he takes a bath his skin is covered all over with spots;" Kali carb. has it strongly. The Kali carb. patient says he can not take a bath without taking cold, no matter how cautious he is, nor how warm the room may be.

There is a great deal of anxiety, especially when alone; is afraid something will happen to him; fear of death when alone. It is not a fear of being overpowered, for the presence of a child will allay it. The Arsenic patient is afraid he will be injured, or that he will do himself harm if left alone; fears he will die. Many remedies have the dread of being alone, without the awful awe of something about to happen. Arsenicum, Phosphorus, Mezereum, Stramonium have it probably the most prominently.

The fear of death when alone is the most striking mental feature of Kali carb. Delirium in the night; very easily frightened; starts when touched; noise is disagreeable; intolerance of the human voice; these show how oversensitive he is. "Alternating mood, at one time good and quiet, at another excited and angry at a trifle, constantly in antagonism with herself; frequently hopeful, frequently despondent; frets about everything, peevish, impatient, contented with nothing." This is a clinical group containing largely the Kali carb. features.

It has a great deal of vertigo. Headache about the eyes and temples; severest forms of neuralgia, with stitching, tearing pains, associated with congested hot head, mostly from catarrhal conditions; has no power to ward off the tendency to take cold. Pressure in the forehead with photophobia. Stitches in the forehead and temples; worse stooping, moving head, eyes or jaw; better raising head and from heat.

Stitches into eyes and root of nose, with catarrh. Congestive and catarrhal headache, with dry, hard cough.

Liability of head to take cold from a draught after being heated, causing headache or toothache. Like *Baryta carb.* and *Graphites*, it has cured wens on the scalp. Hair falls out; perspiration on head and forehead.

If *Kali carb.* was only known for its eye symptoms it would be a very valuable remedy. The vision often reflects its nervous condition. Eyes weak, dimness of vision, connected with symptoms of the genital organs; weak, dull after emissions, can not see or use his ordinary glasses. Photophobia, following excitement of genital organs; under such circumstances there seems to be a gauze or fog before the eyes. Blood vessels of conjunctiva are engorged and the mucous membrane tumid, swollen; ulcers in spots, bleeding. Milk-white spots about the cornea. Little whitish, milk-white growths on the conjunctiva. Lids swollen, edges and canthi red. Caruncula red and swollen.

The catarrh of the eyes is associated with catarrh of the nose.

There is a peculiar state common to a few remedies, but striking in *Kali carb.*; it is the extension of the catarrhal condition to the ears, causing deafness.

Pharynx fills up with tenacious, foul mucus, hawks it up and gags, coughs and gags. When the mucus is raised to pharynx it produces gagging.

Another general feature running through this remedy is its time of aggravation. Mental symptoms, chest symptoms, stomach symptoms, cough, all worse between 2 and 3 A. M.; 3 A. M., aggravation; wakes at 3 A. M. with the symptoms.

Puffy swelling between eyebrows and lids; upper lip swollen; swelling of lower jaw, with looseness of teeth and enlarged submaxillary glands. These swellings are in keeping with its general state, it produces much cardiac weakness, with oedema of the extremities. Swelling of the feet, with pitting on pressure. It has the constriction of *Cactus* about the heart. You will notice in such low, debilitated constitutions a tendency to enlargement of the glands. Parotids, especially the right, inflamed, swollen, hard. You will find under each region that has susceptibility to pain the stitching, sticking pains. Headache, with noises in ear after a cold drink, shows the aggravation from cold. Nose obstructed, making breathing through nostrils impossible; better in open

air, returns in a warm room. Dry coryza. Coryza; thick yellowish discharge, with great lassitude; purulent, fetid discharge from one nostril; yellow, green or bloody mucus; sore, crusty nostrils; complete closure of nostrils. This group corresponds to a bad case of catarrh.

You will notice as a striking feature of a few remedies that have general aggravation from cold air, amelioration of their coryzas in the open air. Kali carb., Nux vomica and Cyclamen are all cold patients. Cyclamen is furiously averse to open air, except when coryza comes on, which is relieved in open air. You will not find this in the books, it is purely clinical, but has been very often verified. The Allium Cepa coryza is always worse in a warm room, and better in open air; but so far as we know it has not that freezing feeling in the open air in other conditions. The Kali carb. patient is always chilly at best, but the coryza is better in the open air.

Swelling of face, especially over the eyes.

It doesn't always follow that because the Kali carb. patient is worse from sudden changes or from cold air, he would be better from hot things. Some remedies have aggravation from cold and amelioration from warmth, but it is not so with Kali carb. Hot things, hot drinks, hot applications often make the pains worse and make the patient worse. Many pains are worse from either heat or cold.

Toothache, stitching, tearing, aggravated by both heat and cold. Toothache worse from chewing. Drawing toothache as soon as she gets into bed in the evening, not during the day. This shows aggravation from heat of bed and from lying down. Many of the symptoms are aggravated after lying down, many of its pains come on at night from lying. Dyspnœa, can not possibly lie down. It is somewhat whimsical in its modalities. The destructive process about the teeth goes on until they loosen and fall out. (*Carbo vegetabilis*.)

With feeble circulation beginning in very early life, white patches form on the mucous membrane of the mouth, breaking down into thrush.

Sticking pain in pharynx, as if a fish bone was sticking in it, *if he becomes cold*.

In old chronic catarrh, or in pharyngitis when riding in a cold wind, the cold air feels like a burning flame in pharynx,

there is sticking like sticks, likely to be followed by headache, then neuralgia of face, eyes, scalp and head.

Difficult swallowing from partial paralysis of œsophagus, food goes down slowly, spasmodic stricture, holds food for a while, then allows it to go down; a drink of water sometimes helps. There are only two remedies that I can recall that "can not swallow a single mouthful without a swallow of water." They are *Cactus* and *Curare*. Tenacious mucus in fauces and posterior pharynx, mornings; difficult to hawk up, causes gagging. Difficult swallowing, food descends slowly and small particles easily get into windpipe.

Here is another striking symptom to remember: "With every attempt to swallow there is a pain in the back between the shoulders." I know only two other remedies that have this, *Causticum* and *Raphanus*.

Aversion to meat; aversion to rye bread, like *Lycopodium*.

Sleepy when eating; palpitation after eating. Distension of stomach, as if full of water, with a feeling of swashing. Eating doesn't relieve the hunger in the stomach. Hot drinks disagree. Nausea from any exertion. Exertion loosens the mucus in bronchial tubes and nose and brings on gagging. All over the abdomen is a chronic sensitiveness, especially sore sensation in pit of stomach. Awful hunger in pit of stomach, with pulsations, throbbing and goneness, heat doesn't relieve. An almost indescribable anxiety in the pit of the stomach, if frightened, feels it in the pit of the stomach; constantly apprehensive of bad news, felt in pit of the stomach. This has been noticed in a few remedies (*Mezereum*, *Phosphorus*, *Calcarea*, *Digitalis*).

Pressing, tensive pain awakens him at 2 P. M., here we have the time of aggravation again. The disorders of the stomach are worse at night, from stooping, from motion, after eating, during menses, from dampness, from change of weather, from hot or cold weather, from hot or cold drinks, and at 2 A. M. Most complaints are worse from cold air. The skin is often jaundiced, liver tumid and hard. Many of the characteristic stitching, cutting pains are in the abdomen, with great distension and great flatulence. Chronic constipation, no stools for many days; ineffectual urging, with a feeling as if rectum was too weak to expel it; after much pressure most of it remains. After constipation goes on sometime,

hemorrhoids, very painful and distressing, burning, itching, large-sized tumors, bleeding and very sore.

Kali carb. has cured many cases of fistula in ano. (Sulphur, Thuja, Silicea.)

Much cutting pain when urinating. Burning during and after urinating.

A paralytic condition at neck of the bladder, stream starts slowly and flows slowly, it seems almost impossible to force the urine out. Has cured many complaints of the uterus when the back symptoms were present. Awful bearing down in the back and buttocks; must press hands against back or lie on back and press hard against it with both hands. Menses too early, scanty, of a pungent odor, acrid, covering thighs with an itching eruption. Its discharges are excoriating. During every menses, puffing above the eyes, headache, coryza as described. During menses swelling of the glands; pains in the back. During every menses a nettle rash all over the body, burning, itching like fire; keeps her awake. Heavy aching in the back, like a weight, extending down the buttocks and hips. Sore pain in the vagina during coition. Sepia and Sulphur are worth remembering for this condition. Sometimes it exists as the only symptom, then give Sepia. This debilitated state predisposes to abortion. The tendency to miscarriage is often overcome by Kali carb.

Back aches so badly while she is walking that she says she feels that she could lie down in the street to obtain relief. This is in the sacrum.

After abortion, when there is great weakness of back and lower extremities, dry cough, long continued sweats, chronic inflammatory condition of uterus with nausea and vomiting. Labor pains insufficient, violent backache, wants it pressed. Pains pass off down buttocks, pains and pulse weak; here we get the element of a weak heart. Adherent placenta.

When in abortion the fetus comes away but placenta remains, and no other symptom; nothing striking; Sepia will bring on the pains at once and remove it in a very little while.

If associated with a teasing to urinate, burning and almost constant desire to urinate, Cantharis will bring on the pains to expel the afterbirth at once.

If it is a scrawny, tall, slender woman, who wants the covers off, is distressed by warmth, Secale will bring the afterbirth.

If there is hemorrhage with the retained placenta the hemorrhage will often indicate the remedy, and you must prescribe for it.

There is no necessity for trying to remove a retained placenta with forceps after abortion; I never think of doing it. Even if decomposition takes place, you should prescribe on the symptoms, and if your prescription is the correct one you will have no trouble from the placenta. Don't be so terribly scared about blood poisoning. I have had the placenta to come away without any blood poisoning when it smelled so bad no one could stay in the room.

Prescribe on the symptoms; it is the only safe way.

Under respiration there is a valuable group of symptoms.

Terrible asthma at 3 A. M. Asthma, must lean forward with head on knees. This leaning forward to breath in asthma is common and not striking.

Dyspnœa, worse from drinking, from motion, can not walk fast; arrest of breathing awakening him at night. Tension across chest on expiration when walking.

I once saw a striking temporary amelioration from a dose of Kali carb. The case had a history of rheumatism, endocarditis was present, and had so involved the valves that circulation could not be carried on; dropsy existed from head to feet; hypostatic congestion of the lungs had taken place, and I thought the patient would die very soon. She had the constriction about the heart as if grasped with a hand, and other symptoms leading to Kali carb., which was given. All the dropsy disappeared, the congestion of the chest cleared away, the heart improved and she was up and about the house for awhile; but the next cold she took, in two or three months after, she died. The case I regarded as an incurable one, and Kali carb. acted most strikingly. At that time the highest potency of this remedy that I had was the 40 M; I have since thought that had I had the CM and M I might have prolonged her life still further, though the organic disease would have eventually killed her.

The cough is paroxysmal; there seems to be a tickling somewhere in the air passages, waking him up at 3 A. M., then paroxysms every half hour afterward.

Great dryness of throat between 2 and 3 A. M.; awakes with a dry cough at 2 A. M. Dry cough at night, awaking from

sleep with acute pain in chest on coughing; little cough during the day. Whooping cough worse at 3 A. M. Hahnemann reports a whole epidemic of whooping cough cured with Kali carb. The striking feature was the bag-like swelling over the eyes. It cures whooping cough in four or five days when indicated. Cough violent, suffocative, causing vomiting, exhausting him; such may come on after pneumonia. Spasm of chest. Stitching pains in chest. Cutting pain in chest in evening after lying down. Heart's action irregular, intermittent, tumultuous, weak; worse at night on rising; worse at 3 A. M., feels as if the blood was boiling in the body. Flushes of heat commence in the abdomen and go up into the head. This is often associated with fatty degeneration of the heart.

There are many symptoms of the back which you must study, also of the extremities.

Can not bear to be touched. Exhausted on lying down.

Awakens between 2 and 4 A. M. with nearly all the complaints, especially throat and chest trouble.

Dreams of water, thieves, ghosts, dead people; erotic, sentimental; dreams of drowning. These dreams accompany heart symptoms.

Copious night sweats.

There is nothing more striking than the stitching, sticking, darting pains, at rest, worse lying on the affected side.

Sensation of emptiness in inner parts, especially in the stomach. Emptiness in the head. Muscular weakness, oppressed breathing. Anæmia, no warmth in body, tendency to dropsy. Fat, flabby, like Calcarea. Tendency towards suppuration of the joints and bones. Ulcers. Emaciation. Fatty degeneration of organs.

PHILADELPHIA.

J. T. KENT.

SUPPRESSION OF THE NATURAL MANIFESTATIONS OF THE DISEASED ORGANISM.*

I am glad to be allowed to talk to you as homœopathists upon the suppression of sick manifestations in the human organism. I am exceedingly anxious that the members of this society should not only put on their "thinking caps," but also (if, as I hope, their mental eyes are hypermetropic)

* Onondaga County Medical Society.

put on the strongest double convex lens, that they may view closely the results of such kind of treatment as they meet it in daily practice among the sick and suffering.

One cause of division in the practice of the several schools of medicine, is in the end to be obtained by therapeutical means. Hence we find in the beginning of our explorations in this direction a decided difference of opinion as to the definition of the word *cure*.

In the old school of practice of to-day it but too often means an eradication of certain manifestations presented, without regard to results following the eradication, *i. e.*, skin symptoms treated by local applications disappear, the manifestation is cured (?), and a deeper manifestation is unrecognized as the same organic disturbance, invading more vital parts of the organism; a leucorrhœa disappears under a course of caustics, nitrate of silver, etc.; the manifestation is again cured (?), and the new expression unrecognized as the same all-pervading disease, closing inward upon the doomed life, but is again treated as a new manifestation sent by Providence—that much-abused scape-goat for our own sins and ignorance.

Here is a case in point. One of the best and brightest of women was under treatment for a leucorrhœa with one of the first gynecologists of this city. The discharge decreased, and at last, toward the end of the year, stopped; but the patient noticed a cough that was increasing. Meeting the physician upon the street one day, she stated to him what she thought had been the result of his treatment—that it “had gone to the lungs.” He replied: “Quite likely, madam, that is frequently the case;” and drove off, leaving her to remedy the matter through the hands of any physician she chose. He had “cured” (?) her of leucorrhœa. In the hands of the best homœopathic treatment, for several months, that discharge could never be restored. She was cured only by stepping out of this life and taking up her residence in the city of the dead.

This subject is continually presented to me, as I suppose it is to all, in my efforts to allay human suffering, and I would like your earnest thought given the matter, that by united effort we may remove the evil and teach even the laity that a localized condition is but the result of perverted vital action,

having existed in the organism for a longer or shorter period, according to the depth of disturbance.

Personal experience should teach even physicians that the cure (?)—that is the disappearance of certain manifestations by suppression—is always followed by unhealthful manifestations that do not yield readily to treatment, even when not taking on the form of a localized disease and a name.

I can better illustrate with facts taken from daily practice. Such facts so torment a physician, that if he could not see them in their proper relation he would be ready to forswear Homœopathy, as he had already forsworn Allopathy, and reiterate that there was nothing true in medicine.

Given a case of carcinoma of the uterus, in a person of sixty years. It is presented to you about a year after the symptoms of hemorrhage first manifested themselves to the patient, and of course long after the development of the cancerous growth, hemorrhage not being an early manifestation. There must be a development and growth of some kind before bleeding begins in an atrophied uterus whose functions are long over.

You take the case, believing, even if incurable, your chance of relieving the suffering is better than that of the regular (?) practitioner, who only depends upon opiates that may soothe momentarily, but in their reaction increase the suffering of the patient.

You find constant nausea and retching present, but no other pain. The patient tells you that the nausea can not be stopped, as she was always subject to violent nausea during pregnancy; and that so long as the uterus is disturbed by the continued pressure of the growth, it will act in like manner to the *fœtus in utero*. Your efforts to convince her that the growth was there long before the nausea began, will be useless; she is wholly absorbed in her sufferings, and to her "the proof of the pudding is in the eating."

In the hands of regulars (?) for a year she has been douched, cauterized and toned without avail, and what you perceive in the picture is principally confusion, as the natural discharge of carcinoma has been checked.

You study the totality faithfully and finally cover it with a drug that causes the nausea to disappear, with perhaps slight hemorrhage; your patient is gratified and

acknowledges the incredibility. All goes swimmingly as to nausea, but the hemorrhage has again disappeared, and you have recognized by the infallible signs afforded by the action of the well-chosen remedy, that it is a sickness unto death. You obtain no return of symptoms gone before, no return of hemorrhage, but a gradual weakening of vital action which means death. How you pray for that hemorrhage, for then the gradual exhaustion would be easy, and there would be comparatively little suffering.

In a short time another set of symptoms appear, which you are taught by the books is one of the pathological conditions to be expected in uterine cancer. You take this *cum grano salis*, as all the pathological observations of carcinoma of the uterus have been taken *under treatment*, treatment that means suppression of each manifestation as it may arise.

You find the second picture more confused than the first, the search for a remedy unavailing, and you again mourn for the return of the hemorrhage, that was douched and cauterized out of existence.

So with varying changes, each involving unnecessary suffering, each worse than the preceding, and at times in such confusion that you are in no better position toward your patient than your brother of the old school.

But, you say, are we not taught that in all and the most fatal diseases, we shall find the most perfect anesthesia, the happiest euthanasia in the perfect covering of the "totality of symptoms" by its homœopathic similar. Yes, and it is true, if you have the management of an incurable disease from the beginning or can find what has been given and antidote the measure, bringing on the old conditions; but if not, you will feel like cursing the day you took the case and you may expect no clue from your allopathic brethren.

Now why, you say, is this not the natural process of the disease? Why do we profess to know more of such things, than generations of observers gone before? For this reason: first, they have never recorded symptoms or conditions that have not taken place under treatment, and that treatment a course of suppression of local manifestations: second, the observation of disease, under the properly chosen remedy, or without medication is as different as darkness from daylight; even syphilis under homœopathic treatment has so changed

its aspect, that the tertiary symptoms are hardly shadowed forth.

To further illustrate, let us take a case from the practice of our mutual friend and homœopathician, Dr. H—, and see what a carcinoma can do with no other treatment than an occasional prescription for gastric disturbance. It is fully of ten years standing, and has never been treated constitutionally. It is a case in which the attendants were ordered upon the "pain of immediate execution," never to lisp to the doctor a word of the local manifestation, or of the real cause for the disturbance. Fortunately, the good doctor is gifted with a nose, whose communications may be depended upon, and it told him some three or four years ago what was the constitutional disturbance, whose phenomena he so frequently allayed. He communicated his suspicions to the attendants, they admitted the fact, and stated the conditions under which she had allowed him to prescribe. She remains in ignorance of his knowledge of the facts to this day. The flux continues as nature intended. The only disturbance or suffering is gastric, caused by a ravenous appetite, that, when overindulged, evolves symptoms of *Nux. v.*, and that drug promptly relieves.

How different the action of remedies in this case, and the one first quoted, and to what is that difference due, except the suppression of the natural discharge by local application of drugs. In the case first quoted, there was not the slightest symptom of suffering, until after douching and cauterizing had been performed.

To cite another case. A man having a local manifestation of urethritis, with no special suffering except the annoyance and anxiety dependent upon such conditions, without exposure to venereal poison (?), yet in great haste to be rid of this disagreeable expression of sickness, applies to his medical advisor (O. S.), who, after a history of the case, begins treatment, local of course, of the severest description, *Nit. of Silver*, *Cupr.*, *Tannin*, etc., that if the patient had no poison in his system to begin with, you may safely wager he will have before six months is over. When such a patient reports himself, what will be found? How shall this state of things be met? By the totality of the symptoms?—certainly. But what is the "totality of symptoms"? Your examina-

tion of the case shows a picture composed of at least three elements: A partial picture of Arg. nit., a partial picture of Nat. mur., and a pretty complete picture of Medorrhinum. What shall you do? What say you is the matter of your patient? If you give Medorrhinum, will it work as well and rapidly in development of the case, as it would if the drugs known to have been used had first been antidoted?

Perhaps to better explain, another case will be in point.

A lady suffering from leucorrhœa and the usual complication of disorders, treated locally by the regular school, had this discharge, never in itself very annoying, cured (?) presumably with Nit. of Silver (at least the results seem to show such to have been the case). Nature tried by the most violent exhibitions to throw off the incubus thrust upon her, by acute exacerbations of great intensity, after which she settled down into a chronic state of anæmia, emaciation, prostration, accompanied by acute neuralgias, cerebral and spinal, hysteralgia, ovaralgia, anteversion and dragging in the pelvic regions, during which it was impossible to walk three blocks. This condition, with sleeplessness, treated by Morphia and Chloral *ad libitum*, after long suffering passed into the hands of a homœopathician, and under proper medication again pulled into the land of the living, slowly recovering, but not yet cured. Why? Something prevented Medorrhinum from doing all it should; what was it? Little more than a year ago the patient received for some simple derangement a dose of Nat. m.M. (F.), which after great < developed again the suppressed leucorrhœa, and the progression toward health after that was rapid and wonderful. The Nit. of Silver had been antidoted. The anæmia and emaciation gave place to health, strength and flesh, but the leucorrhœa was long lasting, and an hundred-fold more irritating than the early manifestation.

In these conditions you will find it of little use to prescribe until a new symptom picture presents, because, to quote from our teacher, "that which is now taking place is reaction. A remedy was demanded before reaction began and was applied. While reaction is going on, no remedy will be homœopathic."

But why, as in skin manifestations, do we not more quickly cure? It is altogether according to the depth of manifesta-

tion. Should there be no symptoms present other than a few skin symptoms, we find little trouble to meet the conditions, but when there are deeper vital disturbances you must cure from within out; so the skin symptoms will disappear last. If it is psoric, and it may be, your patient may become tired, as did one of mine.

A young lady of about twenty-eight years came to me with an eruption (acne) upon the face that had tormented her since before puberty. She was of scrofulous parentage and had many deep constitutional symptoms, such as irritation of the alimentary canal, mucous discharge, portal congestion, great nervousness and considerable menstrual difficulty with suffering. Sulphur was her remedy, and in a few months she was so well that she was delighted, and, of course, stopped treatment for nearly a year, when the symptoms began to be more pronounced. I prescribed a still higher potency, and with a terrific < of local symptoms that frightened her. I told her to return after about a month and I would antidote. She was steadily improving physically, but she evidently thought it no use, and gave up trying. I have since heard that she was wonderfully improved by local treatment of a specialist of skin diseases in the old school. As all her life she had tried local treatment with no benefit, I can only hope he has given her externally what I would have done internally, Mercury. In that way only can she be benefited. If suppressed by other treatment, with her constitution, it means fatal illness and death. Mercury perfectly covered the condition when she stopped treatment, but she had not received it.

As contrast, in depth of constitutional disturbances with same local manifestations, was a young girl of about twenty years, who came because of the disfigurement of her face with acne. Her < were all before the menstrual period, with the ulceration of labia, and the menstrual peculiarities of Graphites. It was so plain a picture as not to need study, and one dose cured her permanently and convinced her at once of the infallibility of her doctor.

Now, there is no doubt to the thinking mind that so-called disease, in its earlier manifestations, is just so amenable to treatment, and the cure is even so readily accomplished. We receive sickness in all stages, and our aim is not only to cure

our patients but to prevent suppressions occurring in our own practice. As specialists and general practitioners, we must do as Hahnemann did—work for the cure of our *patients*, not of the manifestations. The old school bugbear, Syphilis, which has been so abused and extended in its ravages, is now easily conquered by the homœopathically selected drugs. A mistaken notion among many of our practitioners has been that this disease may be met and conquered by one drug. This is not true of true Syphilis. Its different stages have to be met and conquered by the drug indicated and compatible with the preceding prescription and each new manifestation; but when we find that whereas under the old regime it meant a lifetime of suffering, and that now it may be met and conquered within a year or two at most, we surely may be thankful and study with renewed vigor.

But what of Sycosis? Ah, that is a bitter pill. It has been quite customary to consider a gonorrhœa a local and simple disorder, but even our old school brethren are now writing of the truths which Hahnemann discovered sixty-two years ago: “That it is far more costly to life and health than syphilis, has so often proven fatal to so many unhappy women, that nothing can be said strong enough to direct the attention of physicians to the vast importance of stamping out this evil.” This, mind you, after stating that the early manifestations were entirely wiped out, and “the latent gonorrhœa entirely unknown (?) to the husband” on his marriage. (See Blake and Comstock in the August ADVANCE of 1890.)

One case in point, of this latter terrible evil, and I have done.

A gentleman came to me whose case has been reported in the journals. The history pointed to a possible sycotic base. A short time since I was called to prescribe for the wife and the case positively proved my suspicions as it was not then so plainly to be seen in the husband’s case. She, a strong, healthy girl, of fine physique, had married a man perfectly innocent of an existing cause that would make his marriage with any healthy woman inadmissible. Within a few months, the carelessness of sitting on cold stones during the menstrual period was the excitant cause of this latent devil. Since that time her misery continued in one form and another

until life has been a burden. She has suffered many things of many physicians with no help from any. The symptoms now are purely nervous, but they are quite sufficient to do away with the blessedness of life and prevent all ordinary enjoyment and social pleasure.

How do I know that it was sycotic? His history; the probability of a simple cold settling in the pelvic organs, causing a lifelong sickness; the want of knowledge pointing to another miasm, presenting this peculiarity—symptoms only occurring from morning until night; the possibility of any other miasm producing such a hell in the physical and psychical kingdom as does Sycosis.

Lesson upon lesson we find, and this Society must keep awake to apply correctly the precepts of the master, and so defeat our opponents. In that way only shall we teach the efficacy of Homœopathy. A local measure for a localized expression of disease is no more efficient in my hands than in those of the generations gone before.

It is nothing to admit that personally we are fallible. No one of us can possibly contain even the accumulated knowledge of to-day. We must make occasional failures. A failure to see and cover a condition immediately is no great fault; and an acknowledgment and further search, or sending them to higher authority, is never followed by dismissal in my case, and I do not think it will be in yours.

A disbelief in Sycosis, or that it can be produced by suppression through local treatment of gonorrhœa, can be easily met, if you choose. Be brave, practically sacrifice yourself. Prove to your own satisfaction, as Hahnemann did, the use and sphere of medicines, but don't sacrifice other people. Rather than this, let us start out with the three typical miasmatic drugs, Sulphur, Mercury, Thuja, giving to each chronic case known to be of either miasm the remedy of its type, and I have not the slightest doubt we shall end our career with a greater per cent. of cures to our credit than we could possibly do by the old methods, unless you have the patience to do the faithful work of an homœopathician through individualization of your cases.

Just here let me say that a prescription of Mercury or Sulphur in a sycotic case, unless very sharply indicated, will create such a Satanic commotion that you will sincerely wish you had never been born.

S. L. G. L.

THE CYCLOPÆDIA OF DRUG PATHOGENESY.*

Paper by Dr. Richard Hughes, being a report of the Cyclopædia of Drug Pathogenesis.

Discussion opened by

DR. A. W. WOODWARD : I think that every homœopathic physician should be congratulated upon the completion of the Cyclopædia, for at last he is furnished with a view of the action of drugs which in some degree is commensurate with the phenomena of disease. When Hahnemann pointed out the necessity of adapting the remedy to the totality of symptoms present in a case, he recognized that disease was something more than a local disturbance ; he saw that it involved many parts of the organism and therefore it was an ever-changing and complicated problem. In promulgating this doctrine, he for the first time indicated the conditions that were essential to therapeutic success. But while he gave this most important principle to guide us, he also gave us a *materia medica* in which the special character of the drug symptoms were preserved without regard to the relationship in which they stood to each other. In so doing he sacrificed the only means by which the genius or individuality of a drug could be recognized. It was in appreciation of this defect in Hahnemann's method which has led to the publication of this work, which is a transcript of the day books of the drug provings ; for only by going to these records could the relationship existing between morbid symptoms produced by a drug be discovered. While much remains to be done to make this work available for the practitioner, in giving as the natural sequence of drug effects, it must be admitted that the editors have supplied us with a foundation upon which may be erected in the future a rational and adequate system of therapeutics, and in so doing they deserve our lasting gratitude.

[If Dr. Woodward, and those who agree with his position, would master the principle enunciated in the "Organon," § 153, they would learn that Hahnemann did not sacrifice anything in his arrangement of the *Materia Medica*. That his method of knowing and applying "the genius or individuality of a remedy" was not sacrificed, but vastly enhanced in practical application for the healing of the sick. Try it.—ED.]

DR. C. S. MACK : I wish to indorse everything that has been said touching the value and importance of this great

* American Institute of Homeopathy.

work; the Cyclopædia has been in my hands constantly, I might say, for two years. It is a book to which I look with more confidence, altogether, than any other book, when I want to learn the effects of drugs upon persons in health, for we all know that with some few rare exceptions our records, or those which purport to be pathogeneses, are not by any means reliable; and we also appreciate the necessity for a materia medica from which the uncertain things are eliminated, so that we may have a record in which we should have confidence; but there is no such record—no record in which I have anything like such confidence as I have in my Cyclopædia—and my copies of this work are all marked up, and I very highly value it and am very glad to recommend that everybody, practitioner and student alike, should study the work, because of its reliability and because its information is the result of such painstaking labors of the most eminent men in our school of practice.

[Dr. Watzke and his brave band of Vienna provers once entertained the same view of the unreliability of Hahnemann's pathogenesis of *Natrum muriaticum*, as Dr. Mack appears to entertain of our *Materia Medica* in general. But a careful reproving soon undeceived them. We do not think he is warranted in this wholesale condemnation of the pathogeneses of the remedies composing our armamentarium, especially the "*Materia Medica Pura*" and "*Chronic Diseases*." We doubt very much if the doctor can point out a dozen symptoms in either of the works that are "unreliable," or that reprovings will not verify.—Ed.]

DR. T. F. ALLEN: I don't like to speak much or often, but I want to say this, however, that in answer to letters which come to me by the score, I might almost say by the hundred, numerous weekly and daily coming from allopathic physicians wanting to know how to study Homœopathy, or asking me to explain the best method, or what books to get, so that they may engage properly in the study of Homœopathy, and yet not do violence to their old school therapeutics; and to the beginner I uniformly say, that the first book or books are these copies of the Cyclopædia of Drug Pathogenesis. In that work, I say, you will find presented in narrative form, as Professor Woodward has just said, or in a form which will prove a connection between the old school therapy and Homœopathy. It will give you the early history of the drug taken from the original sources from which much of the old school literature is drawn; and it will also

give you the history of drug proving by its side, so that you can see the origin of the provings made accidentally in cases of poisoning, and other accidental ways, and also in drug proving upon the healthy made according to homœopathic rule. Thus alone can you form a just estimate of the manner in which drugs act. It is a book to be put in the hands of every student, and I think it should be the first book; he must begin at the beginning; there is no other way of becoming possessed of Homœopathic law and knowledge except by studying carefully a treatise as compact and reliable as this; and so it also becomes of necessity an excellent reference book, if not a study book, to the active practitioner; but the active practitioner will insist that he shall be furnished with a schema which will facilitate the comparison of his remedies. Whether this is done properly or not depends largely upon the manner in which the proposed index shall be compiled. I believe, however, that the editors of this Cyclopædia will not fail to enhance its value with a good index repository. I want to add my testimony to the importance and extreme value of this work to any one who begins and follows up the study of Homœopathy; the Cyclopædia is absolutely indispensable, day by day, week by week. And I am myself more and more impressed with the absolute necessity of such a work as this.

DR. J. P. DAKE: I wish to say, if you will allow me, that the treasurer of the American Institute has in his hands two hundred copies of this work, subscribed and paid for by the Institute, which they are offering at cost, \$11 for the four volumes; and I think that this morning a vote was passed here ordering the index also by the Institute, for the subscribers to these four volumes. I wish to say further, if these books had been put upon the market by the publisher, if the editors had a financial interest in it, you could not have gotten the volumes for the figures just named. But when the American Institute and the British Homœopathic Society took hold of this work, it was with the view of having that work done properly, and having it furnished to the profession at the cost price. I hope that those who have not already subscribed to the work after hearing the remarks that have been made here as to the value of it, will certainly now be moved to subscribe and take these copies off the Institute's hands.

DR. PEMBERTON DUDLEY: It is known to many members of the Institute, but not to all, that for some two or three years past the surplus revenue of the Institute has been devoted to the paying of the expenses of the Cyclopædia, as its successive numbers have been issued. The Institute then by this act practically spoke in behalf of the inestimable value of this work. It is said that every young man born in the United States fully expects some day to be president of the United States, and I suppose it is about equally true that every homœopathic physician who has not attained the age of three score and ten, fully expects and intends to some time write a work on *Materia Medica*. Last night I was talking with a gentleman who has given a good deal of study to this subject—I don't mean that he is simply a man sitting down and conning symptoms—but I do mean that he has studied *Materia Medica* as a study for years and years; and he made this remark that the forthcoming books on *Materia Medica* for the next fifty years must be very largely based on the facts set forth in the Cyclopædia, and that without these there can be no valuable textbooks issued. I believe this is true, every word of it, and for that reason I contend that no progressive homœopath can afford to be without these volumes. He may say that they are not suited for everyday use; nobody pretends that they are; but they are intended to use, nevertheless, though not at the bedside of the sick, and perhaps not on the prescriber's desk. A great preacher once had this remark made to him: "It seems as though all you have to do on Sunday morning is to turn on the spigot and the stream flows." "Ah," he said, "but you don't know how I have to keep pouring in at the bung-hole every day in the week in order that the stream may flow on Sunday morning." This is so in *Materia Medica*. I do not believe that the simple conning of symptoms of any remedy or dozen remedies will ever make a man a good scientific practitioner of Homœopathy. He needs something stronger and better; something that will lift him out of the rut and teach him the true genius of Homœopathy; and that foundation he must lay in the study of *Materia Medica*, as set forth in the provings and as published in the Cyclopædia or some such work.

[These remarks form a sad commentary on the practical value of the "Cyclopædia of Drug Pathogenesis." As a reference book for teachers,

or those curious to know the source of a given symptom, it is valuable; but as an aid in the curing of the sick it is too scientific for everyday work, and the proof is here furnished that the busy man has no use for it at any price.—ED.]

"DRUG PROVINGS OF THE FUTURE."*

DR. T. F. ALLEN: I do not think I ever mounted this platform or a similar one with as much diffidence as under the present condition. This whole subject has made such a deep impression upon my mind, an increasing impression in the years which I have devoted to it, that I feel to-day that I know scarcely anything about it; that I am absolutely incapable of discussing it. I stand aghast in the presence of this vast subject. The proving of medicines of the homœopathic school has just commenced. You may think you have got well into *Materia Medica*; but you have, comparatively speaking, but a drop in the bucket. It must go on through the centuries of Homœopathy, and even then there will still be an inexhaustible mine of health-giving medicines to prove. We look about us and we appreciate but faintly the absolutely boundless domain of nature in all its wealth before us, in the vegetable, animal and mineral kingdoms, of all of which we are at present absolutely ignorant. Thousands upon thousands of subjects innocent or benign, or of the most virulent poisons—what do we know about these things? Comparatively nothing at the present time. You take these great volumes of symptoms and you say you can't digest them; we don't expect you to digest them; others will digest them for you; so with the volumes of the *Cyclopædia*. The editors will very soon publish an index and repertory that will be the result of well peptonized work. But let me say a word in regard to how to prove drugs. There can not be too much said and insisted upon as to the absolute necessity of every possible method which science can bring to bear to make our records and our investigations accurate and truthful, we must insist upon that at the start. With the risk of seeming to be personal, I must tell you what I have done in the direction of drug proving, or what I have tried to do, in New York. In talking this matter over

*Discussion of a paper read by Richard Hughes, M. D., before the American Institute of Homeopathy.

with a wealthy gentleman, I told him that I conceived that the proving of medicines and the finding out of the curative properties of drugs was so much more important than the founding of hospitals, and the supporting of beds in hospitals, that they sank into insignificance. And he said, "We will build a laboratory and support it for five years, and at the end of that time, if the ends justify the means, we will endow it." But the gentleman has not yet put up the endowment money. He says he will, and I will take him at his word. This I have already done.

I said to him, we should need, first, a chemical laboratory in which our drugs must be analyzed and their chemical constituents separated. We must have, in the second place, a physiological laboratory in which experiments shall be made upon animals and the lesions noted. We must have, in the third place, a pathological laboratory, in which these lesions can be examined under the microscope, post mortem. We must have, fourthly, a pharmaceutical laboratory, in which the proper preparation of drugs can be made and their uses and methods of preparation be given to the profession; and that will include an investigation into the whole range of pharmaceuticals. Fifthly, we must have a laboratory of pharmacodynamics, in which careful experiments shall be carried out upon men and women. And upon this vast undertaking, of which I should take charge, we will need an endowment sufficient to start as many provers as we can get. He said, let us begin at the last end first, and I will begin by starting two provers at \$5 per week, and within a few weeks three others will be started, and so on until a certain figure is reached. So you will see, Mr. President, that I have been listening to these papers with much relish. Let me relate a few facts discovered in relation to the drug Aletris. As you all know, it has been vaunted as excellent in diseases of women and in disorders of the uterus. A young woman, graduated in medicine, was examined by a specialist and pronounced as being in perfect health. She began to take Aletris, five drops of the tincture, increasing to ten drops a dose, until she was finally taking 250-drop doses every hour, and without the slightest change in her healthy condition; urine and everything continued normal. At the end of her menstrual period she came exactly on

time. She remarked that there had not been the slightest variation in the functions of her body. I must say that I was most absolutely surprised. She is now taking the dilutions of Aletris, and perhaps we shall get something else. To another I have been giving Cedron. Dr. Helmuth has told me that for the pains following extirpation of scirrhus he has found no remedy of equal value to Cedron. I sent out and got a bag full of Cedron, and had a young lady, who had an intermittent fever which came on at a certain hour of the day. I gave the first decimal trituration, and I began to watch the effect. She said after a while, "I will not take any more of that medicine because I have two sore swellings in my left breast; I am afraid."

These, on examination, I found to be lymphatic enlargements; they are nodules which have not yet disappeared; these are the first fruits. Just here I want to make a point of what to prove, and the ideas that have come into my mind; and that is simply this: That we are not in a safe position, on surveying the immensity of the field, to try to lay out a work for the future. Could we look down the centuries to come with increased knowledge, we would stand appalled at the magnitude of the undertaking, and refrain from making any rules touching the drug-proving of the future. But I think we may do something even now in the direction of the vegetable kingdom, let us say; perhaps one of the most interesting drugs of the vegetable kingdom is Apocynum; a drug which stands at the head of drugs that influence the circulatory system and the secretory system. The entire family are valued for that. There are now over one thousand members of the family, and each member is a rank poison. They are to be found in our tropical countries and are gathered as poisons. Shall we prove them all? Never. They may be grouped, and a large group will contain some special active principle identical in every member of the group, and let that stand for a type for the family. Then we have a very much simplified work. It was Dr. Raltze or Teste who suggested this plan, or at any rate worked along this line. If we bring out the active principle of a drug, we have a knowledge that will guide us in the examination of any other member of this one-thousandth family. *Sticta Pulmonaria* is good for coughs

and lung disorders. It is usually obtained by scraping the lichens off the logs and making a tea of them. So I sent out and got a bag of lichens promptly, and I said we would prove it now, we will take the tannin that is in it and take the woody fibre, and we will take out the active principle in that, and we will save ourselves the necessity of proving a hundred lichens. We will abbreviate and shorten the work to a very great extent in this way. In the future some such short cut will have to be adopted. There is no use in giving to our prover tannin, for he will find that proven in ninety-nine of every hundred vegetable drugs. The pathogenesis of a vegetable drug is something that appalls a student of medicine; it is so mixed up with the effects of so many other and various substances, it is a herculean task. We must simplify it also in this direction. If by taking the active principle we may modify it and obtain a knowledge of the forces of nature much easier and much quicker, should we not adopt it? I have the highest appreciation of Dr. Wesselhœft's paper. There is no man in our school who has labored so hard and so earnestly to purify our *Materia Medica*, and, if you will allow me to say that I am fully in sympathy with his methods to a certain extent; but I am afraid we are not quite ready yet for his radical measures. I don't think we can emasculate our *Materia Medica* just yet. The method of Dr. Wesselhœft is, first, to eliminate symptoms which do not occur in a number of individuals. Of course, that will reduce our symptomatology to an enormous extent. Now, it can not be doubted that some individual proving, some individual symptoms, are reliable. Dare we throw them out of our *Materia Medica* at present, in the light of centuries to come which perchance will verify them. The provings of *Agaricus* and the provings of *Berberis* are probably very nearly completed; very little needs to be added to them. But the provings of most of our drugs are extremely incomplete, and only the years and years that pile up ahead of us will solve the problem and complete the work for Homœopathy, before we attempt to throw out the individual symptoms because they occur only in one or two individuals. I believe that they will be verified in the future. The combination of drug effects is like the kaleidoscope; it is vast; and there will be hundreds and hundreds of individ-

uals before you will get the same combination. It is surprising that these symptoms are duplicated; not that they are not duplicated. Let us retain these symptoms tentatively; then let us index them, and if we find that on appeal to the sick they stand us in good service, let us use them; let us hold on to them.

DR. MOHR: I would like to add my testimony to the excellence and the suggestiveness of the papers which we have just heard read. Like Dr. Allen I appreciate highly the work that has been done to eliminate rubbish from our *Materia Medica* by Dr. Conrad Wesselhœft, of Boston. But I can not go as far as Dr. Wesselhœft does in the elimination process; because I believe that in many instances our remedies would be so emasculated that they would be of no use whatever as therapeutic agents, if we were to depend upon the presentation of the emasculated pathogenesis. I am in hearty sympathy with what Dr. Hughes has said, as evidenced in his paper, particularly in reference to the care which must be exercised in the proving of drugs. I have made several attempts to prove drugs. I have worked with provers, but I have absolutely failed to get anything that I would or could by any possibility feel proud of, or that I could feel that I had done anything whatever to advance the science of medicine; and I think it is just because the profession has not been educated to that point alluded to by these essayists that every possible precaution should be used to eliminate doubt and that every possible instrument and every possible scientific method should be employed to corroborate the symptoms which are supposed to be experienced by the provers. This necessitates labor, such as one man alone can not perform; and that is one reason why I believe sincerely that I have failed in doing anything of the work that I have set out to do. Now it seems to me that in order to allow our work to be of use we should have just such laboratories established as Dr. Allen is endeavoring to establish in New York, in connection with the New York Homœopathic College. I believe with him that one of the greatest works to which we can direct our attention is to secure men with means to establish just such laboratories, where these experiments may be carried out fully and efficiently; and then, in the course of time, we will really get our patho-

geneses beyond peradventure of doubt; but it is going to take time.

One remark made by Dr. Allen may be misinterpreted; I don't suppose he intended to say that when you have proven the alkaloid of a plant, or a number of plants containing that same alkaloid, that the pathogeneses of that alkaloid will represent what each individual plant may be able to produce in the way of drug effects. In other words, I don't think the position ought to be taken, that when you prove a certain alkaloid or active principle of a plant, that that will represent what each individual tincture made from such plants will produce. The alkaloid provings will, of course, give us a general idea, and in some respects a special idea, of the drug producing power of that alkaloid; but because that alkaloid in plants of the same family is in combination with other active principles, the isolated active principle can not present the same source of symptoms and effects as we get from the tincture of the plant, which may contain the combination of the alkaloid with other active principles. I am led to say this because we all know that *Nux vomica* contains strychnine, which is its active principle; yet we know that sometimes strychnine will not agree with the symptoms of *Nux vomica*, and that they are not exactly alike. We know that *Ignatia* contains strychnine; it contains more strychnine than does *Nux vomica*. At least I think I am right in saying that later investigations have not determined to the contrary; that is what I was taught as a student. Now, we all know that *Ignatia* and *Nux vomica* will not produce identical effects; we do know that *Ignatia* and *Nux vomica* differ widely in respect to certain nervous phenomena and sensations, and, therefore, the one can not replace the other.

DR. DAKE: I hope the congress will indulge me a few moments in the expression of my extreme pleasure with the papers that have been brought forward this morning and with the discussions which have been made upon them. A whole generation of our physicians has passed since I had the pleasure of presenting the plans which are now being accepted and carried out. I have watched the progress of this work with great interest; it has afforded me extreme pleasure to see what has been done in Boston and in New York and in Baltimore for the purification of our *Materia*

Medica. Statements made here this morning by Dr. Allen I hold as beyond anything that has been announced to us for a whole generation. Hospitals are good, colleges are for the dissemination of knowledge and are therefore good, but this lies at the foundation of everything in Homœopathy; the homœopathic law first, then the perfected *Materia Medica*, and you are prepared to go forward and cure the sick. One is just as important as the other. The application of scientific tests is absolutely necessary. I have laid down the proposition thirty-four years ago that the prover of a drug should be subjected to the same test and by the same means as the sick. In practice, if the stethoscope or any other such means may be required in the examination of a patient, the same means should be employed in the examination of the subject under the influence of the drug. I thank you for indulging me in this little expression of pleasure and leave to others the further discussion.

DR. ALLEN: Dr. Mohr has stated that I spoke of an alkaloid; I intended and thought I said it was an active principle. I intended so to say, and in *Aconite* in particular. I have been recently picked up on this case. I have reported cases of neuralgia cured by it, said to be, absolutely containing no aconitine. I wish to substitute the words "active principles" for alkaloid in my remarks.

DR. J. C. MORGAN: I wish, Mr. President, to continue the same subject a few minutes to this effect: the alkaloids are very generally supposed to be the active principles of certain drugs of great power. Now a friend of mine passes entirely by these alkaloids in favor of other organic principles found widely in the vegetable kingdom, and of which I may mention particularly the organic acids that have been in his hands of extraordinary medicinal power. He is about to prepare a communication for the press, and therefore I am in honor bound not to prematurely present the subject, as to the unreliability of one class of active principles. As represented in one drug or family of drugs, I would allude to Dr. Allen's case of *Aletris*. The continuation of a drug for so long a time, if Hahnenann's principle is correct; then the repeated administration of a drug would be productive of the effect of antidoting the previous doses by the subsequent doses. One way that I have found particularly useful in this connection

has been to give every five minutes for an hour, or about twelve doses of *Rhamnus purshianus*, which was proved by the students in that way and undoubtedly in that instance they get characteristic symptoms. This method, however, of continuing without let up has a tendency to be its own antidote. There are three factors essential to every good proving. The first is the individual, second is the symptom, and a symptom of health as well as disease. A symptom is simply a sign of health whether produced by a drug, by cold air or by our every day occupation; and a symptom of too much cold air is simply a modification of the healthy physiology. It is so related to proving that any symptom that we get of a drug is nothing more than a modification of health. Therefore we must not look for an absolute symptom; it can not possibly exist. Without life there can be no proving; not only so, but the individual life is impressed by the environments, changes of atmosphere, etc. We must remember that they can not be excluded possibly from any direct proving; a pure direct proving is an absurdity.

DR. J. P. SUTHERLAND: I have just one word to say to you; it seems to me that the question before us to-day is not what we shall prove, neither is it how we shall prove it. Before that, the question is, what shall be done with the provings that have been made? That seems to me to be really the question that ought to be discussed this morning. Before we take a step farther we ought to have a good solid foundation beneath us from which to take that step. We have heard these several eminent doctors, Hughes and Allen and Dake and others, raising their voices in criticism and in suggestion of the best methods of making provings, and I want to emphasize this morning what was brought up by a doctor recently, namely: repetition and corroboration. Provings must be repeated and repeated, and the symptoms which occur must corroborate again and again before they are accepted as symptoms to be relied upon in the treatment of the sick. This is what modern science says, and although we may object to some of her methods, we must be guided by her rules in the study of *Materia Medica* as in the study of anything else that must be considered scientific. We are told by some that they believe in attenuation, others that they believe in dynamization, and still others believe in infinitessimals. Some say that

if we adopt certain rules of critical analysis we therefore emasculate our *Materia Medica*. Every one of these points has been taken up and discussed, and in his brief way by Professor Wesselhœft in a study of *Belladonna* in the *New England Medical Gazette*. I would ask the members to look at that article and read it through carefully, and no longer say "I believe" or "I don't believe."

DR. VAN DENBURG: I wish to occupy but a very short time and to speak of the *Materia Medica* of the past as well as of the future. I suppose we have been relying, up to this present time, upon provings made in the past, and we have had some success. What the future may do for us is problematical; it may accomplish a great deal, and it may not accomplish as much as we hope, nor as much as the theorists expect. What then, has given the reliability to the *Materia Medica* of the past? It is not the method, because we are all finding fault with the method; we want a better method; we must have it. What, then, gives reliability to the *Materia Medica* of the past? It has already been said here that not every person is able to be a prover; that not every person is able to register provings; and that is the secret of it; not every person is able to register provings. Now you may lay down your scientific rules, and I am heartily in sympathy with them; but I tell you, you will never lay down a set of rules under which every person can record provings. That is out of the question. It is more a matter of mind and judgment and ability to see through a thing, than it is any set of rules that you can get. You need Hahnemann's provings. He tore them up and threw them away; and I think most of us would swear pretty positively by Hahnemann's *Materia Medica* and his recorded symptoms. And why? Because the man had the ability to record the symptoms; he could see through them, and knew what to put down. And the *Materia Medica* of the future, if it is going to be purified, is going to be purified by the individuals, and the men who record the provings. Not every one of us is equal to it; I am totally incompetent to do it and I know it. I wouldn't trust myself to relate provings any more than I would trust myself to prove drugs. I could get symptoms from *Sac. lac.* as well as from a dose of a drug. I am one of the unreliable provers. It is the ability and tact of our provers to which you must look for the purification of the *Materia Medica*.

DR. COWPERTHWAIT: You might have supposed from the manner in which I opened that paper that I was going to tear it all to pieces; such was not my intention at all. I was simply going to discuss it as I went along; and what I was going to say, however, has been said a half dozen times over by others. As for Dr. Hughes' paper I don't see anything to criticise; I only wish it were possible for us to unite upon a practical, liberal and eminently just fashion of conducting provings as laid down by Dr. Hughes. But unfortunately there are some that are so imbued with modern methods that sometimes they are inclined to go a little too far; and while I would cordially agree with Dr. Wesselhœft, and prefer his work, I must say I think he goes too far as to what he thinks the future provings should be. Now, for instance, we should retain only those symptoms that agree pathogenically, and in another case all symptoms must indicate some recognized pathological state. Where would we land? What do we know about pathology as compared with what we call symptomatology? And the great body of our *Materia Medica* to-day is symptomatological, and not pathological. If you cut down our symptomatology what have you left? You can't cure anything with pathology. Cut down the symptoms that are proven to be unreliable just so far as you know what you are doing, but do not cut out every symptom because you have failed to recognize it in some pathological state; for if you do you will very soon wipe out your *Materia Medica*. One essayist has said that we should depend to some extent upon provings made upon animals. Now, if that ever is done it should be conducted with considerable discretion, and be very careful, because we already know that many drugs effect animals and human beings differently. A certain doctor gave Tartar emetic to dogs, and a dog dies. I expect he was very sick and very glad to die. But when this learned doctor opened this dog and found that his lungs were hepatised, he instantly argued that Tartar emetic is good for hepatisation of the lungs. So far as the susceptibility of the prover is concerned, I do claim that there is a vast difference between one proving and another in regard to the same drug. I have tried it over and over again. I do not believe it is fair to bring up the Cactus, as Dr. Wesselhœft has done, because that undoubtedly is very variable in its effects.

Some may take it by the pound, and have no more effect than a drop of it would have with others. When you do away with this susceptibility to drug action you do away with one of the bulwarks of *Materia Medica*, and homœopathic action. You never get exactly the same circumstances and conditions.

The paper says that drug effects will cease long before the actual limit of matter is reached. I don't believe it. I tell you what it is, belief may not have everything to do with it, but belief has a great deal to do with it; and belief is all that we have had to-day. What has been done for Homœopathy in the past, Homœopathy will also do for the future. Make your provings correct, as we have been taught by Hahnemann, and you will find that the drug effects will not cease before the actual limit takes place in drug matter, for we do not know where that limit is. We don't know, and microscopists of to-day are not quite scientific enough to tell us. The day is coming, possibly, when your children or your great-grandchildren and mine, if they are practicing medicine, may be able to set that limit to matter. We are far ahead of Hahnemann's time, but we haven't got there yet. We never yet deviated from the laid down positive rules of Hahnemann, as he gave them into our hands, that we were not sorry for it afterwards, and acknowledged that we made a mistake.

CLINICAL CASES.

CASE I.—SCIATICA: *Argentum Nit.*—Mrs. M—, aged forty, has suffered for six months from sciatica of left leg. Has been treated without success by allopathic physicians, the last of whom, by giving Terebinth for the sciatica, set up a general inflammation of the pelvic organs. Whilst the patient was suffering in this way I was called and gave *Cantharis*, which relieved in a few days, so that the patient was able to be out of bed. This remedy, however, had no effect on the sciatica, which I treated for two weeks afterwards with remedies as seemed indicated, but without any good result. I used electricity, which gave patient relief for a couple of days. Feeling sure that the case could be cured

by Homœopathy I went more carefully into the symptoms, and found that the leg was smaller than the other, it jerked at night, and the patient complained of a sore, eneiamed feeling extending down the leg. I consulted Raue's Therapeutics of Sciatica and found *Argentum Nitricum* indicated, and a further study of that remedy in Hering's *Materia Medica* confirmed the selection. I gave it in the third potency, and in two days the patient was free from pain, and has never complained of her sciatica since, now more than two years.

CASE II. GASTRITIS: *Phosphorus 200*.—Mr. C—, aged 21 years, has suffered for seven years or more with most excruciating pains in stomach, extending to back and abdomen. They are burning in character and accompanied with vomiting of a sour fluid; great thirst for iced water. Has lived for one year upon nothing but iced milk; could not take a particle of solid food. Was treated by several allopaths, with little benefit. I also attended him, but he received no relief. The only thing that gave partial relief was *Phosphorus*, which he continued to take for several months, when suddenly one evening he began to vomit very copiously a dark, inky-looking, slimy and sour substance. Then all the old symptoms returned—burning pain, acid taste and thirst for very cold drinks. I was called and gave *Hamamelis 1x* every hour, but in twelve hours there was no change. I studied his case more carefully and gave him *Phosphorus 200*, which at once checked all vomiting, and in two days removed all discomfort. In a week the patient could eat beefsteak and take his usual food without suffering, and he has remained in this state to the present time—nearly twelve months.

C. W. ST. JOHN.

BARBADOS, W. I.

AN ORIGINAL METHOD OF ARRANGING HOMŒOPATHIC MATERIA MEDICA.*

GENERALITIES.

NAME.

1. Medical name.
2. Common name.
3. Chemical, botanical or zoological name.
4. Synonyms.

DESCRIPTION.

5. Chemical.
 - (a) Formulæ.
 - (b) Qualities, uses, etc.
5. Botanical.
 - (a) Habitat, etc.
 - (b) Order, genus, species, varieties.
5. Zoological.
 - (a) Habitat, etc.
 - (b) Order, genus, species, varieties.

METHOD OF PREPARATION.

6. When and how collected and preserved.
7. Preparations used (tinctures, triturations, infusions).
 - (a) Homœopathic.
 - (b) Allopathic and others.
 - (c) Tests of purity, etc.

AUTHORITIES FOR SYMPTOMS.

8. Discussion of sources.
9. (a) Grouping and condensation.
- (b) Abbreviations employed.

THERAPEUTIC USE.

10. Potencies, their differential range, dose and repetition.
11. Alternates, incompatibles, sequent drugs, etc.
12. Suitability, contra-indications, ages, states, etc.
13. Allopathic and other use of the drug.
14. Antidotes.
 - (a) To the drug.
 - (b) The drug antidotes.
15. Sphere of action (a mention only; for description see "Gen. of tissues," 96, etc.).
 - (a) Systems.
 - (b) Tissues and organs.

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16. Diseases to which it is suitable.

GENERAL VIEW OF CHARACTERISTIC ACTION.

17. Mind and emotions.
 18. Nervous system.
 19. Eyes, vision, etc.
 20. Hearing, ears, etc.
 21. Respiratory system.
 22. Digestive system.
 23. Urinary system.
 24. Genital system.
 (a) Male.
 (b) Female.
 25. Muscular, fibrous, and osseous systems.
 26. Skin and superficial glands.
 LEADING CHARACTERISTICS (KEY NOTES).
 27. (In the approximate order of their importance.)

SYMPTOMATOLOGY.

NERVOUS SYSTEM.

28. Faces, and general appearance.
 (Color and expression of face, general pose of body.)
 29. General nerve force.
 (a) General power.
 (b) Involuntary motions (jerking, chorea, etc.).
 (c) Paralysis.
 (1) Partial.
 (2) General.
 30. Sensations, pains and neuralgias (characteristic pains).
 (Note: These are found, for the most part, under
 the local parts described in the various systems.
 The *qualities* are mainly all that are given here.)
 31. Mind, intellect.
 (a) General mental power.
 (b) Emotions, and dispositions.
 (c) Hallucinations.
 (d) Delirium.
 (e) Mania.
 (f) Insanity.
 32. Inner head.
 (a) Dullness, confusion, heaviness, etc.

- (b) Vertigo, and sensations of motion (in head).
 - (c) Local pains, hemicrania.
 - (d) General headache.
 - (e) Stupor, unconscious states.
33. Sleep and dreams.
- (a) Sleeplessness, restless sleep.
 - (b) Profound sleep, sleepiness.
 - (c) Dreams.
34. Febrile cycle.
- (a) Chill.
 - (b) Heat.
 - (c) Sweat.
 - (d) Apyrexia, and general characteristics of cycle.
(For pulse, circulation and respiration, see
Respiratory System.)

GENERALITIES OF NERVOUS SYSTEM.

35. Of facies, general appearance, etc. (28).
36. Of general nerve force, sensations, etc. (29-30).
37. Of mind and inner head (31-32).
38. Of sleep and dreams (33).
39. Of the febrile cycle (34).
40. Of aggravations, ameliorations and attacks (28-34).
- (a) Aggravations.
 - (b) Ameliorations.
 - (c) Attacks.
41. Curative range.
- (a) Homœopathic.
 - (b) Allopathic.

SPECIAL SENSES.

EYES.

42. Eyes in general.
- (a) General state.
 - (b) Vision and photophobia.
 - (c) Lids and lashes.
 - (d) Conjunctiva and secretions.
 - (e) Cornea and sclerotic.
 - (f) Iris and ciliary muscle.
 - (g) Lens and deeper structures.
 - (h) Pains and neuralgias.

GENERALITIES OF THE EYES.

43. Summary of the eyes.
 (a) Of eyes generally (42).
 (b) Of aggravations, ameliorations and attacks.
44. Curative range.
 (a) Homœopathic.
 (b) Allopathic.

HEARING AND INTERNAL EAR.

45. Ears in general.
 (a) Hearing and abnormal sounds.
 (b) Sensations and pains.
 (c) External meatus.
 (d) Middle and internal ear.

GENERALITIES OF EARS AND HEARING.

46. Summary of ears and hearing (45).
 (a) Of ears generally.
 (b) Of aggravations, ameliorations and attacks.
47. Curative range.
 (a) Homœopathic.
 (b) Allopathic.
 (For smell, see respiratory system.)
 (For taste, see digestive system.)

RESPIRATORY SYSTEM.

48. Nose, smell and coryza (nostrils and throat).
 (a) Smell and general coryza (sensations and states).
 (b) Nares and epistaxis.
 (c) Throat (palate, tonsils, pharynx and exudates).
49. Larynx, bronchi and chest (lungs and pleura).
 (a) General state and sensations.
 (b) Larynx and voice.
 (c) Cough, sputa, bronchi and lungs.
 (d) Respiration.
50. Heart, pulse and circulation.
 (a) Pulse, circulation and sensations.
 (b) Heart, pericardium and blood-vessels (functions and tissue changes).

GENERALITIES OF RESPIRATORY SYSTEM.

51. Of nostrils, throat and coryza (48).

- 52. Of larynx, chest and cough (49).
- 53. Of heart, pulse and circulation (50).
- 54. Of aggravations, ameliorations and attacks.
 - (a) Aggravations.
 - (b) Ameliorations.
 - (c) Attacks.
- 55. Curative range.
 - (a) Homœopathic.
 - (b) Allopathic.

DIGESTIVE SYSTEM.

- 56. Mouth, tongue and salivary glands.
 - (a) Mouth in general.
 - (b) Tongue.
 - (c) Saliva and glands.
 - (d) Gums and mucous membrane.
 - (e) Teeth.
- 57. Taste, appetite, thirst, nausea and vomiting.
 - (a) Taste, appetite and thirst.
 - (b) Eructations, nausea and vomiting.
 (For throat see respiratory system.)
- 58. Stomach, œsophagus and swallowing.
 - (a) Œsophagus and swallowing.
 - (b) Stomach (sensations and pains).
- 59. Abdomen, stool and hypochondria.
 - (a) Bowels in general (sensations, pains).
 - (b) Stools, diarrhœa, dysentery, constipation.
 - (c) Anus, rectum and hemorrhoids (tissue changes).
 - (d) Spleen and left hypochondrium (sensations and tissue changes).
 - (e) Liver and right hypochondrium (sensations and tissue changes).

GENERALITIES OF DIGESTIVE SYSTEM.

- 60. Of mouth, tongue and glands (56).
- 61. Of appetite, thirst, vomiting and stomach (57, 58).
- 62. Of abdomen, stool, liver and spleen (59).
- 63. Of aggravations, ameliorations and attacks.
- 64. Curative range.
 - (a) Homœopathic.
 - (b) Allopathic.

URINARY SYSTEM.

65. Urinary system.
 (a) Conditions, sensations and functions.
 (b) Kidneys.
 (c) Bladder.
 (d) Urine.

GENERALITIES OF URINARY SYSTEM.

66. Summary of symptoms (65).
 67. Aggravations, ameliorations, attacks.
 68. Curative range.
 (a) Homœopathic.
 (b) Allopathic.

SEXUAL SYSTEM.

MALE.

69. Desire and general state.
 70. Organs.
 (a) Penis and urethral discharges (pains, etc.).
 (b) Scrotum, testes, spermatic cord, etc.

GENERALITIES OF MALE SYSTEM.

71. Of organs, functions and sensations (69, 70).
 72. Aggravations, ameliorations, attacks.
 73. Curative range.
 (a) Homœopathic.
 (b) Allopathic.

FEMALE.

74. Desire and general state.
 75. Organs and functions.
 (a) Breasts.
 (b) Ovaries and inguinal regions.
 (c) Vagina and leucorrhœa.
 (d) Uterus, menses and uterine discharges.
 76. Pregnancy and the puerperal state.
 (a) Pregnancy.
 (b) Confinement and lactation.
 (c) Care of infant.

GENERALITIES OF FEMALE SEXUAL SYSTEM.

77. Of general state, organs and functions (74-76).
 (a) General state.
 (b) Organs and functions.
 (c) Pregnancy, etc.

- 78. Aggravations, ameliorations, attacks.
- 79. Curative range.
 - (a) Homœopathic.
 - (b) Allopathic.

MUSCULAR, FIBROUS AND OSSEOUS SYSTEMS.

SENSATIONS AND PAINS OF TISSUES, AND TISSUE CHANGES.

- 80. Head, scalp and ears ("Outer head").
- 81. Face, nose and lips. (Nostrils, see respiratory system.)
- 82. Mouth, teeth and gums. (See digestive system.)
- 83. Thorax and upper extremities.
 - (a) General state.
 - (b) Neck, chest and back.
 - (c) Arms.
 - (d) Hands.
- 84. Pelvis and lower extremities.
 - (a) Small of the back and sacrum.
 - (b) Hips and legs.
 - (c) Feet.
- 85. Limbs and body in general (sensations and pains).

GENERALITIES OF THE TISSUE SYSTEM.

- 86. Of head and face (80, 81).
- 87. Of body and extremities (83-85).
- 88. Aggravations, ameliorations, attacks.
- 89. Curative range.
 - (a) Homœopathic.
 - (b) Allopathic.

SKIN AND SUPERFICIAL GLANDS.

SENSATIONS, PAINS, ERUPTIONS AND TISSUE CHANGES.

- 90. Skin in general.
 - (a) Color, condition of epidermis, etc.
 - (b) Eruptions (superficial).
 - (c) Ulcers, etc. (tissue destruction).
- 91. Head.
 - (a) Scalp and hair.
 - (b) Face and ears.
- 92. Body and extremities.
 - (a) Arms and hands.
 - (b) Body.
 - (c) Legs and feet.

93. Superficial glands in general.

GENERALITIES OF THE SKIN AND GLANDS.

94. Summary general.

- (a) Of head (91).
- (b) Of body and extremities (92).
- (c) Of skin in general (90).
- (d) Of glands (93).

95. Aggravations, ameliorations, attacks.

96. Curative range.

- (a) Homœopathic.
- (b) Allopathic.

GENERALITIES OF THE TISSUES.

OF TISSUE FUNCTIONS AND OF TISSUE CHANGES.

- 97. Of nervous tissues (35-41).
- 98. Of the eyes (43, 44).
- 99. Of the ears (46, 47).
- 100. Of respiratory and circulatory tissues (51-55).
- 101. Of digestive tissues (60-64).
- 102. Of urinary tissues (66-68).
- 103. Of sexual tissues.
 - (a) Male (71-73).
 - (b) Female (77-79).
- 104. Of voluntary muscular tissue(87-89).
- 105. Of involuntary muscular tissues (whole body).
- 106. Of fibrous tissues (whole body).
- 107. Of serous tissues (whole body).
- 108. Of osseous tissues and teeth (whole body).
- 109. Of skin and glands (superficial) (94-96).
- 110. Of glands in general (functional and tissue changes),
(whole body).
- 111. Of general conditions.
 - (a) Aggravations (40, 43, 46, 54, 63, 67, 72, 78, 88, 95).
 - (b) Amelioration (40, 43, 46, 54, 63, 67, 72, 78, 88, 95).
 - (c) Period (40, 43, 46, 54, 63, 67, 72, 78, 88, 95).
- 112. Of curative range.
 - (a) Homœopathic (41, 44, 47, 55, 64, 68, 73, 79, 89, 96).

- (b) Allopathic (41, 44, 47, 55, 64, 68, 73, 79 89, 96).
 (c) Stages, states, constitutions, conditions (41, 44, 47, 55, 64, 68, 73, 79, 89, 96).

REVIEW SUMMARY OF THE DRUG.

A very brief and comprehensive review of the drug, both from the standpoint of pure symptomatology, and from its clinical use.

The views of leading authors, when quoted, will be accredited by name. The main points in practical application of the drug will be made as clear as facts will warrant. This is intended as a help to beginners, and as suggestive to practitioners.

M. W. VAN DENBURG.

FT. EDWARD, N. Y.

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—HAHNEMANN.

DRUG PROVINGS.—The announcement of the establishment in New York of a laboratory for drug provings, which was made in the International Congress at Atlantic City by Dr. T. F. Allen, was enthusiastically received. Dr. Dake, in particular, hailed it as the consummation of his long cherished plan for a college of provers. And there is no doubt, if properly conducted, much benefit may accrue from it; many valuable lessons in drug provings learned by the rank and file of the profession. Dr. Allen reported, as one of the results already obtained, the case of a healthy young lady prover who finally took 250 drops daily of the tincture of Aletris, without eliciting a single symptom. He "was simply astonished" at the complete absence of pathogenetic symptoms. The prover is now taking the potencies of Aletris, and the results will be reported. We need not be astonished if the result is a repetition of the prover's experience with the tincture, for she may not be sensitive to the action of Aletris in any form. And this is true of many other remedies as well as Aletris. A woman in perfect health may take 250 drops daily of the tincture of Actea, Cactus, Caulophyllum,

Helonias, Lappa, Liliun, Pulsatilla, Thuya and many other well known remedies, with similar results, if not sensitive to the action of the remedy; while a few drops of the 30, 200 or 1,000 may develop pathogenetic symptoms. One of the provers of Melilotus was so sensitive to its action that simply smelling of the plant would produce epitaxis in a few minutes. Much more (in fact it all) depends upon individual idiosyncrasy—drug sensitivity—than upon the dose. Hahnemann lays great stress upon this fact, a fact which he early discovered in his efforts at drug proving. Hering illustrated it in his immortal proving of Lachesis. Dunham was very much astonished to find that:

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

If the establishment of a scientific laboratory for provings demonstrates nothing more than this simple fact, it will well repay both time and expense. At the same time it will demonstrate the truth of Hahnemann's injunction in § 153 of the Organon, that the *peculiar, uncommon and characteristic* symptoms of a remedy are guiding, and are not to be found in provings made with massive doses of the tincture. It will also demonstrate, let us hope, the folly of emasculating our Materia Medica by the process adopted by the Medical Investigation Club of Baltimore, and the Wesselhoëft plan from Boston, or forming a symptomatology for pathological prescribing.

* * *

PROFESSIONAL CONSERVATISM.—It is almost incredible with what tenacity the average medical mind clings to a belief, or maintains "a favorite" method of practice. It is almost impossible to induce him or her to investigate a fact, if such investigation involves a possible change of base. We assure our allopathic brother that there is a better therapeutics—one based on law—far superior to his present empirical method, yet he declines to investigate it, either to verify or disprove. We assure our alternating homeopathic brother

that there is a better way, the way pointed out by the founder of the school and elucidated in his great therapeutic guide, the *Organon*. He has heard of the work, but does not possess a copy, and has neither read it nor heard a lecture on it, and, like his allopathic brother, does not care to investigate it, as investigation might involve a change of base. The *Homeopathic Envoy* recently said :

For some occult reason, that no one but a Howells or James or Tolstoi could fathom, and they would probably fail, human nature in the aggregate, dislikes to change its ways, even for the better.

Not satisfied with this condition of things, the *Homeopathic Advocate* offers the explanation that contentment is the mother of conservatism :

All things being equal, a moving body progresses in the direction of the least resistance, so it is with the principle of extreme conservatism as expressed in "human nature in the aggregate." "Human nature in the aggregate" can not "change its ways, even for the better," without meeting resistance at any and every point, and as even the point of minimum resistance can not be overcome without a greater or less effort, and as the inherent *vis inertia* of human nature prompts to nothing, is satisfied with its lot, and finds its highest enjoyment in the somnolent reveries of contentment, it is folly to expect developmental inclinations to originate in or to be fostered by the great human majority. Progress is the child of minority.

It was the minority of pioneers of Homeopathy whose cure work, based on Hahnemann's *Organon*, made a world wide record for the cause. And it is the careless, alternating practice of the majority, a practice scarcely distinguishable from the quinine-morphine-practice of palliation, that threatens to clog the wheels of progress in the future. It is our professional conservatism that clogs the wheels of homeopathic progress to-day as much as at any time in its history.

* * *

THE REVISED MATERIA MEDICA.—On another page of this issue will be found a plan of a new arrangement of drug pathogenesis, by Dr. Van Denburg. Finding the *Cyclopediæ* of Drug Pathogenesis, as it now stands, a mechanical impossibility as a book of ready reference, the doctor set to work to devise something better, and he has spent much time and thought in the attempt to produce a practical work for every day reference. He claims for it :

First. Reliability as shown by giving authorities exactly.

Second. By the summaries affording a ready and rapid means of finding what the drug will do.

Third. The absence of personal judgment as to the value of symptoms.

Fourth. The placing of data before every consultant by which he may judge for himself, allowing him to choose or reject authorities on the evidence presented.

We are not certain that this is an improvement, as a working *Materia Medica*, on the plan given us by Hahnemann and Hering. It will be published, however, as soon as a sufficient number of copies are subscribed for to warrant the cost of publication, and we have placed the schema before our readers that they may judge for themselves.

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 LABOR OF MAKING POTENCIES.

Editor Advance: In the June number of the *ADVANCE* Dr. R. F. Secous proposes to "lessen the labor of making potencies" by the repeated succussion of the same dilution.

Hahnemann considered this method while engaged in his investigations on potentization, but discarded it as being unreliable. He adopted the present method as being the most definite and at the same time simple.

It was Hahnemann's intention that the physician should prepare his own remedies, and to that end selected throughout such methods as would, in the hands of those unskilled in pharmaceutical methods, give always the same result.

Section 137 of the explanatory remarks to the *Text of the Organon*, Wesselhœft's translation, Phila., 1886, reads as follows:

"Desirous of employing a certain rule for the development of powers of fluid medicines, I have been led by manifold experiences and accurate observations to prefer two

instead of repeated strokes of succussion for each vial, since the latter method tended to potentiate the medicines too highly. There are, nevertheless, homœopaths who carry about with them homœopathic medicines in fluid form, and who still insist that these medicines were not found to have been more highly potentiated, thereby disclosing a want of accurate observation. I dissolved one grain of soda in half an ounce of water mixed with a little alcohol contained in a vial, two-thirds of which it filled; after shaking this solution uninterruptedly for half an hour, it was equal in potentiation and efficacy to the thirtieth development of strength."

HOWARD N. LYON.

CHICAGO.

New Publications.

THE GUIDING SYMPTOMS OF THE MATERIA MEDICA. By C. Hering, M. D. Vol. IX. *Ranunculus bulbosa* Stannum. Philadelphia: Published by the Estate of Constantine Hering. 1891.

Slowly but surely, this monument to the genius of Hering, of which every true homeopath ought to be proud, approaches completion. The present volume has some excellent renderings of many of our polychrists, and many additions for which the profession has been waiting. The pathogeneses of *Rhus*, *Sabina*, *Sanguinaria*, *Sepia*, *Silicea*, *Sinapis* (Butler's proving), *Spongia*, and *Stannum*, are simply admirable.

But, a little research would have vastly enriched a few remedies, thus greatly enhancing the value of the work. For instance: *Salicylic acid* has seven pages, while at least seven additional pages, over 150 symptoms of much practical value, especially the symptoms of the head and ears, were omitted. The best proving by far which has yet been made, that of Reinke, published in the *Trans. I. H. A.*, 1887, and for which many a victim of *La Grippe* has had reason to be thankful, has either escaped the attention of the authors or was not thought worthy of being included.

Secale: "This remedy awaits proving," a part of the introduction, ought, at least, to be deprived of a part of its force, for a valuable proving of eight pages, the only one ever made, was published in the *Trans. A. I. H.*, p. 117, 1885. This was also overlooked, or not thought worthy of transcribing. Yet our skin symptom: "Boils, small, painful, with green pus, mature very slowly and heal in the same manner; very debilitating," is given. This symptom was developed during the proving, and so far as we know is found under no other remedy.

Spigelia: The pathogenesis of this polychrist also lacks in the abdominal systems the valuable additions of Hoyne's provings, by the aid of

which it has in our hands palliated the terrible pains of cancer of the sigmoid in one patient, and cancer of the rectum in another and rendered the patient comparatively comfortable after morphine had completely failed. This is found in Trans. I. H. A., 1884, p. 28. We regret to be compelled to make this criticism of an otherwise excellent volume.

ALDEN'S MANIFOLD CYCLOPEDIA. Vol. XXIX. Perseverance-Pluperfect. New York and Chicago: John B. Alden.

The progress on this work is rapid, and the chief articles are well, yet as succinctly written and in harmony with the previous volumes. Philadelphia, for instance, has seven pages and Phœnicia eighteen pages. Like the previous volume, it is illustrated, and furnished at a cost that will enable every man and woman to have an encyclopedia of their own.

THE PHYSICIAN'S LEISURE LIBRARY. Detroit: George S. Davis, 1891. Price 25 cents.

PRACTICAL NOTES ON URINARY ANALYSIS. By W. B. Canfield, M. D.

Is a concise, practical monograph on this subject, giving the latest and most accurate tests for analytical work.

LECTURES OF TUMORS. By John B. Hamilton, M. D.

The author has taken great pains, in a pleasing style, to give the latest nomenclature of these morbid growths, although he admits that the classification needs revising every ten years. However, he has done the best he could with the light he had; but of the *fons et origo mali* of tumors, and consequently of the successful treatment of patients afflicted with them, he has little, if any, conception. This is fully illustrated by the treatment of a case on page 96: "A sailor came to me February 22, 1877, having an immense angioma directly between the shoulders over the spine. It projected considerably beyond the surface, and was congenital, but lately had given him some pain by reason of its increased size. I treated it by ligature. It came off in a few days, the cicatrix healed and the man apparently recovered. After I left the station I was informed that the man returned in a few weeks with an immense sacomatous growth on the axilla, of which he finally died—so that the removal of the tumor is not always attended with immunity." To remove a congenital growth of this kind does not remove the constitutional disturbance which produced it, and this our author has failed to appreciate.

PRACTICAL POINTS IN THE MANAGEMENT OF THE DISEASES OF CHILDREN. By I. N. Love, M. D.

There are some very good hints on diet and hygiene to be found in this volume, but far too much drugging. For instance: "Immediately after birth the child should be given for twenty-four hours the following:

"Hydr. Chlor. Mit. gr. 1.

"Sodii Bicarb.

"Sac. lac. ā ā grs. x.

"M, ft. ch. No. XX.

"One powder every two hours to stimulate the secretions of the alimentary canal." Such teaching as this is a century late. It is a relic of the past, and should not only be condemned, but forgotten.

PRACTICAL INTESTINAL SURGERY. By F. B. Robinson, M. D., professor of Clinical Surgery, Toledo, Ohio.

Intestinal obstruction and invagination are briefly yet clearly treated of, and the technique of operative procedures clearly set forth. The experiments on the lower animals are of interest to surgeons.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. William Wood & Co. June, 1891.

The most valuable monograph in this issue is the "Technic of Ling's System of Manual Treatment, as Applicable to Surgery and Medicine." By Arvid Kellgren, M. D. It is well illustrated, and a practical aid in the cure of many chronic diseases. It will well repay a careful perusal, and is worth many times the cost of the volume. It should be in every library.

A TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. By William A. Hammond, M. D., with the collaboration of G. M. Hammond, M. D., with 118 illustrations. Ninth edition, with corrections and additions. New York: D. Appleton & Co.; Chicago: A. C. McClurg & Co. 1891.

The first edition of this work appeared in 1871, and consequently has been before the medical profession for twenty years, and has been constantly gaining in popularity with the profession. It has been translated into the French, Italian and Spanish languages, and is quite as well known in Europe as in America. Several new chapters have been added to the present edition, and the entire work thoroughly revised and brought up to date, both in pathology and treatment. To attempt to review such a work, except to commend it, would be like bringing coal to Newcastle.

A TEXT-BOOK OF BACTERIOLOGY. By Carl Fraenkel, M. D., Professor of Hygiene, University of Königsberg. *Third Edition*, translated and edited by J. H. Linsley, M. D., Professor of Pathology and Bacteriology, Medical Department of the University of Vermont; Demonstrator of Pathology and Bacteriology, New York Post-Graduate Medical School and Hospital, etc., etc. Octavo, 380 pages. Extra muslin, \$3.75. New York: William Wood & Company.

This is the first work in the English language published in America, that deserves the name of text-book on bacteriology, and we trust it will meet the reception it so richly deserves. The attention of the translator was first called to it when studying in Koch's laboratory in Berlin, in 1890, when the third edition first appeared, was recommended as a text-book, and was favorably commented on by various teachers throughout Europe. It has already been published in six languages, and the students of America are under many obligations to the enterprise of Wm. Wood & Company for this splendid volume. In the preface to the first German edition the author says: "Only such facts and observations have been given as were examined by myself * * * I have at all times been assisted by Dr. Koch's weighty advice, and am thus fortunate enough to know that my views are in complete harmony with those of the master of recent bacteriology." The work,

while not claimed as complete or exhaustive, is original. It is not made up of extracts and statements from current literature. There are 376 pages of honest work.

MANUAL OF THE DOMESTIC HYGIENE OF THE CHILD. By Julius Uffelmann, M. D., Professor of Internal Medicine at the University of Rastock. Translated by Harriot Ransom Milinowski; edited by Mary Putman Jacobi, M. D. New York and London: G. P. Putman & Sons, 1891.

The author of this work is a teacher of international reputation, and the translator and editor have conferred a boon upon the profession as well as the laity of America, by making accessible the most complete work of its kind on the Private and Domestic Hygiene of Children. This work devotes to the period of girlhood and boyhood the same care and attention that is usually given to infancy; instruction which is often wanted but always lacking in most works on the subject, in which it is taken for granted that nothing more is needed when once the child is out of the arms of the nurse. This is a serious defect, for the boy and girl from six to fifteen have physiological peculiarities common to their years, and should have serious consideration, and special care of the physician and parents.

SECTION II, on artificial feeding, treats of the following: "Food to be avoided—Cow's milk—Special constituents of cow's milk—Caseine—Adulterations of cow's milk—Digestion of cow's milk by child's organism—Choice and preservation of milk—Treatment of the milk before giving it to the child—Other methods of diluting milk—Other forms of milk food—Flour porridge—Prepared flour and flour soups for children—Malt extracts—Preparation of eggs—Meat broth—Comparative value of different methods of feeding—Nourishment during transition of solid food; from two to six years; from six to fifteen years—Insufficiency of nourishment—Excessive feeding—Care of mouth and teeth. This is a fair example of the thorough manner in which the subject is treated.

OUR EXCHANGES.

NORTH AMERICAN REVIEW.—One of the most critical and influential daily papers in the United States recently said: "No other magazine in the world so fully and fairly presents the opinions of the leading writers and thinkers on all questions of public interest as *The North American Review*."

THE HUMBOLDT PUBLISHING CO., New York, announces for issue July 6th, a work of public interest for physicians and men of science, viz.: "Mental Suggestion," by Dr. J. Ochorowicz. It is one of the best works yet published on the phenomena of Hypnotism and Animal Magnetism, treated both historically and critically—an original treatise, by a perfectly competent observer and experimenter—not a mere compilation. Every student of psychology should read this treatise.

SCRIBNER'S MAGAZINE for July has its leading article on a subject which attracts particular attention at this season—Speed in Ocean

Steamers. The author, A. E. Seaton, is connected with a large ship building firm in England, and makes perfectly plain to untechnical readers the various conditions which must be borne in mind in designing ocean greyhounds, and the most advanced methods which have met them. The illustrations show a number of the fastest steamers afloat, and the article, as a whole, is what we should expect from a professional.

THE PHRENOLOGICAL JOURNAL for July has something to say of Prof. C. A. Briggs and the church controversy, and says it clearly and emphatically, giving a portrait of the reverend critic.

The August number of Lippincott's Magazine will contain a new and complete novel, entitled "A Daughter's Heart," by Mrs. H. Lovett Cameron (with portrait of author), author of "In a Grass Country," "A Lost Wife," "The Cost of a Lie," "This Wicked World," etc.

THE WIDE AWAKE for July is a good number for hammock and veranda reading for old and young, as some of the tempting titles show: A Dreamland Lantern, The Rogue's Path, The Anti-Boy Picnic, Ye Boston Grasshopper, The Wrong Muscles, Amy Robsart's Embroidery at Leicester Hospital, How Teddy Morris made the Weather, My Sea Daisies, Pussy in Private Life, Five Little Peppers Grown Up, The Chimney Swallow (an anecdotal natural history paper).

Editor's Table.

THOMAS M. DILLINGHAM, M. D., is one of the trustees of the New York Law School. The appointment reflects credit on the school as well as the Doctor.

DIED, GEORGE F. TURRILL, M. D., of Detroit, June 21st, aged sixty. Dr. Turrill was for nine years Professor of Anatomy in the Cleveland Homeopathic College, and will be remembered by the earlier graduates as an able, thorough and conscientious teacher, and one of the celebrated anatomists of his day.

DRS. T. H. CONGER AND HELEN M. LYNCH have removed from Galveston, Texas, and opened an office in Highland Park, Ill.

ANNUAL REPORT of the Hospital of the New York College and Hospital for Women is a flattering showing of work well done.

HIGH TEMPERATURES.—In addition to the two cases reported, one at Omaha and one at Memphis, we append a few more from a Memphis daily paper.

Mr. J. W. Teale reports the case of a young lady who, by accident, had several ribs broken, and afterwards suffered great tenderness over dorsal vertebra. Two months later her temperature was one day taken at 110 degrees, and afterward the index of the thermometer was on four occasions buried in the bulb at the top of the instrument at a point above 122 degrees. She was at first in a very weak state, but gradually improved and regained fair health.

Dr. Moxon observed a remarkable instance of high temperature in Guy's Hospital in 1879. The patient, a girl of 22, had been in the ward for phthisis for months. On the evening of July 25th her temperature was 107.4; one hour later, 110.8. She was suffering slightly from dyspnea. The next morning the thermometer stood 99.8. During the next few months the most extraordinary variations of temperature were recorded. On one occasion was obtained simultaneously a reading of 102 in one axilla, one of 114 in other axilla, and one of 107 in mouth. On changing over the instruments the highest temperature was gotten in axilla where it had before been lowest, that of the mouth now being 104. Another day a small registering thermometer gave 102.6 in one axilla, while another one in other axilla gave 109.4. Directly afterward two large instruments without indices were used, the patient's arms being held all the time. The temperature stood at 103 on each side. This girl died of her lung trouble in March, 1880.

Dr. Donkin reported eight cases, and it is curious to note that all these—Drs. Moxon's, Teale's, Galbreath's, and the case now reported by Drs. Jones and Sale—occurred in females, and that they are all similar in that the fever was evanescent.

HOMEOPATHIC GRADUATES FOR 1891.—Minnesota added four to the list, and Michigan eighteen, making a total of 412.

REMOVAL.—Dr. Prosper Bender has removed his office to 314 Boylston street, Boston. During July and August he will be at the Atlantic House, Nantasket, visiting the city Tuesdays, Thursdays and Saturdays.

DR. H. F. BIGGAR, of Cleveland, Ohio, professor of gynecology in the Homœopathic Hospital College of that city, paid a visit to the Grand Rapids (Mich.) Sanitarium, 36 Kellogg street, where he performed eight surgical operations.—*Daily paper*.

SHELDON LEAVITT, M. D., will hereafter, in addition to his obstetric practice, give special attention to gynecological surgery, consultations and operations in city or country.

THE FIRST QUEBEC GRADUATE.—Octavia Grace Ritchie is the first woman of Quebec to take a medical degree. The experiment of admitting women to the clinics of the general hospital wards is a great innovation in Canada, but has been pronounced a success by the dean and faculty of Bishop's College, who claim that Miss Ritchie's presence in the large classes of men at the clinics had a most refining influence.

A. R. MORGAN, M. D., has removed to New York and opened an office at 185 East Eighty-second street. He has also accepted the chair practice in the New York Homœopathic College, on which both college and students are to be sincerely congratulated, as Dr. Morgan is not only an able and accomplished teacher, but a careful and accurate prescriber. The addition of such men will add strength to any faculty.

THE AMERICAN INSTITUTE received an accession of 247 new members at the recent meeting, the largest number that ever joined in a single year. At the Boston meeting in 1869, 212; at New York in 1867, 156; and at Minnetonka in 1889, 125 were elected.

A WELL-DESERVED HONOR.—At the late meeting of the International Congress it was

Resolved, That R. E. Dudgeon, M. D., of London, be requested to prepare for publication: 1st, a new edition of his translation of Hahnemann's Organon, with such annotations as his studies and experience may suggest. 2d, a collection of hitherto unpublished letters and writings in his possession or accessible to him.

POULTNEY BIGELOW, who was a schoolmate of the German Emperor, will contribute an article to the Midsummer (August) number of *The Century*, on the first three years of the Emperor's reign, the third anniversary of his ascent to the throne having taken place on the 15th of June. Mr. Bigelow believes that "since Frederick the Great no king of Prussia has understood his business like this emperor," and in this article he gives what he considers the secret of the power of William II. with his people, and incidentally contributes many facts regarding his life.

THE
MEDICAL ADVANCE.

A HOMEOPATHIC MAGAZINE.

VOL. XXVII.

AUGUST, 1891.

No. 2.

THE TRUE PHYSICIAN.

The profession of Medicine is among the oldest and most honorable of the professions. As with other arts of the civilized life, to Egypt belongs the honor of the first successful practice of medicine, where the office of priest and physician were united in the same person. Their object was more to promote cleanliness and prevent contagion than to cure disease by the administration of drugs. This branch of the healing art was recognized as important by the worship of Hygeia, the daughter of Æsculapius, at Athens, Corinth, Argos and other places; and she is usually represented as a blooming maiden, with the serpent, the symbol of health, drinking from a cup held by her. Chiron, the centaur, is reputed as having first given the art of medicine to the Greeks, with Æsculapius, the beloved physician, the son of Coronis, educated by the centaur, Chiron, as the god of the healing art. Pythagoras, Democritus, Heraclitus, each made some advancement in the divine art; but when Hippocrates made medicine a study, his great mind grasped the secrets of the arcana of medicine to such an extent that improvements were thought needless for several centuries. Like some of the dominant school of to-day, the immediate followers of Æsculapius preferred dogmatism and empirical medicine, as handed down by the departed god, to a proper investigation and the adoption of a beautiful law of cure; hence, the Hippocratean or dogmatic school remained stationary for some centuries. They professed "to set out with certain theoretical principles which were derived from the generalization of

facts and observations, and to make these principles the basis of practice." This was really the germ of the healing art, and becomes the starting point of modern medicine.

But the world weaves a wider web in every cycle of time. Instead of handing the truths gained by experience from teacher to student, in the uncertain way of private instruction, three hundred years before the Christian era Alexandria founded a school of medicine, through the munificence of the Ptolemies. Erasistratus, the pupil of Chrysippus, was one of the professors and is renowned as having had profound reasoning and insight enough to oppose, at that distant day, bleeding and the use of active (crude) remedies, preferring to trust mainly to the powers of diet and the *vis medicatrix nature*.

Great names adorn the long list of men who have sought to relieve the ills to which flesh is heir. The world has been blest with many brilliant lights, too numerous to mention, among which that of Samuel Hahnemann shines with a lustre second to none, for he alone, among all who preceded him, was enabled to read the handwriting of the Creator and comprehend the teaching of nature in the truth of *Similia Similibus Curantur*.

From the time of Paracelsus down to our own day unworthy men have received commissions to heal the sick, and have practiced quackery upon the susceptible natures of a credulous people. It does seem that many people prefer quackery to the true art of healing. They prefer the tangible, that which they can see, feel, and especially taste, with all its uncertainty and inefficiency, to the intangible, the spirit-like dynamis of the drug, that only of the crude drug which has the curative principle, with the positive assurance of a speedy, efficient and permanent cure of every curable disease, with only the one proviso—that the prescriber has the knowledge and skill to find the simillimum.

It is very easy to guess at a treatment for a disease; but guessing is destructive to life and happiness. It is sometimes difficult in the extreme, requiring much research and study, to find the one remedy suited to an ailment; but the result warrants the labor bestowed. No lazy man should ever make the profession of medicine his vocation, for it is a vocation of continuous hard labor. Those who seek to heal

the sick whilst enjoying ease and indolent leisure are recreant to their trust, and bring the profession to an open shame. Of all professions, that of medicine requires full preparation and proper instruction, for the physician must deal with diseases destructive of life, and incompetency or carelessness will result in frequent prolonged suffering or death for which the prescriber will be responsible to the extent that study and research would have qualified him to have avoided the sinister consequences. Recognizing the need of thoroughness in instruction, all systems of medicine, and especially the homœopathic, are establishing schools and post-graduate courses for the purpose of a fuller preparation, and these schools are demanding a much higher standard for graduation. Among these schools the post-graduate courses are helpful, because the practising physician can comprehend the needs of an active practice to a much greater extent than the novice. In truth, a few years of practice, where the physician is thrown upon his own resources and responsibilities, gives a fuller light upon the subject of requirement than all the theorizing possible, and qualifies the post-graduate student to assimilate the material and pertinent instruction so much demanded in an active practice. The novice is inclined to put too much stress on the theory, while the post-graduate student, from experience, realizes that the positive knowledge of facts and indubitable law are needed and demanded.

Again, not every well qualified physician is capable of teaching the art. The ability to impart knowledge is as much of a *sine qua non* of a good teacher, as information. Many teachers are not practical, and lecture as much to impart their own pet theories and make a brilliant effort, as to instruct their hearers. The teacher should endeavor to impart positive knowledge, realizing that the time of the student is circumscribed, and that his first years in practice must be based almost exclusively upon the information, the means and ability of gaining medical knowledge he receives from his instruction at college.

While many schools teach the requirements of a medical education, yet they fail to impart a pertinent knowledge as to the demands of the profession morally and intellectually. A well equipped physician is not the one who is merely

versed in anatomy, physiology, pathology, therapeutics, and the like, for he may be well informed upon these subjects and yet lack in those basal principles of character and intellect which alone make the *true* physician. The one seeks a living or a competency through the misfortunes of his neighbors; the other seeks to relieve the suffering of humanity and makes the remuneration a subservient consideration. The one marries the woman for her money; the other marries for love. The one builds up a mighty army to devastate the contiguous nations; the other builds the army to defend his country and its homes. The one is a man of medical knowledge; the other is the *true* physician. All those who have advanced the art and science of medicine, bringing it up to the high standard of the nineteenth century, have been among the latter class; they have been the true physicians of the past centuries.

From a very short sentence in a private letter from Dr. J. T. Kent, my mind has been led to cogitate upon this subject, and, thinking it might be some stimulus to the profession, I have concluded to give my views, as briefly as possible, on the theme, *The True Physician*, and do so under six headings as below.

“ We own that numbers join with care and skill,
 A temperate judgment, a devoted will;
 Men who suppress their feelings, but who feel
 The painful symptoms they delight to heal:
 Patient in all their trials, they sustain,
 The starts of passion, the reproach of pain:
 With hearts affected, but with looks serene,
 Intent they wait through all the solemn scene,
 Glad if a hope should rise from nature's strife,
 To aid their skill and save the lingering life;
 But this must virtue's generous effort be,
 And spring from a nobler motive than a fee:
 To the physician of the soul, and these,
 Turn the distressed for safety and for Peace.”

Crabbe's Borough.

THE TRUE PHYSICIAN MUST BE

1.—A MAN OF CHARACTER. Reputation is what the people think of a man; character is the man's true self. He may have a good reputation, and yet be a man of very bad character, and *vice versa*. The true physician must not only be a man of reputation, but also of character.

The physician is, or should be, in a more confidential relation to his patient than any other person, especially if an adult. He must necessarily possess secrets which, if known to the uninformed and vulgar, would blast the reputation of his client. These secrets may arise from heredity, the indiscretions of youth or from circumstances over which the person had no control. The person's character might not at all be affected, yet through the ignorance and suspicion of his neighbors his reputation would suffer considerably. Every physician knows whereof we speak. The true physician will be above repeating anything told him in the course of his professional examination, and would feel in duty bound to protect his patient from suspicion or gossip. Many doctors—I don't say physicians—are accustomed to confide with outside parties the diseases of their patients, and often upon the street as they pass make unprofessional remarks about them. Some will do this to gain personal renown as having an extensive practice, others through an innate desire for gossip or from malice with the purpose of injury. I need not say the true physician holds inviolate all confidence, and will not, under any circumstance, except possibly the legal, much less through malice, speak of the complaints of those who confide in him.

Then, character is essential to a true professional honesty. The patient pays his money for the purpose of being promptly relieved of his disease; he would prefer a speedy cure even at double the cost. The doctor has it within his power to prolong the suffering for the purpose of increasing his remuneration, and thus not give value received. Those who are addicted to this dishonest habit are guilty of criminal carelessness or of trifling with human life for the mere sake of gain. If death occur the doctor is guilty of homicide, if not of murder. The true physician heals his patient as promptly as his skill and the action of his medicine permit. Only the dishonest man will allow his patient to suffer unnecessarily. "The highest aim of healing is the speedy, gentle and permanent restitution of health, or alleviation and obliteration of disease in its entire extent, in the shortest, most reliable and safest manner, according to clearly intelligible reasons."

Further, character impels the true physician to seek the very best means of a prompt and effective cure, and prevents

his bias or prejudice from blinding him in his search after the true art of healing. His object will not be to sustain a theory, or to foster a system, but to apply those principles of medicine which will speedily relieve and promptly cure the diseases of his patients in the most effective manner. He will reject nothing simply because it is inconsistent with his theory of therapeutics, nor adopt anything through a whim or because it will add to his personal ease, reputation or remuneration. His experiments will not be on the sick, risking through the weakness of the diseased system final recovery or even life, but he will seek to ascertain through other means, or upon the enduring healthy organism, the action of his remedies. It is better that one die than the many, but when not necessary, the death of the one becomes criminal. Upon this principle the immortal Hahnemann has taught the world a lesson, and his followers have demonstrated the philosophy and utility of his plan. The doctor who rejects the teaching of Homœopathy simply on the assertion of his prejudice, without investigation and proper and honest trial, can not be classed among the true physicians. Neither can the homœopath who rejects either the low or high potencies because he does not believe in them, and refuses an honest trial, be called a true physician. The ideal doctor will seek the best, and ascertain it by honest research and fair investigation. Neither the use of the high nor of the low potencies, in accordance with the law of similars, will endanger life, and a fair trial must result in the advancement of the physician in his profession. From this reason, and consistently with the factors of a true physician, Hahnemann called upon the world to try to honestly test his claims, and then publish the results to the world. Let character be one of the principles instilled into the minds of the medical students at all the colleges, and the profession will receive honor from the integrity of its partisans.

2.—A MAN OF ONE WORK. “*The physician’s highest and only calling is to restore health to the sick, which is called healing.*” I need not give the source of the above quotation. Any one lacking the ability to state its source lacks one of the basal principles of a true homœopathist.

The physician deals with life; his duties are too responsible and his time too circumscribed for him to have the oppor-

tunity to dabble in other business successfully. The diversion of the mind by other cares consequent upon outside risks destroys the interest necessary to a true physician, and hampers the mind when called upon in the urgency of his profession. The only possible way to create the interest and efficiency necessary to true success is by exclusiveness in the vocation, and making all other efforts subservient to this one, or as mere recreation. By a man of *one* work we mean a man whose sole interest, his heart and soul, is in his profession; everything else is secondary and must give place when the interests conflict. He will read other literature, perform other work and discharge other duties, but his profession is his heart's delight and pleasure.

3.—A MAN OF STUDY. A view of the history of medicine shows plainly the rapid changes which have taken place, and the additions being constantly added to the various departments. No man can keep pace with the progress of medicine, or even retain a working knowledge of the art, without constant and persistent study. It is a profession of study, and the physician is necessarily a student. The many books must be read, digested and sifted; the additions to the *materia medica* must be understood and made a part of the armamentary; experience must be watched and utilized by careful study and consideration. As an aid to his advancement and study the journals of to-day occupy a most prominent place. No true physician can possibly get along and keep posted, or even be self respecting, without taking two or more of the journals devoted to his profession. These journals must not have the mere cursory glance and then be thrown aside in forgetfulness, for they contain matter for the deepest thought and many of them are richest mines of golden nuggets of professional knowledge. They are to be studied as they appear, carefully indexed and then bound for future use. This professional study is to be the physician's work, other branches of knowledge and literature will be his recreation for pastime and prestige.

4.—A MAN OF CULTURE. The medical is purely an intellectual profession. The trained mind, the cultivated intellect, will conceive more clearly the truths to be mastered, and more readily apply to his work the acumen essential to success. Mind work is as much of a trade as any other, and

the skill in intellection is only acquired by habit formed from persistent study. Memory is essential, but the memory is, and must be, only a tool of the intellect and used in its work. Culture is not innate, but acquired. The physician should be a cultured man, versed in some one or more branches of literature beside the medical. The fact that the physician must be a man of one heart work does not argue that he must be a man of one idea. He should read the magazines and keep posted in the general trend of literature. Culture will broaden him, expand his mind, quicken his thoughts and give him intellectual acumen, which will in return better qualify him for his profession. He must have a plan; the unmethodical will end in abandonment and failure. Each one should select some field of literature to be mastered, if possible, during his hours of recreation and leisure. He must write, but write after thorough thought, and not thoughtlessly. It would add to culture for each one to write at least three or four articles each year for the medical journals, or an occasional article for some one of the popular magazines. If he has not the inclination or ability to write upon some subject requiring a purely literary effort, he should at least report his clinical cases, going into detail and showing the conclusions he derives from his treatment. This plan will not only give the writer culture, but add greatly to the usefulness and utility of the journals and increase their power to do good. Journals are, necessarily, what their contributors make them. The editor can not do all the work. This plan will result in culture and give the physician standing in the community that will add to his prestige, skill and practice.

5.—A MAN OF REASON. Reason implies judgment. No man can reason without judgment. The physician must discern, weigh evidence, compare data and reach conclusions which shall effect materially his patient's well being. It requires mind, a good, well fibered mind, to be a competent physician, and especially a homœopathist. A dolt can remember the prescriptions of a more competent mind and the grosser symptoms of diagnosis sufficiently well to practice a routine system, as is evidenced by every day observation; but to practice medicine with intelligence, and heal diseases in accordance with the dictum of the master, requires reason

and culture. We quote from the master: "The true healing art is that intellectual office incumbent on the higher human mind, and free powers of thought, discriminating and deciding according to causes." All intelligent beings have reason, the logical faculty, but its use and power result from habit; habit comes from training and use. To be a logician one must not only know the rules of logic, but he must also have experience in the use of them. The physician must reason in every prescription he makes, if he comply with the other requirements of the true physician; hence he must be a man capable of reasoning and of good judgment. A prescription without reason is the result of a base or incompetent mind. The physician who has true integrity will endeavor to relieve his patient by the prescription; that is the reason of the prescription, and if he uses no discriminating judgment in prescribing he might as well cheat in any other way.

6.—A MAN OF CHARITY. Charity is one of the finer virtues. It implies love to God and to man. The physician is a servant of God and must serve Him in love; "obedience is better than sacrifice." The physician is the "keeper of his brother," and whilst he legitimately expects a competency from his profession, for the "laborer is worthy of his hire," he is yet under obligations, arising from his relations to society, to be a man of charity. The doctor who will not give a prescription to the worthy poor save only for a fee, is not a true physician. His sympathy for suffering humanity, made sensitive by being constantly aroused through professional labors, will not deny relief to any worthy person. We need not go into a categorical argument, nor give a list of circumstances under which a free dispensary should be sustained, for every true hearted man will be more eager to do good than to find reasons for a pusillanimous demand for gain. The State has duties to the sick among the poor, and the physician is warranted in demanding from the State remuneration under certain circumstances, but the "black list" must contain, in the true physician's office, only the names of persons able to pay, but who refuse and return evil for good.

W. A. YINGLING.

NONCHALANTA, KANSAS.

THE SAN FRANCISCO HOMŒOPATHIC POLYCLINIC.*

FOUNDED BY D. ALBERT HILLER, M. D.

The San Francisco Homœopathic Polyclinic was formally opened at No. 220 Montgomery Avenue, April 21, 1890, under most favorable auspices, and at once attracted the attention of the press and the suffering public.

This Polyclinic, being purely the product of individual effort and inaugurated by its founder upon a desire to benefit humanity, took high rank among the active benevolent institutions of San Francisco, and, although no specific advertising has been done, its efficiency and usefulness has steadily increased (one benefited patient being sure to bring in his fellow sufferer) and it has advanced daily in popular notice and favor. This practical result has been achieved, in no small degree, through the kindly voluntary notices of the City Press, until at the present time, patients from all parts of the city, adjacent country and from many points on the coast, ranging from Seattle to Gautemala City, are enrolled on its records and are its beneficiaries; a result peculiarly gratifying to its originator and manager.

As complete an assortment of homœopathic medicines as exists west of Chicago has been provided for the Polyclinic, and mechanical and other appliances have been added at various times, until on to-day, the first anniversary of its founding, it stands second to none of the clinical dispensaries of the Pacific Coast, and within that region, is the only institution of the kind managed and maintained by individual effort.

Specific instructions are also imparted to patients, by faithfully following which advice, they can attain and maintain a perfect physical and hygienic status.

In founding the Homœopathic Polyclinic its projector had manifold objects in view; his intentions were:

1st. To extend the benefits of homœopathic treatment; to impart to the masses a knowledge of those benefits and to demonstrate their superiority over all other systems of cure.

2d. To reach a certain class of so-called incurable patients, persons who, having unsuccessfully tried all other remedies,

* Secretary's Report for first year, April 21, 1890, to April 20, 1891.

and disheartened by repeated failures, had abandoned all hope of relief or cure.

3d. By concentrating many patients at one spot, to utilize to the best advantage, professional knowledge and skill, in connection with appropriate medication and (when necessary) suitable mechanical appliances.

4th. To practice philanthropy by gratuitously dispensing proper medicines to ailing and destitute humanity and to practically demonstrate the proper conception of progression and higher development.

5th. The charge for treatment to be reduced to the minimum, yet so arranged that what small sum one patient may pay, over and above the actual cost of his medicines, such sum goes towards purchasing medication for the many totally destitute patients, thus making the Polyclinic partially self sustaining and creating a practical Clinic for the poor, under different and more favorable conditions than had heretofore been attained in San Francisco or elsewhere.

6th. To render medical aid to a certain class heretofore entirely overlooked by humanitarians; those worthy toilers denominated the "middle classes" as distinguished from the wealthy, on the one hand, and the pauper element on the other; that large division composed of useful members of society, the real muscle and sinew of the community; people who are both able and willing "to pay their way" within reason, yet who can not afford exorbitant fees or heavy drug bills.

7th. To avoid so far as possible the present indiscriminate and wholesale poisoning of the public by the promiscuous sale of nostrums, which is now done without regard to their utility or the consequences they produce.

Finally, instead of a "looking backward" for a chimerical era, a looking forward for an early realization of a practical utility of things, that shall harmonize with the advanced views of evolution in all matters, the present activity in new ideas and general progression, a practical nucleus, around which shall ultimately gather new forces for the benefit of suffering humanity.

During the year ending April 20, 1891 (309 working days), this Polyclinic has enrolled upon its books and has treated medicinally the number of individuals following, viz.:

Number of prescriptions made and filled	5,342
“ “ patients enrolled	1,336
“ “ “ treated Male	575
“ “ “ “ Female	539
“ “ “ “ Children	222
	1,336

Number of persons treated without charge 1,334

THEO. A. BLINN, Secretary.

CLINICAL REPORTS.

BY DR. HESSE, OF HAMBURG, GERMANY.

VERATRUM.—Mrs. K—, aged 60, has been subject to weekly attacks of prostration, without any discoverable cause. Her voice becomes weak and scarcely intelligible, hands and feet cold, and cold sweat over the entire body.

Sept. 17, 1888.—Veratrum alb. 10, five pellets every evening.

July 9, 1889.—Until a short time ago free, but have again returned. Verat. alb. 6. Cured.

GRAPHITES.—Miss B—, fat, blonde and healthy looking, has had a vesicular eruption for four years on the hands and forearms; aggravated in the sun and before her menses, which are regular and last eight days; thirsty.

Sept. 14, 1888.—Graphites 10, a powder every week.

Nov. 1.—Better; a powder every third day.

Dec. 1.—She is well.

July 30, 1889.—The eruption returned a week ago. The same prescription.

CALCAREA.—Miss I— S—, aged 16, a blonde; pupils dilated; last year had rheumatism of the joints for three weeks. She has had for four months rheumatic pains, particularly in the left knee joint, which hinders her in walking. The pains are < by movement, exertion and wet weather. She can only lie on her back, sweats, particularly on the head, and is subject to coryza and obstruction of the nostrils.

May 19, 1889.—Calcarea 10, a powder every week.

June 17.—She can now walk perfectly well. She has dry tetter on the left elbow. She received the same prescription and did not return.

LYCOPodium.—Mrs. R—, 78 years old. Complains of very frequent discharge of urine.

Urine often foaming. Feet swollen. She must lie on her back, and with her head high. Much flatulence.

January 9, 1890.—Lycopodium 10; five powders, a powder every evening.

January 23.—The urine is natural and its discharge also. Feet still a little swollen. She feels tolerably well. Lycopodium 10, a powder every week.

March 26.—Is well.

The symptoms of this case are not numerous but characteristic. According to Bönninghausen, Lachesis, Lycopodium, Senega and Spongia have foaming urine. (I have added Kali carb. and Thuja, probably from additions made by him.) And of these Lycopodium only could be chosen.

BELLADONNA.—Miss S—, aged 33, has been subject for four years to frequent pains in the right side of the face and head, starting in the neck, > by wrapping up warmly and lying on the affected side; also by stooping. When the pains are violent she holds her head bent forward. Aggravated by a draught and by speaking.

November 27, 1889.—Belladonna 10, to be taken in water.

January 20, 1890.—Has had no attack since, while formerly she had several every week.

NATRUM MUR.—Fraulein St., aged 48, has suffered since an unfortunate fall ten years ago from coryza, which manifests much regularity in its coming, and is peculiar in its symptoms. It comes twice a week and continues one or two days. It begins with a cold creeping over the back, and thirst. It is at its worst from 10 A. M. till 12 M. The secretion is watery and so profuse that only towels can be used as substitutes for handkerchiefs. Everything cool causes amelioration. Wet weather, fog, damp feet, warmth and warm rooms cause aggravation. Sneezing accompanies the paroxysms that is audible through all the house.

October 22, 1889.—Natum mur. 10, five powders, one every third evening.

November 5th.—There is much improvement. The paroxysms only last an hour. Natrum mur. 10, a powder every week.

January 10, 1890.—Her health for the last ten weeks has

been better than for ten years. No trace of the disease until yesterday, when, after a cold, there was a return of the coryza, but much milder. I gave the same powder.

The intermittent nature; the aggravation from 10 to 12 in the morning; the beginning with thirst; the creeping over the back and the watery secretion all pointed to *Natrum mur.*

BRYONIA.—**R**—, A peasant, 67 years old, has suffered for six months from vomiting of water and food. Bitter taste of food. A longing for milk, which he did not have before; he never drank so much milk. Moving aggravates. Diarrhœa immediately after rising.

September 22, 1888.—*Bryonia* 10, five powders, one every evening.

Oct. 9.—Says he is better. A powder every fourth day.

ARSENICUM.—**A**. St., aged 21, has suffered four years from pain in the stomach, which is mostly stitching. The pains are frequently *at night* and *she must sit up in bed with them > by sitting erect < by acids, ascending stairs, and the pressure of her clothing.* Appetite is poor. *Thirst, wishes to drink little and often. The hotter the room the better she feels.* Frequent headaches without a definite character. Bad smelling sweat in the axillæ. She formerly suffered much from gum boils.

Nov. 16, 1888.—*Sepia* 10, five powders, one every evening.

Dec. 4.—No change; *Arsenic* 10, in the same way.

Dec. 18.—Striking improvement; placebo.

Jan. 2, 1889.—Stomach quite well; headache, throbbing in the temples > by wrapping up; placebo.

Jan. 16.—The headache is also better. She was discharged with my customary injunction to return immediately if there is any return.

Sepia was a mistake. The indications of *Arsenic* are tolerably clear. The < from pressure of the garments is not given by Bönninghausen as belonging to *Arsenic*, yet it is so annotated in my copy in my hand by myself, but by what authority I can not say.

Even in apparently hopeless cases we should not make a careless choice of a remedy, but should always search for the simillimum, as it is difficult to place a limit on the efficiency of Homœopathy.

CARBO VEG.—A year and a half ago I treated a lady of 72 years of age, who had an infiltration of the apices of both lungs. She had coughed for years, particularly every winter and in summer was somewhat improved, with considerable regularity. In the winter of 1889 and 1890 she appeared to be rapidly approaching her end. She had an almost continuous fever, temperature between 38 and 39 C. (100.4 and 102.2 F.). Cough and expectoration increased, strength lessened—all seemed to indicate that a fatal result was self-evident, when Carbo veg. changed the condition in a short time. The symptoms pointing to that remedy were: Damp, cold feet; cold knees; thirst, with desire to drink but little at a time; no appetite; thickly coated tongue; bad smell from her mouth; many complaints after eating; voice always a little hoarse.

The fever soon disappeared; appetite returned; cough and expectoration decreased. The old lady is, of course, not entirely well, for she still has cough and short breath, but we may say that she has several years added to her life.—*Alg. Hom. Zeitung.*

Translated by A. MCNEIL.

A PLEA FOR OUR MATERIA MEDICA.

Editor Advance: The following clippings are cut from an article entitled "A plea for our Materia Medica," by Dr. S. A. Jones, and appeared in the June number of the *Pulte Quarterly*. Much of the paper is not in exact accord with my views, but what I send is so "pat" that it seems a pity that it should be favored with but one appearance in print.

WM. JEFFERSON GUERNSEY.

PHILADELPHIA.

"Allow me to add that I am here to-day neither as one who has been a teacher of Materia Medica, nor as one who has made a somewhat special study of Materia Medica, but as a practitioner, who is daily learning, as you daily learn, the fallings-short of himself as he is, and our Materia Medica as it is. Speaking for myself, I must say that I find trouble at both ends of the line—and let me add, in all truth, that I blame myself more than I do the Materia Medica. You see I've known myself somewhat intimately for over fifty years; the Materia Medica I never expect to know. It is larger,

deeper, grander than when I began, with youth and hope and such dreams as only youth can dream to cheer me on. I have learned that 'knowledge is only the topography of ignorance,' for the defined known is bounded and limited by the unexplored unknown.

"The smallest truth is buttressed on every side by other truths—not that it can not stand alone, but that it shall not be possible to overthrow it, and in the divine economy, no untruth can be so buttressed that it shall not overthrow itself. Even the Lord God Omnipotent takes care of all truth forever. We forget that at our peril.

"We have seen two great bodies of men organize, with 'editors' and a 'consultative committee'—an imposing name that, but it's only an *appendix vermiformis* after all—and all this apparatus for the sole purpose of 'correcting the errors' in our Materia Medica, when it is the supreme function of every error, every falsity, to correct and to extinguish its God-cursed self. If half the time that is given to *correcting* our Materia Medica were spent in an endeavor to comprehend it, there would be fewer hypodermic syringes found in homœopathic pockets. That is a strictly private opinion, but I assure you it is a 'yard wide and all wool.'

"When I think of two National Homœopathic Societies conspiring to rule out Hahnemann's provings in his *Chronic Diseases* because they were made largely with the thirtieth dilutions, and at the same time remember that the validity of the symptoms gotten from these thirtieth dilutions is established by even Old School 'Science,' I get to laughing and laughing, until my boot legs are half full of shirt buttons. Just think of the situation: Homœopaths trying to pull Hahnemann down, and allopaths setting him on his legs firmer than ever! O you precious two National Societies, may your shadow never be *less!*

"It is a long way for Homœopathy, as it is represented to-day, to the higher order of Physiological Laboratories. You may build these as commodious as you please; you may endow them with the princeliest munificence; you may fill them with the costliest apparatus, but until you get brains and absolute learning you shall have only a caricature of Science, a shameless sham. Until the school that I have served from early manhood down to these gray hairs shall purge itself of

every sham, may every generous bequest to Science find its way into the hands of only those that furnish the fruits of honest and earnest research. In these Physiological Laboratories the lower life is taken that the higher life may be conserved, but a Physiological Laboratory that idly and vainly vivisects the meanest cur that has had from God the spark of life, is an insult to Science and an insolent defiance to Him who is neither mocked nor deceived. May Homoeopathy have no more of these!"

THE CLIMATE CURE.

"Where do you send your consumptives?" I inquired of many physicians at the International Congress at Atlantic City. I received a variety of answers, but one impressed me.

"I don't send them anywhere. They have to die anyway."

He added, in an undertone, "I make out of them all I can."

That recalls a case I had that came from the interior of Michigan, a bright, promising girl in her teens, just blossoming into womanhood.

"Tell me just what my condition is, Doctor. I know my lungs are affected."

"I think that you should go away," I replied, evasively.

"What is the use? My brother went to Texas and sister to Colorado, and both died. What do you think of Baltimore for me? I have an invitation to visit relatives there."

It was then early autumn, and the apex of the left lung only was affected. So I told her to go, by all means. She returned improved next spring.

"You should have staid away," I said.

"I can not leave mother."

"What kind of water do you use at home?"

"Well water."

"Is it hard?"

"Yes, very. There is limestone in our section."

"Is your house on an elevation?"

"No; it is low down and covered with vines."

"You should not remain there."

I gave her *Lycopodium*, and was not surprised next fall to find bronchial rales in both lungs, with pleuretic pains;

coughed severely in the morning. Sputa grayish, yellowish and frothy; pulse, 100; temp., 101; appetite poor, and evidently running down rapidly.

"You must leave or you will not live until spring," I said.

"It is no use, Doctor. I know what is before me. I can not leave mother."

"There is a chance for you if you go to a high, dry, warm, sandy spot. I know just the place to send you; I will put you into a nice family. You improved where it was warm before and made a mistake in returning."

"All you say is too true, Doctor. I have thought it all over and know what awaits me, still I have dreaded to face the inevitable."

There was no use of further argument with such martyr heroism. If I could have transplanted that brave girl to Albuquerque, New Mexico, she might have been alive and useful to-day. But pneumonia caught her and before spring she died.

"What cases do not improve in the West?" I asked Dr. Fellows, of Los Angeles, years ago.

"Laryngeal phthisis does not improve with us" was his reply.

"Don't send any cases with a weak heart to this high altitude" was the word sent back by Dr. Mayer Marx, a Denver physician, years ago. During the last two years, in particular, the winter weather has been so mild that the usual results have not been uniform in the various resorts, so that the profession are considerably at sea, and the doctor who concluded to hang onto his cases has had a ready acquiescence in the patients and friends. A misfit selection is also bad, and that brings us back to the important question, "Where do you send your consumptives?" The answer to that question developed the fact that what is needed is more facts about this subject so that we can select the climate as we select the remedy. Physicians at the various points will tell us, "Send them early and our climate is just the place for them."

What are the characteristics of your climate? we have a right to ask, and what cases is it especially adapted for? No climate can be a "cure-all."

CHICAGO.

T. C. DUNCAN.

THE TWELFTH ANNUAL MEETING OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

Richfield Springs, well known as a health resort, and famous in the annals of story as the scene of J. Fenimore Cooper's romances, was the spot chosen for the twelfth annual meeting of the International Hahnemannian Association.

The beautiful scenery and the bracing air of that locality were well adapted to restoring the vigor of tired doctors; Lake Otsego and Lake Canadaroga, placid sheets of water, afforded excellent opportunities for boating, and mine host of the Spring House did all in his power to make his guests comfortable. The hotel was large and elegantly furnished, and that invisible genius, the *chef* of the kitchen, achieved such masterpieces in the gastronomic art as to give rise to a suspicion in the minds of the guests that he was a poet who, instead of writing heroic poems, let his genius bubble into lollipops, tarts and puddings.

All the meetings were well attended, and the papers presented were of a high order of merit. The first session was largely taken up with the address of the president, Dr. Clarence Willard Butler. In a beautiful and flowery manner Dr. Butler drew a lesson from the important occurrences of the past year, and in passing paid a touching and tender tribute to the memory of those members who had been taken away from their labors on earth. Dr. Butler made an excellent presiding officer; his prompt and clear-headed decisions greatly facilitated the business of the Association by preventing the squandering of time so common at medical society meetings. Dr. W. P. Wesselhœft, by virtue of his office as corresponding secretary, presented a brief but extremely interesting verbal report of a recent visit to Europe, during which he took occasion to visit as many homœopathic brethren as possible in the interests of Homœopathy and the I. H. A.

He succeeded in unearthing quite a number of practitioners of pure Homœopathy in Germany, most of whom he found entirely ignorant of the advanced state of the healing art in America and of the number and enthusiasm of the genuine followers of Hahnemann here. They one and all promised to become members of the Association and subscribed for the *ADVANCE* and *Homœopathic Physician*.

Flattering reports were also received from a large number of delegates representing Organon and Materia Medica societies in various parts of the country.

The Bureau of Homœopathic Philosophy, M. Florence Taft, M. D., chairman (vice W. A. Hawley, M. D., deceased), was the first bureau to report. Dr. Fincke presented two scholarly papers, one on the "Practical Philosophy of Homœopathy;" the other, "Comments on the Organon, 5th Edition." Dr. Rushmore's paper, "Can There Be Drug Action Without Drug Presence?" excited more discussion. Those who claimed that there was no drug presence maintained that the force of the drug was transferred to the menstruum, either milk sugar or alcohol, while the matter of the drug was dissipated. The opposite party contended that the matter of the drug and its force were inseparable, and that, therefore, even in the higher potencies, there must be some of the original drug present in a highly attenuated condition. The report of the Bureau of Clinical Medicine contained a large number of able and valuable papers. The discussions excited by the various subjects brought before the meeting were always instructive and interesting, and characterized by the greatest fairness and courtesy. The old problem of baby feeding came up, and the question of milk *versus* the artificial foods received a thorough ventilation.

The administration of antipsorics in advanced consumption was discussed very fully, and it was quite a surprise to many to find that the more experienced practitioners advised against it, even when indicated.

Throughout the whole series of meetings a most harmonious feeling prevailed, and the impression conveyed to an impartial observer was a pure devotion to true science and a subordination to selfish interests quite remarkable in so large a meeting. It is safe to say that no member departed to the scenes of his daily labors without being richer in knowledge and experience, as well as sounder in health.



THE FOURTH INTERNATIONAL HOMEOPATHIC CONGRESS.

The forty-fourth annual session of the American Institute of Homeopathy has passed into history as one of the largest, most enthusiastic and representative meetings of the Institute ever held. Of the 500 members present very few realized the amount of hard, persistent and efficient labor requisite on the part of the executive committee, especially President Kinne and Secretary Dudley, to secure such an attendance. As a meeting of the Institute, it was a great success. As an International Congress, it was a great failure; only two men—Dr. Hughes, of Brighton, England, the permanent secretary, and Dr. Villiers, of Dresden, the enterprising editor of the *Allg. Hom. Zeitung*—were present. True, there were a few papers from our European colleagues, but we expected to see the authors *in propria persona*, and in this, of course, were sorely disappointed.

The pavilion in which the meetings were held was elaborately and tastefully decorated with the national colors, and shields on which were the names of the illustrious men whose labors adorn our literature from the time of Hahnemann to the present, were to be seen on every hand. On a raised dais at one end of the room, half hidden in palms and other exotics, were the seats and tables for the officers, and in the background over the center a fine oil painting of Hahnemann, hidden from view by a curtain, which was to be removed at the proper time by the president. On the platform with President Kinne were ex-Presidents Holcombe, Talbot, Dake, Paine, Beckwith, Sanders, James, Cowperthwaite and Orme, when the gavel called the session to order, and prayer was offered by the Rev. Dr. Aikman.

Dr. T. F. Smith submitted the report of the treasurer: Total receipts, \$5,228.91; disbursements, \$4,042.70; balance, \$722.76. Among the items of interest is the *Cyclopædia* account, which certainly speaks for itself and for the lack of interest in this publication: Cash subscriptions, \$72.55; deficiency (paid by Institute) \$463.45; cash paid for Parts XIII and XIV, \$536. The volumes are probably stored in the garret of the treasurer, a monument of the folly of the Institute engaging in the publishing business.

Washington, D. C., is the place selected for the next meet-

ing, May the month. Dr. Custis is the chairman of the committee of arrangements.

Dr. Cowperthwaite presented the report of the committee on life insurance examiners, which was of much interest, and Dr. McClelland submitted a series of resolutions on Medical Legislation, action on which was deferred.

In the evening the fourth International Congress was called to order by the permanent secretary, Dr. Hughes, of Brighton, England, who introduced Mayor Hoffman, who, in well chosen words, welcomed the members of the Congress to the city.

President Kinne, of the American Institute, replied:

MR. SECRETARY: In behalf of the American Institute of Homœopathy I give a welcome greeting to you, sir, and those whom you represent at this meeting. The preparations for this meeting have been with the American Institute a labor of love. It has been for us a pleasure to feel that members of the Homœopathic profession throughout the world could and would come to us and be received with open arms. With open arms and full, warm hearts, we greet you. We greet you, sir, as warmly as the sun in New York or Philadelphia possibly could. We greet you as warmly as Texas or New Orleans could. We can not say what we have in our minds for you. Our hearts are full of gratitude that we live to welcome this Homœopathic Convention; full of gratitude that it is made possible for every member of the healing art to go forth to the world and minister unto bodies and minds diseased.

As the members of this Congress sit within these walls, we find inscribed upon the shields around us the names of those dear to us and dear to you. They have passed from labor to reward, but their memory still remains. Some are known to you by their work in a literary way; some are known to us by their personal influence, and all are known by their pure and devoted lives. Together, shoulder to shoulder, they marched forward, carrying on this great and noble cause of Homœopathy. With Christ-like self sacrifice they spent nights and days of ceaseless toil that they might be the better fitted to carry on this God-given work. They marched on in this way day after day, year after year; before them the uplifted banner under which they fought, and upon which was inscribed the name of their great leader, Hahnemann. (Unveiling of a large painting of Hahnemann and prolonged applause.)

Oh! Senseless image of the mighty dead! Could those dumb lips but speak unto our ears, could those dim eyes but flash the light of truth, could that pulseless heart but throb as of yore, and that busy brain give to us the advice we so much desire, blessed indeed should we be. If thy pure spirit from its blissful home doth erstwhile come to bless us for our duty done in this great cause for which you lived and died, the travail of your soul is satisfied.

Again, sir, I greet you with a hearty hand clasp, and only pray that our hours of intercourse here may carry with them so blessed a memory, that, as you walk your toilsome round, the recollection thereof shall lighten your way, until you are called from labor to refreshment in the halls of the blest above.

The officers of the congress were then selected: Honorary President, R. E. Dudgeon, London, England; President, I. T. Talbot, Boston; Vice-Presidents, Drs. Harris, London, England; Gonzalez, City of Mexico; Kinne, Paterson, N. J.; Butler, Montclair, N. J., and Biegler, Rochester, N. Y. Permanent Secretary, Dr. Hughes; Recording Secretary, Dr. Dudley; Provisional Secretary, Dr. Strong; Treasurer, Dr. Kellogg.

Rules of order and a business programme were then adopted, and Dr. Talbot proceeded to read the address of the Honorary President, Dr. Dudgeon, whose age and enfeebled health prevented attendance.

Committees on business and resolutions, were then announced, and adjournment followed.

Telegrams were received from Dr. Ziegler, of Berlin; Kellogg, in Mexico, and Lilienthal, San Francisco.

WEDNESDAY MORNING.—Dr. Asa S. Couch was, by universal consent, awarded the palm for the most eloquent address of the Congress. We regret that we are able to give only a few extracts, but they show the scope of the paper:

“My text will be found in the first chapter of the order of business of this convention and the first verse: The Ethical Basis of the Separate Existence of the Homœopathic School.”

“To treat this subject satisfactorily, two things are primarily requisite: first, to define ethics and how its rules may be justly administered, and a comparison of our own with the drug therapeutics of the dominant school in medicine. Ethics, according to an eminent lexicographer, is defined as the ‘science of human duty,’ and who would administer thereupon must be ethical. A school which should formulate decisions within the science of human duty, while uncertain of its own position or when inspired with passions and prejudices, would place itself in an unfortunate position before the world, and one likely to end in embarrassment.” After a few more introductory remarks, he went on to say that “whether success or failure, life or death, follows the experimental administration of drugs, no logical inference can ensue, for they must follow each other in sequence, and lap each other as results. To increase peristalsis where deficient, or to arrest it by drug poisoning where in excess; to force or diminish secretions; to accelerate or retard the circulation; to stop all voluntary and many involuntary activities and demand that it be called sensible or scientific

doctoring, is a travesty upon logic and a caricature of common sense. In a large majority of instances such practice aborts the very process by which Nature would cure; in all cases it handicaps her by adding to her burdens and diminishing her power of resistance. Its futility is recognized by sufficiently intelligent and honest authors of the old school. In fact its own writers have been its most severe and unsparing critics, and their denunciations stand unchallenged before the world." * * *

"Whatever improvement may have obtained in the old-school practice within two decades has been purely and altogether negative. Through the evolution of mind and the embarrassment of marked contrasts, it has increased its conservatism, and as the result of a kind of intellectual osmosis, imbibed from the doctrine, process and results of a school founded by an inhibited Saxon, it has lessened its doses and diminished its polypharmacy, but in its principle or doctrine of medication it remains absolutely unchanged. Even the purloinings from Homœopathy, as embodied in the works of Ringer, Phillips and others, have not greatly modified its practice.

"First.—Because a large majority of its practitioners have no recourse to these words.

"Second.—Because in so far as they have been successfully adapted, it is not their legitimate practice, it is that of a slipshod and very crude homœopathy.

"Without fear of successful contradiction I assert the principle of honest allopathic practice to-day is not one whit in advance of that of prehistoric man, nor in any way changed except by the unfortunate doctrine of the illustrious Galen. It is without any law whatever, and consequently the application of the term "science" in relation to it is a misnomer and a dishonor to the word. Yet consider the amount of drugs that is being poured into mankind and reflect upon the endorsement it receives.

"During the last customs year at New York, there were imported for medicinal use of the aqueous extract tincture and other liquid preparations of opium, 29 pounds; of morphia and all salts thereof, 16,629 ounces, and of crude opium, containing 9 per centum and over of morphia, 283,655 pounds. This in one port. When the importations at the others are figured up, what must be the aggregate cast upon our shores? Time will not permit a sufficient analysis of the matter, but I may ask you who know what its curative application is, and in what doses it is effective, to consider, except in proper palliation, or by those who have acquired a horrible habit through its abuse as medicine, how the rest of the vast amount has been, or will be, employed.

"Man is but a system of reflexes. Either in health or disease to embargo the one is to arrest the other, and this, except under law to cure, is what by scientific (?) application this opium (or its salts) has been or will be doing throughout the land, masking disease, lessening healthful resistance and deceiving unfortunates who have trusted themselves to the tender mercies of an arrogant and self-sufficient school.

"Last spring, in a given time, the registry of vital statistics in the city of Buffalo recorded the certificates of death from pneumonia, bronchitis and la grippe as numbering seventy. Of these sixty-three were from allopathic and two from homœopathic physicians. Of the old school there are three hundred and of the new school sixty physicians in that city. Multiplying the number of deaths under homœopathic treatment by five, to keep the proportion just, and the result is as ten to sixty-three, and subsequent investigation proves a contrast still the more startling." * * *

"Hahnemann had character enough to scrutinize and analyze that which he was commanded to do with poisonous drugs, and sense sufficient to hesitate before doing it." * * *

"I am not weak enough to stand and declare that this school embodies an absolute science in therapeutics. No school which ever may or can be founded will do this.

"The fully prepared practitioner in this school does not guess; he does not experiment; he does not deliberately set to work to make his patient sicker. The law under which he shall proceed is one in nature and results obtained in exact application. When an epidemic appears he does not grope in the dark and try experiments unto the death of thousands. Given the symptoms in advance, he can even foretell the remedies which will successfully grapple with a coming scourge." * * *

"The embarrassment of the situation to such of the old school brethren who can be embarrassed comes from the fact that they have no law by which to proceed in the prescription of remedies, and hence no more actual science than the Indian medicine man, who essays to cure by blowing feathers and beating tom toms."

"In my judgment it shall not be enough to neutralize the assumptions and object to the aggressions of the old school; not enough simply to declare that it shall not hide nor destroy the magnificent contrasts of our public institutions; not enough to resist its insolent attempts to take the management of our affairs into its own hands. Will some one tell me by virtue of what right or justice the homœopathic school submits to the imposition of many insurance companies in the exclusive appointment of examiners from the old school? The same as to pension examiners, in relation to whose appointment the government is almost equally, if not more, exclusive? Does the new school, by its quiet submission in this matter, admit by implication that only old-school physicians are qualified for examiners? It has that appearance before the world. And since the general government has been referred to, will someone explain by virtue of what right or justice homœopathic physicians are rigidly excluded from the army and navy? Here, as every where else, 'possession is nine points in law,' and this possession periodically gives the appointment of every commission, the power to fill every vacancy and every new position of trust in the medical engineering of government."

HAHNEMANN'S POSOLOGICAL RULES.*

Organon, 5th ed., § 159. The smaller the dose of the homœopathic remedy, the smaller and shorter also this homœopathic aggravation.

§ 160. The least possible dose makes no homœopathic aggravation.

§ 161. Homœopathic aggravation in the first hours in acute—in six, eight or ten days in chronic diseases, with improvement in the intervals.

§ 171. In psoric chronic diseases, several remedies are necessary; each in a single dose, or in several successive doses.

§ 245. Every perceptible improvement excludes repetition of dose.

§ 246. Slow improvement of a fine dose in forty, fifty or one hundred days, is rare, and these intervals can be shortened by one-half, one-quarter, and more, if the remedy was homœopathically well selected, and given in the proportionate least dose; and if repeated in commensurate intervals, according to experience.

Note.—Revokes his former advice to allow the least dose to complete its action, in acute and chronic diseases. In chronic cases, Sulphur in its finest dose (30) can not be repeated to advantage every week in feeble and irritable patients, only every nine, twelve and fourteen days, as long as serviceable. Rarely less than four, but six, eight and ten such doses are necessary to exhaust the sphere of action of that remedy. (Sulphur.) Fresh itch cured by a weekly dose of Sulphur in ten to twelve weeks.

In other chronic diseases, eight, nine and ten doses Sulphur (30) may be necessary, but instead of giving them successively, it is better to interpose two or three doses of a new serviceable homœopathically indicated remedy (Hep. s. c.), and allow them to act eight, nine, twelve or fourteen days before a series of Sulphur doses is recommenced. If Sulphur symptoms appear, interpose *Nux. vom.*, 30, for eight days, sometimes *Puls.* 30.

Now smelling is recommended with 9 days' action, if Sulphur was abused, with *Merc.* 30.

Hep. s. c., 30, rarely given in shorter intervals than 14, 15 days.

* The Organon and Materia Medica Society in Philadelphia, Pa.

In acute diseases, repetition after 24, 16, 12, 8, 4 and less hours, in cholera after 5 minutes; Cuprum and Veratrum Phosphorus, 2, 3 hours.

In syphilitic diseases, one dose Merc. 30, but several in 6, 8 days' interval, when complicated with psora. In extreme weakness, smelling once at one pellet.

§ 250. In urging cases, change of medicine after 6, 8, 12 hours in incorrect selection.

§ 254. Signs of improvement can only be expected when the dose was small enough, an unnecessarily larger dose produces aggravation.

§ 255. If, with correct remedy, improvement hesitates, either the patient's behavior or the too long lasting homœopathic aggravation is the cause; therefore, the dose was not small enough. (Hence the larger dose produces aggravation.)

§ 256. Rigorous diet necessary, especially when small doses are given.

§ 275. Necessary proportion of the small dose to the life force, in addition to the required symptoms—similitude. Larger dose, noxious.

§ 276. The larger the dose the more homœopathic, and the higher in potency the more noxious it must be, and so much more than just as large a dose of an unhomœopathic medicine, because in the former case it increases the homœopathic aggravation.

§ 277. In proportion to the smallness of dose the remedy, if the more correctly selected, will cure pleasantly.

§ 278. To find this proportion,

§ 279. The dose of the homœopathic remedy can never be prepared so small as not to be stronger than the natural disease, so long as it can produce a slight aggravation. Therefore,

§ 280. The dose must be diminished to that degree that it will produce a slight homœopathic aggravation. (Compare Kent's croup case with a millionth potency.)

§ 283. The correct dose is: *Quantum sufficit* in the least dose.

§ 285. Diminution of volume of dose diminishes action.

§ 286. Increase of volume increases action. Fallacy, that the dilution of a dose in a greater quantity of fluid weakens action; quite the contrary.

Note 1.—Potentiation by shaking.

Note 2.—The higher the attenuation, with shaking, the more rapid and penetrating the action, which seems to be shorter.

§ 288. Smelling recommended as of equal power, and gentler action, but of as long duration of action as by the taste.

Chronic Diseases, I., p. 107. Clap yields to a drop of Petroselinum, fresh, or other remedies (30).

Syrosis: Thuja 30, with 15, 20, 30, 40 days' action, alternating with Nitric acid. In old and difficult cases touching the parts with tinct. fortis daily.

If more doses of Thuja are necessary, they are taken from other potency degrees (24, 18, 12, 6).

I., p. 112. In Syphilis: Merc. met. 30. If more doses necessary, lower potency degrees, going down the scale.

I., p. 149. One can not almost give them (the remedies) too small. If incorrectly selected, it can easier be counteracted.

I., p. 151. Repetition injurious, when the remedy acts well, which can be seen the 8th, 9th days, sometimes the 24th and 30th days; then it works out the 40th or 50th day. Never repeat as long as action continues. Sepia has worked for him 100 days.

P. 153. As a rule, the antipsoric remedies act longer the more chronic the disease.

P. 155. *Ground rule:* Let the remedy work out if improvement is perceptible.

P. 157. *Exception:* Repeat, if the improving remedy works out too quick, which is rare in chronic, but frequent in acute diseases, or in chronic diseases becoming acute. Then, after 14, 10, 7 days, repeat in another potency degree, going down the scale. Also, if certain of the remedy, dissolve the dose in water and give it immediately, night and morning.

P. 158. Itch allows a frequent repetition of Sulphur in 6, 8 and 10 days, with interposition of Hep. s. c., Merc., Nux vom.

If Sulphur, Hep. s. c., and, in some cases, Sepia, are excepted, the antipsoric remedies can be repeated but seldom, then another similar remedy should be given if necessary.

From time to time a dose of Sulphur or Hepar should be given, and after Sulphur abuse, Mercury.

P. 159. Too frequent changes throw the patient into an over irritated state, responding to no remedy.

P. 171. By stirring up the watery solution, it attains to a higher degree of potentiation.

Vol. III., p. 18. In diseases of some severity (the most acute not excepted, and the more in the sub-acute, chronic and most chronic), the homœopathic pellets are more helpful in divided doses (*refracta dosi*), e. g., in a solution of 7-20 spoonfuls of water, in acute diseases every 6, 4, 2 hours, or every hour or half-hour, one tablespoonful; and in feeble persons and children, one or two teaspoonfuls.

In chronic diseases a teaspoonful of such a solution, not less than every two days, generally once a day. Put hard charcoal in it to prevent spoiling. The bottle containing the solution must be shaken up with five or six arm-strokes.

After using this solution up (omitting a day if it worked too strongly) one or two pellets of the same remedy of a lower potency (if 30, now 24) in another solution used as before as long as the remedy improves, and no new symptoms appear, in which case the remedy must be changed. But if the symptoms of the disease increase, the remedy should be omitted two weeks or longer.

In acute diseases two pellets, high potency, dissolved in 7 to 15 tablespoonfuls of water, every $\frac{1}{2}$, 1, 2, 3, 4, 6 hours a table or teaspoonful. If no new complaints arise, continue till homœopathic aggravation follows, then give less in more time.

N. B.—If new symptoms appear Hahnemann reckons them to be the sign of incorrect selection. If the symptoms are intensified or heightened it is the sign of correct selection and improvement (in Kent's croup case the new symptoms indicated improvement).

P. 171.—If the new solution is to be made of the same potency-degree it must at first be shaken as much as the number of the shaking-strokes of the former solution, and then a few more before the patient takes the first dose; but for the following doses it should be shaken only five or six times.

Rubbing the solution in the parts free from disease, the healing action is increased. The bottle must be shaken five

or six times before. Now he drops French brandy into it to keep the solution from spoiling.

He uses now for attenuation ten arm-strokes (30) in great irritability and weakness of patients, and lets them smell a few pellets in a vial, using daily a lower potency.

Vol. 5, p. 18. The shaking-strokes potentiated the remedy and the dilution is utterly rejected.

From this extract it appears that Hahnemann changed his mind twice, and that ideas are always clearest when first they come into the world. Changing them is not always an improvement.

As Hahnemann had it at first it is applicable to all cases. Give the highly potentiated remedy in a single dose and observe its action. If it produces the homœopathic aggravation let it pass off, till improvement sets in and continues to the point when it ceases and presents the same symptoms as before, but less severe, then give the same remedy in lower potency, and so on. If the improvement results out in healing nothing more, of course, need be given. If the remedy produces by-symptoms which are not in the pathogenetic picture it is a sign of incorrect selection, and the remedy should be replaced by one of correct selection. The homœopathic aggravation occurs in acute diseases in the first hours, in chronic in the first ten days; it is the sign of correct selection of the remedy.

Later on Hahnemann recommends smelling as the best mode under observation of the same rules as given before.

Later still he recommends the solution in water and more frequent repetition, being guided also by the production of new symptoms and the homœopathic aggravation.

Latest he tried to perfect the mode of administration by diluting higher potencies and repeating them *ad libitum*.

In regard to the potentiation, though assuming the healing force to reside in the substance, yet he seemed to adhere still to the notion that the original substance still existed in the 30th attenuation and accounted for its potency. His ideas about this subject are not always quite clear and consistent. But he holds on to the assumption that the shaking of the medicinal fluid and the trituration of the dry substances, potentiate the medicine to a higher degree.

Far from finding fault with these sometimes contradictory

statements, we are driven to admire the genius of Hahnemann, who, from a chaos of physical and chemical facts, evolved such a simple and effective mode of producing the most efficacious remedies which ever have been prepared by the hands of man.

This subject, however, is so vast that it requires time and labor to work out of it the laws and rules for the Posology of Homœopathics. A review of the ideas of the followers of Hahnemann for a century shows a picture of contradictory elements, and a melancholy thought will steal over one when looking at the fruitless endeavor of so many great men, who earnestly strove to find the truth. Almost every one had his own rule to go by, and only the old ground rule of Hahnemann, to give the simple, single remedy, well selected according to its homœopathicity, and only to repeat it or give another one when necessary, had guided them all to cure thousands of patients, or at least help them in their troubles, who otherwise would have died prematurely.

The enormous strides which Homœopathy has made with regard to high potencies, constrain us to draw conclusions from their use in health and disease. And since this is a gigantic task, not to be accomplished by one individual; the progressive homœopathic societies should make this a special duty, for investigation. For everybody knows very well how prejudice and malevolence have tried, in vain, to silence this important movement for years and years. It was reserved for homœopaths, the homœopathicker of Hahnemann, to elaborate his ideas on potentiation on this free continent, where no state interference or the will of government, throws impediments in its way. All the opposition this great department of the science of homœopathics encountered was not from the old enemy which Hahnemann had mainly to contend with, but from that pernicious mingling sect with which he had to grapple on account of his dynamic conception of the healing art and science. The name was given by Hahnemann to those, who, from his ideas, accepted only the symptoms—similarity, and rendered the dose irrelevant in the treatment. They tried to infuse allopathic notions into the pure doctrine, and made the diagnosis of the physico-chemical school paramount to the rules of Hahnemann. They endeavored to mix allopathic routine with homœopathic

practice, and thus to make an end to Homœopathy altogether, misnaming the strict adherents to Hahnemann's doctrine by a perversion of logic, sectarians and exclusives. They have deceived and deluded public opinion into an erroneous conception of Homœopathy, and threaten extinction to a truth which a small minority, though strong in intelligence and determination, uphold against that host of pretenders, trusting to the old adage: *Magna est veritas et prævalebit.*

B. FINCKE.

BROOKLYN, N. Y., June 17, 1890.

AN OPIUM EFFECT OR A COINCIDENCE?

That wonderfully complex vegetable product Opium, both bane and boon to the human race, although well known for some centuries to the medical profession in its coarse effects, was first scientifically studied and its sphere of usefulness and proper place in the Healing Art pointed out by the proving of Hahnemann. In neither of these records of symptoms, i. e. those produced by long continued use of the drug in massive doses, nor those produced by small doses in the provings, have I noticed any organic deformity of the spine, and hence the interrogation point at the head of this article to indicate a doubt whether what I have observed is really an Opium effect or merely a coincidence. I will simply state what I have observed in a number of Opium habitués, leaving the reader to judge.

CASE I.—Mr. S——, about fifty years old. Had taken Opium for many years. The quantity varied, but averaged about sixty grains a week. His back was very much arched in the upper portion just below the neck.

CASE II.—Mrs. K——, about sixty-five years old. Had taken Opium for probably twenty years. The quantity taken had been moderate at first, but had been gradually increasing; when I knew her it was in the neighborhood of 240 grains a week. The whole back from neck to sacrum was arched so that she could not look straight ahead without considerable effort.

CASE III.—Miss H——, forty years old. Had taken Opium almost from puberty, at first to relieve menstrual pains. Quantity from three to four drams per week. Could not stand erect. Back arched forward and to one side so that the shoulder on that side was greatly depressed.

CASE IV.—Mr. B——, about sixty-five years old. Had taken Opium a long time; generally an Avoirdupois ounce (437½ grains) per week. Back much bent in the upper part like the first case.

CASE V.—Mrs. W——, about sixty years old. How long she had taken Opium, unknown. Quantity unknown. She generally had about a dram of Opium with her, and judging from appearance was an old Opium eater. Back arched (like cases 4 and 1), chiefly in upper dorsal vertebræ.

CASE VI.—Mrs. L——, about fifty years old. Had taken Opium for fourteen years, about 30 grains a week. Very much bent.

CASE VII.—Mrs. E——, about fifty. Used both Opium and Morphine; the first regularly, the latter occasionally. Back very much bowed, mostly in upper part.

All of these people were up and about, and were never, when I saw them, in a stupid or somnolent condition, with one exception (Mrs. E.). They were lean, sallow and sickly looking.

These seven Opium eaters are all that I have had experience with, and hence I can say that I have never seen one who did not present this peculiar gibbous condition. On the other hand, I can not recall having ever noticed it in Morphine takers, of whom I have known at least an equal number.

J. B. S. KING.

NEW JERSEY PRESIDENTS.—Virginia may boast of being the “mother of presidents” political, but for presiding officers in homœopathic medical conventions, New Jersey heads the list. To Dr. Kinne belongs the honor of being the best parliamentarian and ablest presiding officer who ever wielded the gavel in the A. I. H.; and Dr. Butler was, without doubt, the best parliamentarian who ever filled the president’s chair in the I. H. A. They appear to study politics and Homœopathy in New Jersey, and are fairly successful with both.

REPERTORY OF VISIONS.

This Repertory is the result of many hours of close research, and the material is fresh from the *Materia Medica*. I think it is nearly complete. Authorities consulted were: Allen's Encyclopedia, Hering's Guiding Symptoms, Hahnemann's *Materia Medica Pura*, Hahnemann's Chronic Diseases, Jahr's *Symptomen Codex*, Gross' Comparative *Materia Medica*, Lippe's *Materia Medica*, Dunham's *Materia Medica*, Farrington's *Materia Medica*, Hering's Symptoms of the Mind.

I would suggest that if physicians who have a taste for such work would make similar repertories of special subjects; we would, in time, have a series of monographs that would greatly aid those who desire to prescribe accurately.

H. C. MORROW.

SHERMAN, TEXAS.

REPERTORY OF VISIONS.

Absinth., Acon., *Act.*, Aeth., Agar', Alco., Aloe., Alum, Amb., Amm. c., Anac., Apis., *Arg. n.*, Arn., Ars., Ars. m., Art. v., Atrop., Aur., Bar., BELL., Berb., Borax, Bov., Brom., *Bry.*, *Cal.*, Cal. ars., Caffu., *Camph.*, CANN. I., Cann. s., Canth., Carbu ox., Carbu. s., Carbo. a., Carbo. v., *Caustr.*, Cham., *Chlol.*, Cic., Cina., Cinch., Coca., Cocc., Coff., Colch., Con., Crotal. c., Crotal. h., Cup., Cup. ac., Curare., Cyc., Daph., Dign., Dros., Dulc., Ether, Euphorb., Euph., Fluor. ac., Gast., Graph., *Hell.*, Hep., Hura., Hyos., Hyper., Ign., Iod., *Kali. b.*, Kali. c., Kali. ph., Lac can., Lach., Lachn., Lact., Laur., Led., Lepi., Lil. t., Lyc., Lyss., Mag. c., Mag. m., Mag. s., Mag. p., Manc., Med., Mel., Mer., Mer. i. f., Mosch., Mur. ac., Naja., Nat. a., Nat. c., Nat. m., Nat. s., Nitr. ac., Nux. m, Nux., Oleand., Ol. an., Op., Orig., Pau. p., Peti. v., Petr., Phos., Phos. ac., Phys., Plat., Plb., Prun., Psor., Puls., Ran. b., Ran. r., Ran. s., Raph., Rheum., Rhod., Rhus., Rhus. v., *Samb.*, Sanic., Sant., Sars., Scroph., Sec., Sep., Sil., Sol. t. ac., Spig. Spong., Staph., STRAM., Stront., Strych., Sulph., Sulph. ac., Tab., Tar. c., Tar. h., Thu., Val., Ver., Verb., Visc. a., Zinc.

VISIONS—of angels, Ether.

of animals, *Absinth.*, *Act.*, *Aeth.*, Arn., Ars., Atrop., Aur., BELL., *Cal.*, Cham., Cina., Colch., Con., Crot. h.,

Daph., Hyos., Lac can., Lyss., Med., Mer, Nat. a.,
 Nat. c., Op., Plb., Puls., Sant., Sec., STRAM., Sulf.,
 Tar., Thu., Val.

bed, about and on, Act., Colch., Con., Plb., Val.

black: *Bell.* Nat. a.

on closing eyes and sleep at night: Nat. a.

on walls and furniture: *Bell.*

brilliantly illuminated: *Thu.*

colors of all: *Absinth.*

coming towards him: *Op.*

creeping: *Lac can.*

cup, moving in a: *Hyos.*

when closing the eyes: *Bell.*

fire, in the: *Bell.*

frightful: *BELL., Crot. h., Op., Stram., Tar.*

grotesque: *Absinth.*

jumping at her: *Mer.*

out of window: *Aeth.*

large: *Stram.*

many (swarms of): *Bell., Crot., Stram.*

moving about the room: *Aur.*

passing before her: *Thu.*

plays with: *Cal.*

running at him: *Stram.*

surrounded by hideous, on waking at night: *Crot. h.*

unclean, swarms of in room and on bed: *Bell.*

ants, bed full of: *Plb.*

bats: *Bell.*

bugs, beetles, insects, etc.: *Ars. Atrop., BELL.,*

Cann. i., Lac can., Plb., Puls., STRAM., Tar.

birds: *Bell., Kali. c. Lac can.*

butterflies: *Bell., Cann. i.*

cats: *Absinth., Aeth., Arn., Bell., Cal., Daph.,*

Hyos., Puls., Stram.

black: *Bell., Puls.*

dogs: *Absinth., Act. Aeth., Arn., Aur., Bell., Cal.,*

Lyc., Lyss., Mer., Puls., Sil., STRAM., Sulph.,

Verat., Zinc.

black: *Bell.*

large: *Stram.*

many: *Bell., Cal., STRAM.*

- fishes: Bell.
 fowls: Hyos., Stram.
 giraffes: Cann., i.
 horses: Bell., Mgn., m., Zinc.
 mice: *Act.*, Bell., *Cal.*, Colch., Lac can., Mag. s.,
 Op.
 rabbits: Stram.
 rats: *Act.*, Bell., Med.
 of all colors: Absinth.
 running across the room: Aeth.
 scorpions: Op.
 serpents: Bell., Hyos., Lach., Op.
 a crimson, tries to fasten on his neck: Bell.
 a, in bed approaching her: *Hyos.*
 turtles, sees large in room: Bell.
 wolves, surrounded by: Bell.
 worms: Atrop., Cann. i., Nux.
 army, an, sees pass by: Cann. i.
 behind him: Lach., Euphorb.
 beside him: *Anac.*, Apis., Ars., Atrop., Bell., Camph.,
 Carbo v., Cic., Lac can., Nux., Petr., STRAM., Val.
 beautiful, delightful: *Bell.*, *Cann. i.*, Cann. s., Coca.
 Lac can., Olean. OP., Sulph.
 of books: Atrop., Bell.
 of bottles: Tab.
 of building stones: Thu.
 of carriages, fine: Carbn. s.
 of castles: Plb.
 of chain, a bright gold: Cinch.
 of chairs: Thu.
 of changing from past to present: Mur. ac.
 of changing often: *Bell.*, *Cal.*, *Cal. ars.*, *Cann. i.*, Lye.,
 Nat. m., Petiv.
 of children: Agar., Bell., Bry.
 of cities: Nat. m., Rai r.
 of clouds: Cann. i., Hep., Mag. m., Rhus.
 black: *Stram.*
 dark: Bell., Hell., Petr., Puls., Stram.
 of demons, devils, etc.: Ambr., Anac., Ars., *Bell.*,
 Cann. i., Cup., Dulc., Hyos., Kali br., Kali. c.,
 Lach., Manc., Nat. c., *Op.*, Orig., Plat., Puls.,
 Stram., Sulph.

- during the day: Arg. n., Bell., Cal., Lachn., Lyc.,
Nat. m., Stram.
- in day dreams: Oleand.
- by day, of fancied things: Stann.
- of dead persons: Agar., Alum., Amm. c., *Anac.*, *Arg.*,
n., Arn., *Ars.*, Aur., Bar., Bell., Brom., Bry.,
Cal., Cann. i., Canth., Caust., Cocc., Con., *Crot.*
c., Fluor. ac., Graph., Hep., Hura., Hyos., Iod.,
Kali c., Laur., *Mag. c.*, Mag. m., Nat. c., Nat. m.,
Nitr. ac., Nux., Op., Pan. p., *Phos.*, Phos. ac.,
Plat., Plb., Ran. s., Sars., Sil., Strych., Sulph., Thu.
at night: Arg. n.
- on awaking: Cann. i. Hep.
- acquaintance on a bier and has dread: *Ars.*
- at side on awaking: Nat. c.
- child: cow., Plb.
- in a churchyard: Bell.
- in heaven: Agar.
- husband: Plb.
- her relatives in room: *Crot. c.*
- sister: Agar., Bell., Hyos.
- and converses with her: Bell., *Hyos.*
- desired, of things he: Sil.
- disagreeable: Carbn. s., Op.
- after depletion: CINCH.
- of devils, demons, etc.: *Amb.*, *Anac.*, *Ars.*, Bell., Cann. i.,
Cupr., Dulc., Hyos., *Kali br.*, *Kali c.*, Lach., Manc.,
Nat. c., *Op.*, *Orig.*, Plat., Puls. *Stram.*, Sulph.
- about the bed: *Op.*
- the coming to take her: Puls.
- cooking, sees the: Cann. i.
- diabolical imps: Cann. i.
- faces: *Amb.*
- pursued by a: *Kali br.*
- strikes about with a sword to drive away: *Stram.*
- disappearing and reappearing: Spong.
- enchantment, *Cann. i.*, *Coff.*, *Op.*
- evening in the: Brom., Carbo a., Carbo v., Cinch., Cup.
ac., Ign., Nat. s., Phos., Puls., Ran. r.
- large: Lac can.
- of eyes: Chloral.

- large: Lac can.
- on closing the eyes: Apis., Arg. n., Ars., Atrop., BELL., Bry., CAL., Camph., Carbo v., *Caust.*, Chlol., CINCH., Coc., Cup. ac., Euph., Graph., Hell., *Ign.*, Lach., Led., Lyc., Nat. a., Nat. m., Petr., Plb., Puls., *Samb.*, Scroph., Sep., Spong., Stram., Sulph., Tar., Thu.
- on opening eyes: Spig.
passing off: Sep., Spong., Thu.
- of faces: Ambr., *Arg. n.*, Ars., Atrop., BELL., Bry., CAL., Cann. i., Carbo a., *Caust.*, *Cinch.*, Lac can., Med., Mer., Op.; Phos., *Samb.*, Strych., Sulph., Tar.
in the dark: Lac can.
at night. *Cinch.*
diabolical: Ambr.
of distinguished people: Cann. i.
distorted, human: *Caust.*, Laur.
on lying down at night: *Arg. n.*
on closing the eyes: Aeth., *Arg. n.*, Ars., BELL., Bry., CAL., Carbo v., *Caust.*, *Cinch.*, Op., *Samb.*, Sulph., Tar.
frightful on closing the eyes: BELL., CAL., Carbo a., *Caust.*, Mer.
haunted worse by one which he had really seen: Lac can.
many: Med. Phos.
peering at her from behind bed and furniture: Med.
from every corner of the room: Phos.
ridiculous: Cann. i.
ugly: Strych.
- and persons when eyes are closed: Cal.
- fantastic: *Arg. n.*, *Arn.*, Ars., CHLORAL, Hyos., Led., Op., Sep.
when closing the eyes: Bell.
- of figures, forms, phantoms, etc.: Anac., Atrop., *Bell.*, Brom., Cal., Camph., Carbo v., Chloral, Cic., Coca, Coc., Cup. ac., Dig., Hell., Hyos., Kali c., Mosch., Narcot., Nat. c., Nitr. ac., Nux m., *Op.*, Petiv., Phos. ac., Plat., Plb., Puls., *Samb.*, Sant., Stram., Sulph., Tar., Zinc.
all sorts of on awakening: Nitr. ac.

- when asleep: Kali c.
 beautiful and wonderful: Coca.
 black: *Bell.*, *Op.*, *Plat.*, *Plb.*, *Puls.*, *Stram.*
 large, of a, about to spring upon him: *Mosch.*
 on closing the eyes: *Bell.*, *Cal.*, *Petiv.*, *Plb.*
 coming to seize him: *Hyos.*
 during the day: *Cup. ac.*
 evening: *Phos. ac.*
 float before the eyes: *Canth.*
 many, lying in bed: *Hell.*
 frightful: *Atrop.*, *Bar. c.*, *Bell.*, *Cal.*, *Canth.*,
 Carbo v., *Op.*, *Plb.*, *Stram.*
 gigantic: *Atrop.*
 horrible in the room in the dark: *Carbo v.*
 horrid on awaking: *Zinc.*
 at bedside, night in sleep, imagines: *Mer. c.*
 hundreds coming and going quickly: *Hell.*
 hurled bottle of hot water at: *Chloral.*
 marching in air while half asleep: *Nat. c.*
 small, hovering before the eyes: *Tar.*
 strange, accompany him, one on either side: *Anac.*
 doing everything he does, *Ars.*
 of fire: *Amm. m.*, *Bell.*, *Cal.*, *Hep.*, *Lyss.*, *Pula.*, *Spig.*,
 Spong., *Sulph.*
 distant house on: *Bell.*
 head surrounded by flames, at night: *Amm. m.*
 house on: *Bell.*, *Hep.*, *Stram.*
 neighbor's house on, morning waking in a fright:
 Hep.
 room is on: *Stram.*
 everything enveloped in flames on closing the eyes:
 Spong.
 a sea of, on opening the eyes: *Spig.*
 world is on: *Hep.*, *Puls.*
 floating before eyes: *Cal.*, *Canth.*, *Dig.*, *Hell.*,
 Nat. a., *Nat. m.*, *Op.*, *Raph.*, *Strych.*
 frightful: *Absinth.*, *Anac.*, *Ars.*, *Ars. m.*, *Atrop.*,
 Bar., *BELL.*, *Cal.*, *Camph.*, *Cann. i.*, *Carbo a.*,
 Carbo v., *Caust.*, *Chloral.*, *Cina.*, *Coca.*, *Crot. h.*,
 Hep., *HYOS.*, *Ign.*, *Kali br.*, *Kali ph.*, *Lac can.*,
 Lach., *Lyc.*, *Mer.*, *Nicot.*, *Nux.*, *Op.*, *Phos.*,
 Puls., *Rhod.*, *Samb.*, *Sec.*, *STRAM.*, *Tar.*

- evening: Cal.
 night, at: Absinth., Acon., Amb., Arg. n., Atrop.,
 Arn., Berb., *Camph.*, Canth., Carbo a., Carbo v.,
 Cham., Cinch., Coca, Croc. h., Curare, Ign.,
 Kali c., Lyc., Mer., Nat. a., Nat. m., Nicot.,
 Nit. ac., Nux, Op., Puls., Rhod., Sep., Sil.,
 Spong., Tab., Thu., Zine.
 on closing eyes: BELL., CAL., *Caust.*, Lach.
 of fruit: Sant.
 gallows, of a: Bell.
 of giants: Bell.
 of God: Ether.
 gorgeous: Chloral, Ether.
 hand of a: Aur. Benz.
 heads of: Aur. Cann i.
 of deceased acquaintances without bodies, at night:
 Nux.
 large, make grimaces, evening on closing the eyes:
 Euphr.
 monstrous on distant wall of room: Cann i.
 of heaven: Agar., Anac., Ether., Op.
 horrible, on the walls: Bell., Cann. i., Samb.
 incomplete: Op.
 inkstand on bed, of an: Lact.
 on lying down: Arg. n., Hell., Nux.
 of magnificence: Carbn. s., *Chloral*, Coff., Lac can.
 man, of a, who hung himself: Ars.
 a huge drunken, who lies down beside her: Cic.
 hides from a little gray, who wants to pull her leg
 out: Puls.
 a muffled, starts from the wall: Cann. i.
 in the room, who intends to perforate his throat with
 a gimlet: Mer. i. f.
 the same behind as before him: Euphorb.
 of men, on bed at night: Mer.
 at night (child): Cina., Sant.
 old with long beards and distorted faces: Laur.
 who are not present: Hyos., Lyss.
 room full of strange, who want to take her
 away from home: Bell.
 masks: Kali. c.

- horrible, strange, on closing the eyes: Sulph.
 laughing, night in bed: *Bell.*
 masked people coming towards him: Op.
 evening: Ran. r.
 of monsters: BELL., Camph., Cann. i., Cic., Lac can.,
Op., Samb., STRAM., Tar.
 on falling asleep and on awaking: Ign.
 staring at her: *Bell.*, Tar.
 of money: Stram.
 moving up and down: Zinc.
 of needles: Mer., Sil.
 of newspapers: Atrop.
 of numerals: Phos. ac., Sulph.
 of objects: Aesc., Carbn. s., Cup., Dign., Lyss., Past.,
 Thu.
 black: Atrop., *Bell.*, Mosch., *Stram.*
 brilliantly colored: Bell.
 frightful, with open eyes: Atrop., BELL., CAL., *Op.*,
 STRAM.
 hideous: *Bell.*, Camph., Lach., *Stram.*
 moving about: Ign.
 strange: Carbn. s., Stram.
 of officers: *Cup. ac.*, *Hyos.*, Kali br., Plb.
 of palaces: Plb.
 passing like lightning before the eyes: Cal., Calc. ars.
 of the past: Kali ph.
 of people, persons, etc.: Ars., Ars. m., Atrop., *Bell.*, *Bry.*,
 Cal., Cinch., Con., *Hyos.*, Kali c., Lach., Laur., Lyc.,
 Lyss., Mag. p. a., Mag. c., Mag. s., Nat. m., Op.,
 Plb., Puls., Ran. r., Rheum., Sep., Stram., Sulph.,
 Tar.
 at bedside: Atrop.
 behind him: Euphorb., *Lach.*
 beside him: *Anac.*, Apis., Ars., Atrop., Bell.,
 Camph., Carbo. v., Cic., Lac can., Nux., Petr.,
 Val.
 of people, black: Atrop.
 coming in and looking at her and saying, "come":
 Med.
 on entering room: Lyc.
 fighting: Op.

- large: Med.
 a large company of: Stram.
 many: Nat. m., Ran. r., *Stram.*
 masked: Op., Ran. r.
 old, repulsive which fill her with fear: Kali c.
 points at: Op., Sep.
 on awaking from sleep: Sulph.
 standing here and there: Sep.
 sitting about him (conscious of the illusion): Plb.
 strange: Mag. s.
 in the room: Con., Lyc., Tar.
 who wanted to carry her off: Bell.
 threatening passing, and screams horribly: Ars. m.
 ugly: Kali c.
 persecuted, as if: *Hyo.*
 of pictures, hovering before in half sleep: Hell.
 beautiful: Bell.
 on closing the eyes: Puls., Sep.
 frightful in sleep which haunt him when awake: Puls.
 a mutilated, floats before the eyes: Raph.
 at night: Op., Puls., Sep.
 pleasant in his fancy: Lyc.
 of places he had never seen: Sil.
 pleasant: Coca., Stram.
 real: Lach.
 of rocks: Mag. m.
 of a rope across the sky, Ran. b.
 sad, Nux., Plat.
 of a sexual nature, Verbas.
 of skeletons, Op.
 death in the form of a gigantic, Croc. c.
 in half sleep, Acon., Berb., Kali c., Led., Nat. c.
 Nat. s., Nux, Puls., Sulph.
 during sleep, Aloe., Arn., Chlol., Graph, Jac., Kali c.
 Lac can., Lyc., Mag. s., Manc., *Nat. m.*, Nitr. sp. d.
 Nux. Op., Prun., Rhus., Staph., Zinc.
 prevents sleep, Cal., Ign., Mer., Nit. ac., Sep.
 Tab., Thu., Zinc.
 on awaking from sleep, Cal., Cina. Ign.
 Med., Mer., Phos., Plat., Puls.
 Sep., Sulph., Zinc.

- of soldiers, Bell., Bry., Nat. c., Op.
 on his bed, Lact.
 cutting him down >on getting cool, Bry.
 marching silently past, Cann. i.
- of splendid spectacles, Carbn. s.
- of spectres, ghosts, etc., Agar., Ars., Ars. m., Atrop.,
Bell., *Camph.*, Cann. i., Carbo v., Crot. c., Cup. ac.,
 Dulc., Hep., Hyos., Hyper., Lach., Lepid., Mer.,
 Nat. m., *Op.*, Pan. p., Phys., Plat., Puls., Sep., Sil.,
 Spig., Stram., Sulph., Tar., Tar. h., Thu., Visc. alb.,
 Zinc.
- acquaintance or relatives of deceased, Agar. Bell.,
 Crot. c., Hep., Hyos., Thu.
- approaching from afar and then retreating, Thu.
- about bed, Op.
- in bed, Atrop.
- on closing eyes: Arg. n., Bell., Bry., Cal., Chin.,
 Ign., Led., Nat. m., Samb., Stram., Thu.
- at night: Atrop., Stram., Thu.
- in most hideous forms and menacing atti-
 tudes: Stram.
- clutches at: Hyos.
- dancing about: Cann. i.
- day and night: Acon., Ars., Ars. m., Puls.
- continuing to enlarge until it disappears: Dulc.
- in fire: Bell.
- frightful: Op.
- grinning at bedside: *Op.*
- numerous about him in half waking sleep: Sil.
- of a, in a room, to which he spoke: Thu.
- spectre of death in the form of a gigantic black
 skeleton: Crot. c.
- spirits of evil: Op.
 at night: Hell.
- stars, of: Cann. i.
- strange: *Camph.*, Curare.
- sublimity, of great: *Cann. i.*
- terrible, horrible: BELL., CAL., *Camph.*, Carbo a., Carbo
 v., Caust., Ign., Lye., Phos., Puls., Samb., STRAM.
- of thieves: Alum., Ars., Aur., Bell., Cup. ac., Kali c.,

Lach., Mag. c., Mag. m., Nat. c., Nat. m., Petr., Phos., Sanic., Sil., Sol., Tab., Tar. h., Thu., Verat., Zinc.

in house: Cann. i., Lach., Mer., Nat. m., Sanic., Sil., Sol. t. æ.

after a dream, and will not believe the contrary until search is made: Nat. m., Sanic.

vivid dream of, which, on awaking, seems real: Nat. c., Verat.

on awaking: Zinc.

says he will catch: Sil.

vanishing instantly: BELL.

vermin of: Alum., Amm. c., ARS., Bov., Kali c., Mur. ac., Nux., Phos., Ran. s., Sil., Stram.

bed covered with: Ars.

vivid: *Bell.*, *Calc.*, Cann. i., Cham., Eth., Gastim., Hyos., Lach., Lyc., Op., Plb., *Puls.*, Spong., *Stram.*,

of water, blue: Cann. i.

wall, on the: Bell., Cann. i., Samb.

of water, flowing: Mer.

large bodies of: Nat. m.

of waves: Bor., Cal., Caust., Hura., Phos., Rhus v., Stront.

of women, naked: Absinth.

old, wrinkled: Cann. i.

wonderful: Cal. ac., Cal., ar., Camph., Cann. i., Coca.

world on fire: Hep., Puls.

IMAGES.—Alum., Amb., Arg. n., Arn., Ars., Atrop., Aur., Bar., *Bell.*, Berb., Brom., Cal., Cal. ar., Camph., Cann. i., Carbn. ac., Carbn. ox., Carbn. s., Carbo a., Carbo. v., Caust., Cham., Chin., Chlorofm., Cic., Cina., Coca., Cupac., Cyc., Dros., Dulc., Euph., Flour. ac., Gels., Graph., Hell., Hyos., Ign., Kali br., Kali c., Kali ph., Lach., Lachn., Led. Lyc., Naja., Nat. a., Nat. c., Nat. m., Nitr. ac., Nux m., Nux, Oleand., *Op.*, Petiv., Petr., Phos., Phos. ac., Plat., Plb., Puls., Rheum, Rhus., Samb., Sep., Sil., Spong., Staph., *Stram.*, Sulph., Tab., Tar., Thu., Verat.

all kinds of: Atrop., Cic., Graph., Nat. m., Nitr. ac.

alone, when: Flour. ac.

animated, lively: Spong.

- before going to sleep: Carbo a.
 when asleep: Graph., Nux. v., Sil.
 when falling asleep: *Arg. n.*
 one-half: Berb.
 beautiful: Bell., Oleand.
 black: Arn., Ars., *Bell.*, Op., Plat., Puls.
 changing: Atrop., Carbn. ox., Coca., Graph., Lyc.,
 Mur. ac.
 children: Aur., Cham., *Cina.*, Rheum.
 confused: *Nux m.*, Phos.
 dark, in the: Carbo. v.
 day, during the: Arg. n., Lachn., Lyc.
 in delirium: Arn., Bar.
 diabolical: Amb.
 disagreeable: Alum., Cal., Carbn. s., *Op.*
 disappear on opening eyes: Sep., Spong., Thu.
 distinct from surrounding objects: *Op.*
 distorted: Amb. Graph.
 double: Atrop.
 dozing through the day, while: Lachn.
 dull: Carbn. ox.
 of education in form of a tree when half asleep: Berb.
 in evening: Brom., Carbo a., Lyc., Nitr. ac.
 eyes, on closing: *Arg. n.*, BELL., *Bry.*, CAL., Camph.,
 Caust., China., Cup. ac., Euphr., Graph., Ign., Led.,
 Lyc., Nat. a., Nat. m., Petiv., Pib., Samb., Sep., Sil.,
 Spong., Sulph., Tar., Thu.
 fanciful: Arn., Lyc., Naja., Nux m., Sep.
 fantastic: Bell., Coca.
 when alone: Flour. ac.
 of fear: Lyc.
 floating before vision: Cal. ar., Carbo v., Chlorofm., Hel.,
 Nat a., Nat. m., Op.
 frightful: Arg. n., Arn., Ars., Atrop., Bar., BELL., CAL.,
 Cal. ac., Camph., Carbo a., Carbo v., *Caust.*, China.,
 Cina., Coca., Con., Croc., Graph., Hep., Hyos.,
 Kali br., Kali c., Kali ph., *Lach.*, Lyc. Mang.,
 Mer., Mur. ac., Nat. c., Nitr. ac., Nux, *Op.*, Petr.,
 Phos. Phos. ac., Puls., Rhod., Rhus, Sars., Sil.,
 Spong., *Stram.*, Sulph., Tab.
 of the future: Oleand.

hateful, afternoon, during sleep: Lyc.
 laughable, ludicrous: Atrop. Bell. Sulph.
 many: Arg. n., Bell., Cal., Coca., Cyc., Graph.,
 Hyos., Nat. m., Op., Spong.
 mind dwells upon: Arn., Nux., Sil.
 misfortunes, of possible: Naja.
 nightly: Bell. *Calc. ac.*, Camph., Graph., Kali br.,
 Led., Lyc., Mer., Nitr. ac., Sil. Thu.
 past to present, changing from: Mur. ac.
 past seems to be before the eyes: Staph.
 sad event of: Spong.
 pleasant, Cann. i., Cyc.
 reappear on closing the eyes: Spong.
 rising out of the earth: Stram.
 same disagreeable object: Petr.
 at his side: Stram.
 siesta, during: Lyc.
 prevent sleep: Alum., *Arg. n.* Lyc., Op., Tab.
 before going to sleep: Carbo. a., Mer., Nitr. ac., Sep.
 in rapid succession: Coca.
 ugly: Lyc.
 wall, on the: Samb.
 wonderful: Coca., Sil.
 wrongs, of possible: Naja.

CHARACTERISTICS OF KALI PHOSPHORICUM.

Experienced in Proving 30th and 200th (B. and T.), 1m (Tyrrell) and 49m (F.)

MIND: Despondency.

Disinclination to converse with others.

Memory defective for even familiar names.

Difficulty in getting words to express ideas.

In general a sluggish condition of mind, which will act if aroused. A condition much like that experienced after preparing for and passing through an important examination. The physical condition resembles this.

HEAD: Dull aching in the occiput, extending through the base of the brain, with the peculiar characteristic which has been verified clinically, > by eating. Also relieved from eructations of gas Also > from gentle motion (clinical). This seems to be a hungry headache.

Pain in the occiput and lumbar region when awaking in the morning, > by lying on the back, passing off after rising. (This occurred on the fourth, and again from the nineteenth to the twenty-first day with the 40m.) In many instances during the proving of the 40m a return of symptoms was noted in a period of from ten to fourteen days.

Sharp, stitching pains outward from the orbits to the temples; > by pressure on the temples.

Intense itching of the scalp; < at night whenever awake.

The higher the potency the more severe and long continued were all the symptoms of the skin.

EYES: Conjunctivæ, much affected — as in all stages of catarrhal conjunctivitis, from dryness and redness to the mucous discharges and agglutinated lids. Sensation as from sticks and sand under the lids.

Eyeballs sore, painful when touched or turned.

EARS: Itching in the auditory canals.

Pimples about the meatus of left ear.

NOSE: Sneezing with bland coryza, < in the open air.

Thick, yellow mucous discharge, sticky, forming crusts in the nose at night, which are offensive to the smell.

Bloody crusts in the morning; sometimes epistaxis of dark blood follows their removal.

Sores inside the nose.

Tip of nose cracked.

Blisters on margin of alæ coalescing into one crust.

The catarrhal symptoms show a relationship to Kali bich, but instead of being ropy, the discharge, though tenacious, is more cohesive than adhesive. This catarrh would persist for at least two weeks in all provings.

FACE: Intense itching under the beard, also itching pimples.

Neuralgic stitches, especially from the upper teeth to the ear on left side, and from the temple near the ear to a point above the eye on the right side, while driving, *i. e.* in the open air; > by warmth of the hand (nineteenth to the twenty-first day, gradually decreasing, with the 40 m).

MOUTH: Thick, white coating on the tongue in the morning.

Offensive odor from the mouth.

Foul taste, sometimes bitter.

Saliva profuse, thick, salty.

Gums pale, swollen, easily bleeding.

Roof of mouth swollen, lying in ridges.

A dead tooth (with fistulous opening) ulcerated.

Grumbling pains in the teeth, which were sore in their sockets.

THROAT: Dryness in the throat and sensation as if grain husks were in it.

Tonsils swollen and aching; left most affected.

A point at the right of the larynx was affected in all the provings, in different degrees, lameness, swelling, aching; and from the 30th an abscess which discharged internally. With the 40m. on the morning of the twentieth day both tonsils had upon them solid white desposits looking like the membrane of diphtheria; traces of the same were upon the pillars of the fauces. The throat became clear towards night. A similar deposit was upon the left tonsil the next morning but passed away before noon. Pain from the left tonsil to left ear < in open air upon the same days; prostration and general aching > by slight motion.

STOMACH: Appetite increased on the first few days, then decreased or lost during the remainder of the proving.

Gaseous eructations, < after eating (would begin soon after first dose.) Qualmishness or nausea felt from the stomach to the throat > by eructations of gas.

Empty, gnawing, faint or trembling sensations in the stomach, > temporarily after eating.

ABDOMEN: Distended with gas throughout all provings, with resulting symptoms, colic pains, borborygmus, sensation of fermentation, soreness to touch on account of the pressure.

STOOL AND ANUS: Noisy flatus continuous through the provings, offensive at first when the appetite was too great and an overloaded stomach in consequence.

Early in the provings the stools were undigested and offensive, later they became hard and dark colored; usually they would come on after eating. Whatever the stool it would be followed by an uneasy urging as though not all was expelled.

With the 40m the urging seemed at times imperative, as if diarrhoea was threatening, yet nothing but flatus would be passed.

URINE. Sluggish stream; a few drops apt to remain and moisten the clothing throughout the provings after first few days.

With 40m the urine caused burning or smarting in the urethra, after micturition; very red two days, saffron-yellow two days.

MALE SEX, O. Sexual passion increased at first, then depressed through the proving, even to complete loss of power for many days; nocturnal emissions with the lower potencies.

RESPIRATORY TRACT. Hoarseness with cough, from dryness in the trachea, which felt sore and was hurt by the cough.

Expectoration thick, white, and very scanty.

Lymphatic glands on the back of the neck swollen. (40m.)

NECK AND BACK. Drawing pains in the lumbar region; < by lying on the back early in the proving, later > by lying on the back. (40m.)

EXTREMITIES.—Aching in the shoulders and arms > by moving them, > by walking slowly.

Drawing aching following whole length of right sciatic nerve, > by walking slowly.

Drawing pains from the knees downward, also from the soles to the knees, > by motion.

Chilliness, with severe pain from knees to ankles; could scarcely keep from groaning, after resting, > by getting thoroughly warm (eleventh day with the thirtieth).

Drawing pain in the back and extremities, especially from the soles to the knees, and from the shoulders to the hands; pains frequently change location, > by warmth, also temporarily by moving affected parts (kept me awake from 2 to 4 a. m., seventeenth day, from 3 to 4 a. m. eighteenth day, at some time in the night, but less severe nineteenth day with the 40m.

Physical prostration, the muscles feel sore if moved, but > by the motion, yet quickly exhausted. Feel weaker than I am in reality.

SLEEP.—Vivid, disagreeable dreams—of burglar, flood wrecking the house, in a public assemblage unclotted.

A tendency to sleep upon the back, a position which was very uncomfortable both before and after the provings (40m).

FEVER.—Chilliness with pains in evening, followed by fever, sore throat and prostration.

SKIN.—Great itching here and there; > temporarily by scratching, < at night, whenever awake (awoke with it two nights under the 40m). Most severe on scalp and under the beard. Peculiarity: An itching on the inside of the hands and feet, where the skin is thickest.

CONDITIONS.—2 to 5 A. M.: < of pains and itching.

Cold air: > of all pains.

Eating: < of stomach and bowel troubles.
> of occipital headache.

Eruclations of gas: > of stomach symptoms and headache.

Motion: > of pain, if gentle, continued motion; < on account of muscular soreness and weakness.

Warmth: > of all pains.

I suggest a careful watch for rhythmical recurrence of symptoms at an interval of from ten to fourteen days, which seems to have occurred under the influence of the 40m.

E. E. CASE.

HARTFORD, CONN.

THE ORGANIZATION OF THREE STATE BOARDS OF MEDICAL EXAMINERS UNDER THE NEW YORK LAW OF 1890.

An informal joint meeting of the members of the three State Boards of medical examiners was held at Albany, July 11, 1891.

An organization was effected by the selection of Dr. W. C. Wey, Elmira, chairman, and Dr. A. R. Wright, Buffalo, secretary.

A proposition providing for holding examinations was decided by the selection of New York, Albany, Syracuse and

Buffalo as the places, and January, March, June and September as the times for the holding thereof.

The first day of September, at Albany, was selected as the time for effecting a permanent organization of the separate boards.

In order to entirely remove opportunity for unfair discrimination against any student on *account of therapeutic belief*, the law was so constructed as to provide, that examinations in "therapeutics, practice and Materia Medica" shall be "in harmony with the tenets of the school selected by the candidate;" in other words, that each board shall determine for itself the standing of its own candidates in these departments.

Bearing on this point, the discussions relating to the interchangeability of the questions to be provided by the boards elicited the *fear* lest the therapeutics of surgery might be used prejudicially against an otherwise well qualified candidate.

For the purpose of removing all grounds for such apprehension, it was decided that, in order to secure entire uniformity and equality as to standards, two members of each board should constitute a committee, to provide a syllabus of all questions to be furnished the Regents.

It was decided that at each examination each student shall receive sets of twenty questions, any five of which he may cancel, and be marked on his answers to the remaining fifteen.

It was also decided that all examinations must be conducted in the English language; that examinations may be held simultaneously, if need be, in the four places named; that all physicians coming from foreign countries must pass an examination; that only physicians from other States having substantially the same standards are to be exempted; and only graduates in medicine are to be examined; hence no student can be examined and rated prior to graduation.

At the conclusion of the joint meeting the members of the several boards, respectively, held separate meetings, at which an informal organization was effected, and the members of the syllabus committee, *two* from each board, were appointed.

This meeting of the members of the three boards of medical examiners marked an era in the progress of the higher medical educational interests in this State.

At this gathering of the accredited representatives of the three recognized schools of medicine, the provisions of the recent law creating State boards of medical examiners was so applied, that hereafter the examination and licensing of applicants desiring to enter upon the practice of medicine will constitute a part of that of the great University system of the State, and will be conducted in accordance with the rules and methods approved by the Board of Regents.

This system and these methods are everywhere accepted as better, more nearly uniform and complete than those of any other State in this country; and this advanced position has been repeatedly recognized by the official representatives of the highest institutions of learning in many foreign countries.

Secretary Dewey, in briefly outlining the process by which the examinations are conducted, stated substantially that great effort is made to secure accuracy, and every precaution is taken to prevent fraud.

The questions are first carefully constructed by the members of the Examinations Question Board, which is composed of six teachers, graduates of six different colleges, representing a combined experience of more than one hundred years of successful teaching in the secondary schools of this State. Afterward, at a full meeting, each question is criticised and corrected, in case it is so constructed as to fail of expressing its exact meaning, or in case it is susceptible of a double meaning.

The work of preparing series of appropriate questions has been greatly simplified and facilitated by the construction of a syllabus of the principles of each department, by means of which greater accuracy, directness and definiteness of range has been secured.

The questions, after having been approved by the full board, are then sealed and forwarded through the money order department of the express companies, in order to secure delivery to the person to whom the package is directed, and to no one else.

Each examiner, under oath, and all the members of the Examinations Question Board, are required to faithfully perform the duties of their respective offices.

The examinations are conducted simultaneously through-

out the State, at sometimes as many as three hundred and thirty places on the same day.

In case a person being examined is required to leave the room for any purpose whatever, his examination must be closed, and can only be continued on an affidavit by one of the examiners, that the candidate has at no time been out of his sight.

At the conclusion of the examinations, the papers, questions and answers are returned under seal to the examinations department, where the marking of the standing of each candidate is decided, and from whence the certificates to each are issued.

The principles of determining the standards of medical scholarship by means of tests applied under State authority and supervision, is now established in twenty-nine States in this country, and in an area of territory inhabited by 41,000,000 people.

The list embraces:

First, twelve States in which the license has displaced the *diploma*. These are: Ala., Ind. Ter. (Cherokee Nation), Minn., Miss., Mont., N. J., N. Y., N. C., N. D., S. C., Va. and Wash.

Second, seventeen States in which supervision of the diploma has been established, either by health or examining boards, or by censors of State medical societies. These are: Cal., Col., Del., Fla., Ill., Ind. Ter. (Choctaw Nation), Ia., Ky., Mo., Neb., N. H., N. Mex., Ore., S. D., Tenn., Vt. and W. Va.

In the seventeen last named, the first step in this reformatory process has been taken, only those diplomas of a fixed grade being recognized as a suitable standard of acquirements.

In the twelve States named in the first list, however, the reform has been completed, the *diploma* having been displaced by the *license*, the latter being issued under State authority, wholly dissociated from college interests and influence, thereby attaining the completion of the improved and perfected system of defining, establishing and regulating, under State supervision and authority, yet within the control of the profession, the only method by which higher and more nearly uniform standards, with all the attendant advantages, can possibly be secured.

So rapid, during the past ten years, has been the progress of this improved system of medical licensure, inaugurated in 1872, that those who have closely observed its advances estimate that its general acceptance by all, or nearly all, the States in this country may be reasonably expected within the present decade.

It is not designed that the application of these carefully provided methods shall materially raise the standards of medical attainment above the average of those now established by the best conducted medical colleges; it is confidently anticipated, however, that by means of this admirably constructed system, the selfish interests which have hitherto controlled medical colleges, and by which there has been foisted upon the community far too large numbers of imperfectly qualified practitioners, will be effectually held in check; and that henceforth the proportion of thoroughly educated physicians will be relatively greater than at any time in the past history of medicine.

COMPLETION OF THE STATE MEDICAL EDUCATIONAL SYSTEM.

The organization of State examining boards in this State completes a model system of educational reform, and constitutes the crowning act of a series of stages inaugurated in 1867, during the sessions of the Constitutional Convention of that year; the first law providing for the appointment of separate State examining boards for each school having been enacted in 1872.

The progress of the work from that time to the present has advanced step by step, until we now have in this State the best registration law, that of 1887; the best preliminary education law, that of 1889 and 1890; and now the best, most equitable, reliable and effective licensing law, the three-board act of 1890.

The preliminary education law requires of every medical student, prior to an entrance upon the study of medicine, evidence showing a knowledge of preparatory studies sufficient for admission to a high school.

This same standard having been required of law students for several years past, has this year, by order of the Court of Appeals, been advanced to the standards equivalent to the middle of a three years' high school course.

It is to be hoped the same advanced standard will be advocated and adopted by the medical profession.

By an amendment in 1890, of the preliminary educational act of 1889, its provisions were made applicable upon all practitioners coming from other States, before entering upon practice in this State.

This requirement has been manifestly salutary during the past year by preventing the admission of members of physicians whose preliminary educational advantages were below the recognized standards.

The medical profession of New York State is to be commended for its steadfast devotion to the promotion of the higher interests of medical learning; and for the wise application of sound principles of medical licensure, by means of which the great body of the profession is required to assume the responsibility of determining and maintaining its own *adopted standards of acquirements through the instrumentality of its own chosen representatives.*

INDORSEMENT OF THE THREE-BOARD MEDICAL LAW.

The following, taken from a recent issue of the *Philadelphia North American*, expresses unqualified approval of the three-board examining and licensing system, by which, in New York State, a uniform standard of acquirements is provided, yet each school is enabled to conduct and complete its own educational work under its own auspices and within its own membership:

“New York has solved the problem of the ‘pathies’ in the only possible way, by creating three State boards of medical examiners, representing the three distinct schools of practice.

“This solution of the interminable snarl of schools of medicine is rational. It is useless for anybody to sneer at ‘the schools’. No set of men have a monopoly of knowledge, and no school is infallible.

“The bills so far offered at Harrisburg never had a ghost of a chance of becoming laws, for we do not live in the dark ages when people were dragooned into any system.

“The law can not have a preference for any system of medicine to the exclusion of any other, based on research and actual experiment, and conducted by enlightened men. It

can, however, provide that *only* qualified persons shall practice medicine, and leave each school, under common standards, to fix the ordeal for its own candidates."

Members of the examining Board representing the Homœopathic Medical Society of the State of New York:

A. S. Couch, M. D., president, Fredonia, N. Y. Examiner in pathology and diagnosis. (1894.)

H. M. Paine, M. D., secretary, 105 State st., Albany. Examiner in anatomy. (1894.)

W. S. Searle, M. D., 132 Henry st., Brooklyn. Examiner in obstetrics, and member of syllabus committee. (1894.)

J. Mc.E. Wetmore, M. D., 41 East 29th st., New York City. Examiner in chemistry and member of syllabus committee. (1893.)

J. W. Sheldon, M. D., 402 Warren st., Syracuse. Examiner in materia medica, therapeutics and practice. (1893.)

A. R. Wright, M. D., 166 Franklin st., Buffalo. Examiner in physiology and hygiene. (1892.)

E. E. Snyder, M. D., 27 Main st., Binghamton. Examiner in surgery. (1892.)

H. M. PAINE.

ALBANY, N. Y.

ODOR OF VIOLETS: TEREBINTH.

In the January number of your journal Doctor Bamber confirms the symptom *odor of violets* in the urine of persons poisoned by turpentine. On the principle that the oftener a symptom is confirmed the more valuable it becomes, I submit the following. In February last a young man came to me for treatment for hæmaturia, pains in the penis, etc. I inquired, among other things, his occupation, and found him to be a finisher of furniture. He worked more or less in turpentine and was surrounded all day by an atmosphere that was saturated with it. In repeated analyses of his urine the *odor of violets* was always noticeable. On one occasion I exhibited a sample of it at a meeting of our County Society and nearly all present detected the odor plainly. Another fact of interest that I have observed by closely watching this case, is the marked influence that the turpentine has in preserving the urine. One sample smelled fresh and inoffensive, after sitting on my table for a week, while some taken from another patient, which possessed much nearer normal characteristics in the beginning, became fairly putrid in forty-eight hours.

I should be pleased to know whether others have observed this fact.

G. FORREST MARTIN.

SKANEATELES, N. Y.

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—HÄHNEMANN.

AN ALLOPATHIC PROTEST. One of the most promising signs of the times for the advancement of the "Art of Healing" is to be found in the occasional vigorous condemnation of a popular professional craze. For the last few years the uterus and appendages have been the chief objective, and gynecological operations galore have graced the pages of nearly every medical journal in christendom. In a recent issue of the *Medical Review*, Dr. Yarnall calls a halt in terms at once plain, forcible and not to be misunderstood, in a brief article on "Too Much Surgery."

A hecatomb of women survive to tell the story of innumerable operations that have been performed on their wombs. They are heroines—Scalpel's modification of Bisturie's operation has saved their lives—one week longer and they would have perished, but now they are useful members of society, all from the phenomenal skill of Dr. Volsella, the great gynecologist. God save the mark. Not one in a hundred of the operations performed on the uterus and its appendices is necessary. They are devised and perpetrated on willing victims, causing not a few deaths, invalidating many, and seldom doing good. In three-fourths of the cases treated by the gynecologist the local treatment is unnecessary. With bated breath the patient will describe her imaginary suffering, what the doctors with "wise saws and modern instances" said, how he acted, and a lot of exaggerations, while, in truth, there was little aside from the aches and pains coincident to disturbed functions.

The practitioner is not altogether to blame; the patient will have the operation *nolens volens*. It is done to satisfy the morbid craving for some uterine treatment; the fashionable craze is yet on, and it will require time to modify it. The yearning of many women perhaps will never be satisfied until they are operated on.

But the practitioner is to blame, for he it is who has made the craze and he can unmake it if he will. The doctor is a teacher, and this "morbid craving for some uterine treatment" is the result of the doctor's teaching, and he can, if he will, undo the harm he has done, and make unpopular the fashionable craze. As the writer says, in nineteen cases out of twenty the operation is not only unnecessary, but absolutely injurious, for it removes the symptoms, the only guide, perhaps, by which the patient can be cured. And there is not one sensible woman in fifty who will yearn for an

operation when frankly told it will not cure her, and in addition may render her incurable.

* * *

Let it be fully understood that the writer does not condemn surgical methods when necessary, but we will, without fear, assert that nineteen out of twenty of the gynecological operations are unnecessary; many are criminal, because the operator knows they were uncalled for. Let us enumerate a few of these procedures that are, to a greater or less degree, passing into oblivion. The "bilateral" section of the os, the "antero-posterior" section; the almost countless cases of laceration of the neck, all to be sewed up—the use of the "murderous sponge tent," etc., all of which are dead or dying, except in rare cases. Many operations are performed by the desire of the patient; her condition is morbid, her nervous system disordered, some aches or pains in the pelvic region, some slight lesion, and the knife must be used; the gynecological yields; she tells her friends she must be operated on; the doctor has given her that chance to live and become once more a useful woman. She is a heroine. In ninety-nine cases out of one hundred instances no operation is necessary or justifiable. I tried an experiment some time since. I selected a number of uterine cases consecutively, not one of whom an operation upon was necessary, but I suggested to each that perhaps an operation would be required, or that it possibly would benefit them, and almost without exception they were willing, and, in some cases, determined to have something radical done "at once; how soon will you operate?" And I may add that several have been operated on, but not by the writer.

Hahneemann was the first to condemn surgical measures for the relief of non-surgical cases. Shall his professed followers permit the truths which he taught to be taught by those who are strangers to the law of cure?

* * *

"AWAY WITH KOCH'S LYMPH."—In a recent issue of the *Weekly Medical Review*, Dr. Senn relates his experience with this new fad of the pathological school, in the following scathing denunciation:

Within a few weeks the most enthusiastic and encouraging reports came from scores of prominent clinics and large hospitals. Within a few months volumes have been written on this subject; several special works on this treatment left the press and were translated into many languages. A new journal, devoted exclusively to the treatment of tuberculosis with Koch's lymph, has come into existence, and has a good subscription list from the very start. It is true that some of the more conservative members of the profession were a little slow in accepting the new doctrine and practice, but the great majority followed the current set in motion by the great Koch and his many eminent admirers and devoted followers.

It was not long, however, before the glowing accounts of the results of the new treatment of tuberculosis came at longer intervals and in a more moderate tone, and were interspersed with the reports of cases from different parts of the world in which it proved a complete failure, and not in an inconsiderable number of cases it was charged with having caused a speedy fatal termination. Then came the timely warning of the veteran pathologist, Virchow, who showed by numerous post-mortem examinations of patients who died under this treatment that death was caused by a dissemination of the disease from a local focus acted upon by the lymph. The evidences proving this source of danger have been rapidly accumulating, and contributed largely toward subduing the first enthusiasm and limiting the scope of administration of the remedy.

The disastrous consequences which followed the use of the lymph, perhaps often injudiciously and recklessly applied, induced a number of medical societies to condemn its use, and led some of the local governments to restrain its further application by legal enactments.

Enough time has now elapsed to judge of the merits of the treatment of tuberculosis by Koch's lymph, or, as it is now called, tuberculin. It has been put to test in the treatment of all forms of tuberculosis.

Surgeons, physicians, gynecologists, obstetricians, dermatologists, otologists and ophthalmologists have given the new treatment a fair trial, and the accumulated experiences from all these sources have shown beyond all doubt that its indiscriminate use is attended by many immediate and remote dangers; and that most cases in which it appeared to prove beneficial at first have relapsed, and, after weeks and months, were no better, or even worse, than when the treatment commenced.

Men who first regarded the lymph as a specific in all forms of tuberculosis make this claim no longer. Many who were enthusiastic in their praise of what they observed from the use of the remedy in the beginning have now suspended its use. Hospitals and wards set aside for the special treatment of patients suffering from tuberculosis are now deserted. The market is overstocked with a supply of Koch's lymph and Koch's syringes. Not only the profession but the public has become aware that the claims made for the remedy only a few months ago are unfounded. It is left for Koch, or some other investigator in the future, to discover a substance or agent which will answer the expectations that were at first entertained for the lymph.

Koch's lymph has been a deceptive bubble, which for a short time commanded the attention and admiration of the whole world, but which has been ruthlessly pricked by the critical scalpel in the hands of the father of modern pathology.

Would it not be wise if the homœopathic school, individually and collectively, could see in this ignominious failure the supreme folly of attempting to treat the diagnosis instead of the patient, and be thankful that Hahnemann gave us a law as a therapeutic guide, instead of the pathological will-o'-the-

wisp, so well illustrated by this bubble of Koch. Our allopathic friends may in future be a little more cautious, but they will mount the next hobby just the same. They must treat *disease*—never mind the patient—and the next plausible theory will find them ready victims. The followers of Hahnemann knew that Koch's tuberculin, like every poison, was not only useless, but dangerous, until proved on the healthy, and its sphere of action defined by its symptomatology. The faith of professed homœopaths in their law of cure can not be very strong when they, like the followers of Koch, essay to use an unproved remedy in a crude form for the cure of a disease.

* * *

A WELL DESERVED REBUKE.—During the sessions of the International Congress, the Philadelphia *Enquirer*, among other papers, gave very full reports—from two to seven columns daily, with profuse, if not lifelike, illustrations of the members—of the meetings, papers, discussions, etc. These reports attracted much attention and were too much for the intolerant and bigoted allopath of the Quaker city, and a protest was entered at headquarters which elicited a stinging reply :

Some of our good friends among the regular physicians seem a little disturbed at the amount of news we are giving the homœopathic congress in Atlantic City, and one of them writes us to know if we are the organ of Homœopathy.

The Inquirer is the organ of no creed, sect, party or society. It is a newspaper in every sense of the word. It gives space to the Atlantic City convention because it is news that is interesting to both the disciples of HAHNEMANN and to regular physicians also. The latter certainly want to know what their brethren are doing.

When the regular or allopathic physicians have a congress in this vicinity we shall with pleasure pay equal attention to their proceedings.

The Inquirer is a newspaper for all.

Yet many can remember the time—not many years ago—when such a protest from allopathy would have been effectual. Only a few years ago, the Syracuse dailies sneeringly referred to the meeting of the Central New York and Onondaga County Societies as “the little pills fellows held a meeting yesterday.” Now these societies can have half the paper if they can fill. The Chicago *Inter-Ocean*, in its issue of July 10, severely rebuked Sir Andrew Clark for refusing to consult

with that quasi homœopath Dr. Kidd, in an editorial entitled :

A RELIC OF BIGOTRY.—What's one man's meat is another man's poison is a proverb that has gained general credence; what's one man's medicine is another man's poison is even more demonstrable. Thus, medical practitioners of the higher types no longer give calomel to all patients afflicted with sluggish livers, nor prescribe morphine to all people suffering from pain. There are, as we understand, allopaths who believe that in certain cases homeopathic treatment may prevail against disease. And there are homeopaths who believe that in certain cases the heroic measures of allopathy may be successful. The rule of one-treatment for all like diseases, no matter how diverse the temperament of the patients, or how different the origins of disease, would seem to be far better honored in the breach than in the observance; and in America it is thus except among a few behind-the-times doctors to whom the name of Homeopathy is as obnoxious as the mention of the Scarlet Woman of Babylon used to be to the Protestants of the sixteenth century.

Yet it must be admitted that a bigotry harsh as that which Byron spoke of as lingering on what he irreverently called

“The damned post-obits of theology”

survives in medicine, and especially in medicine as practiced by those pompous gentlemen, the members of the Royal College of Physicians of London. These reliques of ancient and of medieval flummery are forbidden by their rules to apply a plaster to a suffering patient or to set a broken limb; such acts belong to the mechanism of surgery, and they are not surgeons—they are physicians of the Royal College. Neither does it comport with their dignity to administer a dose of medicine, or, no matter how extreme the agony of a patient, to mix powders or compound pills. These servile acts are the duties of apothecaries—and they are physicians of the Royal College. If a hypodermic injection be necessary, they will order it, and the patient must suffer till a surgeon be called to administer it. If a composing draught be needed, the sick person must toss wearily on his pillow till the apothecary can compound it—the physician of the Royal College will prescribe, but he will do nothing more, except receive his guineas. Happily we of America are not subject to the arrogance of these scientific flim-flams, though there is a small minority of the American doctorate that fain would ape their ways.

The life of Lord Beaconsfield was imperiled, his death possibly hastened, by the bigotry of a titled member of the Royal College, who refused to consult with a physician of equal eminence who occasionally prescribed in the homeopathic manner. No homeopath can belong to the Royal College. And now civilization is shocked to learn that another titled member of the Royal College refuses to come to the help of the Reverend Charles Haddon Spurgeon, because the regular medical attendant upon the reverend gentleman is of broad views and treats homeopathically or allopathically, as he deems best for the condition of

his patient. Such bigotry is sadly out of place in the year 1891. Centuries have passed since Protestant or Catholic was martyred for his religion, and it sounds harshly when one reads of a physician leaving a fellow-creature to suffer pain, or to die, by way of expiating his heresy of Homeopathy.

We have no sympathy whatever with Dr. Kidd who, both in theory and practice, is far from being a homeopath; yet we admire the outspoken frankness of a large metropolitan daily, which, in the interest of truth and justice, promptly rebukes the arrogant bigotry of the dominant school. This is one of the encouraging signs of the times.

* * *

“A PRACTICAL MATERIA MEDICA” is the title of a paper contributed to the Homœopathic Medical Society of the County of New York, by Dr. A. R. McMichael. The first paragraph contains the basis on which the author proposes to erect a self-working Materia Medica:

Similia Similibus Curantur, as a law, may be perfect, but in its application as a system of medicine it has many faults, although the cures effected by this method, even with its imperfections, far outnumber any yet known to the scientific world for the healing of disease.

How puerile the insinuation that a law of nature can be imperfect—whether gravitation, chemical affinity, or similia—or that “as a system of medicine it has many faults,” while, by implication, the doctor who is to apply the law in the cure of the sick is perfect. There may be “many faults,” but they are not due to imperfections of law. Would it not be more modest, more in conformity with the facts, if we complained less of the imperfections of the law and the “worthless Materia Medica” and honestly and faithfully devoted ourselves to mastering it as it is, not in attempting to mould it to the pathological vagaries of Allopathy? The pioneers of Homeopathy who made the system what it is, never for a moment doubted either the efficacy of the remedy or the universality of the law. They were often hampered in their work by an incomplete and limited armamentarium, often compelled to zigzag a cure, but they never deserted their colors under fire, nor condemned a bridge over which they had safely crossed a stream.

But now the tables are turned. With an increased armamentarium, with *Apis*, *Baptisia*, *Cimicifuga*, *Gelsemium*, *Hamamilis*, *Hydrastis*, *Lilium*, *Magnesia phos.*, *Phytolacca*

and many more, if a hurried or improper selection fail to cure it is the fault of the law or the worthless character of the *Materia Medica*, not of the perfect (?) prescriber. Every true homeopath should be ashamed of such an excuse. It is simply pleading the baby act.

* * *

It is a well-known fact that our *Materia Medica* contains much that is valueless—material that has accumulated from sources which, in the light of our present knowledge, are considered worthless.

This is no doubt true, if the author intends to include the United States Dispensatory, recently published as a text-book by a homeopathic college, and the works of Hempel and Hughes arrayed in pathological livery, with the ostensible object of enticing a few allopathic physicians into the homeopathic camp. But if our author will confine his studies to the works of Hahnemann and Hering he will find very little that is valueless and much that is "practical." But this is not what is wanted. It is some work on *Materia Medica* by which a "short cut" to the simillimum may be found, some labor saving device, a self-acting, self-prescribing machine yclept Revised *Materia Medica*. The Hahnemannian method of finding the remedy requires labor, sometimes much arduous labor, and the true secret of these "revisions" is to find some means which, like the allopathic, can prescribe offhand without the necessary research demanded by law. If a tenth of the time now devoted to visionary schemes of "revision" were honestly applied in an effort to comprehend the Philosophy of Homeopathy as expounded in the *Organon* and *Chronic Diseases* these condensations and revisions would have a history as brief as Koch's lymph, and the hypodermic syringe and other allopathic palliatives would not find a place in a homeopathic pocket case.

Comment and Criticism.

Ask yourself if there be any element of right and wrong in a question. If so take your part with the perfect and abstract right, and trust in God to see that it shall prove expedient.—WENDELL PHILLIPS.

PRINCIPIIS OBSTA!—REJOINDER TO DR. ALLAN'S REPLY.

Editor Advance: When I took the liberty to criticise the statement given as the teaching of Homœopathy in regard to the action of medicine, the criticism evidently concerned Hahnemann much more than the author, because his statement is a rendering of Hahnemann's dogma, *Organon*, §§63-64. If the criticism appears severe, it must be by reason of its logic, for logic is a hard taskmaster.

Without entering into all the details of this reply, which would lead to a controversy too vast for a periodical, I caution against any premature acceptance of dogmas and explanations before they are well tested and proved to be true.

Confining myself for the present to the statement* given in the *MEDICAL ADVANCE*, Vol. XXV, p. 349, I see at a glance some change of base in the reply. In the place of every drug the word "drug-force" is employed; instead of "swallowed," the word "introduced" is preferred; also, that the totality of the symptoms shown by the change of the life-force belongs to the medicine used in proving is acknowledged. This is quite agreeable. But the instance of *Silicea* swallowed in a lump large enough, and producing symptoms even leading to death, is illogical, because in such a case *Silicea* acts not according to its medicinal quality or drug force here concerned, but by its mechanical force, its mass, such as any inert substances, even nutriments, would produce, when swallowed in lumps large enough.

If certain persons get sick from certain articles of diet, it does not interfere with the denial of the statement that every

*"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, 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."

drug swallowed produces symptoms of its own; for it proves that many articles do not make sick, and therefore, they are neither a drug nor a drug force.

Idiosyncrasy is an obscure term for an extreme sensitivity of the organism, which does not appear in the statement here set up as a general rule; it, therefore, has no place in the argument.

The instance of Dynamides was induced as example that there are agents which can not be swallowed, and yet, produce symptoms of their own. That medicines act upon the system without being swallowed is now accepted in the reply and substantiated from allopathic sources, but Buchmann was the first who demonstrated the fact of the action of live Mercury through a strong sealed bottle when holding it in the hand, and thus obtained valuable provings. If then, as the doctor admits, "the act of deglutition has nothing to do with the question of a drug's action upon the vital force," why put it in the statement and persist upon it?

The position taken in regard to the opposite symptoms in the reply does not correspond with the statement, and therefore indicates the change of base spoken of. The latter reads: "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, etc., throws it off;" and now it is asserted that "all symptoms during the proving, whether previously appearing or opposite, are the drug's own action, what Hahnemann terms primary action." Section 115 is quoted to no purpose, as alternate action does not come into the argument. The term "primary action" is misapplied. This is what Hahnemann terms primary action in *Organon*, § 63: "Every potency acting upon life, every medicine distunes the life-force more or less, and excites a certain variation of feeling in man for a longer or shorter time. This is called by the name *first-action*. To this inworking our life-force strives to oppose its energy. This reaction belongs to our life-preserving force, and is an automatic activity of it, called *after-action* or *counteraction*." This paragraph is reiterated in the following, § 64, with addition of the clause: "Where there is no such state opposite to the first-action,

the potency seems to indifferently itself." Besides showing that there are medicines which do not cause "invariably the diametrically opposite action" of the statement, these quotations prove that the doctor's view can not be reconciled with that of Hahnemann, though it is actually my own which he accepts in the words: "All symptoms during the proving from beginning to end are the drug's own direct action upon the vital force." There is in this direct action nothing to characterize it as primary, because it simply goes on as long as the resistance of the life-force will allow. This view, therefore, goes against the teaching of Hahnemann and will have to be accepted, as the doctor does, because it is consistent and conformable with the facts.

Bringing the tissues into the present argument about the statement in question, is inadmissible, and the example of a corroding poison to sustain the position is illogical, for a poison is not a medicine, though a drug in the market; and it might be well to say a word about the use of the word "drug." A drug is a commercial article used for medicine. We should not bring into Homœopathy this term, familiar to apothecaries and allopaths, when we mean medicine. We prove medicines, but not poisons, because poisons are killing agencies which act physically and chemically, sometimes with overwhelming dynamical intensity in the direction to death; whereas our provings with medicine only tend to sickening, followed by health, often better health than before. This illustration, taken from poison and the subsequent allopathic teaching of the application of large doses of crude drugs, is out of the argument.

Also a wrong use of the term "inverse" as the quality of the reaction of the vital force must be stated. I recommended this distinct term for the symptoms observed to be opposite to the first, which, as the prerogative of the energy of the life-force, are called after-actions by Hahnemann. Since the doctor accepts this, referring to *Organon* § 64, it contradicts his assertion a few lines further on, which is true, viz., that all symptoms in the proving belong to the drug. But the doctor's adoption of the term "direct" in contradistinction to "inverse" is pleasant to note.

That, "in disease this same action and reaction takes

place as in health" is not to be accepted, before coming to terms as to what reaction means. It is used with various meanings and that causes confusion. Now it is the second term of the mutual action, then it is taken for the Hahnemannian after-action, and again for healing action. Which, then, is meant? If it is simply meant for the second term of the mutual action, the sentence is correct, for all the proving of a medicine represents a series of actions of the medicine and reactions of the life-force, in mutual action. But this is not the doctor's meaning according to the preceding lines, because to it "this" same action and reaction is referred.

That the action of medicine can be the same in disease as in health, stands to reason, because the life-force acts differently in disease than in health, which are diametrically opposite states of it. The medicine in its action is *constant* it always will produce its specific symptoms. The life-force is *variable* according to the disease potencies and its own condition; therefore, its reaction (in the Hahnemannian sense) in disease will be different from that in health. In health the life-force gets *sick* by the medicine, in disease it gets *well* by the same medicine, consequently its reaction must be opposite in health and disease. One can not blow hot and cold at the same time.

But the consideration of the action of medicine in disease goes beyond the statement criticised and does not come into the present argument which concerns only the proving of medicine in health, and since the proving on the healthy belongs to the very beginnings (*principiis*) of the homœopathic doctrine, I raised my voice as a warning against perpetuating an error which requires correction.

Philosophy is the art and science of working with conceptions. If the conceptions are not clear, all reasoning will be in vain.

B. FINCKE.

BROOKLYN, N. Y., July 4, 1891.

REPLY TO DR. WILSON'S CRITICISM.

Editors Advance: In the May number of the *ADVANCE*, Dr. H. Wilson has criticised a paper that I wrote upon Iritis. In this criticism he has made several assertions that can not go unnoticed.

With due respect to the doctor's opinions, I deem it my duty to Homœopathy, since he has crossed swords with me, to maintain the stand that I have taken. Many physicians have the opinion that, as it is their duty to cure the sick, it makes no difference by what means this end be attained; consequently allopathic methods are employed as adjuvants(?) to Homœopathy in the attempt to secure a prompt recovery. While it is our duty to cure the sick as speedily as possible, the addition of certain allopathic means of suppression is so incongruous and so at variance with the homœopathic law that they can not fail to retard rather than hasten the cure of disease. Feeling sure that we are all honest in our endeavors, and that we are all anxious to know and to practice the truth to the best interests of our patients as well as ourselves, I am pleased with a discussion on important and practical points in homœopathics, since it will assist us all in reaching the high state of perfection that Homœopathy is destined ultimately to attain.

We must continually bear in mind that in *Similia Similibus Curantur* we have a Law of Therapeutics to which we must adhere if we wish to cure diseases properly, and at the same time to do justice to ourselves and our patients. Diseases are the result of the violation of the laws regulating our physical and moral existence. If these diseases are treated according to the *Law of Cure*, our cures will be *cures* in the true sense of the word, and our results all that we can desire; but if we use methods of treatment that are at variance with the *Law of Cure*, then, of necessity, the results will be in accord with our methods. Therefore, though the patient may be seemingly cured, since the most annoying and distressing of his symptoms have disappeared, his body bears comparison to a country under tyrannical rule in a state of impending insurrection. Although, in such a country, by repressive measures here and there a condition of tranquillity may appear to exist, still there lies slumbering beneath the surface a state of discontent ready at any moment, upon

the least encouragement, to break out with overwhelming fury.

When a preacher stands before his congregation to preach a sermon, the first thing he does is to read a passage of Scripture. This is his text. It contains the subject upon which he wishes to speak. For the same reason I cited the case of iritis in the paper which the doctor from Detroit has criticised. I recorded it, not as being the sole of its kind in existence, not as a unique specimen of a cure of iritis without the use of Atropia as a mydriatic, but as a subject upon which to talk; for by it I could illustrate what I desired to say. Had my object been to give statistics of the number of cases cured, which our critic seems to think is necessary before he himself will have the "temerity" to abandon the well trodden path that his predecessors in ophthalmology have walked in, I should have pursued a very different plan in the writing of my paper. The point that I wished to bring out in my paper was simply this: That the use of palliatives, such as Atropia, etc., in the treatment of diseases affecting the eye that are dynamic in their origin is superfluous. I regret very much that the point was not seen or appreciated by him. We know that under pure homœopathic treatment diseases in general subside and disappear without adjuvant treatment such as allopaths employ, and my paper was a protest against the claim made by many specialists that eye diseases are an exception, and require local allopathic means for their cure.

The homœopathic remedy, in the case I cited, stopped the morbid process, and rendered the use of Atropia unnecessary; its employment would have been superfluous. Likewise in a case of fever the administration of the properly selected homœopathic remedy checks the morbid process, reduces the temperature, and renders the use of cold baths or arterial sedative mixtures, such as the allopaths employ, unnecessary. In a case of diphtheria the homœopathic remedy arrests at once the morbid process which gives rise to the foundation of a false membrane, and renders the use of gargles, washes, sprays, etc., for the solution of the membrane, entirely unnecessary. Again, the homœopathic remedy in chancre arrests the morbid process in the organism, the sore heals gradually of its own accord, and the use of caustics is thereby rendered

superfluous. In pleurisy, the remedy checks the morbid process which is accompanied with plastic and serous exudation, and causes the absorption of this matter by natural means, and renders the use of tapping utterly unnecessary. I might go on and cite many other instances in practice, if time and space would allow, but this, too, would be superfluous.

We see one theory after another presented to the eager and credulous scientific world, blindly followed for a while to be rejected, and in turn supplanted by another and then another equally false theory. We see that the whole old school system of medicine is based upon *false* theories of the action of medicines *ab usu in morbis* which are continually changing; on the other hand we see the work that Hahnemann, Jahr, Bönninghausen and many others have accomplished and we read their writings to-day with as much profit as if they had been written yesterday. They found no occasion for palliation and declared it not only *superfluous* but *positively pernicious*, and when I stated that the only excuse to-day for abandoning law for theory and resorting to palliation was ignorance of Homœopathy, I simply stated the truth; because it is knowledge that gives us confidence in everything that we undertake, while ignorance makes us timid and afraid to act. Knowledge gives us confidence that the remedy will cure the case, ignorance makes us timid and tempts us to bring to our assistance palliation and other allopathic methods of cure.

The doctor says the value of a therapeutic measure is to be determined by experience. In other words, statistics must decide whether Homœopathy is capable of curing *alone*, or whether it needs the assistance of palliation. The allopathic school regards each phase of disease as a separate and distinct disease. To decide whether the case in hand is this disease or that disease, a most elaborate system of generalization of the case is gone through with in order to make a diagnosis. When it has been decided that such is the pathological condition and such is the name applied to it, the medical treatment is directed against it according to certain *a priori* reasonings of the action of medicines *ab usu in morbis*, and according to vague theories drawn from a crude inquiry into the physical properties of drugs and a few almost worthless experiments made upon lower animals. Naturally if one

desires to draw conclusions of any sort from such methods of cure, reports of cases treated by this or that medicine must be tabulated and compared, when conclusions may be drawn according to the idea that figures do not lie. Of how little value can such a proceeding be to one who is practising Homœopathy. We, as homœopaths, have rules to follow in the selection of a remedy just as the mathematician who is making a difficult calculation has rules to which he must strictly adhere. If we work out the problem correctly, interpreting every symptom, giving to each its true place and value, the remedy we select will be the correct one. This demands a perfect knowledge of the rules we have to apply, and if we are young and inexperienced, or if we have an imperfect knowledge of these rules, it naturally follows that our results will be oftener incorrect than correct. Were we all perfect, were we infallible in our selection of remedies for every case of disease, were our knowledge of Homœopathy *absolute*, then might we with reason say statistics are what we require to demonstrate the superiority of one or another method of cure and determine its limitation. But, in spite of all our shortcomings, enough has been done by homœopaths the world over to demonstrate clearly and conclusively the existence of a universal Law of Cure which we call Homœopathy. It has been shown to be applicable to the cure of every ill that flesh is heir to and to one race of people as well as another. And now I ask my readers to ponder over the following questions: Is it better to perfect oneself in a knowledge of the Law so as to arrive as near perfect in it as a human being can, and, consequently, rely upon Homœopathy pure and simple to cure each and every case of disease that may present itself for treatment, or to be afraid to trust what has been demonstrated a Law, and in fear and trembling apply to a suffering human being some method of treatment, founded only upon statistics of a few cases treated, and itself wholly at variance with the Law of Therapeutics—Homœopathy? I hope you will answer this for yourselves, for I am sure all can see the force of the argument, for it virtually resolves itself into the following: Shall I adhere to the true faith or shall I wander blindly in mazes of uncertainty, guided by vain speculation alone?

The doctor says "We agree upon facts but arrive at diametrically opposite interpretations. This is the reason why we do not succeed in proselyting or converting the entire allopathic school to Homœopathy," etc.

The principal reason why we do not convert the entire allopathic school to Homœopathy is because so-called homœopaths employ in their practice allopathic means of cure; that is to say, palliation, such as quinine, morphine, injections, iodoform, etc. Now, what inducement can the modern homœopath offer to convert any one? Can he claim for his practice superiority as a means of cure over Allopathy when his practice and writings show him employing every day of his life allopathic methods of cure? Can he claim that Homœopathy is the *only means of cure*, when, as a last resort "in desperate cases," etc., he *abandons* Homœopathy for Allopathy? Does not this on the contrary prove that such a homœopathist has no confidence in Homœopathy; in fact, that he does not believe in it himself; and, finally, does it not make him acknowledge that he believes that Allopathy is superior as a means of cure to Homœopathy? Certainly it does. With such a spectacle before him as is presented by *modern* Homœopathy there can be but little hope of ever making "converts or proselytes" of allopaths. The allopaths are not blind, they are not dull of comprehension or slow to think, and when they read in the journals reports of cases treated by a quasi-allopathy, called Homœopathy, they say such methods are *similar* to our methods, and if homœopaths are obliged to resort to our methods of palliation when cases become seriously sick, it is prima facia evidence that Homœopathy is incompetent and unreliable, consequently *we* had better begin as *we* would end, employ allopathy and palliation from the start and not apply it as a *dernier resort*.

ARTHUR G. ALLAN.

PHILADELPHIA.

HYDROCEPHALOID: A CASE AND ITS LESSONS.

Editor Advance: The June number of the *ADVANCE* contains an article entitled: "Hydrocephaloid: A Case and Its Lessons," written by Dr. G. E. Clark, of Stillwater, Minn.

As for myself, I failed to learn any lesson from the article.

It seems to me that Dr. Clark could have found all of the early characteristic symptoms given under *Mercurius cor.*, and, judging from my own experience with many similar cases, if he had given a few doses of the 3d trituration of that old and faithful remedy, he would have observed prompt results, especially so far as the bowels were concerned, and the brain symptoms would have been relieved, as a natural result. But, granting that with *Mercurius cor.* administered early in the case it might possibly have been necessary to follow with *Apis* (or some other remedy) to complete the cure, would not Dr. Clark have succeeded more rapidly if he had given the second or third decimal every two or three hours, so long as that remedy was indicated, than he did with two doses of the c.m. given in five days?

It is very likely he would. In fact, he would have been justified in checking those 500 passages by anything available, rather than wait five days for those two doses of the c.m., and nature to do the work.

I am a firm believer in the law of *Similia*, and in the single remedy; but I do not believe in giving a dose or two of something so highly diluted, or attenuated, that it is impossible, by any means whatever, to discover any medicine therein, and then wait day after day, with a human life hanging in the balance, before giving anything more.

It seems to me that such practice is little less than criminal. I also fail to see what right any physician has, under such circumstances, to appropriate any credit to himself whatever, if nature, in that individual case, happens to hold out until the disease spends its force, and the patient gradually regains his strength.

D. P. COOK.

CLAY CENTER, KANS.

HYDROCEPALOID: DR. CLARK'S REPLY.

Editor Advance: Dr. Cook objects to my paper on two points.

First.—I gave the wrong remedy.

Second.—I neglected to give that that I did give in the proper dose.

The doctor claims to be a “firm believer in the law of Similia and in the single remedy.” It is on that ground I care to discuss this question. I have no time for the man who classes the whole “business” a humbug. Without this law of the similars we have *no foundation* nor reasonable existence as homœopathic physicians. A departure from this law places us with no rule of action and in the realm of quackery.

First Objection.—An improper selection of the remedy. I will re-state the symptoms as first reported.

1. Stools frequent.
2. Violent tenesmus.
3. Color green; occasionally bloody.
4. Great thirst.

Dr. Cook says Merc. cor. contains all of these characteristics and hence should have been prescribed. So does the Merc. viv. the remedy I gave. How shall we decide? Section 153 of the *Organon* says, “The more *prominent, uncommon and peculiar* features of the case should bear the *closest* similitude to the symptoms of the desired medicine.” Which of these two medicines bears the closest similitude to the symptoms presented by the child? Bell’s repertory, which is standard authority among all homœopathic prescribers, cuts out Merc. cor. entirely on symptom No. 4. Lippe’s repertory, than which there is none more reliable, ranks the Merc. viv., above the corrosibus on every one of these symptoms. Reference to the *Materia Medica* shows the stool of the sublimate to be, in its intensified action, bloody and bloody mucus; while the vivus under similar circumstances is more often dark, jelly-like, green. This last condition obtained in the case cited: the bloody passages were occasional and small in amount.

Clearly, the “authorities” award the palm to the Merc. vivus.

As for “my experience in many similar cases,” I have

very little consideration. Experience with Merc. cor. in a case or cases presenting symptoms for which that remedy bore the closest similitude, would be valuable, but could have little bearing on a case if another remedy was better indicated. I am satisfied that Merc. cor. would have failed in this case, as it has in hundreds of other cases, simply because it was *not* the simillimum.

Second Objection.—"The something (which I gave) was so highly diluted or attenuated that it is impossible, by *any means whatever*, to discover any medicine therein."

A very bold statement, and one that our worthy promulgator of scientific truth can not maintain. Such *ipse dixit* statement never wasted itself in honest investigation—the source of all scientific discovery.

That there is medicinal power in the minimum doses—such as I used and was objected to—can be proven in three ways.

I. *By illustrations from nature, e. g.:* Impure air; exhalations from sewers and swamps; the infection of contagious diseases, etc., etc.

Are these ponderable substances? Are they susceptible to chemical or microscopical analysis? How, then, do we discover their power? By their effects upon the human system.

II. *By the authority of the Organon.*

Dr. Cook will admit this is standard authority. He will hardly brand as a falsifier the all but divine annunciator of the beneficent law of Similia, since he is a firm believer in that law.

Organon, section 160, reads: The dose of a homœopathic remedy can scarcely be reduced to such a degree of minuteness as to make it powerless to overcome and to completely cure an analogous, natural disease of recent origin, and undisturbed by injudicious treatment.

Sections 246 and 247 very definitely set forth the convictions of one of the greatest homœopathic prescribers that ever lived, on the immense superiority of the minimum dose. But for brevity's sake I will only quote from his note on the first section mentioned:

In the former editions of the *Organon* I have recommended that a single dose of a well-selected homœopathic remedy should be allowed to terminate its operation before the same or a new remedy is repeated, a doctrine derived from the certain experience that the greatest amount of good can scarcely ever be accomplished, particularly in chronic diseases, by a large dose of medicine (a retrogressive measure recently

proposed), however well selected; or, what amounts to the same thing, by several small doses administered in rapid succession, because a procedure of this kind will not permit the vital force to undergo imperceptibly the change from the natural disease to the similar drug disease. On the contrary, it is usually excited to violent revulsive action by one large dose, or by the quick succession of several smaller doses, so that the reaction of the vital force, in most cases, is anything but beneficial, doing more harm than good. Therefore, while it was impossible to discover a more salutary method than the one proposed by me, it was necessary to obey the philanthropic rule of precaution, *si non juvat, modo ne noceat*; in accordance with which maxim the homœopathic physician, considering human welfare to be his highest aim, was to administer but one most minute dose at a time of a carefully selected medicine in a case of disease, to allow this dose to act upon the patient, and to terminate its action. I say *most minute*, since it holds good, and will continue to hold good as an inconvertible homœopathic rule of cure. That the best dose of the correctly selected medicine will always be the smallest in one of the high potencies, for chronic as well as for acute diseases—a truth which is the invaluable property of pure Homœopathy, and which will continue to stand as an imperishable barrier to shield true Homœopathy from quackery as long as Allopathy (and no less the practice of the modern mongrel sect composed of a mixture of Allopathy and Homœopathy) continues to be a cancer to undermine the life of suffering men, and to destroy them by large doses of medicine.”

Lastly and unquestionably the value of the minimum doses can be established by a host of the ablest prescribers the world ever saw. I might almost say by nearly every person that ever gave the high potencies an honest, thorough trial. Must we say such men as Hahnemann, Bönninghausen, Lippe, Hering, Dunham, were *mistaken*, and could not rightly judge facts observed by themselves, and adhered to in their daily life, forsooth because Dr. Cook of later date has discovered “That it is not possible by any means whatever, to discover any medicine therein.” Such twaddle is childish, and not worthy the dignity of an argument. Since the doctor could “learn no lesson” from the paper presented, we would humbly suggest a diligent study of the methods of thought and investigation of the above brilliant lights as affording valuable aid in his scientific attainments.

In closing, I wish to call attention to a statement made by Dr. Cook, which is the source of more evil and *harmful* prescribing than any other of the many false rules of practice. His statement is this: “In fact he (Dr. Clark) would have been justified in checking those 500 passages by anything

available." *Anything available* is about as near to doing the *right thing* as many physicians ever get. Their motto is, do something, anything suggested by the impulse of the moment and a hasty review of the case; and is liable to as many changes and alterations as there are visits made. Check those discharges—no trouble at all, any horse doctor could do that—but what of the patient meanwhile? Any Allopath can suppress ague, eczema, diarrhoea, dysentery. But alas! what a fearful mortality among the children.

Secondly, it is considered a criminal action for a physician to carefully and undoubtedly affiliate a remedy to a case, and then wait the full development of the action of that remedy. As I said before, it is a mistake to say nothing is being done—very far from that. The beneficial action of the first dose of medicine was apparent in a few hours, and that action kept increasing as each of the five days passed by. Was there anything criminal in *letting* the remedy cure the child? I deny that nature could or did, unaided, restore the child to health. I had as reasonable an action from Apis and Sulph., and from the second application of the Merc. viv., as would be necessary to convince any but a prejudiced mind.

As for myself, I am quite content to follow in the footsteps of the Great Master and his most illustrious followers for two reasons:

I. Their remarkable success as prescribers should inspire all investigators with a desire to know the secret of their success, and follow in their ways.

II. Since employing the "high" potencies, I have been much more successful than formerly in curing chronic and dangerous acute cases. I rarely sign a death certificate now, though my practice is much larger.

G. E. CLARK.

STILLWATER, MINN., July 21.

New Publications.

A TEXT BOOK OF MATERIA MEDICA AND THERAPEUTICS: Characteristic, Analytical and Comparative. By A. C. Cowperthwaite, M. D. Sixth edition. Re-written and Revised, with clinical index. Chicago: Grass & Delbridge. 1891.

From a somewhat extended examination of this work, we are fully convinced that it is not an improvement on the last edition. The changes made in the re-writing have been in the line of the pathological delusion, not in the perfecting of our symptomatology. The preface strikes the key of the character of the revision: "Every symptom of doubtful origin has been expunged" evidently to make a place under the title of "Therapeutics" for "a résumé of the clinical uses of the drug," much of which must necessarily be misleading and a great deal of it worse than useless in a work on *Materia Medica*. For instance, under Sulphur: "Precisely how this mighty agent operates, and exactly the channels through which it produces its wonderful changes in organic and functional life, may not be definitely known," etc. Yet, precisely *how* any agent in the *Materia Medica* acts or "operates," is as well known as Sulphur, but no better. The *how* is merely assumption, nothing more nor less. We know the facts as recorded in the symptom record; but of the *how* and the *why* we can only speculate. Then why devote a page to speculation or useless "analysis?" Or of what benefit, in a Therapeutic sense, is the enumeration of the names of 75 or 100 diseases for which Sulphur may be the indicated remedy? The Pronouncing Index is a valuable addition to every work of the kind; we wish we could say as much for the Clinical Index.

SOCIALISM By John Stuart Mill. A collection of his writings on Socialism, with Chapters on Democracy, The Right of Property in Land, and the Enfranchisement of Women. No. 2 of the Social Science Library. New York: Humboldt Publishing Company, 19 Astor Place. Pp. 214; price 25 cents.

The publication of a special volume showing John Stuart Mill's attitude upon the question of Socialism should be a matter of congratulation, both to Individualists and Socialists. By his position in society, which was one of easy independence, he was most fortunately situated for the work to which he devoted his life. His writings mark the beginning of the transition period from the *laissez faire* theories that had so long dominated English thought, and he was singularly fitted to fill the office which he regarded as the crying necessity of the hour, viz.: that of "an unprejudiced legislator, absolutely impartial between the possessors of property and the non possessors."

John Stuart Mill was more than a mere student of the closet. Throughout his life he was on terms of close intimacy with the most distinguished men of his day; he was also a member of parliament. As a student he followed closely the speculative thought of Europe, though his ignorance of German, at a time when there were few translations, handicapped him heavily. He took part in all the progressive movements of the time; battled bravely for women suffrage; insisted stren-

uously on the right of the poorest to a voice in the councils of the nation, since their very existence was jeopardized by misgovernment; and anticipated the whole Irish and general agrarian movement by the keenness of his criticism on the sins of landlords. All these subjects are treated with a lucidity that John Stuart Mill had invariably at command, in this volume.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. July, 1891. William Wood & Co. New York.

This number contains two monographs by noted men: Hay Fever and Paroxysmal Sneezing, by Sir Morell Mackenzie, and Tuberculosis of the Bones and Joints, by Dr. Fedor Krause, of the University of Halle. The former contains a general history and etiology of this affection, but nothing new in its treatment; in fact, it is palliative only. But the latter is a well illustrated paper, from which every medical man may obtain some valuable hints, especially in its surgical treatment.

KALI CHLORICUM: A lecture by Charles S. Mack, M. D. Reprint. This lecture is positive evidence that the author is a hard student, for he has here given about every thing in old school literature that is known of the remedy. Allopathic authorities are liberally quoted, but we can not see how such crude generalizing statements can be of any use to the student of similia. It is far too general in its character. The only homœopathic authorities from which homœopathic knowledge might be gleaned are ignored. It is too scientific.

MAGAZINE OF AMERICAN HISTORY.—The August number of this sterling periodical, which should be on the table of every lover of American history, contains many valuable articles. Of all the magazines, which find their way to our sanctum, none is more highly prized.

SCRIBNER'S MAGAZINE for August is a "Fiction Number," and contains five complete short stories by Thomas Page, T. R. Sullivan, A. A. Hayes, Annie Eliot, and John J. a'Becket. Four of the stories are illustrated, each by an artist chosen for his skill in delineating the special characters and incidents which are the features of the tale.

Editor's Table.

DR. L. B. WELLS, of Utica, N. Y., has changed his office and residence from Park avenue to 31 Summit Place.

PETER HAGADORN, M. D., has opened an office at 2341 Wentworth ave., Chicago. The doctor is a good prescriber and deserves to succeed.

THE physicians of northern Indiana and southern Michigan meet in Elkhart, Ind., September 22d, to organize a local medical society. A general invitation is extended to the members of the profession. Address H. A. Mumaw, M. D., secretary.

IL SECOLO OMIOPATICO, Vol. I., No. 1, is the name of a new 16-page journal published at Naples, Italy, under the editorial management of Dr. Palumbo. The leading article on Individualization is by Dr. Cigliano. We welcome it to our table.

FOR SALE.—Ezekiel & Bernheim, 134 Main street, Cincinnati, Ohio., are now cataloguing, and will sell at auction early in September, the Medical Library of the late Dr. Frederick Ehrman. Descriptive catalogues will be mailed free to any address upon application.

DR. THOMAS SKINNER takes his holiday this year from August 1st to October 1st. His address will be Glencoe Hotel, Carah, County Kerry, Ireland. Cases requiring personal attention are requested to consult Dr. John H. Clark, 34 Harrington Road, London, S. W.

S. H. TALCOTT, M. D., sailed for Europe July 18th, as a delegate from the Medico-Legal Society of the United States to the International Union of Penal Law, which convenes at Christiania, Norway, August 15th. While abroad he will pay particular attention to the cottage system for the treatment of the insane.

THE INDIAN HOMEOPATHIC REVIEW, Vol. IV., No. 1, is revived under Dr. Majumdar, of Calcutta. It was begun in 1882, and for two and one-half years was issued regularly. It was revived in 1885 for a year, and this is the third attempt, which we trust will be successful. It is a 32 page journal, 16 in English, and 16 in the vernacular for the benefit of Bengali readers.

KANSAS CITY HOSPITAL. The homœopaths are rejoicing over the completion of their new building, just completed, for the college and hospital. It is a three story and basement, 80 by 125 feet. The lower floor is devoted to laboratories and lecture rooms, while the upper rooms will be for the hospital, in which will be the rooms for the resident physician. The dining room, kitchen and laundry will be in the basement.

M. A. A. WOLF.

NEW HAMPSHIRE HOMEOPATHIC SOCIETY.—The annual meeting was held at Concord, July 1st. Drs. Piper, Rounsevel and Jewell were elected members. Appropriate resolutions on the sudden death of Dr. J. M. Bishop were passed, as well as a vote of appreciation of the services rendered in legislation by Dr. H. M. Paine. Officers elected were: President, Dr. Rounsevel; vice-president, Dr. Robie; secretary, Dr. Bothfeld; treasurer, Dr. Adams.

THE NATIONAL HOMEOPATHIC COLLEGE, of Chicago, is the latest aspirant for professional honors. Many years ago, when there were two weak and struggling homeopathic colleges in the world, Oliver Wendell Holmes issued his celebrated prophesy that "Homeopathy was dying." This is the seventeenth example of the rapid manner in which dissolution is taking place. It must be peculiarly gratifying to a prophet to see his predictions verified ere he departs hence, especially when the wish was the father of the prophesy. We here repeat what we have frequently said, that the need of the school to-day is not *more* but *better* colleges; colleges in which Homeopathy is taught and whose graduates will be able to use the single remedy in the cure of the sick. There is "plenty of room at the top" for a homeopathic college that will teach the Homeopathy of Hahnemann; we already have enough that teach everything else. Let the National win its spurs; there is plenty of room.

THE
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No. 3.

BRYONIA ALBA.*

Like the other provings of Hahnemann's own remedies, it stands the test of experience. At the time this proving was made, Hahnemann was using the 15th and 30th potencies in his practice; he considered the 30th plenty low enough for provings. As Bryonia has never been used for poisoning purposes, we do not see in it any of the terrible death struggles of Arsenic. When we have all remedies proven, as this one has been proved, we will have a much better therapeutics. Charcoal, Lycopodium and Silica do not kill in their crude state, nor produce serious pathological manifestations; we get their most valuable symptoms because we are forced to prove with the potencies.

Bryonia is a polychrest, one of the twenty-four most frequently indicated in practice, and is a medicine that is prescribed in routine by many; pleurisy to the routine prescriber means Bryonia. He does not stop to consider that if the pain be made worse by lying on the painful side Belladonna may be indicated, but gives Bryonia because it is pleurisy.

The striking condition, pains > by pressure, runs all through Bryonia, whether the pains are in the head, chest or abdomen. Even rheumatic pains are better from pressure. There is not only > from pressure, but the patient desires to keep perfectly still; the quick, short breathing may be only because he does not wish to move the chest.

Among the first things to speak of in its mental condition is its extreme irritability, in which it resembles Nux vomica.

* Notes from the Lectures of Prof. J. T. Kent, M. D.

The slightest noise or action displeases. Nothing suits him ; he tells you to do certain things, and when you comply he is not pleased but is very angry with you ; he keeps changing his mind. This irritability exists also with the appetite ; he desires things which are refused when brought to him ; wants something that he can not have, or that is out of season, and if it is produced he refuses it. We see this often in children, and here it competes with Chamomilla and Kreosote. Kreosote is often indicated in teething children, when Chamomilla is given but not indicated ; the child wants a toy, plays with it only a minute, throws it away and wants another—continually changing, and has a nondescript diarrhœa.

Bryonia affects all the soft tissues, the blood, muscles and fibrous tissues. It creates such changes as are found in low forms of zymosis, typhoid, rheumatic, scarlet. It is slow in attack, besotted and stupid in appearance, with a dark, dusky red color and very little heat. It is not common for Bryonia to carry a patient to unconsciousness; in the febrile state he is stupid, semiconscious; when roused is irritable; so weak in mind that his ideas disappear, as if he would faint, together with heat in face, especially on standing. Certain things confuse the mental state and aggravate the mental condition. Things seem strange altogether in his own house; he don't know where he is; faces that he sees about him seem strange; he wants to go home. The patient is often prevented from sleeping because of the horrible visions he sees on closing his eyes.

The delirium is not as active as Acon., Bell., or Stram., but he jabbbers and talks, and the faces and place look so strange to him, that he tries to get out of bed and go home. He may talk rationally through the day, and the delirium coming on at 9 P. M., remains until nearly morning. Bryonia delirium is passive, while that of Acon. and Bell. is active. Compared with Bryonia the erythism belongs to the latter, Bryonia having sluggishness of both mind and body; while Bell. or Acon. can neither of them bear the slightest motion in the room. In fact, the complaints seem to begin where those produced by Acon. and Bell. leave off.

In fevers, typhoid, etc., the time of the highest temperature is from 9 P. M. to 12 midnight. It is often very important to know the time of the highest temperature in continued

fevers, especially when the symptoms are not very clear, as this knowledge may decide the choice of the remedy. In intermittents, the chill often comes on at 9 P. M., sometimes we must compare Chamomilla on account of the irritability, the Chamomilla < is 9 A. M. to 12 noon, also at midnight; with the symptoms of irritability, when we can not distinguish between them, this time of the < may decide the choice.

Nightly delirium of the business of the day, worse after 3 A. M., though this is not the most characteristic time of Bryonia. Talking of the business of the day makes us think of Nux vomica, but Nux dreams of it, while Bryonia has delirium. Then Bryonia may be said to be a busy delirium, busy about the thoughts and cares of his business. Anxiety about the future; he fears he will not have the wherewithal to live. Anxiety in the whole body which compelled him to do something constantly, and wherever he went he found no rest. It is common in the Bryonia subject to have these anxieties; a wealthy man fears his property is going to ruin and that he will go to the poor house. Despair of recovery. After being angry he is chilly. Dryness of the mouth without thirst on retiring at night; can not go to sleep, dry as a board, yet no thirst, mouth and nose increasing in dryness until 2 or 3 A. M. There may be another striking symptom, viz., fever and thirst for large quantities of water. Dry mouth coming on from warmth of bed, in warm room, from 9 to 12 P. M., or after, Bryonia. Dry mouth and no thirst, Nux m.

I suppose I ought to tell you about puerperal fever, for the books may lead you astray. A very striking group of symptoms occurs, and they might lead even a good prescriber astray, if he did not know how to prescribe in puerperal fever. You are all aware what a dangerous state this is. Sometimes the fever comes on, worse from the least motion; on raising the head there is faintness, pallor, nausea; the Bryonia thirst is present, and you would like to give her Bryonia, but if you do it will prove most unsatisfactory, even when these characteristic superficial symptoms are present. The chill is violent; discharge suppressed; copious sweat; pulse so rapid you can hardly count it; the sweat is colliquative; she will die if something is not done soon. Now Sulphur has just those conditions, and it corresponds most

closely to the symptoms of septicæmia; you should never lose a case of this kind. Some will recommend Aconite or Gelsemium, or Arnica, but you might as well give pure water, as they do not correspond with the deeper nature of the disease any more than Aconite does to typhoid fever. Give Sulphur at once when you find the above group; it will at least simplify the case, if it does not completely cure it, and the next remedy will be seen more easily. I have completely wiped out many such cases in forty-eight hours with Sulphur. If you give it low, you need not anticipate such results; you must give it high. For repeated rigors, two or three in an hour (may or may not have hot sweats), wants clothing piled on; this means Lycopodium.

In the eruptive fevers of *Bryonia*, the eruptions are slow coming out, are dusky, and disappear before their proper time. Then headaches come, and the fever has violent <. Zinc has such a condition, but in the latter the vitality seems too feeble to throw out a rash, and it has great nervous < with twitching of the limbs and restless feet.

In idiopathic typhoid fevers, coming slowly, ask the patient when he was taken ill, and you will find he has not been feeling well for some weeks. He was tired, exhausted, every time he moves thinks he will die. The mental state is passive, he desires to be left alone, to be undisturbed, and will not stir for hours. At times he will be restless, but he constantly fights that condition; it hurts him so to move. In this zymotic state, if you can make a sufficiently sure prescription, you may close the case; later *Bryonia* might not be sufficiently deep.

The *Rhus* typhoid state, also, comes on slowly, with similar rending, tearing pains, but the *Rhus* patient is > from motion. In the later zymotic stages, *Hyos.* frequently follows *Bry.* In this state, when the patient is questioned, he falls asleep in the midst of the attempted answer, here, showing how closely *Bapt.*, *Phos.*, *Arn.*, *Sulph.*, *Ars.*, are allied.

Baptisia is marked by the rapidity of the attack with passive delirium, all of which may have come on within twenty-four hours. It has besotted expression, the drawing of himself up in a heap in bed, lying on one side, and dislike of being disturbed. *Baptisia* will say a word, then drop asleep, but *Hyoscyamus* finishes the sentence and is gone, going by

degrees where you can not reach him, or rouse him. Hyoscyamus has not the besotted look of Baptisia. Baptisia has a symptom seldom met in practice, but when found it is so characteristic, that you can rarely give another remedy. The patient is wandering, thinks he is in pieces scattered over the bed, and is always trying to gather the pieces together.

Bryonia has splitting, tearing and pressing pains, sharp stitching pains in the muscles, white fibrous tissues, etc., giving rise to the splitting headaches, as in meningitis; to the characteristic stitching pains of pleuritis, peritonitis, and synoritis, producing effusions, thickening and adhesions, such as are found in either, or in white swellings, etc. The slightest motion brings on pains which have not before been felt. It gives rise to cellulitis in the muscles, which is < by motion and > by pressure, or by lying on the painful side. This differentiates its conditions from that of Belladonna where the tissues are so sore that the pains are greatly < by pressure or being lain upon. In Bryonia the pains in the head come on after waking, therefore after motion. Clinically it has been learned that the pains go to the side lain upon, like Puls., Phos. ac.

Bryonia has rheumatic inflammation with swelling and rending, tearing pains that are < by motion.

Rhus has the same conditions, but even the restlessness with the pain passes away through continued motion.

It has a peculiar vertigo, a sensation in bed as if she was sinking deep down; it is a floating sensation and is generally worse on closing the eyes (Therid). I have noticed in chest troubles particularly, that after giving Bryonia, the patient has this vertigo; it has appeared so often and with the < on closing the eyes; I noticed it to-day; Bry. cm. was given three days ago and has had a positive curative action; the very grave disease that threatened has passed away; this vertigo came on and lasted some hours. Some express it as a floating sensation, a hovering. I had noticed this after giving Lachesis in certain cases, and soon found it to be a clinical symptom and have relieved other complaints, together with this symptom, with Lachesis; I discovered this also, in the proving of the nine millionth of Lachesis, after having verified it many times. (This proving has been published in the transac-

tions of "the International Hahnemannian Association.") Dizzy in the morning. Dizzy on turning the head, on stooping. The dizziness in the morning on waking is so violently affected by motion, exertion, thinking, that even waking up <, it is the first motion of the eyes that causes the <. There is hardly a group of symptoms that has not this < from motion. It also has intense desire to keep still. Vertigo, as if one were being turned around or as if everything whirled about when standing.

The headaches are stitching, tearing, pressive, the greatest number are pressive; headache as though the head would burst, as if the eyes were pressed outward; wants quiet and the head bandaged. The pressing is generally slightly better in the open air; some are entirely > in the open air. Great fullness and pressure and heaviness of head. If you are called to the bedside and find the patient in a state of semi-delirium; face bloated as if intoxicated; he jabbars, cries, talks nonsense, talks of things that never happened as if they had just occurred; breath is foul; there is a swelling, puffiness about the eyes; he lies on his back perfectly still; is irritable, fretful, stupid; you had better give him *Bryonia* at once. That bloated, purple, mottled face is found under *Bryonia*.

Stitches in the scalp, eyes and forehead. In the morning, in bed, while lying on the back, headache in occiput which extends to shoulders, like a heaviness when pressed upon a sore spot. Violent headache like a great weight in head. These are pressing headaches. There is a good deal of pressure as of a weight on top of head, a pressing in. Stitches in head. Headache as if head would burst, with dry parched lips. Headache after eating. In general, many of the complaints are worse after eating, especially cough. Headache from suppressed sweat. The symptoms, if studied, are seen to be very much like the results of suppression of sweat when warm. Suppressed rashes, suppressed discharges, suppressed sweat. In chronic nasal catarrh, when he goes to bed and sleeps soundly and on waking has a dry nose. Neuralgic headaches. It seems as if the cough were a material substance that rushed up into the head and it feels as if the top of the head would fly off; he holds his head with both hands; it is such an awful jarring shock. He holds his chest when

he coughs; this shows the relief from pressure, or desire for pressure. The eyes feel as if they would be pressed out.

Headache from ironing. Let us analyze this symptom. Those German women were accustomed to iron in a very warm room; if it were in a cool room, they would not have had the headache; it was the exercise of ironing in a warm room that brought on the headache; hence it might read, "exertion in a warm room brings on headache." The headache is expansive, worse on motion; the simple effort of opening the eyes or on stooping < it. Congestive headaches often accompanied by nose bleed; better from pressure and on closing the eyes. Headache worse after eating. After overheating, headache, rheumatism, chest complications, pneumonia, bronchitis, pleurisy, rawness of chest and he is stiff and sore; if Bryonia is not given in the beginning, sometimes a furious bronchorrhœa comes on, with rattling, extending over the whole chest, and copious expectoration of greenish-yellow mucus. If too deep for Bryonia it may be followed by Silica, especially if it has gone on a week or two, and there is thick, copious discharge and asthmatic symptoms; of course I mean if the symptoms agree.

Headache from constipation; the stools being dry, hard as if burnt. We will find on studying the stomach symptoms that there is bilious vomiting and dry hard stools. Various neuralgias of the outer head; > from lying quiet; > from lying on the painful side; > from sweating and from pressure. Eyeballs pain and ache; much like the headaches, pressing. Neuralgia involving the eyes.

You must learn to read between the lines—when you have the generalities. I will illustrate with a case requiring another remedy. Suppose you go to see little Johnnie; he is, we will say, about ten or twelve years old. Among other things, you observe there are several persons in the room and Johnnie runs and hides. The mother says that he tells her after they are gone, "He don't want to see them." Now, you look under "desires to hide or conceal himself," and you think you have it; but see how easy it is to be misled. The other symptoms being nondescript, you fail because the group under "wants to hide" don't cover the case. On further inquiry, after he is a little worse, you find he is very suspicious; he thinks the people are making faces and laugh-

ing at him. You see it is not because he wants to conceal himself, but he imagines they are making faces at him, and he wants to shut them out of his sight. Such a case is covered by *Baryta carb.* You must read between the lines, and you will find all the other symptoms that were not distinctive will fall into their places under the remedy.

Under the eyes we have coryza; scalding, smarting, burning, swelling of the lids, etc. *Bryonia* has much coryza, swollen, stuffed-up nose: catarrh extending to frontal sinuses or into chest.

Nose bleed is the next important symptom. There is a peculiar stasis; a sluggish condition of the cerebral circulation with dark blood from the nose; when the menses should appear and do not; they are late; nose bleed comes on, she wakes with it.

Under the face is another striking symptom. In pneumonia, bronchitis, pleurisy, brain affections or chills, there is a chewing motion of the mouth; it is a sideway movement, not a grinding of the teeth. Lower lip dry, black, thickly crusted, everted and very sensitive. This group is in typhoids. Dryness of lips and tongue with thirst, drinking much at a time but not often; here we see this well-known symptom, "Thirst for large quantities at long intervals." Other medicines require frequent drinking, as *Phos.*; but water in *Phos.* does not quench the thirst; he wants it just as intensely after drinking, and it must be very cold. *Arsenic* has great thirst, but wants little at a time, and all the time—every minute—just enough to wet the dry mouth and tongue.

Tongue dry and brown; while there is thirst for cold water it very often causes pain in the stomach, and this is > by hot drinks.

Lips parched, dry and cracked. Children pick the lips, pulling off little dry particles like hangnails. When the lips are raw, bleed easily, are denuded, and the child picks at them and keeps rubbing the nose, it is *Arum Triphyllum*. We see such a state in scarlet fever, diphtheria, sore throats, typhoids, etc.

Bryonia is frequently indicated in children's sore mouth, particularly if there is a tendency toward hydrocephalus; these have the chewing motion of the mouth. *Aphthæ*, with infantile diarrhœa. *Bryonia* is not often enough given in

these cases. The most frequently indicated remedy for sore mouth in nursing infants is Sulphuric acid.

Bryonia is a good toothache remedy; the pains are pressing, tearing, wrenching, < from warmth, warmth of bed. A toothache coming on at 9 P. M., on getting warm in bed, it may be < from lying on the painful side because of the warmth; > from pressure; momentarily > by holding cold water in mouth; < 9 to 12 P. M. Coffea is usually thought of when toothache is momentarily > by ice water, but it is very sensitive to pressure. For neuralgia in face or teeth that is > by pressure, hot tea, hot water or heat and pressure, Mag. phos. is a remedy. For those terrible left-sided neuralgias of the whole left side of face and eye, night and day, distracting, rending, tearing, < by hard pressure of the hand, Colocynth.

Under appetite we find the irritable, changeable condition, desire for things which are refused when offered; nothing suits; there is aversion to food. The key-note of Hering and Guernsey, for Sulphur; "Drinks much and eats little" belongs just as strongly to Bryonia. Desires warm drinks, which > pain in stomach and chill. Cold water is desired in fever, but it causes pain in the stomach. Many symptoms are < after eating, especially after the mid-day meal. Weight as from a stone in stomach, like Nux vomica, both are < from motion, both have lumps, or sensation of weight in stomach.

Nausea, on waking in the morning, with bitter vomiting, gagging and spitting bitter bile. A remedy, hardly ever thought of, has this condition of things. He gets up in the morning and spits up bitter bile, is sore and feels bruised all over, in old drunkards, is Cimicifuga; and it has frequently cured this state, and at the same time removed the craving for strong drink. Nausea on the slightest motion. This < from motion runs all through Bryonia. Here is a striking symptom: "Nausea and fainting on sitting up." It is even worse than that, the slightest raising of the head brings it on. Sulphur has the nausea and fainting on sitting up. Here is still another condition: "No matter how much nausea he has, he has attacks of canine hunger, yet don't want food when it is offered." Great sensitiveness to touch over the pit of the stomach and over whole abdomen. Heat, burning in pit of stomach. With the gastric affections there is dry mouth, tongue and throat.

Bryonia actually produces an inflammation of the liver. There is great engorgement, tumefaction, swelling, sensitiveness to touch; pressure causes great pain, and here it competes with *Belladonna*. Tensive burning pain in the hepatic region. Stitches in the liver. Sticking pain in the liver. Stitching pain in spleen. Hard swelling of spleen.

In the terrible distended sore abdomen in peritonitis or congestive diseases of intestines; when the abdomen is filled with gas, and if percussed sounds like a drum, *Bryonia* is something like *Colchicum*, *Lycopodium* and *Cinchona*. All sorts of violent pains in the intestines, but the usual characteristic stitching pains are present, pains flying here and there, like *Kali carb.* and *Pulsatilla*. Pinching, colic pains. Cutting pain in abdomen before stool. Distension of abdomen and rumbling. All of the conditions, as well as the symptoms of gastro-enteritis in the typhoid state, commonly called "Inflammation of the Bowels" are found under *Bryonia*, and it is one of the most frequently indicated remedies.

It is frequently indicated in dysentery with colic before stool; the least motion compels him to go to stool; so long as he remains in bed and keeps perfectly quiet, he is comfortable, but the slightest motion, even of the hand, brings on colic and urging to stool. Wakes in morning with this colic and urging. Rumbling as if full of yeast.

Food often passes as eaten, stool undigested. The diarrhoea is likely to be < in morning, very offensive; if he lies quiet during the night, has no stool, but with the first motion on waking, on comes the colic and urging. Stool smelling foul, like old cheese (*Hepar*), < in morning, or only in morning. The dysentery and diarrhoea come on in hot weather, with the first intense heat of summer; usually it is a scanty stool. Bloody, rusty, mucous stool with colic pains, urging, < from motion. Bowels become paralyzed, stool hard, lumpy, dry, looks burnt, as in peritonitis, gastritis, splenitis, etc., and requires profound exertion to pass; confusion of head; feels if only it would pass the headache will stop; strains until rectum is prolapsed. It has another state in typhoids, a yellow, pasty stool, looks like corn meal mush, as if it had dropped and umbilicated. This is a common stool in typhoid, and *Bryonia* is often the remedy. It is the exception to have a painless stool. I study a long time

before giving it if the stool is painless, although I have cured when the colic was absent, but it is hard to rule out that colic. I do not think any remedy is more frequently indicated in hot weather diarrhœa. Diarrhœa after eating fruit, or sauer kraut. Bryonia often cures a peculiar condition in which he has the dry, hard stools expelled with difficulty, for many days, then, all at once, terminates in a copious diarrhœa, green, liquid stools, vomiting and exhaustion; after he is cleaned out, on comes the constipation again, these conditions alternating; with the constipation there is headache, which is relieved when the diarrhœa is on. This is entirely clinical. The text reads: "Diarrhœa alternating with constipation." I have told you how it occurs.

Bryonia has a good many kidney symptoms. A deposit of sediment is exceptional in urine; it is a pink deposit in the urine, covering bottom of the vessel. Frequent urination; urging to urinate from heavy lifting; involuntary urination; every time he moves the urine dribbles. Rhus has directly the opposite; he can hold his urine while in motion, but it dribbles away if he sits down and is quiet.

The routinist will give Apis for pain in right ovary Lachesis for pain starting in left ovary and going to the right; Lycopodium if it starts in right and goes to left ovary; Podophyllum for large and painful ovary with prolapsus. These remedies have these conditions, but Bryonia is frequently required for pain in ovaries, especially the right, < worse from touch, < on motion.

Especially think of Bryonia when the menses are too early and too profuse, associated with nose bleed, < on motion. Nux has menses too soon, flowing in fits and starts; lasts too long. Both have irritable temper. For menses coming too soon, flabby muscles, sweat on the least exertion, difficult breathing on going up stairs; cold, sweaty feet, it is Calcarea. Amenorrhœa with nose bleed or bleeding from ear, headache over eye on first moving eyes when waking; at beginning of menstruation flow copious, lasts too long; such are likely to have the Bryonia constipation. The complaints of confinement often call for Bryonia; full, hard breasts with stony heaviness.

Symptoms link together to show a grand totality. There is scarcely a region or an organ that does not become sore

under its action. With the lung symptoms he must lie with his head high. *Bryonia* is especially indicated here. Symptoms of the cough are felt in distant parts, as in knee, hips, ovaries, rectum, etc. Cough felt in any other part of the body is quite in keeping. In *Bryonia* we have a cough brought on by eating a little; also, a spasmodic cough after drinking. Warm air causes coughing. *Bryonia* has much asthmatic breathing. In the larynx, trachea, bronchi and lungs it has a wonderful sphere—hoarseness, bronchial croup, soreness in trachea, shortness of breath, respiration quick and deep, but without motion of chest. Can not take a long breath on account of stitches in chest. Asthma, with feeling as if something should expand and would not. All < from the slightest motion. The chest pains are > from pressure, > from lying on painful side. Violent pains in chest, < from breathing and coughing; it is the motion of the chest which <. Better from pressure and he wants to be in a cool room; wants fresh air to breathe. Dry hacking cough, seems as if the chest would fly to pieces, he presses his hands against it to support it. Rawness, burning pains in the chest, with the bursting headache as if the skull would fly to pieces.

Pneumonia, preferring the right lung, with rusty expectoration, *Bryonia*. *Aconite* seems sufficient for a sudden attack of pneumonia, coming on in the upper left lung, that begins with the spitting of bright, fresh blood, caused from the violence of the attack upon the mucous membrane; dyspnoea, restlessness and terrible anxiety, in which he knows he is going to die.

Bryonia attacks the parenchyma of the lung. Must keep still. Holds the breath to keep from coughing. *Bryonia* is frequently followed by *Phosphorus* in chest complaints.

Belladonna has expectoration of bright red blood, extreme sensitiveness, < from lying on right side, < from breathing, coughing, motion, pressure.

The pleurisy of *Bryonia* attacks either pleura; the pains are stitching, tearing, transfixing, impeding respiration; but, he lies on the painful side, wants to press hard with both hands to support the chest, and prevent motion.

Pulsatilla has pleurisy with same kind of pains as *Bryonia* but in *Pulsatilla* he lies on the painless side. These striking features are worth remembering.

Bryonia is often indicated in the bronchitis of children, but Ipecac. is the baby's remedy for capillary bronchitis, or what appears to be pneumonia.

In the stomach there is < from warm drinks, which is an exception to the general condition; as we have found, Bryonia is < by warmth and > by cold. Warmth < tearing in head; toothache; pain in throat; general < from warm drinks, except stomach. Warm weather causes diarrhœa, < chilliness in a warm room. There is another exception to the general < from heat, and that is, pains in the limbs and joints, which are > by warmth. The anxiety is better in the open air. Headaches are > by cold washing. Inflammations of the eyes, pains in teeth and face are > by cold. It is very important to remember the exceptions. He likes the cold air; wants to be in a cold place; in the beginning of a sickness, he wants the covers off, desires cold drinks and to be in the cold air; after giving Bryonia, he commences to sweat, and if improving, he takes on the opposite condition, now he desires warmth and you must let him alone. Where there is "desire to be uncovered," wants to be in a cold room, etc., and a remedy like *Secale* is indicated and given, then the patient often becomes chilly and wants to be covered up warmly, it is a sure sign the medicine is acting well. Now, after they have gone to the other extreme, if you should give *Nux*, which has just the opposite of *Secale*, it will bring back the original condition, and the patient will die. Many times just this thing has been done, and, when the patient died, the doctor has congratulated himself that he had nothing to do with the "taking" off. It was an act of Providence! A close, warm room often disturbs the breathing, yet bodily he is chilly, though the chilliness is not lasting, it alternates with heat, which lasts some time. You will often see this in bronchitis and pneumonia. Flushes of heat, then shivering, especially in the forming period of the fever. After the fever becomes continued, then there is not so much of the chilliness. Blood seems to burn in the veins, like *Arsenic*. *Arsenic* has sensation of hot water floating in the veins. *Rhus tox* has sensation of cold water floating in the veins.

Continued fevers, typhoid, intermittent, remittent, > when he sweats, unlike *Mercurius*, which is worse when

sweating. *Natr. mur* has > of all symptoms except headache from sweating. *Eupatorium* has > from all symptoms except headache, which is made worse from sweat. Even dropsies have been cured with *Bryonia*. Complaints when eruptions have disappeared, or have not sufficiently come out. Convulsions from suppression of eruptions. Some of the back symptoms have > from motion.

A SKETCH OF HAHNEMANN AND HIS WIFE,*

FROM THE PORTFOLIO OF ONE WHO KNEW THEM.

BY HELEN BERKLEY.

Who is Hahnemann? What is Homœopathy? "The master-spirit of the age—the founder of the surest and safest system of medical treatment," exclaims his disciple. "The successful inventor of a fanciful and delusive mode of practice," retorts his opponent. Which are we to credit?

It is little more than half a century since Homœopathy was discovered; yet Hahnemann is a familiar name on every tongue, a venerated one on many. The bitterest enemies to the system which he founded yield their homage to his gigantic intellectual powers, revere his manifold virtues, and admit that his learning, his numerous philanthropic deeds, and, above all, the elevated purity of his character, have ever preserved him against the imputation of charlatanism. Whether his principles be received or rejected, his talents, his originality, and his singular history must ever render him a subject of general interest.

In 1839 Dr. Hahnemann was residing in Paris near the Gardens of the Luxembourg. During the winter of that year, desiring to consult him in behalf of an invalid friend, I made him my first visit. That I might obtain an audience as early as possible, I entered the carriage which was to transport me to his residence, at a quarter past nine o'clock in the morning. After about half an hour's ride, finding that the coachman stopped his horses without dismounting, I inquired if we had reached our destination: "No, Madam; it is not our turn yet. We must wait a little while. See! there is Dr. Hahnemann's house," he replied, pointing to a palace-like mansion at some distance. This mansion was surrounded by a massy stone

* Published by Wm. Radde, in 1835, as a popular Missionary tract.

wall with an iron gate in the center. Impatient at the delay, I leaned out of the window and beheld a long line of carriages in front of us, driving one by one through the gate, and out again, as fast as their occupants alighted. This was vexatious; I had taken such especial pains to be early—and all to no purpose. But if there was any consolation to be found in the knowledge that others were even worse off than ourselves, I might have comforted myself by looking in the opposite direction. Behind us stretched a file of coaches, lengthening every minute, and already quite as formidable as the one in front. I had unconsciously taken my station in the midst of a procession slowly advancing to pay homage to this modern Escalapius. I already knew something of Hahnemann's celebrity; but my opinion of his skill was marvelously fortified as I stared behind me, and before me, and then at the empty carriages driving away around me.

In about twenty minutes the carriage in which I sat, wondering and waiting, during that time having moved a few paces forward every minute, at last drove briskly through the iron gate, around the spacious court, and deposited me, to my great satisfaction, at the front entrance of Hahnemann's magnificent dwelling. Three or four liveried domestics, assembled in a large hall, received the visitors as they alighted, and conducted them to the foot of the wide staircase. At the head of the first flight they were received by a couple more of these bedizened gentlemen, who ushered them into an elegant saloon, sumptuously furnished, and opening into a number of less spacious apartments.

The saloon was occupied by fashionably-dressed ladies and gentleman, children with their nurses, and here and there an invalid reposing on a velvet couch or embroidered ottoman. The unexpected throng, the noisy hum of whispering voices, the laughter of sportive children, and the absence of vacant seats, were somewhat confusing. I entered at the same moment with a lady, who, with her nurse and child, had alighted from her carriage immediately before myself. Probably noticing my bewildered air, and observing that I was a stranger, she very courteously turned to me and said in French: "We shall be able to find seats in some other room; permit me to show you the way." I thanked her gratefully and followed her. After passing through a suite of thronged

apartments, she led the way to a tasteful little boudoir, which was only occupied by one or two persons.

I knew that the lady who had so kindly acted as my conductress, was a person of rank, for I had noticed the coat of arms on the panels of her coach, and remarked that her attendants were clothed in livery. But to meet with civility from strangers is of so common an occurrence in France, that her graciousness awakened in me no surprise. I subsequently learned that she was the Countess de R—, a young Italian, who had married a French count of some importance in the *beau monde*.

We had hardly seated ourselves in the quiet little boudoir, when a valet entered, and politely demanded our cards. They were presented, and he placed them in the order received, amongst a large number in his hand. It was obvious that we should be obliged to wait an indefinite period; and I soon commenced amusing myself by examining the fine paintings with which the walls were lavishly decorated—the pieces of sculpture—the costly vases scattered about the apartments—and a number of curious medals, heaped upon the center-table. The sculpture, vases, medals, and even some of the paintings, had been presented to Hahnemann as memorials of the esteem and gratitude of his patients. Every room contained several marble busts of Hahnemann himself, some much larger than life, some as large, and some smaller. These also had been presented to him on different occasions as tokens of respect.

I was standing before a most lifelike portrait of the great doctor, lost in admiration of its masterly execution, when the young countess, who had retained her seat while I wandered around the room, joined me and said: “Do you know who painted that picture?”

“No,” I replied, “but although I am not a judge of art, I should almost venture to say that it was the work of a master’s hand.”

“Undoubtedly it is a masterly piece of workmanship. It was executed, however, by Madame Hahnemann.”

“Madame Hahnemann! is it possible! Is Hahnemann married, then?”

“To be sure; and so happily, that to become acquainted with his domestic history is of itself almost enough to induce one to venture upon matrimony.”

“I am delighted to hear it. I knew nothing of him except as a skilful physician, and a man of extraordinary genius.”

“His private history is equally interesting, and quite as remarkable, as his public.”

“Have you known him a great while? How old is he? How long has he been married?” questioned I, anxious to obtain all the information in my power.

“I have been acquainted with his wife and himself several years. He is about eighty-four years old. He was married to his present wife in his eightieth year.”

“Indeed! Was he a widower, then? Is his second wife young, or as old as himself?”

“She is about forty-five years his junior, and she still retains much of the vivacity and freshness of youth.”

“What induced her to marry him?”

“Veneration for his talents—esteem for his virtues—affection for himself—mingled, perhaps, with a spice of gratitude for his services to herself. You are a stranger to her, and will laugh if I say she *adores* him, but the term is not too strong to convey an idea of the truth.”

“Pray tell me something of her history. I am already deeply interested.”

“With pleasure. Hahnemann is the father of the most united, prosperous, and the happiest family I ever beheld. He had been many years a widower, when he was called in to attend Mademoiselle D’Hervilly, who was pronounced by her physicians to be in the last stage of consumption. He was residing at the time in Coethen. Marie Melonie D’Hervilly-Gohier, then his patient and now his wife, is descended from a noble French family of immense wealth. She had suffered a number of years with a pulmonary affection and disease of the heart. The most eminent physicians in Europe had fruitlessly endeavored to benefit her. After passing the winter in Italy, whither she had been sent in the hope that a mild climate might effect what medicine had failed to accomplish, she returned to Germany, in a state which her physicians declared beyond the reach of medical aid. She is a woman of remarkable strength of mind and most comprehensive intellect. The fame of Hahnemann’s wonderful cures had reached her, but she was unacquainted with his reasons for his peculiar mode of practice. Though so debili-

tated by protracted suffering that she was unable to make the slightest physical exertion, she examined his system for herself, and then determined upon consulting him. He became deeply interested in her case, and in an incredibly short time her sufferings were relieved, her cough subdued, and her *disease of the heart* assumed a different and more agreeable shape."

"And she married him out of gratitude?"

"By no means; she was charmed with his genius, his character, his manners, everything about him; and conceived an affection for him perhaps deeper and truer than the passion which we generally call love."

"Which he reciprocated?"

"Nay, you question too closely; I can not answer on which side the attachment first sprang. Nor do I know any reason why it should not have originated in the doctor himself. Madame Hahnemann is a woman of the most brilliant talents, her information is extensive, her mind highly cultivated, and she is a proficient in almost every elegant accomplishment you can name. Combine these attractions with that of a prepossessing person, and you will not find it easy to imagine a man insensible to her charms."

"How do Hahnemann's children like the idea of a step-mother?"

"She is tenderly beloved by them all. Her delicacy and generosity toward them are worthy of mention. Hahnemann had amassed a large fortune which she refused even during his lifetime to share with him. She was determined to give no room for the supposition that she could have been influenced by interested motives in forming this union. She stipulated, before her marriage, that she should ever be excluded from any participation in the avails of Hahnemann's estate; and induced him to settle the bulk of his fortune on the children of his first wife, merely reserving for himself an annuity sufficient for his personal expenses."

"How then was she to be provided for?"

"She was already independent as to fortune."

"Madame Hahnemann must undoubtedly be a very talented woman, if this painting is hers," said I, resuming my examination of the fine portrait, which had first attracted my attention.

“Not only that one but several others in the larger apartments,” replied Madame de R——. “Some of her paintings have even been admitted into the galleries of the Louvre. Thus her name is classed with those of the most distinguished French artists. She is a poetess, too, and her works have won a truly flattering approbation from the public.”

“A poetess! Where will her qualifications end?”

“I almost believe they have no end. She is mistress of five or six languages, which she both writes and speaks with ease and fluency.”

“She appears to be worthy, indeed, of being the wife of Hahnemann.”

“He thinks so, I assure you. He would not now find it so easy to dispense with her services.”

“Is he infirm, then?”

“Not in the least. He has always enjoyed excellent health. His sight and hearing are unimpaired. His activity is remarkable. Even yet there is an elasticity in his movements and a sprightliness in his manners which make you feel that something of youth has been left to him even in age. He would never remind you of the fable of the frog, whose discerning patients cried, ‘Physician, cure thyself.’”

“Perhaps that is quite as remarkable as anything you have told me about him; medical men generally look as though they needed, but feared to try the effects of their own medicines. Since he is so active, I suppose it would be possible to induce him to visit a patient?”

“I do not think that could be easily accomplished. In a case of great peril, perhaps, you might obtain the services of his wife.”

“His wife? Why surely——”

At that moment our conversation was interrupted by the entrance of a lady. She was attired in a simple *demi-toilette* and wore no bonnet; I therefore concluded she was not a guest. The instant she entered, the delicate-looking child my new acquaintance had been caressing on her knee sprang suddenly to the floor and greeted the lady with expressions of the most affectionate joy. She was an elegant looking woman, with a finely rounded form, somewhat above the medium height. Her face could not be called beautiful, nor

pretty, but the term handsome might be applied to it with great justice. Her forehead was full and high, and her hair thrown back in a manner which perfectly displayed its expansive proportions. Those luxuriant tresses, of a bright flaxen hue, were partly gathered in a heavy knot at the back of her head, and partly fell in long ringlets behind her ears. Her complexion was of that clear but tintless description which so strongly resembles alabaster. There was a thoughtful expression in her large blue eyes, which, but for the benignant smile on her lips, would have given a solemn aspect to her countenance.

She exchanged a few words with Madame de R——, kissed the child with much tenderness, and addressed several other persons present. While she was conversing the child still retained her hand, following her about and pressing close to her side, with its little pale, affectionate face upturned at every pause, as though silently soliciting a caress. In a few minutes she retired.

I turned to Madame de R—— and inquired :

“Is that Madame Hahnemann?”

“Yes; is she not a fine looking woman?”

“Undoubtedly. And from her appearance, alone, I can well imagine her endowed with many of the attributes you have described her as possessing. Your little son appears very much attached to her?”

“Poor little fellow! he has good cause to be so. He had suffered from his birth with a scrofulous affection, which baffled the skill of the best medical men in Paris. They gave me no hope of his recovery, and he is my only child. At three years old he was unable to walk or even stand alone. It was then that Hahnemann arrived in Paris, and I immediately called upon him. It was impossible to bring the child here without risking his life, and Hahnemann attends to no patients out of the house. Madame Hahnemann told me, however, not to be uneasy, as she would herself take charge of the boy. She visited him regularly twice a day, watched him with the anxious tenderness of a mother, and prescribed for him in a manner which proved the extent of her judgment and skill. In a few months the child recovered. He has never had a positive return of the disease, but he remains exceedingly delicate. I bring him to see his good

friend and physician every few weeks, for the sake of learning her opinion of his health, and consulting her concerning his management."

"Do you mean that *Madame Hahnemann* prescribes for him on her own responsibility?"

"I do. She is almost as thoroughly acquainted with medicine as her husband. She became his pupil with the view of assisting him when age might weaken his faculties. She now attends to all his patients, as you will find directly, merely consulting him in cases of great difficulty."

"That is being a *help-mate*, indeed. But are patients always willing to trust her?"

"Assuredly; she has too incontestably proved her skill not to be trusted. Hahnemann is no longer able to undergo the fatigue of attending to the multiplicity of cases crowded upon him. Madame Hahnemann is universally confided in, respected and beloved, especially by the poor."

"I can well believe it. Is Hahnemann assisted by any of his children in the same manner as by his wife?"

"Not exactly in the same manner, but still he is assisted by them. One of his daughters—and a fine, intelligent girl she is—has the sole superintendence of an enormous folio, containing the names of all his correspondents and the dates of their letters; also of several other folios, containing the letters themselves arranged in alphabetical order. His other children are of service to him in various ways. To assist him is their chief delight. As I told you before, I never beheld a more united family."

"Miss Hahnemann's services alone must spare the doctor a vast deal of trouble."

"Yes; but still every moment of his time is employed. He is the most systematic man imaginable. In his library you will find thirty-six quarto volumes, his register of consultation, written entirely by himself. Apropos, his handwriting is really worth seeing. What do you think of a man eighty-four years of age who writes a hand firm as a man's ought to be, fine enough to be a woman's and elegant enough to be traced on copper-plate, and this without spectacles?"

"Think? Why, I think I have wondered at what you told me as long as I could wonder, and now I can only come to the conclusion that Hahnemann and his wife should be

ranked among the curiosities of Paris, and that the sight-seeing stranger has not beheld all the marvels until he has seen them."

Our conversation was interrupted by a valet, who announced that *Monsieur le Docteur* was at leisure, and would see *Madame la Comtesse*.

She bade me good morning, saying: "It will be your turn next; I shall not keep you waiting long."

"I hope not," thought I, as a glance at the clock informed me that it was somewhat more than three hours since I first entered the house.

A few moments after *Madame de R*— left me, I was startled by hearing the same valet distinctly pronounce my name, somewhat Frenchified, to be sure, and announce that *Monsieur le Docteur* was ready to receive me. I was too much surprised to do anything but stare, until I remembered that I had placed my card in his hand some three hours before. I rose and followed him. He led the way through the same apartments I had traversed on entering. The doctor's reception chamber was situated at the further end of the suite. Throwing open a door, he loudly announced me and retired.

I stood in the presence of *Monsieur le Docteur* and *Madame Hahnemann*. The chamber I now entered was more simply decorated than any I had visited. In the centre of the room stood a long table; at its head a slightly elevated platform held a plain looking desk covered with books. In front of the desk sat *Madame Hahnemann*, with a blank volume open before her, and a gold pen in her hand. *Hahnemann* was reclining in a comfortable arm chair on one side of the table. They rose to receive me, and I presented *Madame Hahnemann* a letter from *Herr Dr. Hirschfeldt*, of *Bremen*, an eminent physician, who had formerly been a pupil of *Hahnemann's*.

While *Madame Hahnemann* was glancing through the letter, I had an opportunity of taking a survey of *Hahnemann's* person, for he had not yet resumed his seat. His slender and diminutive form was enveloped in a flowered dressing gown of rich materials, and too comfortable in appearance to be of other than Parisian make. The crown of his large, beautifully-proportioned head was covered by a skull cap of black velvet. From beneath it strayed a few, thin, snowy locks, which clustered about his noble forehead,

and spoke of the advanced age, which the lingering freshness of his florid complexion seem to deny. His eyes were dark, deep set, glittering, and full of animation. As he greeted me, he removed from his mouth a long painted pipe, the bowl of which nearly reached to his knees. But after the first salutation it was instantly resumed, as I was apprized by the volumes of blue smoke which began to curl about his head, as though to veil it from my injudicious scrutiny.

Madame Hahnemann gracefully expressed her gratification at the perusal of the letter, read a few lines of it to her husband in an undertone, and made several courteous remarks to me, while the doctor bowed, without again removing his long pipe. It was evident that he did not immediately recognize Dr. Hirschfeldt's name; and he was too much accustomed to receive letters of introduction to pay any attention to their contents.

Madame Hahnemann placed herself at the desk, with the doctor on her right hand and myself on her left. I stated the principal object of my visit, attempting to direct my conversation to Hahnemann, rather than to his wife. But I soon found that this was not *selon la regle*. Madame Hahnemann invariably replied, asking a multiplicity of questions, and noting the minutest symptoms of the case as fast as my answers were given. Several times she referred to her husband, who merely replied with his pipe between his teeth, "Yes, my child," or "Good! my child; good!" And these were the only words that I as yet had heard him utter.

After some time spent in this manner, Madame Hahnemann accidentally asked, "Where was your friend first attacked?"

"In Germany," I replied.

Hahnemann had been listening attentively, although he had not spoken. The instant I uttered these words, his whole countenance brightened as though a sunbeam had suddenly fallen across it, and he exclaimed in an animated tone: "Have you been in Germany? You speak German, don't you?" The conversation had hitherto been carried on in French, but the ready, "Certainly," with which I answered his question, apparently gave him unfeigned pleasure.

He immediately commenced a conversation in his native tongue, inquiring how I was pleased with Germany, what I

thought of the inhabitants, their customs—whether I found the language difficult—how I was impressed with the scenery, and continuing an enthusiastic strain of eulogium upon his beloved country for some time. Then he asked from whom was my letter. When I pronounced the name of Dr. Hirschfeldt, which he had listened to so coldly before, he expressed the deepest interest in his welfare, and spoke of him with mingled affection and esteem.

I was too much delighted with the doctor's animated and feeling remarks to change the topic. Yet I felt that he had lost sight, and was fast inducing me to do the same, of the primary object of my visit. Madame Hahnemann, however, though she smiled and joined in the conversation, had not forgotten the host of good people who were taking lessons of patience in the antechambers. She finally put an end to the discourse by a gentle admonition to her husband; warning him that he must not fatigue himself before the hours devoted to business were half spent. Turning to me, she apologized for the interruption, saying that they received their friends in the evening, and would be happy to see me, then immediately resumed the subject of my friend's indisposition.

After a few more inquiries, I received some medicine from her hands, with especial directions concerning the manner in which it was to be used. She also presented me with a paper, on which the different kinds of food, vegetables, seasoning, and odors, which counteracted the effects of homœopathic remedies, were enumerated. After cordially shaking hands with the kind old man and his talented and exemplary wife, I bade them good morning. One of the domestics in attendance conducted me down stairs, and handed me into the carriage; and I drove home, passing along a file of coaches, stretching from Hahnemann's door rather further than I could venture to mention and expect to be believed.

The favorable impression I had received on my first interview with Doctor and Madame Hahnemann, were subsequently strengthened and confirmed. Hahnemann expressed the same enthusiasm as before, at the mention of his own country, and on hearing that I was an American, made many inquiries about our young land, and especially concerning the progress of Homœopathy. I could not, however, give him

much information which he had not previously received from other lips.

Hahnemann, amongst his innumerable estimable qualities, possesses that of the most indefatigable industry. The pains which he takes in studying and examining a case are almost incredible. He records with precision the minutest symptoms of every patient, all constitutional ailments, hereditary taints, and numerous other particulars; never trusting his memory, and only prescribing after a deliberation often tedious, though always necessary.

To the poor he has ever shown untiring benevolence. Certain hours of the day are set apart for the reception of persons unable to offer compensation. They are attended with equal care, their symptoms recorded, and their diseases prescribed for with the same precision which is bestowed upon the *haute noblesse* of the land. It frequently occurs that Hahnemann is so fatigued with his morning duties, that patients who apply for advice in the afternoon are placed under the sole superintendence of Madame Hahnemann. But they seem to consider this gifted couple one in skill, as they are indeed one in heart.

Hahnemann appears to take pleasure in confessing to the world his affection, almost veneration for his wife. Shortly after his marriage, in a reply to the Gallican Homœopathic Society of Paris, who had made him their honorary president, the following paragraph occurs. "I love France and her noble people, so great, so generous, so disposed to rectify an abuse by the adoption of a new and efficient reform. This predilection has been augmented in my heart by my marriage with one of the noble daughters of France, in every respect worthy of her country." The letter concludes with the following beautiful sentiment: "Blind as many still remain, let us render them a service despite their repugnance. In course of time we shall receive their benedictions; for our principle, like sunlight, is one of the most prominent truths of nature."

IS ALBUMINURIA CURABLE?

A few weeks ago, during a dearth of city news, an enterprising reporter of the *Chicago Tribune* "interviewed" some members of the allopathic profession on the curability of

Bright's disease. The consensus of opinions obtained was in favor of hygienic treatment alone; "medical measures were powerless." To this Dr. E. G. Cook, of New York, replied, in which he claimed:

First.—Homœopathy does possess remedies which, when properly applied, cures Bright's disease.

Second.—Allopathy acknowledges that in remedial measures it is powerless.

Third.—Not only has Allopathy no cure for this affection, but it is largely responsible by its suppressive treatment of skin and venereal diseases, for a large percentage of cases of albuminuria we are called upon to treat.

NEW YORK, July 30.—[Editor of the *Tribune*.]—The investigations of the *Tribune* in regard to Bright's disease is evidence of "its law of progress." Such questioning is legitimate and in the true interest of the public.

But what a comment on the impotency of the system of medicine that boasts of 3,000 years of practical experience. Virtually it is this: "We can only recommend diet. We have no latest cure; in fact we are powerless for good with medicinal measures." This is the painful and humiliating confession of Allopathy the world over—the Old World as well as the new.

This is in the line of my own experience and observation for a quarter of a century, and my final conclusion is that not only is Allopathy of no use for this dreaded malady—Bright's disease—but that it is now almost a crime for allopathic physicians to prescribe medicinal means for its cure.

Yet most doctors in the United States send their patients with this disease to Carlsbad and advise them to consult the very professors of medical practice who have through the *Tribune* admitted that they know of no cure but diet and rest and that these are of doubtful utility. My experience is that nine in every ten of such patients return home feet foremost, in from one to two years.

Now, my object in writing this is to say that there is a cure for Bright's Disease if taken in season, and that it is not the starvation skim milk or other kindred cures, either. True Homeopathy has remedial means that, if seasonably and rightly used, will cure Bright's Disease.

This I know. Over and over again have I had verification of this fact in the last forty years. Thirty-five years since I had a severe case of this disease which came to me from the hands of three prominent medical men of the old school of medicine in Western New York. Dr. Washburn of Fredonia was the attending physician and Profs. White and Rochester of Buffalo were the counsel. Judge McPherson was the patient. For over two years the Judge had this disease, when he came under my care. He was indeed a hopeless case for the old school. Not an hour could the Judge lie, night or day, without rising for relief. Over one-third of

the urine was solid albumen. The condition of Judge McPherson was indeed a deplorable one. For in addition to his disease the vesica was paralyzed and the urine had to be drawn with a catheter from thirty to forty times every twenty-four hours. There was no question about the pathology of the case, and, under the old school treatment, of its fatal termination. The Judge's age was sixty-six, and his exhausted general state gave no hopes

In six months, under homeopathic remedies, with no change in diet, except to give a little more generous one, Judge McPherson had so far recovered that he was enabled to go to Buffalo, and by my request, to see Profs. White and Rochester, for them to note the change. He had gained twenty pounds in flesh. After testing his urine Profs. White and Rochester said: "Judge, there is not a trace of your disease left in the urine." Such was the fact.

One case before this I may refer to. This was a man who was fifty-five years of age. In this case nearly 50 per cent. of the urine was albumen and he was a very sick man. In less than one year under only highly attenuated homeopathic remedies the urine was free from all trace of albumen and the man resumed his occupation. Thirteen years after, when sixty-eight years old, he was married the second time.

Since then I have had case after case of light and severe forms of Bright's disease, and all were cured with homeopathic remedies, with but one exception.

And now I have yet more to say in relation to the etiology as well as cure of this fearful malady. It is with Bright's as with consumption—tuberculosis of the lungs. By far the greater number of consumptive cases come from badly treated pneumonia, and almost universally those from under old school treatment. So of Bright's disease. It is the product, when sifted to its final genesis and analysis, in very many, if not most instances, of the maltreatment and repulsion of eruptions, and of private diseases, by old school management. Seldom will it occur with those who have been under the benign and divine art of medicine given us by the immortal Hahnemann. There is, then, not only a cure in most instances for Bright's disease, but also a prevention. It will be found in genuine Hahnemann Homeopathy.

Not all cases of this disease come from the causes referred to or can be cured under Homeopathy. When organic lesion has gone too far, and extreme atrophy of the kidneys is the result, it is the same as with a case of advanced consumption of the lungs—the penalty is death. But I am sincere in my belief that if patients with Bright's disease have from the first the best possibilities of the homeopathic treatment we will not see one death from this disease where now we see ten. Remedies in drugging ratios can do no good here. Indeed, they do only harm. The true homeopathic forces will do wonders.

I have purposely said nothing of the pathology of Bright's disease. This disease is now well understood and easy of detection. Of its medical treatment it is difficult to speak. There is no one known remedy which will cure all forms of this disease. At least, if so, I do not know it. It has in my experience required a number to meet any case I have

had. In Homeopathy (I never go outside of this system for this disease) not over twelve remedies have answered to cure all the cases I have had with the one exception. That one case had been drugged to death and was in the last stages when I first saw it.

There is but one reliable system of medicine; but one founded on a law of nature. That system is Homeopathy, and when under its benign sway a few generations have passed, those who have best used it will only be in their full prime between 50 and 100 years of age. Old age will be after a century is passed; for what one human being has attained in this respect the race may attain.

It seems to me that one of the legitimate questions, practical questions, and, indeed, most important questions to settle would be this one: What is the truth and what the practical facts in regard to the two great systems of medical practice, not only so far as Bright's disease is concerned, but all others?

I trust the *Tribune* will continue its questioning and its investigations, and that thus the public may be able to see and intelligently judge what system is best for the health of the people, as well as for their pecuniary interests. After nearly half a century spent in the study and practice of both these now opposing medical systems it is my belief that if the world were wholly under the medical management of genuine Homeopathy not half the deaths would annually occur that now do, and that not half as much would be paid as now for its medical necessities. If life and health, longevity and vastly less expense are important factors for the world to secure, it would seem that here was one of the vital questions of the age.

E. G. Cook, M. D.

VENEREAL DISEASE.

During the last twelve months homœopathic journals have contained a number of papers on the treatment of venereal diseases. Judging from the evidence there presented a striking difference of opinion exists in reference to the treatment to be employed for the cure of this curse to humanity.

What is wrong with the doctors, and why this babble of various opinions in regard to the treatment of venereal disease? Has nature imposed a penalty for the violation of chastity and then abandoned the poor erring wretch to the uncertainty of luck and chance for a cure? Such are the conclusions one would naturally arrive at from reading much which has been written on the subject.

Now we are not a specialist and have no hankering after the unsavory reputation which attaches itself to the physician who makes a speciality of private diseases. But when we

read an article written by some professed homœopath who has nothing better to offer than repeated doses of Mercury low with Nitrate of Silver or Nitric Acid as a local application to the chancre, and astringent washes in gonorrhœa, we are forced to the conclusion that this modified allopathic practice (modified in dose only) is no more successful, and no less hurtful than when administered by the hand of the *Regulars* (?) whose practice it is.

I once heard Professor Lippe tell a homœopathic professor that he (Lippe) did not blame him for practicing the eclectic practice, for he had charity to think he did not know better, but “— you for teaching it to young men who were attending college to learn better.” Those are our sentiments. Young men attend homœopathic colleges to learn how to apply the principle of Homœopathy, but when the chair of surgery teaches them that the chancre, in the first stage, is a local difficulty which should be nipped in the bud by a local application of some caustic, he is teaching the art of making sick people more sick by adding a new burden to the already overtaxed vital forces.

But I have been asked, “What are you going to do with the chancre if you do not cauterize it?” We are going to let it alone and learn the lesson it will teach us, for it is our guiding star, both as to the selection of the remedy and the internal condition of the patient. We regard the syphilitic chancre as the local manifestation of an internal disease, and as each case differs in some peculiar way from every other case, owing to the peculiarities of the individual, it requires its special remedy. The chancre is the representative of the internal syphilitic disease and tells what kind of a syphilis we have to treat. Then why destroy this object teacher? I have seen the chancre disappear under homœopathic treatment and leave the parts healthy and clean, without that blue appearance of the integument which is an indicator that no cure has been brought about, but that the disease has been driven in to appear later in some other, and more intractable form.

Now, if you will pardon me for this somewhat lengthy prelude, I will give a detailed account of some cases which I have treated with the single dose in a high potency. The first case which I shall give you was a hard chancre on the

glans penis of a man who had contracted the venereal disease some two months previous to the time when he called on me. He had been treated by an allopath without the least benefit whatever—in fact he had grown worse under his treatment. We worked in the water. I found a great number of Rhus symptoms and prescribed that remedy. It did good for a time, but the cure came to a standstill. Not wishing to be outgeneraled, I made a more careful study of the case, and found some peculiar characteristic skin symptoms, consisting of smooth, flat warts around the anus, surrounded by an eruption covered with hard scales; itching of the skin with pimples and vesicles all over the body, but more especially on the face and about the knee joints.

Pain in the small of the back when rising from sitting, but disappearing when walking.

Gums detached from the teeth and bled easily. Much saltish saliva in the mouth. On the above symptoms I prescribed Ant. crud. 1600, one dose, and called every other day for a week to watch the case, and prescribed Sac. lac. I gave no more medicine for two weeks when I prescribed Ant. crud., as before followed by Sac. lac.; in three weeks after the first dose of Ant. crud., he returned to his work and not long since he told me he had not felt so well for a long time as he has since he was cured of the syphilis. He thought that medicine must be very strong, and wanted to know whether a large dose would not kill a man. Of course I told him it would.

The second case which I have to report was a young man who contracted syphilis on St. Patrick's day. I saw him two weeks later. He showed me a very pretty chancre which was situated under the fore skin and a little to the left of the frenum. The ulcer was hard with everted edges. I gave him Mer. 200 which improved his condition for two weeks, when he ran to a fire and got overheated and then drenched with water. Next day he reported himself worse; the penis was swollen and the inguinal glands were tender and somewhat swollen. Mer. Iod. Rub., six doses, followed by Sac. lac., completed the cure. As may be known from the disappearance of all color from the glans and spot on which the chancre was situated.

A young woman twenty-two years of age consulted me for

an ulcer situated on her leg about midway between the knee and the heel. She was not in character just what Cæsar demanded in his wife, so I suspected syphilis which she denied before I ever made my suspicions known to her. However, I had the ulcer to guide me to the remedy. It was blue and very tender to the touch. Lach. 200, with Sac. lac. for six weeks cured her entirely. I have no doubt the sore was syphilitic in its nature.

Six weeks since a young man came into my office and asked me to give him medicine for a gonorrhœa of six days standing. He could not pass urine without great pain which he described as violent cutting and burning, before, during and after urinating. Cantharis one dose with six powders of Sac. lac. to be taken one dose every night until all were taken. When the powders were gone he reported himself better and received Sac. lac. for another six days, which was all the medicine he demanded, as the cure was all that could be desired.

We could present many more cases treated on this line, but this will satisfy the purpose of this paper which is to call attention to the fact that the Hahnemannian treatssymptoms actually observed and not hypothetical states of the system, nor does he prescribe on the names of diseases.

I. DEVER.

CLINTON, N. Y.

DOES SIMILIA EXPLAIN THEM?*

Believing, as we do, in the infallibility of "similia" as a universal law of nature, it is interesting to note the confirmations which occasionally reach us from unexpected sources.

In a recent conversation with a highly intelligent and versatile woman who has been an extensive traveler, a woman, indeed, of extraordinary attainments, who, during a long life has been ardently interested in the curiosities of nature, the subject of hydrophobia was mentioned, when she exclaimed that there was one infallible cure for this dread disease, and only one, also declaring that I, as a homœopathic physician ought to be acquainted with it.

I replied that Lyssin should be more nearly infallible than any other remedy, though I had never met a case.

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She then stated that the liver of the dog which had bitten the person, or rather an extract prepared from it and administered to the patient, had been repeatedly proven successful. She further stated her belief in the universal existence of this law, and related other peculiar observations in support of her position.

While residing on the north coast of Hayti many years ago, the following incident came to her notice:

In the waters about this coast is found a fish known as the "bequine," the meat of which, at certain seasons, is a deadly poison, if eaten. A gentleman residing near my informant, ate heartily, by mistake, of this poisonous fish and in consequence was soon taken violently ill, vomiting profusely before he could reach home. A little pet dog belonging next door ate of the vomited matter and also became ill; my informant being fond of the dog, took it in from the street and endeavored to relieve its sufferings, but to no avail, it soon died. She then made inquiries as to the cause of its illness, and on being told, exclaimed that surely then, the man would die. But no! she was told that as soon as the natives had ascertained the cause of the trouble, one of their number went immediately to the place where the gentleman had eaten and procured the backbone of the fish; this was roasted, pounded in a mortar and mixed with oil, then administered to the sufferer, who, sure enough, soon recovered. The above was the well known and always successful treatment among the native people.

My friend also related that in the Southern countries she had observed a peculiar and intensely persistent stain to be caused by the acrid juice of the green banana, which could only be removed from clothing by use of the ashes of the burned skin of the fruit. Whether these observations come under the head of Homœopathy, or of the more empirical banner of Isopathy, may be an open question; but at least they are of interest in showing the wide distribution of the phenomena of which our practice forms so striking an example.

SOUTH FRAMINGHAM, MASS.

F. W. PATCH.

PSORA: ITS PROPER DEFINITION.

While many who wrongfully take the name of homœopathist try to belittle Hahnemann's medical philosophy—without knowing anything about it—there are those among the more advanced allopathists who are acknowledging its truths, but without knowing they are so doing. Grauvogl, in his *Text Book of Homœopathy*, shows how Virchow and Rademacher had confirmed Hahnemann, particularly in respect of psora, although they did not so designate their theories. Hahnemann's psora seems to be a bugbear, even at the present day, to many little minds that have the impression that all of Homœopathy is embraced in small doses, and they continue to misrepresent and to bring reproach on Homœopathy by practicing under that name.

We feel that it is labor lost to give any time to endeavor to enlighten these crudists, but when those who should know better seemingly assent to the idea that Hahnemann's psora means the itch-nite, and that Hahnemann taught that the diseases which he classed as psoric arise directly from an attack of scabies, then it is time that what Hahnemann did teach in this respect should be again placed on record.

But few words are required to plainly define the meaning of the term as Hahnemann used it, and we can do no better than first give somewhat of his own.

“ But a chronic miasm, that is incomparably greater and far more important than either of the two last named (syphilis and sycosis) is that of psora. The two others disclose the specific internal affection whence they emanate—the one by chancres, and the other by excrescences in the form of a cauliflower. It is not until the whole of the organism is infected that psora declares its huge internal chronic miasm by a cutaneous eruption (sometimes consisting only in a few pimples) that is wholly peculiar to it, accompanied by insupportable tickling, voluptuous itching and a peculiar odor. This psora is the sole, true and fundamental cause that produces all the other countless forms of disease which, under the names of nervous debility, hepteria, hemicrania, hypochondriasis, insanity, melancholy, idiocy, madness, epilepsy and spasms of all kinds, softening of the bones, or rickets,

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scoliosis and kyphosis, caries, cancer, fungus hæmatodes, pseudomorphæ of all kinds, gravel, gout, hæmorrhoids, jaundice and cyanosis, dropsy, amenorrhœa, gastrorrhagia, epistaxis, hæmoptysis, hæmaturia, metrorrhagia, asthma and phthisis ulcerosa, impotency and sterility, deafness, cataracts and amaurosis, paralysis, defects of the organs of special sense, pains of every kind, etc., appear in our pathological works as so many peculiar, distinct and independent diseases.

“The progress of this ancient miasm through the organisms of millions of individuals, in the course of some hundreds of generations, and the extraordinary degree of development which it has by these means acquired, will explain, to a certain extent, why it is able at present to make its appearance under so many different forms, especially if we contemplate the multiplicity of circumstances that usually contribute to the manifestation of this great diversity of chronic affections (secondary symptoms of psora) besides the infinite variety of their individual constitution. It is, therefore, not surprising that such different organisms, penetrated by the psoric miasm, and exposed to so many hurtful influences, external and internal, which often act upon them in a permanent manner, should also present such an incalculable number of diseases, changes, and sufferings, as those which have, till the present time, been cited by the old pathology as so many distinct diseases, describing them by a number of particular *names*.”

Without giving more direct quotations from Hahnemann, which may be found in his “*Chronic Diseases*,” we see the above shows that the crude idea that psora is directly due to scabies is at variance with facts.

Says Grauvogl: “The psora theory is an explanation of facts, which have arisen from the *conditions* of the human organism, and thus do not owe their origin to the itch-mite merely, but also to the *causes* of the origin of the itch-mite itself, for instance, and this, even according to Hahnemann, to sedentary habits and damp air, to which must be added also the unhealthiness of man. Under such influences the itch-mite is developed, as are other vermin, although pathological anatomy thinks itself permitted to assume that the itch arises every time only by the transfer of the mite from one affected man to another, according to which supposition the itch-mite even must have had an Adam and Eve.”

Thus it will be seen that psora means more than suppressed itch, and that to so construe it is but taking a narrow view of the subject as elaborated by Hahnemann.

It is an hereditary taint which has been growing in force from generation to generation from being improperly treated. Its forms are protean, and it can only be properly understood by close attention to Hahnemann's writings, for in them is the source of all that is known of the subject.

GEO. H. CLARK.

GERMANTOWN, PA.

FACTS, NOT THEORIES*

Facts are stubborn things, and though for a time may be kept in the background or wholly ignored, nevertheless remain unchanged by time—the same stubborn things.

Less than four hundred years have elapsed since Ambrose Pare discovered the fact that boiling oil and the actual cautery were unnecessary remedies in the treatment of gunshot wounds; a practice which existed previous to his advent as a surgeon, and had been regarded as necessary on account of the supposed poisonous nature of the wound. The same author demonstrated the fact that the ends of bleeding vessels could be ligated, and should not be subject to the red hot iron. Not until 1619 did the medical profession learn the fact, and then slowly, which Harvey taught them in regard to the circulation of the blood. In 1790 Hahnemann discovered that a drug produced upon a healthy man the very symptoms which it was expected to cure upon the sick, which fact suggested the idea of *Similia Similibus Curantur* or Homœopathy, which is a systematic arrangement of facts that can be demonstrated in daily practice, at the bedside of the sick; a fact which fully establishes its claim as a science.

The law which governs the science of homœopathics partakes somewhat of the nature of the Great Law Giver, for it is a jealous law and demands strict obedience on the part of those who seek its kindly helping hand in restoring the sick

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to health. The formula, *Similia Similibus Curantur*, is fraught with meaning to the Hahnemannian, who never forgets that similars, and only similars, should be expected to cure.

Neither does he forget that "the sole duty of the physician is to restore health, in a mild, prompt and durable manner, and that it does not pertain to the office of the physician to invent systems, or vainly attempt to account for the morbid phenomena in disease." We are evidently not called on to invent theory which has no part as a therapeutic measure in restoring health to the sick—theory always taking second place to fact—but it is our duty and privilege to study the complex changes which take place in the system necessary to convert abnormal vital action into a state of health.

It is highly necessary that the homœopathist should understand the law of similars, and understandingly make the application. It will not do to repeat the formula and then prescribe all manner of medicine in the name of Homœopathy, for the law of similars is a perfect law governing homœopathic therapeutics which admits of no mixtures in medicines. Neither does it prescribe medicine which has not first been proven on the healthy, that we as physicians may know their sick producing properties and when to prescribe them for the cure of the sick.

No medicine is homœopathic (it matters not how high or how low the attenuation may be) if it does not present in its disease producing symptoms a picture which is the counterpart of the abnormal action for which it is prescribed. This is a rule of action which does not admit of an exception. We are likewise admonished to use only simple single medicines for the cure of the sick. By simple medicines we understand that we are to be governed by the provings and in no case to resort to two or more remedies, as I have known confessed homœopaths to do—one remedy for the headache and one for the sore throat in la grippe.

Homœopathy teaches the fact that, though the remedy may be selected with reference to its homœopathic indications, much depends on the administration of the same, and it admonishes the practitioner not to administer the remedy too strong if he would not defeat the object for which he is supposed to prescribe.

Another fact which presents itself for our consideration in this connection is that the judicious prescriber is slow to repeat a well selected remedy, fearing that if often repeated he may convert good into evil by so burdening the vital forces that he will not only fail to cure the sickness but might even place the life of his patient in jeopardy. This is a principle well established in homœopathics, which is sustained by all members of the homœopathic profession who have placed themselves in position to observe this important fact.

Why this is so we will not attempt to explain, as we are here only to deal with fact established on the experience of the multitude of practitioners who are not blind to those silent forces in nature, which in fact are not confined to medicine, but are the unseen forces which control the universe.

That the homœopathic remedy, well selected in regard to the adaptability of the patient, will cause the vital forces to act in opposition to it for days, weeks and months, is a fact which can not be explained away by any hypothesis which can be invented. Like the minimum dose whose efficiency is well attested by hundreds who have seen it act, and have put it to the practical test, it remains a fact which can not be refuted by any number of witnesses who have never seen it nor ever put it to the practical test for the cure of disease.

While Homœopathy rests on the firm foundation of fact, nevertheless it is sustained by theory in explanation of the fact, differing, however, in this respect from those systems of medicine which offer and accept theory regardless of fact. But we are not inclined to talk about our neighbors and would pass them by unnoticed were it not for their extravagant claims to a science which they never possessed, an example of which may be found in the late lymph theory. To Homœopathy belongs the credit of first preparing the remedy, and to Homœopathy, represented by Dr. J. A. Biegler, of Rochester, N. Y., belongs the first reported case which dates back to 1878. See report in March number *MEDICAL ADVANCE*, page 182, which is an extract from the *Organon*, 1879. The remarkable fact in reference to this report is, that notwithstanding the remedy was not one in general use, Dr. Biegler, governed by the law of similars, knew just how to make the application of Tuberculinum for the cure of

tubercular meningitis. This case was not phenomenal, but was the result of a close application of the principles to which we, as an organization, subscribe.

Another fact which presents itself in this case is the care with which the prescription was made by Dr. Biegler, who tells us it was after careful study that he gave a highly attenuated dose of this remedy, which, from present indication, will soon be abandoned by our step-brothers, who, though they have stumbled on a good remedy, are destitute of a law, and do not know how to prescribe it. They have theory, but we have the fact.

I. DEVER.

CLINTON, N. Y.

CHRONIC DISEASE FORCES OR MIASMS.

The above subject, in substance, was proposed to the writer by the late chairman of this Bureau, Dr. Wm. A. Hawley; but in view of the able papers on the subject that have appeared during the year, it will be advisable to confine the present essay to the few points that have most engaged the writer's mind.

It is universally conceded that there are chronic and incurable diseases, and it is also well known to Hahnemann's students that there are no disease-entities, as separable existences, but that every disease is an expression of the disturbed dynamis, or universal life-force, in this or that individual subject. Even in mechanical disorders, fractures, lacerations, repletions, etc., the disturbing symptoms by which we know the organism is disturbed are of similar dynamic origin.

Now where, in our philosophy, is the bearing of this hypothesis upon the law of Homeopathy, and what ought it to teach us in regard to the chronic, or incurable disturbances of the life-force known as miasms?

We can see that all disease is in the disturbed reception, by the subject of disease, of that constant flow of life that comes every moment from the Creator, just as light and heat come to nature from the sun of the material world.

What kind of disturbing causes or hindrances to the orderly life current determine whether the disease shall be acute,

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chronic or incurable, and how do homeopathic remedies turn aside such disturbances? The orderly life current comes from healthy brains and ganglia into healthy fluids and solids, causing the whole man to grow and perform his functions, voluntary and involuntary, in an orderly manner that we call health.

What disturbs it? Let us suppose that the child, or the man or woman, eats too much. The *primæ viæ*, the largest tubes in the body, the stomach and intestines, are engorged, in whole or in part. From them the various absorbents and distributing vessels are crowded in turn, and the violence of the disease is in direct proportion to the fineness of the vessels and fibers involved, for even death may be the penalty of an excessive meal, so embarrassing the outflow of the normal fluids that even the brain swoons, and life passes beyond recall, not having room for action. It is a universal truth that influx is proportioned to efflux; if the electric wire has no ground current or its equivalent, it will not flow off; if a man has no activity, he dies; if life has no circulation, it ceases to animate the body.

Now, such is the elasticity of the bodily economy, that it will constantly and continually endeavor to right itself from every disturbance, never ceasing its struggles to attain free conditions, but not disdaining to accept altered conditions, if it can not find, or force, the way to perfect conditions.

And right here is the distinction between acute and chronic diseases. Acute diseases soon allow the vital forces to flow again in their former channels, but if acute conditions frequently return, or if the original disturbing force is of such a nature as to effect distortion and perversion of the vessels and cellular elements of the body, then health can not be restored except by such relief to the disturbance as will enable the distorted and perverted cells and vessels to use their share of the ever-acting life-force properly.

In other words, the healing power is not in the medicine, or in the cell, or in the body, but solely and entirely in the vital force we call life, acting on the body by means of constant creative energy.

The disease force acts from without, from the grosser vessels to the finer, the vital force overcomes the disease force, if at all, from within, insidiously, slowly, and never perfectly, if the outgoing channels have been permanently warped.

How does the homœopathic remedy effect restoration to health?

In the first place, by its homœopathicity it finds the very path of the disturber, and secondly, by its subtle dynamic quality it is able to go to the very citadels of the life forces, in the ganglionic and cortical glands, and summon them to the fight, which is prompt and easy, or slow and difficult, just in proportion to the acquired nature of the cells and vessels that are to be the scene of the conflict.

By inherited or acquired malformations of structure, a disease is rendered chronic; and is called a miasm, when such malformations are latent and diffused, altering the life-force in every function of life, and seriously diverting or thwarting it in its efforts to throw off acute diseases that may occur at any time in addition to the chronic or latent state of the vessels just called a miasm.

Such miasms are like the nail in the heart of the oak, warping the growing fibres, and leaving the door open to early decay.

Remove the miasms, if you can, but remember that the old oak must often be propped, and not too deeply probed, lest we hasten its downfall. Youth is the time to fight miasms and all other bad habits. The devil is said to smile when a man of forty talks of reforming, so a miasm, whether from sycosis, psora, vaccination, or, it may be, any microbic infection may reach a point where a patching up and easing over of difficulties is all that can be done; but if any hope can be held out, it can come only by the homœopathic, not the suppressive, method of cure.

Throw out the disturbing elements, if you can, and the blessed vital force, so often maligned or denied to exist, will work out all that is possible of cure.

Right here is shown the reason why the *simillimum* bears frequent repetition so badly; for, to start the vital forces in the right direction is enough, and it is injurious to repress them while they are working. When their work flags, as shown by the cessation of improvement, it is often because some new obstacle is reached calling for a new remedy; but just in proportion to the chronicity of the affection is the importance of watching the vital forces and giving them only such stimuli as they can bear without repression and discouragement.

Hence the especial care necessary in avoiding careless or too frequent use of the deeper acting or "antipsoric" remedies; not because they themselves are more dangerous, but because they rouse the inmost springs of life, and set them to work on a long chain of obstructions and distortions, which must be straightened slowly and cautiously if they are at all to be removed. If we decide that they can not be removed, then it is wiser to turn our attention to the alleviation of less vital conditions, and so establish a sort of tolerance for the main, incurable disease.

The homœopathician must use his tools with care in the presence of the eternal conflict between life and death.

EDWARD CRANCH.

ERIE, PA.

SIMILIA SIMILIBUS CURANTUR.

That this *law of cure is true*, does not call for any repeated demonstration. Sufficient proof of its effective application in curing disease is at hand. If this were not so those doubting might satisfy themselves by a trial *according to Hahnemann's instructions*. I trust the time is not distant when it will be a reproach to any physician, who claims to be *educated* not to *know* and *practice this true law* of cure.

I need not remind any member of I. H. A. that it is no easy task to practice Homœopathy. To *cure* disease according to law, is I think, the hardest of tasks. It taxes the best powers of reason, and all knowledge which can possibly be acquired by years of study in medicine and the sciences to meet with success in this art.

Scientific exactness in application and careful inductive reasoning in the study of cause and effect, is absolutely necessary. Very many who know the law are not willing to *fit themselves to apply it*, or to exert themselves sufficiently to make a success of their efforts in this direction. Many do not accept the truth even when most clearly demonstrated.

Hahnemann says: "When we have to do with an art whose end is the saving of human life, any neglect to make ourselves masters of it, becomes a crime."

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I wish every student of medicine would believe this saying and start out with a determination to *know* and *practice the truth*, *similia similibus curantur*. I wish every instructor in all schools of medicine believed this quotation. We might then have some expectation that students would have their attention called to *the truth* as formulated, developed and practiced by our great and immortal Hahnemann.

How careless and lawless are the efforts of physicians generally in finding a remedy for diseased man! There is no uniformity at all in their prescribing. No two ever prescribing the same for a given disease. A sort of "go as you please" practice prevails. Is it any wonder so many die?

Surely it speaks well for the wonderful powers of endurance in man's physical economy, that so many escape death, when the vitality is attacked by disease, and also by the doctor, with his shotgun method of killing a disease. He don't know what he is aiming at, or where he is going to hit. It is always a chance shot aimed at an imagination and the patient often killed.

We have a law of cure *effective* and *certain* in its workings to the degree of *scientific requirements*, and we have a right to demand, of those who claim to be of our number, that they abide by the law, or else cease any claim of relationship to us.

Sir William Hamilton says: "Science is a complement of knowledges, having in point of form, the character of logical perfection, and in point of matter, the character of real truth." Our law of cure is thus characterized and will stand the test of other scientific laws, i. e., *success in practical application*. Having this sure guide we are to blame if we do not perfect ourselves in the application of it, so as to meet with success more and more marked as the years bring the more perfect fruit of our experience and study.

We know that Hahnemann cured many cases of disease that were in his time considered incurable, and which have proved largely incurable at the hands of some of the best of his followers up to the present time. It is certain that he possessed a mind of the highest order and attainments and that he was unprejudiced and sought only *the truth*; being willing to follow where his inductive reasoning pointed the way. He left evidence, in his writings and in the records of his unparalleled

success in practice, of very superior reasoning powers. The soundness of his teachings is very remarkable. As Dr. Kent has said, wherever Hahnemann had laid down rules for practice he was infallible. What right have any persons to controvert the laws laid down by Hahnemann until they are prepared to give us proof of a more perfect system of practice.

With all the advancement of science, which has, of late years, been made, there has been nothing discovered to controvert or to add much to the laws which Hahnemann asks us to follow in our efforts to cure the sick.

We should not doubt his teachings until we have faithfully followed out his instructions and failed. Until then we should leave all fear of failure behind, believing that when his words of experience point the way success is near at hand.

There is a question still unsettled regarding the application of the law; it is of the potency and dose to be administered.

Experience only will answer this and give us the truth. Hahnemann has given us his experience to help us. We must follow him and prove all things as we work.

What does our experience teach?

It certainly has taught me that the best results follow from using the higher potencies, *according to Hahnemann's instructions*, to cure disease. I began by using the lower potencies (3d, 6th and 12th), which were the only ones in use in the dispensary of Boston University. In my own practice after graduation I used most of all the 200 (B & T.) and with success.

For the past six years I have used more and more the higher and highest potencies (C. M., D. M., C. M. M., D. M. M., Swan), and my success has been better and better the higher the potency and the smaller the quantity given. My experience leads me to believe that better results follow when a remedy is given in a high potency, and if repeated it should be in a different potency. Better results have followed since I adopted this practice.

One question that comes frequently to my mind is: Can we say there is a simillimum potency, or can we expect to cure with any potency of the similar remedy? Doubtless, cures are made with each of the potencies. Then, why a

failure, if we have the drug *simillimum*? Why success when we change the potency?

Is there a law by which we may determine the potency as well as fix the dose to be administered to cure? Can we have a sure guide in these particulars, or is the whole matter of potency and dose to be left quite entirely to the varied experiences of each of us. It is necessary that we remove all doubts as to our law being a perfect one in practice, otherwise even those whom might do so, will be slow to follow it. Uniformity of application of the law will more certainly lead to the discovery of advantage or disadvantage in the use of one or another potency and dose.

May we not work together upon some plan which shall settle these questions and determine the law of the relation of the potency to the disease condition? That experience may lead to the truth, it must result from working carefully and honestly according to the law, *Similia Similibus Curantur*, and its corollaries. The *Organon* explains fully how to work according to law. Let it be read and studied carefully and its teachings followed in practice and success will be great. We have not yet reached the possibilities of Homœopathy. Much is yet to be accomplished. We want faithful work in the verification of our provings by clinical confirmations of symptoms recorded in our provings, and contained in our repertories. This is certainly the only way we have of putting the material at hand in shape for acceptable service. We don't want to cast out symptoms from our provings, but we do need to work them over and over according to the results obtained in practice; casting up the account of each symptom and marking it according to its merit. Thus we may bring the symptoms of our remedies to their true value and increase their usefulness. Good work of this kind is being done to some extent by several of our local societies. If each member of I. H. A. will use his or her influence in this direction with members of their respective societies, good of immeasurable worth will surely result. I hope it may be possible to unite upon some plan of working so we may bring to our meetings from time to time reports of results obtained in the application of our law under conditions of sufficient uniformity in the particulars of potency, dose and results of administration, that will give evidence sufficient to point out

a law of potency and dose. A law that will stand the test of practical application.

Thus may there be evidently that certainty in our practice which will lead those who doubt to believe that we have a law of cure which is scientifically applicable, and that there is no other way of curing man of his diseases than by strictly following the law, *similia similibus curantur*, in *all* of its requirements.

The following sections of the Organon will, I hope, be constantly kept in mind, for in them Hahnemann gives us valuable instruction.

§ 272. (Wesselhoeft's) "In the treatment of disease only one simple medicinal substance should be used at a time."

(In a note to this section is a warning against the use of two remedies at a time, as follows: "I must seriously warn my readers against such an attempt, which will never be necessary even if it should seem proper.")

§ 273. It is impossible to conceive why there should be the least doubt as to whether it is more natural and rational to prescribe a single well-known medicine at a time for a disease, or to give a mixture composed of several different medicines.

§ 274. Perfectly simple, unmixed and single remedies afford the physician all the advantage he could possibly desire. He is enabled to cure natural diseases safely and permanently through the homœopathic affinity of their artificial morbid potencies; and in obedience to the wise maxim that "it is useless to apply a multiplicity of means where simplicity will accomplish the end," he will never think of giving more than one simple medicine at a time. Even in taking it for granted that all simple medicines were completely proved with regard to their pure and peculiar action upon the healthy human body, the physician would abstain from mixing and compounding drugs, aware that it is impossible to foresee the variety of effects that two or more medicines contained in a mixture might have, or how one might modify and counteract the effects of the other when introduced into the human body.

It is equally certain on the other hand that a simple medicine, well selected, will by itself be quite sufficient to give relief in diseases whereof the totality of symptoms is accurately known.

Supposing even, that a medicine had not been selected quite in accordance with the similitude of symptoms, and that, consequently, it did not alleviate the disease, it would nevertheless be useful by adding to our knowledge of curative remedies. By calling forth new symptoms, in such a case the medicine might corroborate those symptoms which it had already manifested in experiments upon healthy persons—an advantage which is not to be gained by the use of compound medicines.

§ 275. The fitness of a medicine in a given case of disease does not depend alone upon its accurate homœopathic selection, but also upon the requisite and proper size, or rather minuteness of the dose. *Too strong* a dose of medicine, though quite homœopathic, notwithstanding its remedial nature, will necessarily produce an injurious effect. Its quantity, as well as its homœopathic similitude, will produce an unnecessary surplus of effect upon the over-excited vital force, which, in its turn, acts upon the most sensitive portions of the organism, already most seriously affected by the natural disease.

§ 276. For this reason too large a dose of medicine, though homœopathic to the case, will be injurious; not only in direct proportion to the largeness of the dose, but also in proportion to its homœopathic similitude, and to the degree of potentiation of the medicine; and it will prove to be far more injurious than an equally large dose of unhomœopathic medicine in every respect unsuited (allopathic) to the disease. In that case, the so-called homœopathic aggravation (*i. e.*, the artificial and similar drug-disease, called forth in the diseased parts of the body by the excessive dose, and the reacting vital force), will rise to an injurious height; while the same similar drug-disease *if excited within proper limits*, would have gently effected a cure. Although the patient will no longer suffer from the original disease which had been homœopathically cured, yet he will have to endure the exaggerated drug-disease, and unnecessary loss of strength.

§ 277. For these reasons, and also because a medicine is of great efficacy, when it is quite homœopathic to the case, its curative powers will be wonderfully increased in proportion to the reduction of the dose to that degree of minuteness, at which it will exert a *gentle* curative influence.

§ 278. Here the question arises, as to the proper degree of reduction at which a medicine will procure certain as well as gentle relief? That is to say, how small must the dose be of each homœopathically selected medicine, in order to fulfill the requirements of a perfect cure.

To determine the dose of each particular medicine for this purpose, and how to render this dose so small as to accomplish its purpose gently and rapidly at the same time, is a problem which, obviously, is neither to be solved by theoretical conjecture, nor by sophistic reasoning. Pure experiments, and accurate observation alone can solve the question; and it were folly to adduce the large doses of the old school (destitute of homœopathic bearing upon the diseased portion of the body, and affecting only the sound parts) to disprove the results of actual experience in regard to the minuteness of doses requisite to perform a homœopathic cure.

§ 279. Experience proves that *the dose of a homœopathically selected remedy cannot be reduced so far as to be inferior in strength to the natural disease, and to lose its power of extinguishing and curing at least a portion of the same, provided that this dose, immediately after having been taken, is capable of causing a slight intensification of symptoms of the similar natural disease* (slight homœopathic aggravation). This will prove to be the case in acute, chronic, and even complicated diseases, except where these depend on serious deterioration of some vital organ, or where the patient is not protected against extraneous medicinal influences.

§ 280. "This incontrovertible principle, founded on experience, furnishes a standard *according to which the doses of homœopathic medicine are invariably to be reduced so far that even after having been taken, they will merely produce an almost imperceptible homœopathic aggravation.*

"We should not be deterred from the use of such doses by the high degree of rarefaction that may have been reached, however incredible they may appear to the coarse material ideas of ordinary practitioners, their arguments will be silenced by the verdict of infallible experience."

§ 281. . . "In view of the infallible proofs of experience, incredulity founded only upon theories, is truly insignificant and ridiculous."

Hahnemann realized fully the truth of this law of cure

and he practiced strictly in accordance with it. He has given us the light of his experience as he advanced step by step, and he has been very careful to state only that which the results of experience had attested was reliable and best in practice.

His latest work in practice proves that he advanced even in the last years of his life, and that he was then more strict in the application of the law than ever before, giving less and less medicine and repeating the dose less often. His success was more marked at this time than ever before. He followed this light of truth that he has explained to us and warns us against any other practice.

Let us be true to our faith and strive to make it more a law unto us in our daily work, remembering that "the physician's highest and only calling is to restore health to the sick, which is called Healing."

F. S. DAVIS.

QUINCY, MASS.

CAN THERE BE DRUG ACTION WITHOUT DRUG PRESENCE?

The doctrine that there can not be medicinal power in preparations in which the various tests, chemical, microscopic and spectroscopic, fail to discover the substance, simple or compound, after which the preparations are named, has found wide acceptance among the professed practitioners of our beloved art. On the other hand venerated teachers among us have said that it is not drug substance, not the matter of the drug, but its liberated spirit or force that is effective for homœopathic cures.

We have seen the disciples of each of these doctrines, charging those of the other with being the chief obstacle to the extension of Homœopathy. The former doctrine we probably all happily reject, and need not consider among ourselves farther than to say to our opposing friends that the evidences of its falsity, in the practical beneficence of our potencies, multiplying around us with every added year are as precious pearls which they have only to labor to make their own.

During the past year at different times I took freely and repeatedly of the lower triturations of Kali Phosphoricum ;

except a marked irritability while taking the 6x, I could not perceive that they had any effect. Could I infer from that want of effect the absence of the drug from the trituration? You will say, no; the substance is shown to be there. Why did it not produce effects? Because of the want of sensibility in the prover. Another person taking the same preparation feels positive effects. A third, taking an extremely attenuate form of the same, finds in it an actually higher dynamization in its similar but multiplied symptoms. How shall we say of the last preparation—an utterly unconscious, unreasoning, involuntary substance, producing the same symptoms as the visible drug, though more extended—that it is immaterial?

For the doctrine of drug force existing apart from drug substance has never yet, I would submit, been rationally maintained. The physicist examines our potencies and says there are no drugs in them. Whereupon the physician who has been making cures with these potencies accepts the statement, and says they must therefore be incapable of drug action; he then abandons this trusted and successful means of healing. His brother says it is nothing to him whether they contain any drug or not, he knows the drug force is there, and the potencies continue for him to be no less trusted, because no less trustworthy for cure.

We know that certain forms of vegetable tissue, apparently quite compact, are permeable by water and that certain denser substances become vehicles for the absorption and transmission of gas. In our bureau of *Materia Medica* we have a paper showing the passage of drug power at least, through glass and through paper held in the hand. Is there not less difficulty in thinking that drug substance passes into the potencies and from them through glass and paper held in the hand, than that the force of the drug has left it and attached itself to the atmosphere, to sugar and alcohol, to water, paper and glass? The doctrine of a tenuity of matter in potencies, so fine as to transcend all but the physiological test, accords with the analogies of demonstration above referred to and with many common facts in the field of physical science. I am sorry that my knowledge is too scanty to present examples from the more highly developed sciences which must be familiar to many of you. The

greatest array of negative facts, if not clearly contradictory, go for nothing and are excluded by the nature of the case.

The possession of spirit is the prerogative of man; its subsistence is not predicable of beast, or tree, or stone. The doctrine of formless, unembodied and unsubstantial force defies conception, because it denies the primary necessities of thought.

There is probably little practical value in these briefly stated considerations, and I felt reluctant to present them. They are offered as a suggestion in the direction of a harmonious integrity of thought, and of a consistent interpretation of the established facts of homœopathic healing.

E. RUSHMORE.

PLAINFIELD, N. J.

PRACTICAL PHILOSOPHY OF HOMŒOPATHICS.*

Philosophy is the science and art of treating conceptions according to their own nature, and in relation to others, and is based upon experience gained by the inductive and deductive method, the first leading from observed phenomena up to concise conceptions, judgments, laws and principles; the second pursuing the opposite process of deriving from the principles, laws, judgments and conceptions as the explanation of the phenomena observed. Both methods complement each other and assure the correctness of reasoning in the correspondence of their results.

Philosophy, therefore, is as far removed from empiricism as from transcendentalism. It has its essence and being solely in the undoubted realm of experience, and leads the mind to judge correctly of the things and processes of nature before us in which man with his spiritual endowment is included. Hence the current idea of philosophy as a synonym of theory is to be rejected as an error. It is also frequently taken for metaphysics, but this is only a higher branch of philosophy which deals with the so-called transcendental ideas and contradictory problems without however allowing the mind to lose itself in idle speculations which do not conform to the experience evolved by inductive philosophy. Perhaps this may be better understood if logic is imagined to be elevated to a higher rank than that of the art of correct

* Trans. I. H. A.

thinking without which no working with conceptions, no reasoning can be carried on and this higher rank, this higher potency of logic is philosophy. The classification and explanation of the empirical facts presenting themselves in nature and in the human mind, are assigned to it. Newton's caution to the physicians to beware of metaphysics was indeed not without sufficient reason, because, if not propped up by a sound inductive philosophy, metaphysics is apt to lead into a labyrinth of speculation which makes the practitioner of medicine more or less unfit for the task before him, which is: to make sick people well. (Organon § 1.)

Let us, therefore, consider in what respect philosophy can help us in this task, which ought to be the physician's business, and duty and delight.

If there were nothing to do other than applying the medicines to our patients according to the law which Hahnemann has proclaimed as the law of healing, the appropriateness of the term Science of Therapeutics to Homœopathics would be sufficient to express the characteristic of our school. Hahnemann did not call it so. More than that, empirical conception of medicine is to be considered, if we mean to be just to our cause. Medicine is commonly called an empirical science, an experimental science because it proceeds not so much on scientific principles as upon facts wrought out of the experience of many scholarly men endowed with the practical tact of the physician which is partly inborn, partly acquired, frequently by painful occurrences in their practice. These facts are brought into a kind of a system which satisfies the needs of the practical physician as far as it goes, and leaves the rest for a better time coming, when the empirical knowledge will have progressed sufficiently to warrant a scientific arrangement according to principles such as we find in the natural sciences and the rest. For it is not enough to call physics and chemistry exclusively *the* science and its votaries one-sidedly scientists *par excellence*, because there are more sciences which claim that honorable name, *e. g.* mechanics, mathematics, logic, philosophy, natural history, botany, zoology, geology, astronomy, psychology, politics, economy, Sociology, Physiology, Hygiene, History, Ethics, etc.

Science is the systematic arrangement of knowledge according to principles. The principle to which Hahnemann

arrived by induction from "correct experience, careful observation and pure experiment" (*Organon* §278) depends upon the ever recurring fact that symptoms are cured by similar ones. This fact grows out of the principle of proportionality expressed in the formula of equation, as the proposition of the equality of two ratios, and particularly applied to the third law of motion; action and reaction are equal and contrary. Newton maintained that the mechanical laws are applicable to all phenomena in nature. The continual motions in the organism in health and disease during its existence certainly are phenomena of nature, and our appropriation of the third law of motion to homœopathics is perfectly justified, as the physiological school had been when it tried to apply mathematics to physiology and medicine.

This law dealing with the equality and contrariety of mutual action in general demands that the remedy to be administered to the sick organism should be in the right proportion to the distunement of the life-force of the organism, able to equalize the distuning pathogenetic force. This proportion is found by proving the medicine serving for the remedy on the healthy. The symptoms produced are the symptoms which will be able to retune the life-force and convert its state of sickness into one of health. This conversion or cure actually takes place when the remedy which produced the symptoms on the healthy is administered to the organism, presenting the same, or similar symptoms, in a dose which will be proportioned to the potentiality of the life-force. For this purpose the medicine has to be potentiated in order to furnish means to meet the various degrees of potentiality with various corresponding potencies. The efforts of the homœopaths in this direction will supply what is wanting to establish the laws governing this difficult subject, the present sensitivity of the sick in the given case.

Thus Hahnemann has based homœopathics upon the immutable principle of proportionality, expressed in the third law of motion in its application to medicine. All the necessary conditions and rules for healing flow from it as consequences of the similar contrariety of action. As all other sciences progress, they nevertheless can not essentially change the science of homœopathics, which on its own merits is growing more and more into the science of medicine, as the science

of healing. The sick will always present pathogenetic pictures which will be the indication for the remedies to be administered. If the homœopathician follows faithfully the progress of science in general, which as a scientifically educated scholar he is bound to do, it will help him in the treatment of his patients by sharpening his judgment, in confirmation with the statement of old Baglivi: "Qui bene judicat bene curat. Integritas judicii fons et caput bene medendi." (Who judges well cures well. Integrity of judgment is the source and principal condition of curing well.) By multiplication of the provings the homœopathician will be enabled more and more to meet the pathogenetic pictures with the pathopoetic counter-images, and the practical experience with high potencies as the most powerful means of healing, will make success more certain, as their scope and nature will be better understood. In fact, homœopathics has all the proper elements of a science, and bids fair in the future to become as exact a science as astronomy and chemistry. Who, in the dark ages of astrology, when Kepler made his first experiments with a triangle nailed together of wooden strips and hung up by a thread at its right angle, would have thought that this poor instrument, used with the bleared eyes of the great astronomer, would open the heavens to a wondering world, and in the course of time render astronomy what it is now! And have the proud chemists of to-day forgotten their humble origin from the alchemists?

This is what the practical philosophy of homœopathics teaches, that, if the homœopathicians continue at the hand of its principle to carry it out in all its details, in proving the single remedies upon the healthy and administering them carefully according to symptoms-similarity to the sick in such potencies as will be proportioned to the potentiality of the life-force, homœopathics will grow in time to be *the science* of medicine, and become as exact as any other inductive science.

B. FINCKE.

BROOKLYN, N. Y.

A VALETUDINARIAN IN SEARCH OF A DOCTOR.*

BY DR. C. HERRING.

Whilst traveling in Germany I one day came to a village, the proprietor of which invited me to spend the night at his house, in place of putting up at the inn. He was a rich old gentleman, a great original, always an invalid, having *ennui* and good wine to a great extent. Learning that I was a young medical man about to commence my travels, he told me he would sooner make his son a hangman than a doctor. On my expressing surprise at the observation, he produced a large book, saying that it was now twenty years since he first became ill in body but not in mind; that two doctors of celebrity, whom he then consulted, had quarreled about his disease, and that, consequently, he had employed neither of them or their medicines, but that he had registered the affair in his book. Then, after finding the disease did not get better, he set out on his travels, resolved, *if he could find three doctors who perfectly agreed upon his case without any hesitation*, to allow himself to be treated by them, but never by any other. For this purpose he had consulted at first all physicians of any reputation, and afterwards others whose names were less known, but having, in spite of all his sufferings, never abandoned his first resolution, and keeping exact account of every consultation in a book for the purpose, he never succeeded in finding any who agreed respecting his case. Accordingly, not having followed the advice of any, he still remained an invalid, but he was still alive. As may well be supposed, the book had cost him a pretty sum of money.

This book had the appearance of a ledger in large folio, and was kept in the form of tables. In the first column were the names of the physicians, amounting to 477; in the second, those of the disease, with explanations concerning its nature; of these were 313 differing importantly from each other; in the third column were the remedies proposed, these consisted of 832 prescriptions, containing in all 1,097 remedies. The sum total appeared at the end of each page.

He took up a pen and said coolly, "Won't you prescribe

*The above is from "Anecdotal Homeopathy" League Tracts, No. 33, sent by Dr. W. B. Clarke, illustrating in another way Dr. Chapman's recent search for "Who are the Regulars?"

something for me?" But having no great inclination to do so, I only asked if Hahnemann was not in his list. With a smile he turned to No. 301, name of the disease O, remedy prescribed O. "That was the wisest of the lot," he cried, "for he said that the name of the disease did not concern him, and that the name of the remedy did not concern me, but that the cure was the essential point." "But why," I inquired, "did you not allow him to treat you?" "Because," he replied, "he was but one, and I must have three who agree."

I asked him if he were willing to sacrifice some hundred francs for an experiment, in which case I should be able to mention not *three* but *thirty-three* physicians living in the neighborhood, and in countries and parts of the world widely separate, who should all be of one opinion. He expressed his doubts, but at the same time resolved to undertake the trial. We then made out a description of his disease, and when the copies were finished we sent them to thirty-three homœopathic practitioners. He enclosed a louis d'or in each letter, begging each physician to name the remedies which were capable of curing, or at least of alleviating, his disease.

A short time since I received a cask of Rhenish, of the vintage of 1822. "I send you wine of the year 1822," he wrote, "because twenty-two physicians agreed respecting my case. I thereby perceive that there is certainty in some things in this world. I have got various works on the subject, in order to gain information upon it, but of about two hundred medicines twenty-two physicians have fixed upon the same remedy. One could not expect more. The physician nearest me has got me under his care, and I send you the wine that I may not be tempted to drink too much from joy at seeing my health improving from day to day."

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—HAHNEMANN.

OUR COLLEGES AND COLLEGE TEACHINGS.—If there be anything distinctive and differentiating in our school of practice, anything peculiarly and characteristically our own, anything by which we differ radically from the other systems of medicine, it is our ability, by the aid of our therapeutic law, to cure many organic lesions, which under all other methods of treatment are relegated to the knife. In other words, it is Homeopathy that distinguishes, or ought to distinguish, our school from all others. To our law of cure we are indebted for our brilliant record, as well in the acute and fatal epidemics of Asiatic cholera and yellow fever, as in the long list of obstinate chronic maladies, pronounced incurable by other systems of practice. Yet, to be honest with ourselves, can this distinguishing feature of our school be distinguished in our college announcements? Do our colleges vie with each other in their appeal to the profession for support, on their *Materia Medica* record, or on the number of the major operations in surgery, gynecology, ophthalmology and all the other 'ologies, thinking the profession will take it for granted that Homeopathy will be taught in a homeopathic college? We would not deprive any other chair of one jot or tittle of its present high standard; but we would raise the standard of *Materia Medica* to the first rank, a position justified by its vital importance in our future progress. The announcements of too many of our colleges appeal in fervid language for patronage on the large number of its surgical, and other operations; to the clinical and hospital advantages of the past and the increased facilities for the future; but rarely because of its superior advantages to the student in mastering and applying our remedial agents—because of the Homeopathy it teaches—without which it might as well close its doors?

We know that our students are as well grounded in all the branches of a medical education, especially the practical ones, as they can be in the best allopathic colleges in Europe or America; but in our therapeutics they should be very

much more thorough, for very much more is dependent upon it. It is to their knowledge of the *Materia Medica*, and their ability to apply it, that their individual success, and consequently the success of the school, depends; hence no efforts to master it successfully can be trusted to chance. Here is a case in point, one of many, in which the simillimum skillfully applied has conquered, when the knife in the hands of the ablest surgeons, even homeopathic surgeons, failed:

Geo. S., a healthy, dark complexioned, young Canadian Frenchman, had his right foot partly crushed by a railway train, while heroically saving the life of another person. He snatched the rescued party from the track in front of the locomotive, but could not entirely free himself. November 13, 1885, he was taken to the Toronto General Hospital. He next entered Bellevue Hospital, then the New York Hospital, then Bellevue a second time, then a Homeopathic Hospital, until thirteen principal and four minor operations had been performed; but the stump would not heal, though the rules of so-called antiseptic surgery—the bichloride douche, antiseptic gauze, iodoform, etc.—had been strictly adhered to. Under the influence of Fluoric acid 200, the constitutional impediment to the healing of the stump was removed and the much amputated leg was soon well and remained well.

“*HOMŒOPATHIC CERTA AND DUBIA.*” It is more than a pleasure, editorially, to commend the teaching of a colleague, especially when it is intended to benefit the school, individually or collectively. On the other hand it is always an unpleasant, even a thankless task, to criticise the motives of a colleague when the author in question has for years been one of the leading homœopaths of Great Britain, an editor of the *British Journal of Homœopathy* and late Honorary President of the International Homœopathic Congress. But the honorable position in the profession which Dr. Dudgeon has attained, and the high esteem in which he is held on both sides of the Atlantic for his learning and ability, render it all the more imperative that the sentiments enunciated in the presidential address should not pass unnoticed.

Had the address in question been written by Oliver Wendell Holmes, it could scarcely have been more agnostic; in fact the “Dubia” of Homœopathy are many, the “Certa”

few, as seen through the experienced vision of Dr. Dudgeon. In his endeavor to strike Hahnemannian Homœopathy a fatal blow, he succeeds in throwing doubt, suspicion and discredit on the entire school; in fact he even stoops to wilful misrepresentation or manifest want of knowledge, to accomplish his purpose. Instead of a scientific paper, adapted to the occasion, and a credit to the author, it is manifestly but an elaboration of his paper, "How Hahnemann Cured," published in the *Homœopathic World*, August, 1890.

* * *

This is the first erroneous statement:

The only *Certa* in the master's teachings, are the fundamental therapeutic rule for the selection of the remedy, *similia similibus curantur*, the mode of preparations of the medicines and their alternations. These we should hold in their integrity; on these we should be united. With respect to the first we are all of one mind. But the advocates of the so-called "high potencies," have departed widely from Hahnemann's pharmaceutical method, and in so doing they have sacrificed entirely the uniformity which Hahnemann so strenuously insisted on. According to Dr. Fincke there are no fewer than twenty-four manufacturers of "high potencies" each of whom has his own peculiar method of making them, which differs from that of his rival manufacturers, and differs still more widely from Hahnemann's precise and well considered method: In the use of these, uniformity is impossible. The diluting medicine employed is not Hahnemann's, and is not the same in any two of the twenty-four kinds. In place of the alcohol employed by Hahnemann, the latter use mostly the service-water of the locality where the manufacturer resides.

We are not prepared to speak positively of all high potencies, and their method of manufacture, but of one, Boericke and Tafel's, we know Dr. Dudgeon is mistaken. *These are handmade, on the centesimal scale and are prepared with alcohol.* Dr. Johnstone's are also prepared on the centesimal scale, but whether made with alcohol or not we do not know. Hundreds of witnesses may be found in America willing to vouch for the prompt action of Boericke and Tafel's 30, 250, 500, 1000 potencies, and the same may be said of H. M. Smith's, Johnstone's, Fincke's, Skinner's, Deschere's and others. Dr. Dudgeon has certainly misrepresented Boericke and Tafel's potencies, and *ex uno disce omnes*. Dr. Dudgeon has yet much to learn about potencies, theoretically as well as experimentally.

* * *

The only rational ground for preferring the preparations of the high dilutionists to Hahnemann's would be that the former cured better than

the latter. But a pretty extensive acquaintance with the records of homeopathic cures has not shown me that those effected by the so-called "high potencies" exhibit any superiority, if, indeed they are equal to the results obtained by the use of the Hahnemannic preparations. Nowhere, in fact, can we find better cures than Hahnemann's model cases, where the pure undiluted juice of Bryonia and the 12th of Pulsatilla were employed.

We venture to say that there are not a score of homœopathic physicians to be found who are using the higher potencies that did not first begin to use them when the lower had failed to cure. Their superior efficacy alone won.

If any one will take the time to read "Cases Illustrative of Homeopathic Practice" (Lesser Writings, p. 766), it will be seen that Dr. Dudgeon is again in error, wilfully or carelessly, as Hahnemann distinctly informs us that these cases are recorded to show the manner of examining a case and selecting the remedy, not illustrating the potency. Hahnemann here says :

Many persons of my acquaintance but half converted to Homeopathy have begged me from time to time to publish still more exact directions as to how this doctrine may be actually applied in practice, and how we are to proceed. I am astonished that after the very peculiar directions contained in the Organon of Medicine, more special instructions can be wished for. I am also asked, "How are we to examine the disease in every particular case?" As if directions special enough were not to be found in the book just mentioned. * * * The request of some friends, halting halfway on the road to this method of treatment, to detail some examples of this treatment is difficult to comply with, and no great advantage can attend a compliance with it. Every cured case of disease shows only how that case has been treated.

Hahnemann then goes on to examine the case of the washerwoman, shows *how* and *why* he selects Bryonia, not why he gives the juice in preference to the potency, because he knew little of potencies at that time, and then in a footnote to a later edition, says:

According to the most recent development of our new system the ingestion of a single, minutest globule, moistened with the decillionth (30) potential development would have been quite adequate to effect an equally rapid and complete recovery; * * * so that the drop of pure juice given by me in the above case to a robust person *should not be imitated.*"—[Italics our own.—ED.]
* * *

Dr. Dudgeon states that, "Hahnemann's views as to the repetition of the medicine varied greatly at various periods." This is undoubtedly correct, as Hahnemann was a man of

progress, ardently engaged in the practical development of a great therapeutic law. But he gave us his experience from time to time and Dr. Dudgeon fails to note Hahnemann's great rule for repeating remedies, viz.: "The remedy is not to be repeated as long as improvement continues." This is eminently practical, both in acute and chronic diseases, and has stood the test.

* * *

Dr. Dudgeon says, "I need not expatiate on the other *dubia* of the homeopathic system for which we claim liberty of opinion and practice, such as the local application of remedies and the employment of mechanical, hydropathic, caloric, refrigerant, magnetic, electric, mesmeric and other auxiliaries," a la Allopathy, including the hypodermic syringe and morphia *ad libitum*; the elevating influence of such empirical instruction sown by self-imposed leaders of our school, is yielding a bountiful harvest of *dubia* both in Europe and America.

* * *

But the part of the address which most surprised his hearers and for which many lame attempts at apology were made, was his advocacy of alternation. It certainly seemed strangely inconsistent that the honorary president of the International Homeopathic Congress should advocate empirical measures in the scientific application of law in therapeutics, and then appeal to Hahnemann for authority. It is nearly twenty years since Dunham's admirable criticism buried the guessing, uncertain and misleading practice of alternation so deep that no American homeopath has ventured to mention it without apologizing for his lack of knowledge of *Materia Medica*. Let Dr. Dudgeon be informed that Hahnemann never recommended alternation as now used. Dr. Dunham will convey the message in Hahnemann's words:

DR. DUDGEON.

One of the *dubia* of homœopathic practice, in which we may claim *libertas* for the practitioner, is the much-vexed question of the alternation of remedies. This practice is frequently denounced by the self-styled Hahnemannists as utterly contrary to the teachings of Hahnemann, and should never be employed by any homœopathist. But not only

DR. DUNHAM.

It is often stated that Hahnemann used Bryonia and Rhus alternately in his very successful treatment of typhus, which prevailed in Germany in 1813-14 after the French Invasion. He says: "This fever has two principal stages, the first stage being characterized by '*pain and consciousness*,' the second stage by '*delirium and mania*.'

has the experience of thousands of Hahnemann's devoted followers shown this practice to be eminently useful in many cases—Hahnemann himself has sanctioned it by his own example. Thus he advises Bryonia and Rhus in alternations in the typhoid state following cholera. Cuprum and Veratrum alternately in the second stage of cholera, and also as a prophylactic of that disease; Spongia and Hepar alternately in croup; and several other instances of his alternations of medicines may be found in his published works, even as late as the second edition of his *Chronic Diseases*. The alternate employment of two medicines is justified rationally by the complex or compound nature of many cases of disease, by the insufficiency of the recorded pathogenetic effects of one medicine to cover all the symptoms of a case, by its success in practice, and, as before said, by Hahnemann's own example.

“In the first stage two vegetable remedies, Bryonia and Rhus, are of use and generally quite remove the disease at the commencement.

“If the patient complains of dizziness, *shooting* (or jerking, tearing) pains in the head, throat, chest or abdomen, etc., which are *felt particularly on moving the part*—in addition to the other symptoms, the hæmorrhages, vomiting, heat, thirst, nocturnal restlessness, etc., we give a single drop of Bryonia 12. Improvement takes place in the course of four and twenty hours, and *as long as the improvement goes on*, we give no other medicine, nor even repeat the same dose.

“If now the amendment produced by the single dose of Bryonia goes off in the course of two, three or four days; that is to say, if the patient *then* complains of *shooting pains in one or other parts of the body whilst the part is at rest*; if the prostration and anorexia are greater; if there is harassing cough or such a debility of certain parts as to threaten paralysis, we give a single drop of Rhus 12, and no more, nor any other medicine so long as the improvement continues. * * Or if the symptoms just described occur at the very *commencement of the attack*, we give at its very commencement a drop of Rhus 12. The whole disease will generally be removed by a single dose of the first or the second medicine (according as the one or the other is indicated).”

And this mode of application applies to the giving of Hepar and Spongia in croup, Cuprum and Veratrum in cholera, etc. It is so plainly stated and so often repeated that any one but those who would wilfully misrepresent the teachings of Hahnemann can not by any possibility misinterpret or misconstrue them.

§ 272. In no instance is it requisite to employ more than *one simple medicine* at a time.

*§ 169. It may easily occur on examining a disease for the first time, and also in selecting for the first time the remedy that is to combat it, that the totality of the symptoms of the disease is found not to be sufficiently covered by the morbid symptoms of a single medicine, and two remedies dispute the preference as to eligibility in the present instance, the one being homeopathic to one part of the disease, and the other still more so to another. It is then by no means advisable, after using the preferable of the two remedies, to take the other *without examination*, because the medicine given as the inferior of the two, under the change of circumstances, may not be proper for the remaining symptoms; in which case, it follows that a suitable homeopathic remedy for the new set of symptoms should be selected in its stead.

See also §§ 167, 168, 170.

*NOTE.—Some homeopathic physicians have tried the plan of administering two medicines at a time, or nearly so, in cases where one of the remedies seemed to be homeopathic to one portion of the symptoms of the disease, and where a second remedy appeared adapted to the other portion; but I must seriously warn my readers against such an attempt, which will never be necessary, even if it should seem proper.

He also says: "The praise which has lately been bestowed by some homeopathic physicians upon the larger doses, arises partly from their selection of lower potencies, such as I was in the habit of using twenty years ago, for want of better knowledge, and partly from the circumstance that the medicines were not quite homeopathically selected."

This is the difficulty under which Dr. Dudgeon, and all who practice alternation, labor. Their *experience* upon which they lay such stress is, and must necessarily be, practically worthless. Their patients, it is true, recover, but they do not know what did it, and can not do it again. The most that Dr. Dudgeon can say is that he believes in *similia*; but he should remember that St. Paul says, and surely he would not cast doubt upon the teaching of St. Paul even if he does upon Hahnemann, that "Faith without works is dead."

* * *

THE CHICAGO PROVERS' UNION. There is no work in our school which so much needs doing, and doing well, and which will repay a better dividend for time and labor expended, than the proving of new remedies and the reproving of old ones. Many remedies, like some of the so-called tissue remedies of Schüssler, are being empirically used and yet used with some success, that bid fair to become valuable polychrests when once proved. With this object in view,

The Chicago Provers' Union, was organized August 4, 1891, and any physician or medical student, whether residing in the city or elsewhere, who may be interested in work that will not only be a personal benefit to the worker, but of permanent value to our school, will be heartily welcomed. Just as valuable provings may be made in a hamlet as in a city; all we need is some enthusiastic, energetic lover of the cause to do the work. The most valuable provings are those made with the potencies, which need not seriously interfere with the ordinary labors of the physician. To Hahnemann and his colleagues we are indebted for our best provings. They have done much for us; what have we done for ourselves? Is it honest to continually find fault with our *Materia Medica*, and yet not raise a hand or make an honest effort to improve it? Had Hahnemann done no more work than our grumblers are doing, our school would have been in cimmerian darkness to-day. The Provers' Union is now at work on a remedy in the 30th potency, which will be sent to any one willing to contribute his or her mite for the good of the cause.

INTERMITTENT FEVER.—It took me thirty years to learn how to examine a case for prescription. For upon the proper getting of the picture of the condition of the patient depends the success in treating it.

I have cured about fifty cases of intermittent fever in succession upon the *first* prescription of a *single* remedy. I think this sufficient evidence that the law of similars and the totality of symptoms—which is the principle upon which I have practiced—is the correct one. I think the reader may be assured that there is no more difficulty in treating intermittent fever than in treating any other disease. By strictly following this principle any one can cure ague.

P. P. WELLS.

From the preface to *Intermittent Fever*.

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.

IS A NEW METHOD OF ARRANGEMENT NEEDED?

Editor Advance: Alas, for human nature! The persecuted of to-day are the persecutors of to-morrow.

The Protestants of England burned Catholics, and were themselves burned at the stake in turn, as the shifting game of politics gave opportunity.

The pilgrim fathers fled home, country and civilization, braved the dangers of savages, of the wilderness, of starvation, to find religious freedom, and hung quakers on account of their religious opinions.

The colonies declared all men free and equal, and appealed to the world for vindication, and held men as slaves.

Homœopathy has come up through great tribulations of persecution on account of a peculiar medical faith, yet, some of the most intolerant repressors of different medical views are to-day found among homœopathic physicians who feel moved to keep the faith alive among men. Names need not be called, they come readily to mind. The conservatism of old medicine is condemned from A to Z, and it is said, "it is almost impossible to induce the old school man to investigate a fact, if such investigation involves a possible change of base" (*ADVANCE*, July 1891, p. 71); yet, any proposed changes of plans, matured three-quarters of a century ago, are looked upon askance, and investigated with a strongly prejudiced eye.

It has been called "professional conservatism," and perhaps this is as good a name as any to call that spirit that opposes all change.

Change involves renewed study, other habits of thought, a different way of reaching the same end. In fact, change is change, and not the old unvaried round that has grown easy from constant repetition. He is a great man, who has reached fifty, and is still as susceptible to improvements and a modification of his views, as he was at thirty. Yet the world does move nevertheless, and it is doubtful whether

we have reached perfection in anything that the 21st century will approve. These thoughts naturally suggest themselves when a radical change is proposed in the arrangement of Homœopathic *Materia Medica*.

The plan laid down by Hahnemann fully three-quarters of a century ago, is still followed by all *materia medicas*. No, that is not true! Underwood's little volume has rebelled. Dudgeon, Hayward, Drysdale and Black, in England, have revolted.

Though we study our patient from the standpoint of modern physiology, or pretend we do; though we take account of the relationship of organs to functions and to life—phenomena—yet we are content to keep an order of arrangement that combines not a few manifest absurdities. In considering the phenomena of an ordinary influenza in its effects on the respiratory system, the phenomena exhibited by the nasal passages is found under No. 7, then breaks short off to consider the surface of the face, its tissues and eruptions, the teeth and jaws, their pains and aches; then the taste, the mouth and its glands; and finally when we reach No 13, just six numbers away, come upon the mucous membranes of the throat, connected though they be continuously, anatomically and physiologically with the mucous membrane of the nostrils. Immediately we again suffer a shock, for No. 14 begins, "appetite," etc., and runs through the phenomena of the digestive system, continuing to No. 21. Another shock still! 21 to 24 inclusive treats of the urino-genital system, and not until No. 25 is reached do we find the functionally and anatomically connected larynx with its share of the influenza symptoms.

What an amount of zeal will it not take, to convince "our allopathic brother that there is a better therapeutics—one based on law—far superior to his present empirical method!" What wonder if "he yet declines to investigate it, either to verify or disapprove?"

Will he not naturally expect, when now we have reached No. 25, that there still are more ditches to jump, any more fences to scale, more woods to go around and more mountains to climb, before he can drum together the scattered symptoms of our present case of influenza?

We say, "Why don't you see how easy it is after you get

accustomed to it? You look at No. 7, then you turn to No. 13, then to No. 25." "But look at the stuff that intervenes," says he. We gently demur, that it is not "stuff," but all very good, and reliable *materia medica*. "Well, then, why don't you get it together in one place?"

Well, that is just the reason no man can tell.

One of the chief objections is, that it is not the way homœopaths have been doing; it is a new way, and "we are not certain that it is an improvement, as a working *Materia Medica*, on the plan given us by Hahnemann and Hering."

Again we have to say, "Human nature in the aggregate cannot change its ways even for the better without meeting resistance at any and every point, and as the point of minimum resistance cannot be overcome without effort, and as the inherent vis inertia of human nature prompts to nothing, is satisfied with its lot, finding its highest enjoyment in the somnolent reveries of contentment, it is folly to expect developmental inclinations to originate in, or be fostered by the great human majority. Progress is the child of the minority." (*Homœopathic Advocate*, quoted by the *ADVANCE*, July 9, p. 72).

Our author might have added: Progress is the child of the dissatisfied minority, since no progress is ever made by those who are satisfied with things as they are.

Dissatisfaction is the mainspring of all progress, all efforts toward improvement. To say we are satisfied with things as they are, is to let them remain as they are.

It is not always the best plan to view a subject from our own standpoint alone. Often it is very useful to put ourselves as far as may be possible, in the other fellow's place, and try to look at it with his eyes.

Certain it is, to an outsider, unaccustomed to the Hahnemannian schema, few things look more absurd than what occurs in looking up the symptoms of an ordinary influenza, either in the Guiding Symptoms, or *Materia Medica Pura*. Why is it better to keep them as they are? Why is it not better to keep pace with progress in other fields?

What is lost to the fundamental principle in conforming our method of arrangement more to the progress of modern thought?

M. W. VAN DENBURG.

FORT EDWARD, N. Y., Aug. 1, 1891.

AN OPEN LETTER TO PROF. AUSTIN FLINT.

Dear Sir: To-day I received the thirty-first annual announcement of the Bellevue Hospital Medical College, the Faculty of which you are secretary—hence my reason for addressing you.

Under the head of "Requirements for Graduation," Condition 3d, I find these expressions: "The Faculty desire it to be understood that the only courses of lectures recognized are those taken at regularly organized colleges, empowered to confer the degree of M. D. The tickets and diplomas of Eclectic, Homœopathic or Botanic Colleges, or of colleges devoted to any peculiar system of medicine are considered irregular and will not be received under any circumstances." "Candidates who are graduates of other accredited colleges are examined, etc., etc."

I desire to know in the interest of science and humanity why homœopathic colleges are *not* "accredited," are not "regularly organized," and as much "empowered to confer the degree of M. D.," as the sectarian institution of which you are a scintillating luminary, or all other sectarian allopathic colleges, which teach, as you well know, very little of medicine, as a science. What motive could you have had in sending *me* your sectarian announcement in which it is stated that "certificates from preceptors who assume to be practitioners of any peculiar system of medicine * * * * will not be received under any circumstances?" Are you much annoyed by certificates from practitioners of Homœopathy?

You and your ilk ought to know that homœopathic colleges *are* "accredited" by about 12,000 intelligent physicians in the United States, with whose success in the treatment of disease neither you nor any of your so-called "regular" graduates can compare. You certainly *do* know, to your sorrow, that they *are* accredited by a large portion of the more intelligent laity of nearly every community in this country and of most civilized countries of the earth; that the homœopathic system of therapeutics is of a scientific character, while your own allopathic system, if it be a system at all, is acknowledged by your most prominent men to be mere empiricism. As you well know, Dr. H. C. Wood, one of your shining lights, says, in the preface to his Therapeutics:

“The old and tired method in therapeutics is that of empiricism, or, if the term sound harsh, of clinical experience.” He further says: “Therapeutics developed in this manner can not, however, rest upon a secure foundation. What to-day is believed is to-morrow to be cast aside, certainly has been the law of advancement and seemingly must continue to be so.” Continuing, he says: “What has clinical therapeutics established permanently and indisputably? Scarcely anything beyond the primary facts that Quinia will arrest an intermittent [arrest is good], that salts will purge and that Opium will quiet pain and lull to sleep.”

You ought to know that all the progress made in your school since the days of Galen, nearly 2,000 years ago, has been either in pathology, hygiene and surgery, or towards Homœopathy.

Piffard, a prominent dermatologist of your school, has openly declared that when he wants a reliable preparation of Mercury he uses the homœopathic one. Piffard also says: “The connection and relationship between the so-called physiological action of drugs and their therapeutic employment is a question that of late years has assumed considerable importance, and one that in the near future is calculated to invite still more thorough investigation. At present the well ascertained facts bearing on these points are too few in number to warrant any general induction that can be extensively utilized in practice. We know, for instance, that Arsenic, which during the past fifty years has been more extensively used in the treatment of skin diseases than almost any other drug, is credited by many competent observers with the power of also *causing* cutaneous eruptions. Iodide of Potassium, likewise an exanthematogenic drug, is found useful in certain cutaneous lesions.”

In Dr. Symond's Encyclopedia of Practical Medicine, Vol. IV., page 375, we have these words: “Upon this ground we are disposed to suggest the use of Strychnine in tetanus; not that we have become followers of Hahnemann, but that it is a simple and undeniable fact that disorders are occasionally removed by remedies which have the power of also producing similar affections.” Fine Homœopathy you must admit.

Coming to a later day we have an allopathist, Dr. Reed, of Atlantic City, proclaiming as his original discovery that

Podophyllin, $\frac{1}{10}$ to $\frac{1}{100}$ grain, dissolved in water and given in teaspoonful doses every few hours, is good for infantile diarrhoea. Now even an allopathist ought to know that that is purely homœopathic treatment, very crude I admit, but still homœopathic. The only hitch will be when he gets a case that Podophyllin will not cure, he will not know why, while a homœopath, guided by a law of nature, can tell beforehand whether Podophyllin is *the* remedy. No guess work, no empiricism in Homœopathy. Dr. Aulde, allopathist, of Philadelphia, has been proclaiming to his fellow gpropers in the caverns of empiricism, that Arsenite of Copper is good for abdominal neuralgia, enteritis, etc. Well, homœopathists have been using that remedy for the same ailments for thirty-five years at least.

Another shouter, whose name escapes me now, has acknowledged that “our wayward (?) homœopathic brother has not been so far wrong all these years in administering Mercurius sol., which is nothing but Bichloride of Mercury, in dysentery. Well, excusing his ignorance in asserting Merc. sol. and Bichloride to be the same, he has made a discovery which was made by Hahnemann in 1827. Facts like these, which your school have even stolen from us, or stumbled upon at a late day would be suggestive to any but minds so steeped in empiricism that they are hopelessly lost to the process of inductive reasoning—the mother of science.

In a pretentious and portentous work of your school, Reynolds’s System of Medicine, Vol. II, p. 209, in speaking of pneumonia, Wilson Fox, M. D., F. R. C. P., says: “The treatment thus indicated (bleeding) continued in use with more or less freedom in this country until attention was forcibly drawn by Dr. Balfour to the lesser mortality in Skoda’s practice, and also in some of the homœopathic hospitals where bleeding had been for some time discontinued.” “Lesser mortality” is the point. “For that are we doctors.” In the same volume, p. 352 you will find the following: “The homœopathists have made their fortunes in no small degree by their treatment of pleurisy.” * * *

It only requires more work and more purloining in the same line, more Bartholows, Phillips and Ringers, and your school will *discover* Homœopathy and Hahnemann will be canonized.

You call us "irregulars" and yourselves "regulars." Regular means according to rule. What rule, please, when ten prominent men of your school—yourself included—give as many different prescriptions for a case for which ten prominent homœopathsists all prescribed the same remedy? The fact is that your irregularity is so well known that no one expects even *two* allopathists to prescribe the same remedy in a given case. The confessions from prominent men in your school should shame you into dropping the word "regular."

Dr. H. C. Wood, of your school, says: "To established therapeutic facts the profession clings as with the heart and hand of one man, clings with a desperation and unanimity whose intensity is the unsatisfied desire for something fixed. Yet with what a Babel of discordant voices does it celebrate its 200 years of experience." This is so well known that it seems superfluous to cite examples of the therapeutic discord; one only shall be mentioned, namely, rheumatism. In this disease, bleeding, nitrate of potash, quinine, mercurials, fly-blisters, purgation, opium, the bromides, veratria and a host of other remedies all have their advocates clamorous for a hearing; and above all the tumult are heard the trumpet tones of a Chambers, "Wrap your patients in blankets and let them alone." From the time when a "certain woman suffered many things of many physicians" till to-day, your school is the same. Your own Prof. Wood further says: "Experience is said to be the mother of wisdom; verily she has been in medicine rather a blind leader of the blind, and the history of medical progress is a history of men groping in the darkness finding seeming gems of truth, one after another, only in a few minutes to cast each back into the vast heap of forgotten baubles that in their day had also been mistaken for verities." He had not yet heard of Koch's lymph, Brown-Sequard's elixir, the injection into the rectum of sulphuretted hydrogen for consumption, the many anti-pyretics, phenacetine, etc., which have been "a nine days wonder," but are being discarded and denounced by the best men in your school.

Dr. Oliver Wendall Holmes, a brilliant satellite of your school, says: "With the exception of morphine and sulphuric ether, I firmly believe that if the whole *materia medica* could be sunk to the bottom of the sea it would be all the better for mankind, and all the worse for the fishes."

From Dr. J. Mason Good, who is generally conceded to have been one of the most celebrated physicians, accomplished linguists and noteworthy authors of his day, we have the following: "The science of medicine is a miserable jargon, and the effects of our medicines upon the human system in the highest degree uncertain, except that they have already destroyed more lives than war, pestilence and famine combined." Bichat, speaking of medicine, says: "It is not a science for a methodical mind, it is a shapeless assemblage of inaccurate ideas, of observations often puerile and of formulas as fantastically conceived as they are tediously arranged."

That your school is not "regular" the above quotations amply prove, and from the testimony adduced one can but wonder how any intelligent mind can justify the existence of such a monstrous wrong to humanity. My own opinion is that were it not for the ignorance and marvelous credulity of the laity in matters medical, your institution could not stand a day. In the daily press one frequently sees allusions to the marvellous progress in medical science, and your school is pleased to foster the delusion in the public mind. I challenge disproof of the assertion, that in the therapeutic department—*i. e.*, in the use of drugs as curative agents—no progress has been made and no method determined, outside of Homœopathy, which can furnish a rule or guide for its successful repetition.

In empiricism there *is* no progress and *can* be none. Empiricism must cease before progress can begin. Your school glories in the fact that it is not bound by any law; neither is a ship at sea without a helm or compass. Progress is *always* according to law. Without a law there is no science. In any science we have two series of phenomena and a law of relationship. In Homœopathy the phenomena on one side are the drug symptoms as produced on the healthy human being, on the other the disease symptoms as they arise from natural causes and the law of relationship is that of similarity. That is *the science of therapeutics*—the practice of the future as certainly as day follows night.

It is a sad thing for contemplation that a man of your signal ability as a physiologist and diagnostician, who, from

work done in these fields, has won the respect of all intelligent physicians, should yet be so wedded to an empirical therapeutics as to fail to see or acknowledge the truth of Homœopathy. But charity must allow that, after a man has spent a lifetime studying any particular error, it is hard for him to acknowledge to the world that he has been wrong, that life has been a failure and that his work has been pernicious. Some have done it, but they are few. The sentiment of the majority in your school is about as follows:

“ Believe as we believe, no more no less,
 That we are right, and nothing less confess;
 By the Code of Ethics and its mandate we abide
 And concede such other things as with it coincide.
 Think ye as we think, and do as we do,
 And then, and only then, we'll fellowship with you.
 That we are right, and always right, we know.
 For the “assembled wisdom of the ages” tells us so,
 And to be right is simply this, to be
 Entirely and in all respects as we;
 To deviate a hair's breadth or begin
 To question, or to doubt, or hesitate, is sin.
 'Twere better that the sick should die than live,
 Unless they take the medicine we give;
 Let sink the drowning if he will not swim
 Upon the plank that we throw out to him;
 'Twere better that the world stand still than move
 In any other way than that which we approve.”

MODERN HOMEOPATHY?

Editor Advance: A lady, aged 36, mother of four children, has been treated by an allopathic physician of Kansas City, where she resides, for about two years, without relief. She was finally persuaded to come to this city and try Homeopathy, and one of the leading homeopathic physicians of this city gave her six different remedies, all in the crude form, which she was to take in rotation, all within twenty-four hours. One of the remedies was a Podophyllin pill, $\frac{1}{4}$ grain; and some of the medicine was so bad, she said, she “had to put it in a capsule.” Becoming discouraged, she had decided to return to her former physician, for if that was homeopathic treatment “she could get it from him.” Is such treatment intended to make converts to our cause?

Would it not be better for such practitioners to sail under their true colors?

T. W. COMBS.

CHICAGO, August 5, 1891.

[The Doctor needs a revised *Materia Medica*.—ED.]

GONORRHŒA AN EXCEPTION.

Editor Advance: Dr. T. F. Allen tells us that "when he sees a disease he lets it run." He forgets to mention how hard he tries to make an exception of gonorrhœa, in which he advises the discharge be shut up by injecting into the urethra a solution of bi-chloride of mercury, reminding us of the men who decline to use the "nasty nosode," yet by such treatment poison the patient with gonorrhœal pus. I wonder if the doctor has ever heard of the Apostle Paul. Possibly not, as he has not lived in New York since the doctor has labored so diligently to teach Homœopathy. It seems that the apostle must have been thinking of the doctor and all section hands when he wrote his first epistle to the Corinthians. If the doctor will turn to Corinthians 1, 12th chapter, 12-26 verses, he may find something very pertinent to the subject.

E. A. BALLARD.

CHICAGO.

ODOR OF ASPARAGUS URINE.

The well-known offensive odor which asparagus imparts to the urine has been made the subject of an investigation by a Professor Nenki, of Berne. The result of his experiments make it highly probable that this peculiar odor is due to the presence of Methyl-Mercaptan in the urine. Previous experiments had shown that this substance is one of the products of the fermentation of albumen and of gelatin. For the benefit of those whose chemistry is rusty, it may be explained that the word Mercaptan is a generic term applied to alcoholic sulph-hydrates, that is, to a combination of any of the alcohol radicals with Sulphur and Hydrogen. The name, by the way, is formed by telescoping into one the two last words of the phrase *corpora mercurio apta*, describing their tendency to unite with mercury. While these experiments are

interesting, and no fault is found with them, yet they leave unsolved how or why eating Asparagus should produce Methyl-Mercaptan in the urine. It can not be from the albumen existing in Asparagus, because much of our food is albuminous, yet produces no such odor. It can not be from the proximate principle Asparagin, for other plants containing this body do not so affect the urine, nor for the same reason can it be due to the sulphur contained in Asparagus.

In short it is due to something beyond the reach of modern science with all its wonderful appliances and precise instruments. Science has no analysis so subtle, no balance so delicate, no microscope so powerful, as to show the hidden workings whereby Asparagus imparts this strong and peculiar odor to the urine. Yet in spite of this default the most unscientific nose unaided is obliged to recognize it. Does this not show the un wisdom of those who would introduce such appliance as the thermometer, the sphygmograph, urinary analyses, etc. etc., into our provings of drugs, and make what they are pleased to term a scientific *materia medica*? Does it not show that the unaided senses are delicate enough for practical work, often recognizing phenomena beyond the reach of scientific instruments? Does it not exhibit in a clear light the wisdom of Hahnemann in recording symptoms in the vernacular of the people? Suppose the prover's urine on analysis was found to contain some unusual principle such as Methyl-Mercaptan, of what avail is that in the application of the drug to the cure of the sick? To show the drug so proved applicable to a case, a difficult and time-consuming analysis of the patient's urine would have to be made; but when the prover's deviations from health are recorded in common language, such as people generally use in describing their symptoms, the needed remedy can be selected without the clumsy and misleading intervention of science. Young men, students and graduates fresh from college, apt to overestimate the glories of science and to forget its limitations, should remember such facts. The effects of a drug as observed by the unaided senses of the prover and recorded in simple language give us a much fuller and more exact knowledge of its power, than quantities of algebraic formulæ showing the constituents of the urine, the thermometric variations, or sphygmographic tracings of the pulse.

K.

CANCER INOCULATION.

“A Paris clinician of considerable repute created a sensation by reporting before the Academy his experiments regarding carcinoma, made in the St. Louis Hospital. Carcinomatous matter was introduced in various portions of the body without the sanction of the patients. The experiments were invariably successful, or, in other words, the patients became carcinomatous.” (Berlin Cor. *Therapeutic Gazette*.)

This reputable clinician of Paris exhibits a picturesque refinement of wickedness. He succeeds, by implication, in breaking all the ten commandments at once. A fitting comment upon these diabolical experiments is found in the first section of Hahnemann's Organon.

“The first and *sole* duty of the physician is to restore health to the sick.” K.

New Publications.

INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, U. S. A. Authors and subjects. Vol. XII. Reger-Shuttleworth. Washington.

This great work is now nearing completion, and we can form some conception of the labor involved in its preparation. The present volume contains 20,251 author titles, which represents 8,022 volumes and 18,000 pamphlets. It also includes 6,603 subject titles of separate books and pamphlets, and 18,956 titles of articles in periodicals.

THE CONCORDANCE REPERTORY of the more characteristic symptoms of the *Materia Medica*. By Wm. D. Gentry, M. D. New York: A. L. Chatterton & Co. 1890.

Volume IV contains a repertory of

Uterus and Appendages,
Menstruation and Discharges,
Pregnancy and Parturition,
Lactation and Mammary Glands;

Making a volume of 976 pages of valuable matter; one that will be used every day.

Contents of volume V are:

Voice, Larynx and Trachea;
Chest, Lungs, Bronchia and Cough;
Heart and Circulation;
Chill and Fever;
The Skin;
Sleep and Dreams:

Making a volume of 956 pages of practical matter. As said in a notice of previous volumes, it seems that almost any required symptom may be readily found by the use of this repertory. The entire work—the remaining volume—will soon be ready for delivery.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS: MODERN ABDOMINAL SURGERY.

The August number contains an article from the pen of Spencer Wells, in which he takes strong grounds on general principles, against the too hasty and reckless manner in which Battey's operation is performed. That it is often totally and wholly unnecessary seems to be the general opinion now entertained by the more conservative surgeons. Here is an assertion which few can deny: "It is certain that there have been indiscretions; that the operation of oöphorectomy has been injudiciously performed without due explanation of its consequences, and with mistaken prophecies of insanity or early death; that in certain circumstances the bounds generally recognized as those which should limit deliberate and consultation practice have been overstepped; that many young women who have been saved unnecessary mutilation have afterward borne children; that recoveries from the operation have been incorrectly counted as cures of the diseased condition, and that all failures have not been recorded. All this has excited a suspicion in the public mind—and more than a suspicion in the mind of the profession—that some of the recent expansions of abdominal surgery have not increased public respect for the profession, and require denunciation." Brave and timely words are these; and the author might have gone a step farther and condemned the practice so universally prevalent in his school, of *removing an organ to correct its function*. This paper is a vigorous protest and will repay reading.

POPULAR SOCIOLOGY. Peace, Security, Plenty for Minimum of Work; Gambling, Swindling, Speculating Rendered Impossible. By Arthur Fisher, M. D., L.R. C.S. Edin. Montreal. Pp. 62.

The author says in the preface: "The present essay was written over twenty years ago." It is a rare occurrence in literature that an essay laid away "to rust" for twenty years is ever published as the present convictions of the author. And, so far as we are able to judge, "the dear people" would not have lost much had it not been published for twenty years to come. It is too utopian for to-day.

PRACTICAL INTESTINAL SURGERY. By F. B. Robinson, M. D. Vol. II., pp. 206. Price 25 cents. Detroit: George S. Davis.

This is a volume from the Physicians' Leisure Library, and the statistics given in the chapter on Gun Shot Wounds of the Intestines is a valuable contribution to abdominal surgery.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF MISSOURI. Thirty-fourth Session, 1891.

The surgical department of this volume largely and fittingly predominates, and much of it is very creditable.

MENTAL SUGGESTION: By Dr. J. Ochorowicz, some time Professor of Psychology and Natural Philosophy in the University of Lemberg. Four double numbers of the Humboldt Library. Price, \$1.20. New York: Humboldt Publishing Co., 19 Astor Place.

Much is now-a-days said and written about *Hypnotism*: the more ancient term *Animal Magnetism* is not often mentioned. It is the common belief that whatever of truth there was in the doctrines of Mesmer, Puysegur, and other "animal magnetizers" is comprised under the scientific term "hypnotism," and that the modern school of Charcot, and the school of "suggestionists" at Nancy, France, represent the highest attainment in the science and art once studied and practiced by Mesmer and Puysegur, and later investigated by Braid of Manchester. But here is an author who maintains that hypnotism and animal magnetism, though they have certain superficial resemblances, are radically different from each other in their phenomena and in the modes of their production, and that the facts of magnetism are incomparably more wonderful and more worthy of scientific study. The title of the work, "*Mental Suggestion*," well marks the difference between hypnotism and magnetism; in hypnotism *mental* suggestion is not to be thought of, and that it exists in animal magnetism is the task which the author attempts to prove.

The author is in every way competent to treat the subject; he is a learned physiologist and physicist, as well as a psychologist—and he has studied the matter experimentally for years. He has evidently mastered the literature of hypnotism and animal magnetism; his book contains an enormous amount of information nowhere else accessible outside the great libraries. Just because Ochorowicz first explored the ground thoroughly on his own account and then sifted the bibliography of magnetism, he is able to estimate the true value of the work of prior experimenters and prior students and theorizers. No student of human psychology can afford to neglect this treatise. It is one of the most complete works on magnetism and hypnotism yet produced.

OUR EXCHANGES.

THE WIDE AWAKE for September has many articles, as usual, well adapted for the family circle and is replete in short entertaining stories in which the child finds such satisfaction. "The Peppers," of course, is read first by everybody, for just what the heroine will do is a profound mystery. Mrs. Clara Doty Bates, of Chicago, has a short story, "Red Lilies," which is evidently taken from life and will be eagerly read by the many admirers of this brilliant contributor.

SCRIBNER'S MAGAZINE for September contains three articles on essentially American subjects—on "Odd Homes," from the dug-out to the Adirondack cabin; on "China Hunting in New England," particularly along the Connecticut River valley, with an account of many rare American plates, which it was once the custom to make as souvenirs of

important events; and (the third) on the "Present Ideals of American University Life," by Professor Josiah Royce, of Harvard, who pleads for the idealization of our colleges, rather than their further adaptation to practical ends.

THE CENTURY for September has many articles of interest, but the subject which will probably attract the widest interest is the discussion of the "Treatment of Prisoners at Camp Morton," Indianapolis, during the war, begun by Dr. John A. Wyeth's article in the April *Century*. The present number contains a reply to that article by Col. W. R. Holloway, who during the war was private secretary to Governor Morton, and the reply has the indorsement of a committee of the Grand Army of the Republic appointed to investigate the subject. The article consists largely of personal statements of officers officially connected with the Camp, systematically grouped by the writer, to meet Dr. Wyeth's charges. An interesting table of "subsistence stores issued to rebel prisoners at Camp Morton in 1864" is part of the article. Room is also made for a rejoinder by Dr. Wyeth, in which he quotes additional statements to substantiate his previous article. The same number of pages have been allotted to each side. Col. Holloway's article contains pictures of the gate at Camp Morton and the old city hospital of Indianapolis, together with a ground plan of the Camp.

THE ST. NICHOLAS for September has "The Song of the Golden-rod," written by Grace Litchfield and illustrated by Laura C. Hills whose frontispiece drawing has proved a successful "trap to catch a sunbeam." Perhaps if this illustrated poem had been in time to serve as a campaign document, the result of the vote for a State flower in New York might have been less pleasing to the advocates of Queen Rose. It bids fair to become our national flower—"America's flower of flowers!"

MAGAZINE OF AMERICAN HISTORY for September has an article by the editor, Mrs. Martha J. Lamb, on some interesting facts about electricity that all our readers should investigate carefully.

NORTH AMERICAN REVIEW for September has a series of articles on the question, "Is Drunkenness Curable?" The recent statements made as to marvelous cures of the alcoholic habit effected through the use of chloride of gold make timely this discussion, and the editor has succeeded in eliciting the opinions of four prominent physicians, all of whom have given special attention to the idiosyncracies of alcoholism. Dr. Hammond, and Dr. Edson, chief inspector of the New York Board of Health, are already familiar to the readers of the *Review*. Dr. Elon H. Carpenter is famous as an expert in the treatment of intemperance. Dr. Crothers is at the head of the Walnut Lodge hospital in Hartford, Conn., and devotes the whole of his time to the study and treatment of inebriety. They are of the opinion, and are correct, that neither chloride of gold nor any other remedy will cure all cases.

Editor's Table.

THE SOUTHERN ASSOCIATION. The eighth annual session will convene at Nashville, Tenn., November 11, 1891, in a joint convention with the Homœopathic Medical Society of Tennessee. Many homeopaths throughout the Northern States are aware of the active working spirit among the members of this Association and the power they are wielding for the general good of our school. Especially is this true in the Southern States, where Allopathy has been so dominant heretofore. The active measures taken at Birmingham in behalf of the homeopaths in Alabama in championing their claims for justice and equal rights, fully demonstrated the usefulness of this organization. A most cordial welcome is extended to all Northern homeopathic physicians to meet with us at Nashville in November and enjoy the discussions on medical and legislative topics. Many excellent papers from practical and original thinkers will be read—we have no time for text-book articles. If you have had an interesting case and cured it, or if death ensued, write it down briefly and read it to us at Nashville.

HOT SPRINGS, ARK.

WELLS LE FEVRE, Cor. Sec.

THE HOMEOPATHIC COLLEGE of Cleveland has a larger number of students registered up to date than in any previous year of its history. The alumni are evidently coming to the rescue of Alma Mater.

THE FABIOLA is the name of a new medical and surgical Sanitarium, just opened in San Antonio, Tex., by C. E. Fisher, M. D., the energetic editor of the *Southern Journal*. Southwestern Texas bids fair to become both a winter and spring resort for invalids suffering from affections of the respiratory organs, and the profession will be glad to know there is at least one sanitarium in which their patients will receive at the same time the comforts of a home and homeopathic treatment. Write for a descriptive monograph of "Texas as a Pulmonary Sanitarium."

THE WESTERN WISCONSIN SOCIETY held its first regular meeting August 11, 1891. The Society is composed of all homeopathic physicians from the Mississippi river to Eau Claire and has sufficient working material to be a success, if properly directed. Let us suggest that some work of a permanent character be done in the proving of a remedy from which the members of the Society and the entire profession will derive benefit.

THE SOUTHERN HOMEOPATHIC COLLEGE has purchased a fine college building, secured a home, and is preparing in earnest for work. The building affords ample room for college purposes, and there is no reason why the home of Haynel and McManus should not furnish good material for a homeopathic faculty second to none in the country. Let each professor remember that both he and the college have their spurs to win, and that it is the *homeopathic teaching* which makes a *homeopathic college*.

LA SALLE COUNTY HOMEOPATHIC SOCIETY was recently organized, and for a beginning was very successful. Dr. J. B. Dunham, of Wenona, was made president, and Dr. C. A. Wiericke, of Marseilles, secretary, and the following papers read and discussed: Gynecological, "How and Why," Sheldon Leavitt, M. D., Chicago; "Comparative Materia Medica," H. M. Bascom, M. D., Ottawa; "Preventive Medicine," J. M. Welker, M. D., Washington; "Hip Joint Diseases and Treatment," Chas. H. Long, M. D., Pontiac; "Ear diseases, caused by and complicating La Grippe," H. A. Millard, M. D., Minonk; "Surgical Errors," A. H. Hatton, M. D., Peru; "Some Things Worth Remembering," G. F. Coutant, M. D., La Salle; "Clinical Medicine," C. A. Wiericke, M. D., Marseilles; "Antiseptic Midwifery," J. B. Dunham, M. D., Wenona. It was decided to hold the next meeting in Streator some time in January.

THE NORTHERN INDIANA AND SOUTHERN MICHIGAN HOMEOPATHIC ASSOCIATION held its first annual meeting September 22d, at Elkhart, Ind. There were present: Drs. C. H. Myers, Julia Godfrey, R. L. Stine, W. D. Chaffee and F. C. Sherburne, South Bend; Dr. H. Lilly, Butler; Dr. R. N. Morris, Constantine; Dr. John Borough, Mishawaka; Drs. W. B. and M. K. Kreider, Goshen; Dr. H. F. Stewart, Wabash; Dr. W. E. Newton, Ligonier; Dr. J. E. Johnston, Hammond; Dr. Julia Holmes Smith, Chicago; Dr. Geo. W. Bowen, Fort Wayne; Dr. I. O. Buchtel, Auburn; Dr. J. P. Siegfried, White Pigeon, and Drs. Fisher, Thomas, Turner and Mumaw, Elkhart. An address of welcome, by the Mayor of Elkhart, was followed by the adoption of a name (which, by the way, has little mercy on the editor), the enrollment of charter members and some other preliminary business, was followed by the election of permanent officers, as follows:

President, C. H. Myers; first vice-president, R. N. Morris; second vice-president, Porter Turner; secretary, H. A. Mumaw; treasurer, W. B. Kreider.

A constitution was then formulated and adopted by the association. A committee, consisting of Drs. Fisher, Kreider and the secretary, was appointed by the chair to prepare by-laws for adoption at next meeting

A committee, consisting of Drs. Thomas, Borough and Kreider, was appointed to name the bureaus for which chairmen were to be appointed by the president. The committee named the bureaus, and the president appointed chairmen as follows:

Surgery, Dr. W. E. Newton; Obstetrics and Gynecology, Dr. John Borough; Materia Medica, Dr. G. W. Bowen; Ophthalmology and Otology, Dr. W. B. Kreider; Pædiatric, Dr. Julia Godfrey.

Dr. Fisher was chosen delegate to the American Health Resort Association excursion to New Mexico.

The regular work of the association was then in order.

Dr. Bowen read a paper on Retained Placenta, which elicited a discussion from Drs. Newton, Thomas, Fisher and Kreider. Very interesting papers were also presented by Drs. E. M. Hale and Howard Crutcher, Chicago; Dr. W. B. Clarke, Indianapolis, and Drs. A. L. Fisher and W. B. Kreider, which were fully discussed.

It was decided by a unanimous vote of the members to hold the next meeting at South Bend on the second Tuesday of May, 1892.

After this the local physicians gave their visiting brethren a pleasant ride over the city.

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A HOMEOPATHIC MAGAZINE.

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No. 4.

HOW I BECAME A HOMŒOPATH.

READ BEFORE COUNTY SOCIETY IN 1880.

Having practiced allopathy for eight years I became perfectly disgusted with its uncertainties in treating diseases, although I had always tried hard to live up to its teachings.

I was never satisfied until I had made a correct diagnosis of my cases, and yet there was very often no success, when I should have surely expected it, and there was sometimes brilliant success, where I, this time, could not account for it. For instance:

A cure of a chronic cystitis with friction of *Cantharis*; a cure of chronic proctitis or dysentery of ten years standing, with *Natrum sulphuricum* in massive doses; a cure of general dropsy with Fowler's solution, etc. But if I tried these same remedies in the same diagnosed pathological conditions, they failed. There was an epidemic of typhoid fever in 1877 which I treated with almost invariable success by large doses of quinine, so that I was firmly convinced of *Leibermeister's* theory in regard to the action of this remedy in fevers. When, however, the same disease appeared in the year 1878, quinine failed entirely. This was the time when I looked around for some better guide in therapeutics and I commenced to investigate Homœopathy. Here I must state that I had had some experience with small doses.

Talking once with a homœopath he recommended to me corrosive sublimate in small doses as a remedy for dys-

entery in children, which disease had never before been successfully treated by me. I had therefore the following solution prepared in the drug stores which I patronized:

R Corrosivi Sublimati, gr. ss.

Aq: Dest: fʒss. ft. sol.

Sig: Solutio Sublimati.

The first case of dysentery in a child of two years, which happened in the fall, and was well pronounced by the bloody stools and enormous tenesmus, yielded within twenty-four hours to the following prescription:

R Solutio: Sublimati ʒss.

$\frac{1}{128}$ gr. Aq: Dest:

Syrupm simp: aa fʒi.

Sig: one teasp. every 2 hours.

And the same prescription helped in a good many cases, but not in all, as a homœopath may well expect.

Another experience I had with small doses of Arsenious acid, of which I used to give $\frac{1}{1000}$ grain as a dose in a number of cases of cholera infantum, which occurred in one street and were all cured by it. This remedy, however, failed in other parts of the city for the same disease.

You see, gentlemen, there had been beautiful actions of medicines, but without the knowledge of the teachings of Hahnemann they could not be explained nor could I know why they failed when used in the same pathological conditions. So I commenced to read homœopathic books, at first those of my own selection, as for instance, a materia medica by Teste, and a household book by McClatchey. The latter suited me the best because the author gives names of diseases and their treatments, and he actually enabled me to make my first homœopathic cure, which I shall give forthwith:

12th July, 1878, 8 P. M. Saw Mrs. R., blonde, blue eyes, robust.

She had been delivered of a little boy thirty-six hours ago. Lochial discharge slightly diminished; abdomen distended; very painful to touch, especially over the hypogastric region; cramp-like pains which take away the breath and work up into the thorax; slight trembling of the upper extremities with twitching of single fingers; pains

shooting down into both legs; globus hystericus; slight cough; headache on top and in back of head down to the neck. She imagines strange things; sees God in heaven surrounded by angels; imagines they call her, and that she must die. The mental symptoms came on at certain hours, namely, at 10 A. M. and 4 P. M.; tongue coated with a white fur, flabby; pulse 128, feeble; skin hot to touch. Prescribed Opium and Bismuth.

13 July, 11 A. M. Had a better night; spontaneous pains gone, but the other symptoms the same. (After coming home last night I had compared her symptoms with *Lachesis* and found that this drug covered them pretty well, therefore I had procured the sixth potency in a homœopathic pharmacy). I mixed a few drops of the medicine into half a tumbler of water and directed to give her a teaspoonful every two hours.

I thought this a splendid case to test the Hahnemannian law of *similia similibus curantur*, because this same patient had been attacked exactly the same way a year ago, had been treated with large doses of quinine on account of the periodicity of the complaint, which treatment subdued the disease in two weeks.

14th. 12 m. Patient almost well; abdomen hardly painful to touch, headache gone, no pain in legs, no trembling in arms, no twitchings of fingers, no fantastic ideas, pulse 72, and had very refreshing sleep last night.

Gentlemen in my heart, I begged the great, immortal Hahnemann to pardon me for ridiculing him and his followers. My only excuse being, that apparently wiser men had done the same things, and that men instead of investigating, argue and make fools of themselves, just as the great Hunter did, when he condemned Jenner's discovery.

The next difficulty to overcome, was now, how to study this beautiful art? *Teste* and McClatchey could not suffice for any length of time, and Hughes' *Pharmacodynamics* I shut up for ever, after reading what he says about *Pulsatilla* and the idea he has of how it acts.

Gentlemen, I became tired of theories; I wanted facts, plain facts. With the help of our mutual friend, Doctor Biegler, I got on the right way, and Hahnemann's *Organ-*

on, his Chronic Diseases, his *Materia Medica Pura*, Hering's Condensed *Materia Medica* and the *Anglo-American Journal*, the "*Organon*," taught me the only true way of healing. I will now give a few cases which will show the superiority of pure Hahnemannian Homœopathy over pathological notions :

8th of June, 1879. Mrs. P., blonde, blue eyes, inclined to embonpoint, has been sick for eight weeks under allopathic care, has always been reckless in exposing herself to wet and cold, going in slushy weather without overshoes. Complains of :

Heaviness and obtuseness especially in occiput.

Bad taste in morning, sour eructations and heartburn.

Bowels loose, bearing down pains in hypogastrium, pressure upon bladder, burning micturition.

Arm numb in morning, backache, heavy feeling in legs, feet and hands cold, nettlerash, disappearing in open air, itching in warmth, better if undressed, feverish toward evening, night sweats, short hacking cough, sometimes very depressed, has crying spells.

Calc. carb. 200. Six powders, one night and morning.

June 17th. Comes to report that she is entirely well, and does not want any more medicine.

September 13th, 1879. Mrs. E., dark complexion, has suffered from headache for the last twelve years.

This headache generally comes on once a week. It commences with a sleepy feeling and pressure over eyes, so that she can hardly keep them open, then heat in head, a dull pain in front and over eyes up to middle of vertex. Nausea and vomiting, has to lie down, grows very pale, sometimes diarrhœa, eyes feel better when pressed upon, vomited matter green or yellow, noise and light are very disagreeable. Leucorrhœa yellowish, thick, especially after rising ; not so much if she is in motion ; not at all at night.

Lame feeling in back.

Menses black, smell strong.

Varices on legs, more so on right one.

Empty feeling in stomach once in a while as if everything in stomach would fall down.

Feet cold ; cold, damp feeling of soles of feet.

Sulphur cm., one dose.

October 25. Headache has not appeared since she took the powder ; the leucorrhœa and other symptoms are better. Sulphur cm., one dose.

Have not treated her since then, but seeing her occasionally, she tells me that her headache is entirely gone and she had tried everything to get rid of it except pure Homœopathy.

January 12, 1879. Mr. H. K., 45 years of age, dark complexion, keen intellect, feeble muscular development, nervous and irritable temperment. Caught cold while making speeches during last fall campaign ; had stitch in left side ; spit some blood.

Since December no longer able to attend to his business as an editor of a newspaper.

Status præsens :

Great emaciation, weighs 97 pounds, used to weigh 175 pounds.

Dry, hollow cough with almost every word he speaks, also during inspiration ; sharp stitching pains through left upper chest, hardly any expectoration, once in a while a little white phlegm ; percussion reveals dullness over entire left lung ; auscultation, no breathing at all except a slight vesicular one in upper posterior part, above scapula.

Profuse night sweats, so that he has to change night clothes every night.

Thirst for large quantities of fluid, but it must be warm ; cold aggravates the cough.

The cough is also aggravated by every movement ; stops almost entirely when he lies down.

Urine clear but brown, bowels constipated, liver and præcordial region painful to pressure.

Bryonia 1000, 3 times a day in water for 3 days.

January 28th. General improvement for a week, then stops. Bryonia mm., one dose.

February 10th. Improvement except night sweats, which are still very profuse. Bryonia mm., one dose.

March 24th. Aggravation for a week, because the dose had been repeated too soon ; then improvement, night

sweats were better. The following condition to-day :

Coughs very little, not at all at night, expectoration still scanty but now yellowish, purulent. No stitches in left side, but suffers now from general rheumatic pains, to which he has been subject for years.

It commenced in right big toe, then moved up to right knee, right shoulder, then in left arm and finally a rheumatic node appeared at inner side of left wrist, over the picipiform bone, also on the second phalanx of third finger of left hand.

He hates solitude ; is very irritable, nothing is done right for him ; urine dark brown, leaves pinkish sediment ; feels worse in evening between 4 and 8 p. m., (characteristic of rheumatism in conjunction with the other symptoms in going from right to left) ; appetite good, thirst very little, bowels regular, no pain in liver or epigastrium. *Lycopodium* mm., one dose, dry on tongue.

March 31st. Better, pink sediment in urine gone, urine clear when passed, but becomes soon turbid, looks like reddish pea soup. Complains of great restlessness when going to bed, dreams and has to turn over all the time until 12 p. m., then sound sleep until morning. No medicine.

April 8th. Complains of pains in liver going across abdomen from right to left. Appetite not so good. Bowels do not move sufficient although every morning. Water looks clearer. Had rheumatic pains alone last week, wants to go out of doors. *Lycopodium* mm., one dose, dry on tongue.

April 10th, 8 a. m. Sends message that since I saw him he had fearful pains in abdomen from liver going to left ; ordered a cup of strong coffee to be given right away.

At 12 m. Saw him myself ; after taking the coffee he felt considerably easier. There was a painful spot at middle of lower border of liver, also painful to pressure. Tongue coated slightly (had been clean before). All other ailments decidedly better.

No appetite, aggravation at night at 8 p. m., has to cry on account of pains.

If turning from back to left side a sensation in abdomen

is experienced, as if a heavy body fell over to the left side; has also pressure upon bladder with urging to urinate. (All these symptoms belong to *Lycopodium*). No medicine.

April 12th. Crampy pain in right side of abdomen below the liver; comes in short intervals, like waves; lasts 30 to 60 seconds; a tense feeling of skin of abdomen, as if the skin were sore, especially when coughing. These attacks come oftener when he lies on either side. He cannot straighten himself very well on account of the pains.

Urinary secretion diminished showed yesterday a pink sediment; thirsty; no appetite; tongue coated yellowish.

Bowels constipated; rheumatic pains in left arm and in rheumatic node. No medicine.

April 14th. Pain in abdomen almost gone; bowels moved this morning, but dry; tongue clean; some appetite; sleep is better; pains in left arm and both shoulders; erratic pains in chest while coughing; cough comes in paroxysms now, also while lying down; urine shows pink sediment again but increased in quantity. No medicine.

April 21st. Pains in abdomen very little; stool every day, a little hard yet; urine mostly clear; once in a while a little pinkish sediment; sleep and appetite good.

Rheumatic pains in both shoulders and hands and joints of fingers.

Stitches in left chest when yawning; cough short; excited by speaking and smell of food; left chest painful on percussion.

There is more vesicular breathing on left side of lung and some moist rales in front. No medicine.

April 28th. Feels pretty good. On the 24th, at 12 P. M., very violent pains commenced in right foot, then left foot, then right knee, then left, then right shoulder, then left, with a warm, agreeable perspiration; now all pains are gone; appetite and stool normal; coughs little; gains flesh markedly; feels stronger; there is more expansion of left chest during inspiration; vesicular breathing grows more and more audible in under part of left lung; moist rales in front; expectoration easy; muco-purulent, yellowish.

Rheumatic nodes as large as little peas on all the flex-

or tendons of both hands and fingers. No medicine.

May 5th. Pain in left shoulder, arm and hand, in which the nodosities are the same yet; pains in chest entirely gone; can strike the chest with his fist.

Coughs very little; water entirely natural; smokes the first cigar *cum gusto* (he could not smell any tobacco through all of his sickness, although an inveterate smoker); clear voice, which had never sounded natural since he was sick; gained two lbs. last week. No medicine.

May 12th. Rheumatism in left shoulder better, but still bad in left hand; weighs 139 lbs.; comes to my office. No medicine.

May 19th. Complains again of pains in left shoulder and upper arm; cannot put on coat alone; right shoulder also very bad; nodosities in left hand also more painful; appetite less; tongue coated yellowish; stool very dry. *Lycopodium mm.*, one dose, dry on tongue.

May 29th. Better; can use left arm better; tongue clear; appetite good; bowels and water regular; weighs 142 lbs.; goes to-morrow to Baltimore.

June 24th. Writes to his wife from Baltimore that rheumatism tortures him very much, especially in both shoulders and arms, also in right chest; feels especially worse at night; pain in back, which is stiff; he is easily affected from his usual beer; cannot stand feather beds. *Sulphur cm.* one dose.

When coming back from Baltimore in July he informed me that the powder I sent acted almost instantaneously.

He complains still of rheumatism in both shoulders and left hand; the nodosities are still there. There is a peculiar way in his coughing; he has a sobbing inspiration after every effort of coughing. *Ledum 200*, two powders, one dissolved in water, three times a day. A fresh powder every day.

Since then he lost his rheumatism entirely; there is no cough, and he is now on the stump again. The latter remedy would have been given in a higher potency and single dose but I did not have it higher at that time.

These cases, gentlemen, are given to show you that there is no moonshine, and no nothingness in high potencies.

I am not partial to them. I prescribe also the 3d potency, especially in cases that I cannot see and that are reported to me by others, since I am then not sure of the simillimum. But if I am sure of a remedy covering a case completely, I always give the smallest dose. This I have learned from the sources I mentioned above, and the result teaches that they are good.

If Hahnemann's Organon, his *Materia Medica Pura* and *Chronic Diseases* were in the library of every man that claims to be a homœopath, I assure you we would not hear of the superiority of pathology or of Milwaukee tests.

ROCHESTER, N. Y.

JULIUS SCHMITT.

CASES OF CHRONIC DISEASE CURED.

ALUMEN IN OBSTINATE CONSTIPATION.

By the recommendation of Dr. A. Spiers Alexander, of Plymouth, Devonshire, I was consulted with regard to a case of constipation of the most confirmed character, extending over the life time of a young lady twenty years of age. I give Dr. Alexander's history of the case:

First seen 14th Nov., 1890.

(1.) Five years ago had an attack of perityphlitis.
 (2.) Ever since then she has suffered from constant pain in right iliac fossa, radiating upward and across abdomen. She also frequently gets more severe and spasmodic attacks of pain in the same region, coming and going suddenly, and lasting about half an hour. These pains leave her intensely prostrate for days.

(3.) Since the perityphlitis she has been obstinately constipated—more so than ever before—the bowels being perfectly torpid and no action or inclination for stool without aperients and enemata.

(4.) Constant nausea and often bilious.

When the young lady came under my care, the following was the photo which I took of her case—the gist of it:

Appetite indifferent, thirst capricious, prefers very cold water or else very hot—so hot, she says she likes to drink it boiling out of the kettle in a tumbler, (these are her own

words oft repeated); taste slimy before breakfast now and again, and breakfast is her best meal ; sinking, empty, exhausted feeling at the epigastrium daily at 10 a. m. 3 p. m., 6 p. m. and 7 p. m., relief at 8 p. m.; right ovarian pain, a dull heavy ache shooting from right to left, worse ascending, rising from lying or sitting, carriage exercise on rough roads or anything that shakes her ; always aggravated on the first day of menses; the duration of this pain has lasted upward of three years, and it followed an attack of peritonitis in 1888.

Her chief complaint is habitual constipation her life time, but since 1888 there has been no inclination for stool, the bowels and rectum seem perfectly torpid or paralyzed. The stools are hard, large, dry, like rubble, and occasionally in round balls passed with the greatest difficulty, and only with the aid of aperients and enemata. There has been marked recession of the stool since January, 1888.

The medicines more particularly indicated in this case are plainly Silicea Sulphur, Lycopodium, Opium, Plumbum, Nux, Bryonia, Sepia, Magnesia mur, and Pulsatilla. I give them in the order of their homœopathicity in my mind.

1st April, 1891. I prescribed Silicea cm (F. C.), one *statim* dry on the tongue and another dose at bedtime of the same day—followed by the usual placebo.

6th April. No change ; repeat Silicea cm., a dose every night at bedtime until the bowels respond naturally.

13th April. No change one way or other. Bryonia cm (F. C.), a dose at bedtime every night or night and morning, only if constipated.

8th May. Bryonia did neither good nor harm. Prescribed Lycopodium 10m (F. C.), every night at bedtime and at 3 p. m., unless better or worse as regards the constipation.

15th May. Lycopodium like Bryonia did neither good nor harm. As all those carefully selected remedies had failed, I gave my patient an intercurrent dose of Sulphur 10m (F. C.) which was followed by no improvement, unless it may have paved the way for something better. The medicines now running in my head were Sanicula, Calcarea, Natrum mur. or Aqua marina, and Opium. As the young

lady resided in the neighborhood of the sea, I next prescribed on 27th May Aqua marina 20m (F. C.), a remedy which has cured dozens of cases of seaside constipation in a single dose. She was directed to take a dose every night or night and morning if constipated.

4th July. Aqua marina affected the constipation the same as so much water on duck's back. I now prescribed Opium 50m (F. C.), followed by Opium cm (F. C.), both in single and repeated doses, but without the slightest effect.

I was now all but at my wits end and my patient and her mother and friend's patience and faith were well nigh exhausted, when a happy thought struck me. I remembered a case which I saw with my revered friend, the late distinguished Hahnemannian, Professor H. N. Guernsey, when I had the honor of visiting him in Philadelphia in 1876. The case looked very like Magnesia mur, but Mag. mur. failed in toto. Alumen 45m cured the constipation and all else. The Alumen was prescribed by Professor Guernsey alone, after I left Philadelphia.

On the 1st of Aug. of this year I prescribed Alumen 1m (F. C.), to my patient to be taken in one dose every night at bedtime, or night and morning if the constipation was unaffected by the nightly dose.

23d August, 1891. I received the following letter, the patient residing over 200 miles from me :

“DEAR DR. SKINNER:—A great improvement has taken place in my daughter's condition. The bowels have lost their torpor, and now with a little injection of tepid water is able to feel *a natural relief*. The pain in the side is much better. This medicine has suited her well.”

29th August, 1891. I gave Sac. lac. until our next meeting, which occurred about a fortnight later. Mother and daughter called at my rooms in London and the expression on their countenances at once told me that all was more than well. They overwhelmed me with thanks, because as they said ALL A's *symptoms have disappeared as if by magic*.

I gave them a few globules of Alumen 1 M. (F. C.), but on no account was a single dose to be taken unless the constipation returned.

Remarks. 30 September, 1891.—My patient remains

perfectly well in every respect. What cured the patient? Was it the Silicea or any of the previously carefully and judiciously selected remedies, coming into action? So far as my own judgment is concerned, I would as soon believe that the moon was made of cream cheese as to believe in any such absurdity. The Alumen *acted at once* and has continued to act without a single repetition since the 23 August, 1891.

In conclusion, I have much pleasure in quoting from Dr. H. N. Guernsey's work, edited by his son, Dr. Joseph C. Guernsey, of Philadelphia, and before doing so, I love to honor the illustrious dead in stating that since the days of Hahnemann and Bönninghausen, there has been no greater Hahnemannian than the late Dr. H. N. Guernsey. He writes:

"I have been led to use Alumen (common alum) quite extensively in a variety of ailments characterized by a *most obstinate constipation, which had been existing for a long time*. Some years ago a lady came to me suffering from very violent attacks of gastralgia, attended with nausea, vomiting, retching, etc., and unable to bear the least nourishment for ten days together. She also had most obstinate constipation, the bowels moved once in ten days; feces dry, hard, black, sometimes large, sometimes small, like sheep dung, and voided with the greatest difficulty. Alumen 45 M. in a few days made her bowels regular and natural, and for several years she has had no return of her gastralgia. She still keeps the Alumen by her and at the first sign of the constipation she takes a few pellets, one dose, and it is all-sufficient. From a thin, spare, weakly woman, she has become plump and hearty."—*H. N. Guernsey, Key-notes to Mat. Med., 1887, p. 26.*

LYCOPodium.

I have had a very large experience of Lycopodium in various forms of chronic disease, and as this case is unique and out of the common, it deserves a niche in the temple of homœopathic therapia.

Dr. D., an Anglo-Dutch-American dentist, consulted me on the 15th of January, 1889. He had been for months complaining, and could receive no relief from his old school physicians, of the following symptoms:

On awaking *every second morning* his *left eyeball is icy cold*. On taking a deep inspiration he is seized with a *pain in the lower abdomen*. The pain is temporary, and depending on the act of taking a deep breath. Pain in *right* groin

for three months, always worse on *turning the toes out and the heel in*, and when rising from a seat after having sat a while—relief standing. This pain in right groin followed on a day's shooting and has rarely been absent for three months. Rush of blood to right ear, accompanied with a pain as of a plug in ear, lasting usually about twenty minutes.

General aggravation from 6 till 8 p. m.

15th January, 1889. I prescribed seven doses of *Lycopodium cm* (F. C.), one to be taken dry on the tongue every night at bedtime, until feeling decidedly better or worse.

23d Jan., 1889. N. B. The coldness of left eye on awakening every second morning disappeared after the first dose, but it has returned along with *coldness of the whole of his left side*, particularly his *left arm*. Coldness and deadness of the left arm is an old symptom which comes and goes. As it was just possible that this was an aggravation from the *cm*, which he went on taking until finished, I gave him one dose of *Lycopodium 3cm* (F. C.), which was followed by immediate relief.

7th February, 1889. He had a slight return of his left side symptoms. On this occasion the coldness extended to his *left chest*, but by no means for the first time. (I have met with a case where *Lycopodium cm* (F. C.) cured a morbid sensation as if the *right chest* was filled with ice, and the *left lower extremity* was cold as lead and numb or dead—*right upper, left lower*. I gave my patient seven powders of *Lycopodium 4cm* (F. C.), one to be taken at bedtime dry on the tongue, and one at bedtime after every aggravation lasting from 6 till 8 p. m.

It is now (1st Oct., 1891), nearly three years since he has required my services—during all that time he has had nothing to complain of, and I am going shooting with him on Saturday, the 3d of Oct., 1891.

LONDON, ENGLAND.

THOMAS SKINNER.

THE SINGLE SYMPTOM: It has ever been the habit of the old school, not knowing how else to proceed, to *single out* one of the numerous symptoms of a disease for the purpose of attacking, and if possible, of

suppressing it by medicines; an abortive procedure having justly excited universal contempt under the name of *symptomatic treatment*, by which nothing is gained but much is sacrificed. A single symptom is no more the disease itself than a foot can be taken for the entire body.

Organon. Note to §8.

HOMŒOPATHY VERSUS ALLOPATHY.

EXTRACT FROM THESIS OF '90.

Case II. One with which we are all more or less familiar but has not received the attention so remarkable a case would seem to warrant.

I first saw the patient at her home in New Boston, a small village in New York State. She had then been confined to her bed five months. Was unable to move from her back without assistance. She gave a history of a fall at 11 years of age which injured her back, but from which she recovered. This was followed, however, by a series of illnesses at irregular intervals which always left her back weaker. Was treated in her own home by Drs. Noyes, Haggard and Haywood (Old School), but without benefit, and was sent to Binghamton to Dr. Butterfield's Hospital. His treatment was by clairvoyancy and herbs. When sent to Binghamton she was able to walk but after remaining several weeks (15) grew much worse, could not walk and was sent to Syracuse where she was under Dr. Van Duyn's care and was treated by electricity and massage without receiving any benefit and returned home. These illnesses with their accompanying treatment had covered a period of six years.

Five months after her return home I saw her and was strongly impressed with the belief that skillful homœopathic treatment would reach her case, and urged her friends to send her to the N. Y. Medical College and Hospital for Women. So much had been done and with such unfavora-

ble results that her friends were unwilling to incur the expense.

However, in August, 1888, she was sent to New York and to my dismay was taken to the Roosevelt Hospital (O. S.) 59th street and 9th Ave. There she was treated with electricity, stimulants and tonics of various kinds but continued to grow weaker.

Nov. 24, 1888.—She was discharged as *incurable*, and on that date I removed her to the N. Y. Medical College and Hospital for Women, 213 West 54 St., where she was placed under the care of the eminent Neurologist and strict Homœopathist, Dr. J. T. O'Connor.

Following is the hospital report:

Hattie B., aged 17. Entered hospital Nov. 24, 1888.—Unable to urinate; has had no natural movement of the bowels for four years; could not swallow without choking; no power to move head or body; pulse and respiration very rapid; breathing entirely superficial; complains of "*lungs feeling solid*;" hands and feet cold and clammy; complete anæsthesia for touch and pain of right side up to within one inch of axilla, and up to clavicle of left side; anorexia.

By Dr. O'Connor's order artificial heat was applied to the feet, and the patient was catheterized every eight hours until February 3, 1889. Nov. 30, and each day after until Feb. 7, 1889, the bowels were moved by enemas of cold water—hot water seemed to produce pain.

During Jan. '89 the appetite began to improve.

Feb 2.—Artificial heat discontinued; feet warm and dry.

Feb. 3.—Urine passed normally.

Feb. 7.—Bowels moved unaided.

March 2.—Patient sat up in bed.

April 5.—Took first steps.

April 9.—Got out of bed unaided.

May 6.—Walked about the grounds.

June 9.—Discharged *cured*.

Dr. O'Connor diagnosed the case as "Meningo Myelitis," and gave two powders of Arnica 200, one hour apart. At end of week no change. Then gave two powders of Phosphorus 200, one hour apart. Some improvement was

noticed, but on its ceasing in seventeen days the Phosphorus 200 was repeated.

March 15.—A vaginal douche was given and two powders of Kreosote for fetid discharge from the vagina, as stated by the nurse. This statement was afterward found to be incorrect and two powders of Phosphorus 200 again given as before. This was all the medicine prescribed by Dr. O'Connor during the patient's stay at the hospital.

And so the case which had been pronounced "incurable" under every other treatment was swiftly and permanently cured by Homœopathy and by potencies in which the quantity of drug present is too faint for conception, according to all atomic theories.

Sept 22, 1891.—When I last heard from this patient she was doing village nursing.

NEW YORK.

A. L. GEDDES.

THE EVOLUTION OF MEDICINE.

Evolution is "the law of fitness in association." The history of medicine has been productive of theories and systems; though these have been failures, others, through thought and discussion have been evolved. Through all past ages, system has succeeded system in the search for antidotes for human ills.

The records tell us that the Brahmins were the first to practice medicine. Outside of this class, the barbers were the first to administer drugs, extract teeth, and practice surgery.

Before Hippocrates there were priest-physicians who used charms, amulets, and incantations upon the sick.

With the "father of medicine," as Hippocrates has been named, began the theorizing. With his observations of disease began pathology. This is a foundation in our science. Theory upon theory has been built upon it. They are laid up by the wayside of history as curiosities; yet, wherever there is a *fitness in association* they are evolutionary.

Mention may be made of some of these theories, viz.: Humoralism, Solidism, Brunoianism, Brousaism, Lister-

ism, Microbism, etc., etc. These all represent facts of much importance in medical studies and are in the line of evolution.

The present status of medicine is a vast accumulation of facts, and these are manifestations of the phenomena of life or vital force. This brings us into the field of foundation principles, the actions and relations of which are, at present, our study.

Physiology is the key to our science, for it is the phenomena of all animal life. Human physiology is a type of all life, from the highest to the lowest in nature. Life is a unit and is from *one source*, the "Infinite Cause." As it leaves this Cause, it seeks its ultimatum, or that which is the next degree below it, upon which to act. This may be illustrated by the following: Magnetism corresponds to animal life, and is the higher principle acting upon the lower, the two co-operating to form the one unitary being. Electricity corresponds to the vegetable life, also co-operating to form vegetable growths.

The next in true order is "Chemism," co-operating with the mineral kingdom, and forms the basis of all nature, and involves all higher forms.

Another manner of statement would be:

Magnetism—animal life; Electricity—vegetable life; "Chemism"—mineral life. This is by involution, i. e., the lowest involves all above it.

The statement reversed would be:

"Chemism"—mineral kingdom; Electricity—vegetable kingdom; Magnetism—animal kingdom.

Each kingdom above the mineral is an evolution from it. There can be no evolution without an involution.

This life is dynamic, and is in the discreet degree above the one below it, and this lower one is a matrix or base upon which it acts, and this action is reciprocal or mutual. Reciprocity or mutuality is a relation between force and the potency of force, or between life and its potential; life being a discreet degree above the potential, the variety of relationship giving a variety of forms; hence "right relations are the creation of all finite things." This manner of statement leads us to reflect that Nature is one great

solidarity, cemented together by the law of dynamics and our law of similitude.

In our philosophy we must imitate Nature. She is our object lesson in all learning. We must learn her elements and their relations to each other, reaching from the cause of things to the ultimate by involution; that is, from the highest to the lowest. Evolution is from the lowest to the highest.

Hippocrates was the first to hint at the law of similitude. Not until Hahnemann was there a plain enunciation of the great truth.

A multitude of practitioners have promulgated the law in their daily rounds of visiting the sick, and the proofs of the truth of the law are abundant, for "by their works ye shall know them."

Is it not just as conclusive as a scientific statement? Is it not one of the laws of Nature, demonstrated in its use? Is not natural selection, mutual action, affinity, chemical affinity, mutual relation, correlation, reciprocity, co-operation, correspondence, similitude, expressions of a common law of dynamic forces? The affirmative is the answer in all normal states in the finite world. Thereby we have growth, progress and evolution.

As physicians we should learn this normal physiology as one side of our science. The other is pathology, or perverted physiology. Here is another condition of things requiring a different statement.

The disease element is a unit, and in its action is predatory upon normal life. The resistance to this encroachment gives rise to the symptoms and pathology. Drug action is also predatory upon normal life, and when we find a similitude between the disease element and the drug element in their action upon the organism, then according to the law of similars or opposites, we have found a remedy for the perverted physiology. The two similars, the disease element and the drug element, form a union, and the attack upon the organism is diverted and the normal physiology is restored.

A demonstration of drug action has been expressed by "the parallelogram of force"* and the law of angles. This

*Fincke. On high potencies.

would apply to chemistry; physiological action must extend to the circle, the elliptical and the vortical. The action of the fluids of the body could not be demonstrated by the law of angles. The construction and action of the organs of hearing are on the principle of the vortice; hence the capabilities of appreciating the various sounds of music, for without the vortical construction of the ear, music would have no "charms to sooth the savage breast."

If mathematics is the field of explanation, it must be raised above the material plane, or the plane of angles. And further, "the mutual action of forces" mediated by the "least plus" is hardly sufficient to make a negation of "inertia" or "vis inertia."

The *Divine Esse* is the highest conception of thought. Inertia or vis inertia is the other extreme or ultimate. Can there be force without something to act upon or resist? All law is included within these extremes.

The first expression must read thus: 1st, Genesis; 2d, Organization; 3d, Action; 4th, Co-operation or Relation. The last, but not least, is relation; for it must be remembered "*that everything depends upon its relations.*" We cannot conceive a philosophy outside of law. This law includes similitude, and is divine.

The command to us as physicians is the same as to the disciples when the Master said, "Preach the gospel and heal the sick." This command is based upon the truth that the sin element is internal, and the disease element external, corresponding to the soul and the body. Let us learn our gospel well, that we may preach and practice our principles.

W. H. LEONARD.

MINNEAPOLIS.

AN AGGRAVATION FROM PHOSPHORUS. *

In 1870 the late Dr. R. R. Gregg wrote as follows: "Phosphorus we have prescribed for years in cases where there was pain, more particularly acute pain, in the lower portion of the left lung, aggravated by lying upon left side."

Following this was a differential comparison of Phosphorus and Pulsatilla, which latter remedy has, so far, the identical conditions of Phosphorus. Following this comparison he said, "To those who will be warned by what we say, we must insist in regard to Phosphorus that they must not give it in repeated doses in any potency upon the foregoing indications, or they will surely drive their patients into phthisis, who have not already reached that condition, and will greatly hasten on the disease in those who have, while they may cure all the former, and some of the latter by due caution in the administration of medicine."

In August, 1875, I had under treatment a married lady twenty-five years of age who had not only the pains in left side as given above, but who was a typical phosphorus patient; black hair; eyes of a suspiciously brilliant black; thin, delicate skin; hectic fever; night sweats and a harassing, dry cough, that had for some weeks previously withstood my best efforts. Phosphorus 200 was given in a single dose. Improvement was plain in a week and continued uninterruptedly till the following October, she having meantime received no more medicine. At this time while I was away on my annual outing, she called to have her vial refilled and the student who knew no better, looked up her remedy in my prescription record and filled the vial with Phosphorus 6 x. On my return home, a week later, there was an order waiting for me to visit her. Imagine my surprise and grief when I found her worse off than ever before with a similar set of symptoms and hæmoptysis added. The refilled vial told the story, and Gregg's prophesy was being fulfilled. However, after nearly a year of zig-zagging, during which time she received a half dozen different remedies, prominently among them being Sepia, Sanguinaria and Sulphur, she recovered a fair

* Read at the meeting of the N. I. and S. M. Homœopathic Medical Association, September 22, 1891.

degree of health which she has maintained to the present time; in fact she is as well as the majority of women at her age."

ELKHART, IND.

A. L. FISHER.

[If the N. I. and S. M. Society never does any thing else, this case of Dr. Fisher's alone will justify its organization. And there are several other remedies equally efficacious to cure, and equally capable of producing irreparable injury in diseases of the lungs if improperly used or too frequently repeated. See Gregg on Consumption.—*Ed.*]

AN ARSENICUM CASE.

Several years ago a case came into my hands of what we formerly called puerperal fever. The only profit of the case to me was the experience, possibly adding a little to my reputation also. Hoping that it may be of some benefit to the readers of the *ADVANCE* I offer it, to show what the indicated remedy will do even under the most unfavorable circumstances. A large German family lived in their poverty and filth in a log house. The father was crazy nearly all the time from hard cider, of which he drank several barrels yearly. The woman had been attended by a midwife and when I saw her a few days later I found her lying between two feather beds with a temperature of 105°. Pulse small and rapid. She was sleepless, anxious, thirsty and covered with cold sweat. The abdomen was bloated, sore and painful. The odor coming up from the feather beds was significant. There were plenty of neighbors to crowd the small room but no one to do anything for the good of the patient. It was impossible to make the surroundings more favorable for recovery. The feather beds even could not be abandoned. I gave Arsenicum and trusted entirely to it. At my next visit there was decided improvement but at night I was called up to go to the patient as soon as possible as she was said to be dying. They lived nine miles in the country; the night was dark and stormy and an eighteen mile ride not to be anticipated for the pleasure. However

I reached the case as soon as possible and found that she had been having a good sleep, and sleeping heavily, had wakened with the fear of dying. This was the cause of the senseless attendants sending a messenger for me. Believing that she had had enough Arsenicum, I put up some powders of Sac. lac. and quieted her fears. Entire recovery speedily followed.

TOWANDA, PA.

H. W. CHAMPLIN.

THORACIC ABSCESS.

Mr. W., aged 22; face smooth, no beard; cheeks flushed; scrofulous; blue eyes; light hair and complexion; six years since had left sided pneumonia under the care of an allopathic physician, and came near losing his life.

Four months after sickening an abscess opened in his left side, near the attachment of the diaphragm, and discharged, by measure, one gallon of thick, yellow, offensive pus, in the first twenty-four hours. All this time he had been confined to bed, and very ill.

The orifice is seven inches below the nipple, and two inches to the left of a perpendicular line drawn through the nipple.

Left chest motionless in respiration, dull and solid as a wall on percussion, and from the clavicle down is very much sunken in and drawn backward; and in walking he moves the right side forward.

Forced inspiration and expiration only gave one inch motion.

Passed probe four and a-half inches upward and backward into the chest cavity without meeting any obstruction, or his feeling it.

Another abscess is now forming on the middle third of the sternum, and presents the same appearance that the first one did before opening, and appears to have ulcerated its way through the bone.

From the first the lower abscess has discharged copiously all the time, day and night; discharging most freely when lying on the *right side*, less freely when on *his back*, and *none at all* when on his *left side*.

Nose is very red, and one inch of the lower part sweats profusely all the time, summer and winter, night and day—stands in little drops all over it, as upon the nose of some animals. Pulse, 120; respiration, 26; appetite good; sleeps well; but so great is the discharge, and so offensive, that in warm weather he sleeps in the barn.

Swelling and inflammation of the nose; sensation as of a hair in the throat; marked weakness about eleven o'clock a. m., empty, gone or faint feeling; difficult breathing, with visible beating of the heart; dry, short cough, with stitches in the chest or under left scapula; exudation after pneumonia; cannot walk erect, stooped shouldered.

March 15, 1888.—Gave him Sulphur cm., one dose.

March 23, 1888.—Sternal abscess so painful must have relief, which *Sac. lac.* afforded.

This abscess opened in a few days, and both now discharge pus of same appearance and quantity.

March 26, 1888.—Chill every afternoon, followed by a high fever, which lasts from twelve to twenty hours.

Sac. lac.; a few powders, no more chills.

April 8, 1888.—Sternal abscess closed, and lower one now discharges only a few ounces, whereas it has formerly daily discharged from a pint to a quart.

April 16, 1888.—Nose sweats but little; has no pain, very little discharge from abscess, and that, patient says, is "*blumb thick.*"

May 4, 1888.—Respiration, 19; pulse, 72; can distinctly hear the respiratory murmur over the upper two-thirds of the lung in the dorsal region, and all of the upper lobe in front. Nose stopped sweating.

May 10, 1888.—Troublesome, spasmodic cough. *Sac. lac.*; a few powders stopped it.

May 11, 1888.—Shaking chill at eleven p. m., continued all night; no pain, no sweat; subclavian region *is filling out.*

January 15, 1889.—Discharge only one ounce in the twenty-four hours, odorless; chest rounding out nicely.

October 11th, 1889.—Pus and a little blood, only sufficient to soil two cloths in twenty-four hours.

June 10, 1890.—Discharge stopped and orifice closed; no pain, but wakeful, four or five nights could not sleep

at all. Here, for the first time, was informed that his left side now perspires, same as the right, which it never did while the discharge continued.

Who will attempt to place a limit upon the possibilities of a homœopathic remedy when its action is not interfered with. It will be seen that the patient never had but the one dose, and that *cm.* His parents and the family have all died of consumption; *can he ever have it?*

October, 1891.—In perfect health; did not have "La Grippe" last winter, not sick a day.

CENTRALIA, ILL.

J. A. WAKEMAN.

HOMŒOPATHY IN RELATION TO THE KOCH CONTROVERSY.¹

Even the authority of Dr. Koch's eminent services has been unable to uphold parataloid in the terrible searchlight of the Virchow and Chiari necropsies; and it is questioned whether the reported improvement of Kaposi's cases of lupus promises permanent cure in that form of tuberculous disease. Experience with Koch's fluid in this country has afforded results no more favorable. Koch, nevertheless, hopes "to extract from the tubercle bacillus its curative substance alone," and there remains on all sides enduring hope that true curative power can be liberated from the parataloid.²

Is it generally known that the homœopathic school has for many years made use serviceably, not poisonously, of Koch's material in the treatment of consumption and other tuberculous disease? For twenty years this most misunderstood and maligned body of observers has recognized the indispensable curative service of the products of disease, and, in addition, the necessity³ for their extreme

¹ Abstract of a paper by C. F. Nichols, M. D., in Popular Science News. April.

² See Report of the Imperial and Royal Society, Vienna; Medical News, Jan. 17, Boston Medical and Surgical Journal, March 5; Medical Record, March 7, 14, 28; Lancet, March 28.

³ "Koch usually injects only one-millionth of a gram of the active principle. From the effects of this inconceivably minute quantity some idea may be formed of the almost uncanny energy which the substance would display if let loose, so to speak, in the fulness of its untamed strength" (Sir Morell Mackenzie, in the Contemporary Review). "One part to a ninety-eight billionth of the bulk of the whole body in a man weighing fifteen stone," is Dr. Hine's estimate (London Lancet, Feb. 14, p. 357).

attenuation, before they might be safely administered in sickness. "Tuberculinum," "anthracin," and "sycotin" belong with such drugs as arsenic, which develops dangerous lesions if given to persons in health, but is curative in certain disturbed conditions. The testimony given by these physicians appears singularly fitting, and their experience would be of vital importance at this time of wholesale experiment threatened by the followers of Koch. I will now attempt to describe the cultus and professional training of these men who are accused by the dominant school of failure to accomplish anything for medical science, of bigotry, of narrowness, and of "having a fixed belief."⁴

The college requirements for students of Homœopathy do not differ materially from those of the older school. Many of these students are already graduates of Harvard or of foreign medical schools, who afterward finish their studies at a homœopathic college.

"By their fruits ye shall know them." Among the noteworthy results of a professional education in the methods of this school has been the discovery of unexpected remedial agents far in advance of other medical investigators. The homœopaths have long recognized the life resulting from death in natural growths, and have not hesitated to explore filth, decay, and disease for morbid products or nosodes. Diseased material from animals and plants, and the poisonous secretions of reptiles, fishes, and insects, are found to be indispensably curative in desperate or obscure diseases, but are only thus helpful when the powers of each have been clearly differentiated by a thorough proving. Is it generally known what is meant by a proving or study of a remedial agent? Let me, then, briefly show you the labor, the research, and the professional skill required to make a proving.

A proving is made by administering to several healthy persons a substance or extract, and recording its effects, with the ultimate object of using the proven material in disease. Each agent must be studied¹ with regard to its chemical, functional, and the whole pathological effects in

⁴ See Professor H. C. Wood's Yale address, also addresses published in *Medical and Surgical Reporter*, all previous to November, 1889.

¹ Usually in a so-called college of provers.

the body. Study the pulse, actions of the heart, lungs, brain, kidneys, liver, systems of nerves, blood-vessels, lymphatics, glands, digestive organs, machinery of the senses, each anatomical part and tissue. Study the connection of the proven material with eruptions, parasites, contagions, climates, influences inherited or acquired. Note the resemblance of this to other drugs and its antidotes. Above all, there must be perceptions of mental states, tact to avoid deceit, artistic insight, and quick sight; for all these matters, sought out by stethoscope, ophthalmoscope, sphygmograph, microscope, analyses of the urine, blood, etc., and the whole armentarium of a modern physician, enter into the preparation of a proving, and must be brought together with laborious, painstaking care before the proving is offered.

Professor Constantine Hering prepared in the year 1850, for his colleagues of the medical college at Allentown, Penn., a scheme of twenty closely written pages,—simply directions for epitomizing and recording their provings. The systematic habit of German university training which has given their prestige to German scientists was thus early brought to bear upon students in this matter.

A proving is accepted, and enters *materia medica* and text-book, only after its characteristics have been confirmed by scores, often by hundreds, of independent observers.

At last the proving stands, full of interest, a new discovery, an elaborate, sometimes a learned analysis, entirely unknown to old-school methods, and one more weapon is ready for use.

The authorized works of homœopathic *materia medica* are very numerous: fully eleven hundred remedies are available.² Many practicing physicians carry in memory the chief characteristics of the greater proportion of these.

Provings, and the repertories founded upon them, naturally differ in value; yet a curious observer must, I think, find in the general result the evidence of such persistent industry and scientific research, that all statements

² Bönninghausen's Repertory, an early publication, might fairly be compared with Roge's Thesaurus or a modern lexicon. The recent compendiums (of which three are available) aggregate many hundred pages of closely printed text.

which assume a lack in either respect obviously proceed from uninformed persons.

Regarding attainments in literature and the liberal sciences *per se*—a welcome addition, no doubt, to the real service of medical men, and the supposed lack of which on the part of these practitioners has been made the subject of grave comment³—to four bright spirits only, in all these two thousand years of physicians, have seats been assigned among the immortals. Hippocrates, Galen, Sir Thomas Browne, finally Dr. Holmes, have severally gained a place in letters. Each of these is a rebel and an innovator, for without rebellion and innovation was never yet wrought any good thing. But fifty years have passed since the death of Hahnemann, himself a man whose vast learning was fully recognized in his time.⁴ Meanwhile neither poet nor sage has yet chanced to be “an ornament to his profession.” The fact is, its founders have been at work so hard that they have had no time to hold up their heads to sing.

Let us now inquire what has been accomplished for medical science by the elaborate provings of the homœopaths; for the *raison d'être* of a proving has not been explicitly given in the preceding pages. Hippocrates, Hahnemann, and Sydenham hypothesized, and finally taught, that the proving or testing of medicines upon the healthy would show the exact curative power of each remedy in disease. This doctrine was formulated by Hippocrates in the aphorism or axiom *similia similibus curantur* (“cure by similars”). Jenner by vaccination, and Pasteur and Koch by their inoculations, have more recently illustrated the effects, under this hypothesis, of a limited class of remedies; but to Hahnemann and his successors alone, with their elaborate system of full descriptive provings of nearly every known medicinal agent, is due the gradual establishment of a law deduced from the original working hypothesis of Hippocrates.

That the law of similars cannot be explained *a priori* (i. e., upon any material or mechanical grounds) is, to my

³ See letter in the London Times, Jan. 8, 1889; also Dr. D. K. Newell's annual address before the Massachusetts Medical Society, 1890.

⁴ See the writings of Jean Paul Richter and Broussais.

mind, at once to be admitted before we can accept it as a fundamental principle or starting-point, exactly like that of electricity or chemical force. The law is, that disease is cured by an influence similar to that which produces it. However daring the first assumption of this law of similars, it has now passed through the stages recorded in the history of every established science; i. e., it has been submitted to induction, deduction, and verification.

Mere observation of instances is not inductive, and does not lead to science until, through the study of instances, we rise to fixed law. With such a law, prophecy or deduction must be possible; and the accuracy of this prophecy or verification will be a fresh test of the original law. The homœopathic law, being tested in reference both to normal and the diseased conditions of the human body, has the logical advantage of a double verification, and may thus be said to be rediscovered every day in the practice and provings of each homœopathic physician.¹

It is, then, law, not luck, which has enabled the homœopaths to reach their very consistent results. Their remedies in common use are an emphatic demonstration of the practical value of the laws of similars: such as *mercurius*, which causes eruptions, salivation, and diarrhœa, and is undeniably curative in these forms of disease; quinine, which, causing ague symptoms, relieves them; nitroglycerine, which removes the form of congestive headache inevitably produced by it in a healthy person. And if the imperfect discovery of Koch be, indeed, a conspicuous and brilliant blossom of medical science, it is the startling fact that this law of similars plucked the flower long ago, and, aided by its accessory of safe dilution or attenuation, has made intelligent use of its discovery.

To confine our attention to testimony bearing directly on the treatment of tuberculous disease. The proving of tuberculinum shows, as its primary effect, evidence of a deposit of tubercle at the base of the brain. Severe and unbearable headaches are a prominent symptom, with

¹ "Science presents itself as exact and verified knowledge; . . . If observation and verification cannot demonstrate the real existence of the genus, philosophy itself, in any sane sense of the word, is annihilated" (Dr. F. E. Abbot, *The New Ideal*, May, 1889).

local congestion, delirium, and insanity; more remotely and as later manifestations, cough, purulent sputa, and diarrhœa. The remedy tuberculinum has been for years helpfully given in meningitis, hereditary and inveterate headaches, hectic fever, night sweats, cough with tuberculous expectoration, and all early stages of phthisical disease.

It would thus appear, that, in those first stages of consumption which alone are claimed to be curable by the injection of Koch's fluid, the homœopaths have made safe yet effective use of the same *materia morbi* as Koch's.² Instead of protection by boiling, cultivation, etc., a high attenuation has been efficient.³ This attenuation, made chiefly by means of dilute alcohol, is claimed to accomplish something beyond the mere subdivision of material.

The irritant particles are mechanically detached, while the curative principle is separated and developed. The degree of attenuation used always ranged as high as a so-called thirtieth potency. After Darwin's statement of the minuteness of the spores of *drosera* capable of producing their characteristic action, the efficiency of a potency or attenuation does not to many persons seem improbable; and we will leave, for the present, the mathematics so frequently discussed.

It will readily be seen, however, that treatment by nosodes might soon degenerate into an enthusiastic, thoughtless, and empirical use of these remedies, to the exclusion of others, if the inference were drawn that each microbic disease could be annihilated by its own potentized product; and it has naturally been found impossible to remove, by the administration of its nosode alone, the whole ultimate disturbance, in the form of secondary symptoms, sequences, and diseases of distant parts of the body. Indeed, other remedies might, even from the beginning of treatment, be more serviceable than these:

² See *New Organon*, July, 1879, pp. 342, 439, 449; Dr. Swan's *Morbific Products*, 1886; Burnett's *New Cures*, 1885 to 1890; J. A. Biegler's Report; C. Hering's *Guiding Symptoms*, vol. x. (now in press).

³ Attenuations thus far made by the French experimenters have been unsatisfactory, both on account of the uncertain strength of the dilutions, and also by reason of changes of quality wrought by cultivation of the original material. The writer is aware of Koch's statement that the albuminoid principle of parataloid is insoluble in alcohol. The simple dilution of the latter avoids this difficulty, chiefly by checking its coagulative effect.

Thus, in faithful treatment, it is sought to accomplish an end far more subtle than the mechanical removal of bacilli. Holding them to be merely parasites, among which may exist many forms not inimical to health, but even fulfilling protective service in the body, the homœopath does not consider it essential that its bacillus be seen in the atom of diseased material which he prepares for medicinal use (the bacillus would almost necessarily be there, for each characteristic parasite is the carrier of the disease in which it dwells); but it is the deadly material¹ in which the microbe-parasite feeds which alone is desired for proving, finally for prophylaxis and therapeutic use.²

The ancient school attacks the new, having known but little of its large work, but the time has gone by for dismissing without a hearing such claims as led Wilson, the anatomist, to employ homœopathy for himself, and Sir Sidney Ringer to incorporate, *verbatim*, large sections of its materia medica in his authoritative work.

These are the stars in the firmament of homœopathy—men of affairs, men of business, scholars, warriors, poets, statesmen, whose practical wisdom has moulded the destinies of the world—Sir William Hamilton, Archbishop Whateley, Carl Wilhelm Siemans, Lord Lyndhurst, Augustus de Morgan, Secretary Seward, Lord Lytton, Charles Reade, Wendell Phillips, Theodore Parker, Helen Jackson, Miss Phelps, Balzac, Gambetta, D'Israeli, Bismarck.

Instead of such awkward use of its weapons that the force powerful enough to combat the disease must destroy also the invalid, homœopathy, *die milde macht*, has quietly employed its methods, "strong enough," as Wendell Phillips once remarked to the writer, "to wait until its accumulating facts would speak for themselves."

BOSTON.

C. F. NICHOLS.

¹ The bacillus not only maintains its own parasitic life in the body, but appears itself to manufacture, or subverts the nutrient function to produce various toxic substances which are poisonous, though separated from the bacillus (see *Popular Science News*, March, 1891, p. 49, quoted from *Edinburgh Medical Journal*).

² See Swan's Nosodes; Burnett's New Cures.

THE GERMLESS ACCOUCHMENT.

“The death of the child seems to have been due to the injection of bichloride used to disinfect the vagina during the labor.”—*Exchange*.

At 9:45 P. M., the os being dilated to the size of a dollar, a 1 in 4000 solution of Mercuric Chloride was injected in order to kill the dangerous vaginal germs which are so apt to give the baby sore eyes. This was repeated every fifteen minutes during the labor in order to keep everything absolutely germless.

At 12 P. M. the baby arrived and was immediately immersed in a 1 in 200 Carbolic Acid solution by the strictly Aseptic Doctor. It was then washed with tar soap, dried upon a thymolated towel and wrapped in a borated blanket by a highly carbolized nurse.

The umbilical stump was then dusted with Iodoform to prevent decomposition. During these germicidal processes the baby unfortunately slipped from the nurse's carbolized grasp and fell to the floor, but as the latter had been thoroughly scoured by a deodorized scrubwoman, little trouble was anticipated from the accident.

The eyelids were now turned back and brushed with a 1 in 500 solution of Argentic Nitrate to destroy the conjunctival bacteria which lurk there, waiting for an opportunity to bathe themselves in a purulent ophthalmia. The raging, turbulent and infectious microbes that inhabit the large intestine received their quietus from an injection of hot carbolated water. The twenty-two disease-breeding germs that, according to Miller, inhabit the mouth, were slain by swabbing that orifice with Listerine.

Sheets, wet with Platt's Chlorides, hanging about the room, purified or poisoned the air, according to whether your education has been scientific or not. The mother's nipples were made aseptic by frequent washing in Listerine.

Various pure cultures of tamed bacilli were now spread out upon an antiseptic tablet of cedarwood and the baby was inoculated with these highly-cultured germs, in the following manner: On the left arm against Scarlet Fever, on the right arm against Measles, on the left leg against Diphtheria, Mumps and Chicken Pox, on the right leg

against Rheumatism, Corns and Falling Down Stairs, on various parts of the back against Quinsy, Epilepsy and Warts, on the abdomen against Toothache, Strabismus and Tuberculosis. When the strictly Aseptic Doctor in conjunction with the highly carbolized nurse had finished their work the poor little fellow smelled like National Hospital and was scratched and bruised like a prize fighter.

Will it be believed that after all these precautions that perverse baby did not thrive? Perhaps the tender peach-bloom skin that should have been touched by nothing less soft than the mother's breast, wrinkled under the action of those harsh chemicals. Perhaps the delicate vascular membranes of internal parts that should have been sacred from rude intrusion were shocked and inflamed by the irritating injections. However that may be, certain it is that the baby did not thrive. After twenty-four hours of feeble, wailing protestations against its unnatural but scientific treatment, the little white soul with a Delsartean gesture of Despair took final leave of its strictly aseptic but thoroughly poisoned body, and winged its way to a world where pestilence, famine and scientific doctors do not exist.

J. B. S. KING.

A REMARKABLE FIND—FOREIGN BODIES SWALLOWED BY A STOWAWAY.

In the issue of the London *Lancet* of May 30th, an editorial details the most remarkable "*find*" of foreign bodies in the cadaver of an Arab. We quote as follows:

"On Thursday, May 21st, the body of an Arab, found dead in one of the ships in the Albert docks, was taken to the Seamen's Hospital, name unknown. A necropsy was ordered by the coroner, and made by Dr. F. Croucher, house surgeon to the branch hospital. There were no signs of disease in the brain or the chest, except a few old adhesions in the left pleural cavity. The gall-bladder was very distended and full. Three small ulcers existed on the anterior coat of the stomach. Several patches of inflammation were found in the small intestine. In the cæcum were found twenty trousers buttons, three cog-wheels (apparent-

ly out of a watch, two of them 1 inch in diameter—these were doubled), one 2-inch steel screw bent double and one 1-inch screw, six pieces of a lock (the biggest piece was $1\frac{1}{2}$ inches long and $\frac{1}{2}$ inch broad), a circular piece of brass ($1\frac{3}{4}$ inch in diameter folded into four), brass and lead and two key tallies on a ring, 1 inch in length. In the ascending colon, about five inches from the cæcum, were found a piece of steel wire $\frac{7}{8}$ of an inch in diameter and $3\frac{1}{2}$ inches in length, bent double, and one small cog-wheel. The weight of these bodies together amounted almost exactly to half a pound. The body was much emaciated; no subcutaneous fat was present in the chest or abdominal walls, or any fat around the kidneys. The deceased was quite unknown; no particulars could be discovered by the police employed to take evidence for the purpose of the inquest. There was no perforation of intestines, or any sign of disease in the colon.”

MATERIA MEDICA REVISION.

Whilst man is necessarily limited in all things, yet he is so constituted that he, in his better mood, aims at completeness. He may and does realize that perfection is beyond his reach, yet to be as perfect as environments and the circumstances of his being permit is not only his desire but also his aim when normal. The man who aims at less than this is weak, cowardly and incompetent. Those only who aim high are successful in reaching the high goal of proximate perfection.

Knowledge is not innate, but acquired. No man gains knowledge except by observation, experiment or research. It comes by the act of the mind, never by spontaneity. Even the knowledge gained by easy experience requires an act of the intellect to receive and record it. We all could learn more, be more learned, if we had a greater degree of intellectual activity. It demands work, persistent, intelligent, sober work. As Bacon says: “Knowledge is not a couch whereon to rest a searching and restless spirit, or a terrace for a wandering and variable mind to walk up and down with a fair

prospect, or a tower of state for a proud mind to raise itself upon, or a fort or commanding ground for strife and contention, or a shop for profit and sale; but a rich storehouse for the glory of the Creator, and the relief of man's estate." We must store, lay up knowledge to be able to draw on it when needed; the more careful we are in storing the more complete will be the fund from which to draw. It is but natural, except where indolence interferes, to store the best and fullest supply against all emergencies.

As with money, the most difficult part is to get the start. Accumulated knowledge increases easily and rapidly. The great trouble is to get the beginning rightly begun, if I may use that tautology. If the premise is wrong the conclusion must be also. Had Hahnemann failed in his search for the truth to lay a true and correct foundation, Homœopathy to-day would be what Dr. Holmes tried to make it; but our leader was as wise as careful, and the result is certitude and positive knowledge of the only true law of cure. We do not yet know all about the law, but we do know *the law* is sure and steadfast and positive.

The physician needs positive knowledge; guess work with him is dangerous. He must often presume from the lack of knowledge, but he dare not guess from the want of ambition to find out the correct remedy by research and study. Theory is based on man's ignorance; he does not *know* or else it would be positive knowledge. He theorizes because he does not fully know. Of course, at times we are mistaken, but repeated verification of a presumed fact makes it a matter of fact. The law of cure is a matter of fact because it has been repeatedly verified. Much of the *Materia Medica* is matter of fact because it has been verified either by many provers or at the bedside. That which is matter of fact to one may be presumed fact to another because of different experience and knowledge. But then our presumed fact becomes matter of fact when credible witnesses assert positive verification of the fact. We take the bulk of our matter of fact on the say so of somebody else. Herein the world advances—and the *Materia Medica* also.

The physician also needs as complete knowledge as possible, or the easy access to it. Partial knowledge is criminal to the practicing physician when either indolence, bias or prejudice precludes the complete knowledge.

There is too much at stake to allow a man to be satisfied with partial knowledge when full knowledge is within his reach. The world advances by persistent hard work and the accumulation of materials. The pennies make the dimes, the dimes the dollars of the millionaires. How foolish for the millionaire to "expurgate" his coffers of the pennies and dimes, saying he only had need of dollars. When the pennies were all gone where would the dollars be. It is by saving the pennies that men get rich. So in intellectual wealth, we accumulate by saving the pennies of information until the storehouse is well filled. Take away the little bits of knowledge in toto and the whole fabric would fall. The physician must not cast out, but gather together his information that the whole may qualify him to successfully prescribe for his patients. He may not need every bit of knowledge with each patient—he may not need some bits but once in a life time, but when he needs them he has urgent need of them and nothing else will do. They may save the life of his patient and give the prescriber great renown. The physician must seek full and complete knowledge and store it away for ready reference.

To the homœopathic physician a complete *Materia Medica* is a requisite. This is his wealth, his tools, his *sine qua non*. Knowledge of other things is helpful and better enables him to use his storehouse of wealth to good advantage, but he can more readily do without all other knowledge than that of his *Materia Medica*. We are not to neglect our pathology, physiology, etc., but to put our best time and study on that without which we would be no better than the allopath. The *Materia Medica* cannot be complete without every symptom which has been developed by the provers or in the treatment of disease being truly recorded and made of easy access. The best and most skillful artisan has a complete set of tools for his work, not only those tools most often used, but those that are seldom called for. The machinist who understands the use of his

tools, and their value, would scarcely be induced to throw away, "expurgate," some simple tool not often needed, but used to do certain kinds of work that no other tool could possibly do, simply by the resolution of his lodge or association, or because a part of his associates were never called upon to do work wherein the tool would be needed. The tool would still be valuable to him, because he had need of it and knew its use.

The move to curtail the *Materia Medica* is wrong because it produces incompleteness. The fathers of Homœopathy put forth all their best efforts to complete their armamentary. The zeal of Hahnemann was to this end. The move to expunge a certain class of symptoms would be to undo the work the best minds Homœopathy has produced, labored many years to perform. But then, how shall this move be carried out? Who shall be found competent to decide between the symptoms the brightest lights of Homœopathy put in the *Materia Medica*? No man can judge *a priori* of the value of a symptom. What practitioner has had so extensive an experience as to have had every phase of every disease wherein every possible symptom has been manifest? Without such experience no one no matter how learned he might be, would be competent to judge whether any symptom brought out by a prover would ever be called for or not. He might to-day decide that a certain symptom was unworthy a place in the *Materia Medica*, and to-morrow have a case wherein the expunged symptom would decide the choice of the remedy. Only complete knowledge of drugs and diseases would qualify any mind to discard a drug or symptom. Who then can be found with sufficient egotism to undertake such a work?

It must be admitted that every symptom is just as valuable as any other, according to the frequency of its occurrence, before verification. Failure to verify a symptom may arise from incompetency, the absence of the peculiar phase of a disease having the symptom, or from many other circumstances. The fact that one physician has never had use for a given symptom does not warrant it being thrown out, for each physician cannot have complete

experience with all variations of disease. Hence various physicians esteem various symptoms differently. The estimation of a symptom or a drug is based on personal experience. Some remedies are never used by certain physicians, even drugs extolled by others; shall they be discarded because they are not used by the certain physicians? No more shall certain symptoms be expunged from the *Materia Medica*. What matters it whether the symptom is produced by the third or the cm potency? The allopath urges the same objection to the manifestations of the third that the low potency homœopath does against the highest. If the symptom is frequently produced on a well man with a high potency, who is competent to say it is not a manifestation of the drug and that the drug will not cure a similar diseased condition? Those who use the high potencies declare it will. Surely the high potency men are no more addicted to lying than the low potency men, and are just as credible witnesses. What object would the high potency men have in asserting a falsehood? Every physician surely desires the best treatment and could discard any potency he found to be valueless and inefficient. They would not court failure by using what they knew to be of no good in curing disease.

The revision proposed would be but an abridgment, and we must confess that all abridged *Materia Medicas* are only the expression of the value placed on symptoms by the individual authors. To more fully realize this fact take up any of the abridgments of the *Materia Medica* and compare them with almost any remedy. You will find a great disparity among the very best. The symptom one author gives the first place will often not be found in the other at all. With other symptoms various values will be found to be placed on them. What does this indicate but that different authors variously estimate the symptoms of a drug. This same disparity will be found to exist among the best practitioners. A visiting physician once said to me, "Throw away that Sabina. We of the East find it unworthy of a place on our shelves because it is not reliable." Within a week, and while the visitor was present, I had a case calling for Sabina. What should I do but trust

the symptoms of the remedy as laid down in the *Materia Medica*? I used it and cured my case, too. *Sabina* is one of my precious remedies and will not be discarded even though the Eastern brethren esteem it unworthy a place on their shelves, because it always serves me well when indicated. Different seasons as well as different localities will often call for different remedies. It is the duty of the physician to select the suitable remedy, discarding none, but selecting the only one remedy out of the large number.

Revision is diametrically opposed to completeness. They are incompatibles. If we wish a reliable working *Materia Medica* it must not be revised by expunging symptoms, but systematized by a proper classification. Success is proportionate to intelligent and easy access to a complete *Materia Medica*. The more complete the more reliable. The more revised the less complete and hence the less reliable. The National societies could accomplish more, and do more for the real advancement of the science of medicine, by bending every effort to compile and arrange every symptom known to be produced or cured by the remedies. That the volumes would become numerous is no objection. In other departments of learning the objection to bulk is sacrificed to completeness, and the indices and systematized materials make easy of access the accumulated matter. There need be no fear of bulk in our *Materia Medica*, for proper systemization and repertorial indices would open to the dullest the rich mines of useful and necessary golden nuggets of symptoms for the relief of every disease.

In our humble opinion *the* *Materia Medica* is not yet made nor announced. It must contain the following characteristics, at least:

1. Every known symptom of every known remedy, arranged by some scheme for easy reference, and the different values of symptoms made plain by different forms of type so that the eye could catch the value at a glance.
2. A complete reference to other remedies of similar action, with the mere shades of difference indicated so as to

avoid the necessity of turning to the allied remedies to compare the close similarity of action. This would not add so much to the bulk of the *Materia Medica* as would seem at first glance, and would preclude many wrong prescriptions.

3. A section of "red string" symptoms, those running throughout the indications of the remedy, in such remedies as have them.

4. A section of peculiar characteristics, symptoms peculiar to the remedy and contained in no other, wherever possible.

NONCHALANTA, KANSAS.

W. A. YINGLING.

PROCEEDINGS OF THE PROVERS' UNION AND MATERIA MEDICA CLUB, OF CHICAGO.

The second meeting of the organization was held on Aug. 19th, at 8 P. M., at the Grand Pacific Hotel. Eighteen doctors were present. Sections 1 to 7 of the *Organon* were read seriatim and commented on, and some interesting discussions excited.

Dr. E. E. Reininger spoke of the five editions of the *Organon*, of each of which he possessed a copy, and of the preceding treatise, "The Medicine of Experience," as exhibiting the slow development and growth of the principles of Homœopathy in the mind of Hahnemann.

Dr. Leavitt observed that only about 10 or 11 years intervened between Hahnemann's discovery of the law of similars and the publication of "The Medicine of Experience," and asked if it were likely that in that period of time he had arrived at results so perfect that they were to be taken as gospel truth.

Dr. King thought that no books outside of Holy Writ were to be so taken. The propositions in the *Organon* were to be taken into our rational faculty, considered, and tried by experience, before being pronounced true or false.

Dr. Reininger. The "Medicine of Experience" was only one of a series of books which culminated in the 5th

edition of the Organon, and that they all agreed in the main points. He would prefer taking the last published as the one to go by, as it was the result of over fifty years of experience, instead of ten.

He also spoke of the extremely difficult German written by Hahnemann and of the unsatisfactory nature of the translations. He thought Fincke's by all odds the most literal.

Dr. King thought Fincke's translation was very poor English, and asked whether Hahnemann's German was a comparatively archaic style, as Shakespeare's English is compared with the English of to-day.

Dr. Reininger thought not, but maintained that every student of the Organon would find Fincke's the most satisfactory, because the most literal.

Dr. H. C. Allen said that in publishing an edition of Chronic Disease he offered the sum of one hundred dollars for the best translation of that work into English to several professors of German in institutions of learning without result. After examination they claimed that it was probable that the existing translation (Hempel's) was as good as could be expected of so difficult a style.

Dr. King thought it a pity the Organon had not been written in Latin, a dead language being always the most appropriate for scientific works, since the meaning of words was fixed forever, and not undergoing constant changes as is the case with all living languages.

Dr. H. C. Allen, in commenting on § 6, said he did not see how any one could take exception to the propositions there laid down. What else could there be of disease than some sort of a deviation from health, to wit: symptoms; and what better thing could we prescribe on than the complete picture of the disease, known as the totality of the symptoms.

Dr. Leavitt said he agreed to that but doubted whether it were a possible thing for most of us, situated as doctors are, to always spend the necessary time over a case to make such a prescription. Whether it were not better to use some keynote, or perhaps some expedient not strictly homœopathic, and relieve half a dozen patients in the time

it would take to find the proper remedy for one. At the same time he wished to be understood as believing in the truth of the principle. The best cure he had ever made was with *Calcarea 85 M.* It was for a chronic headache, and acted so quickly that the patient charged him with having used morphine.

Dr. H. C. Allen asked for the indications on which it was prescribed.

Dr. Leavitt answered that as he remembered the case it was more upon the fact that the patient was a typical *Calcarea* patient, rather than upon the acute symptoms.

Dr. H. C. Allen remarked that an acute disease in a typical *Calcarea* constitution very frequently called for *Belladonna*, hence arose the practical observation that the chronic of *Belladonna* was *Calcarea*, just as the chronic of *Aconite* was *Sulphur*. He congratulated Dr. Leavitt on the cure.

Dr. F. O. Pease related an interesting case by which the relation of *Bell.* to *Calc.* was illustrated.

Some one asked how it was possible in an urgent or desperate case to get the totality of the symptoms, a task that required a good deal of time.

Dr. H. C. Allen replied that it always paid, and related a desperate case of hemorrhage in which every mechanical expedient and remedy known to the attending physicians had been tried without avail. He was called in and found a woman speechless from exhaustion. He observed that the slightest motion increased the flow. The nurse said that that had been so from the start; she could not lift a finger without an increased flow. *Bryonia* had no doubt been given. He did not know the remedy, but without wasting time in local applications which had been thoroughly tried, he went to his office, and after a careful search found *Sabina* was needed and gave it with the result of saving the patient.

Dr. Troutman. What potency and how many doses.

Dr. H. C. Allen. The *cm* potency and a broken dose in water, every ten minutes a teaspoonful until relieved.

Dr. Leavitt said he could not subscribe to that. The woman might have died while the doctor was looking up

the remedy. Why not take the safe side and stop that loss of blood by some efficient expedient and then look up your remedy. Hot water injections of the proper temperature will positively stop any hemorrhage temporarily. Plugging the cavity of the uterus will surely stop any uterine flow except post partum. There are many useful expedients that are neglected in the curriculum of homœopathic colleges and he believed they should be taught the students.

Dr. H. C. Allen. In this case hot water and ice as well as nearly every known expedient had been tried persistently without result.

Dr. King thought, on the contrary, that expedients of all sorts and descriptions were too much taught at homœopathic colleges, to the great detriment of the student's skill in handling a severe case, and loss of confidence in the efficiency of the *Materia Medica*. He believed that such measures should be taught but not given the great prominence that they usually are in homœopathic colleges.

The above is an imperfect report of a very interesting and instructive discussion. It was really the first meeting of the society since its organization, and was entirely informal.

Dr. Allen announced that the next meeting would occur on Sept. 1st, when those sections of the *Organon* relating to the "taking of the case" would be the subject of study and discussion. Before adjourning one dram vials of an unknown remedy in the 30th potency were distributed to the members with the request that they would take it themselves in frequent small doses and make a report of the symptoms observed, if any, at the next meeting.

J. B. S. K.

SPINAL MENINGITIS: Violent crushing, gnawing pains at base of brain, or in upper spine, as if a dog were gnawing. Drawing back of neck and spasms of back, with mental irritability, gloom, sadness and delirium. Violent congestion of blood to head.

AN OPERATION AVOIDED (BY CALCAREA).

In the month of June, 1891, a young lady, aged 26 years, consulted me, suffering from excessive menstruation. She had been treated by the best old school doctors of this city for a number of years, who finally decided that an operation would have to be performed. Some kind friend advised her to try Homœopathy first and directed her to me.

The following symptoms were elicited in the examination :

Waxy, pale appearance of the countenance.

Flow, bright red and profuse, which has always been so.

Feet cold, says her stockings feel damp when she removes them at night.

Palpitation of the heart when ascending, also after eating.

Sensation as of something moving in the stomach.

Pain in the hollow of sacrum, shoots through to abdomen.

Bowels costive.

Calcarea 30, a powder night and morning for a week, then Sac. lac., cured this case beautifully. She said she could feel herself growing stronger every day. I see her now every week, a robust, healthy looking young lady, and a thorough convert to Homœopathy. I selected Calcarea in preference to Sabina, which I considered very similar to the case also. The pathological condition I did not ascertain. I wonder if that operation ought to be performed yet? She does not think so.

HALIFAX, M. S.

C. H. FIELDING.

STATE RECOGNITION IN TEXAS.

The following vigorous memorial has been presented to the Regents of the University of Texas for a homœopathic representation in the medical faculty, and success is only a question of time when, backed by men of such energy and perseverance. The legislature will grant their request if the Regents cannot :

The Board of Regents of the University of Texas: The undersigned committee appointed by the Texas Homœopathic Medical Association, to act for it in this behalf, being advised that your honorable

body is about to appoint the professors of the medical department of the university, respectfully ask leave to submit for your consideration the following facts, showing, as they think, that in making such appointments the homœopathic school of medicine should not be left without representation:

That a large and constantly increasing proportion of the best educated and informed and most intelligent people of this country have adopted the homœopathic system in the treatment of diseases, is a matter of common knowledge; and it is also too well known to be questioned that the practitioners of that school are, in professional attainments, fully the equals of those who differ from them in respect to medical science.

They have now in the United States sixteen medical colleges fully equipped and engaged in active and progressive work, at least three of which are branches of the State universities of the States in which they are located, to wit: Michigan, Iowa and Minnesota. They have 68 hospitals, containing over 4600 beds, in which, in the twelve months, more than 33,000 patients have been treated, as against less than 14,000 in the year 1887. They have twenty-six medical journals, equaling in science and literary merit any published in the world, while their literature, in every department of medical science, challenges comparison with that of their elder brethren.

They have indeed taken the lead in elevating the standard of medical education, being the first to require a year's devotion to appropriate studies and a preliminary examination before admission to their colleges, and requiring a three years' course of study in college before graduation, an example that those adhering to the older school of medicine are now emphatically approving by following it.

The rapid increase of those adopting the homœopathic system has greatly exceeded the most sanguine expectation of its friends. During the twenty years from 1870 to 1890 in twenty-two States taken at random the average increase in population has been 108.6 per cent, and in the same States within the same period the average increase in the number of homœopathic practitioners has been 293.42 per cent, while in Texas (one of the twenty-two states taken) the increase in population within that period was 182 per cent, and the increase in homœopathic practitioners was 600 per cent.

The homœopathic school being so firmly established in the country, and having among its supporters so large a proportion of the best people, and being represented, as it is, by highly educated and intelligent practitioners, is certainly entitled to the encouragement and fostering care of the State, so far as it can be legitimately given, and believes that it has the right to ask to be placed on an equal footing with the older school. It cannot be questioned that the concluding provision of section 31, article 16, of the constitution, authorizing the legislature to "pass laws prescribing the qualification of practitioners of medicine in this State," etc., to wit: "but no preference shall ever be given by law to any schools of medicine," was intended specially for the pro-

tection of the homœopathic school from unfriendly legislation, while it was also intended to declare the public policy of the State in respect to this subject. And though this provision of the constitution has no direct reference to the organization of the medical department of the university, and is not, therefore, directly obligatory on the regents, yet being a declaration of the public policy, expressed in the organic law of the State, it is entitled to their respect and may well be taken for guidance. From the birth of the republic of Texas, and throughout the existence of the State, broad and enlightened principles of toleration and of encouragement of free thought, have characterized its councils, and this declaration of the public policy is in strict consonance with the spirit and genius of Texas institutions.

At a very early day provision was made to secure to all the people of the State the advantages of education by the establishment of free schools, and of a State university as part of the general system, for the support of which there was set apart a very large portion of the lands belonging to, and of the taxes paid by, all the people, the burdens to be borne and the benefits to be enjoyed by all alike. Upon the organization of the university it was determined that besides the ordinary departments for scholastic study it should embrace also schools of agriculture and mechanics, of law and of medicine, the object of the last named school being that in it those adopting the professions of physicians and surgeons should be so instructed as to qualify them for usefulness to their fellow citizens.

The benefits to be conferred by this instruction were intended for the special advantage, not of the doctors, but of the people, the safety of whose health and lives would be in the hands of the doctors.

It cannot be contended that it was ever contemplated to exclude from participation in these benefits the believers in the efficacy of the homœopathic system; or that while those preferring allopathic treatment should have their physicians educated in their profession at the State university, the thousands and hundreds of thousands of believers in Homœopathy were to be left at the mercy of unskillful and ignorant practitioners. Yet this must result if the allopathic system alone is taught at the State Medical College, unless the believers in the homœopathic system abandon their belief—which, of course, is not to be expected—or import their physicians from other more liberal and enlightened States, in which such discrimination is not made.

Such exclusion can find no sanction in the constitution, or laws, or institutions of this State, and can find no justification in any lack of respectability or usefulness in the homœopathic school, or its practitioners; for those are too well established now, and have the support, approval and confidence of too large a portion of the best informed, most thoughtful and highly cultured people of the State, as well as of the whole country, to be any longer called in question.

It is therefore respectfully submitted that there should be established in the State Medical College two professorships for instruction according to the homœopathic system, to wit: One of *Materia Medica* and *The-*

rapeutics and the other of the Theory and Practice of Medicine; or if, from any cause it be impracticable at this time to establish such additional professorships, that then the homœopathic school should at least receive recognition by the appointment of its practitioners to some of the professorships already established, which relate to subjects in respect to which they agree with those of the allopathic school.

In conclusion the undersigned desire expressly to disclaim any implication of disrespect, disparagement or unfriendliness toward those of the medical profession from whom they disagree, but in whom they recognize and appreciate the same sincerity of conviction which they claim for themselves.

I. C. WEST, M. D.

W. M. MERCER, M. D.

W. Y. MACKENZIE, M. D.

GALVESTON, TEXAS, AUGUST 22, 1891.

Committee.

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 PROVINGS AND MATERIA MEDICA OF THE FUTURE.

Editor Advance: Dr. Allen's institution for the proving of drugs is no doubt a good thing, but the provings should be made in accordance with the directions of the Master, and not according to the whims of every would-be professor of *Materia Medica*.

The discussion of the question, published in the July *ADVANCE*, borders upon the ridiculous.

A thousand plants, species of one family, and only *one* active principle, a type of all.

This is getting the "ox boiled down to a pint," and should encourage even the laziest and most ignorant homœopath (?), because he can hardly fail to make an accurate prescription in every case, sans effort, since he has a thousand drugs to select from and is sure to hit the case with any one.

There are numerous tradesmen, as carpenters, blacksmiths, plumbers, watch-makers, stone-cutters, boiler-makers, tailors, etc., but all belong to the human family; therefore: let the stone-cutter do your plumbing, the blacksmith your watch-making, and plumber your tailoring—they all belong to the same family and are all animated by the same active principle—life—and, therefore, one is just as good as another, and what one can do any other one can do likewise, and just as well.

Of course, there is nothing to a drug but its alkaloid (Dr. Allen begs the question when he says active principle does not mean alkaloid or what does an allopath understand by active principle?—alkaloid), and the alkaloids being the same in a thousand plants the plants themselves must be identical, so far as their medicinal value is concerned; unless, perchance, the microscope of chemistry can show something to the contrary—that's settled, and no scientific (?) man dare dispute it. (See *ADVANCE*, Vol. 19, p. 462, 1887.)

What have experiments on animals to do with the proving of drugs upon the healthy human body, in order to ascertain their curative relation to the sick?

What have the microscopical examinations of the pathological results of such experiments to do with the application of drugs to the cure of disease?

Did Hahnemann ever use or recommend the use of animals in the proving of drugs to be used curatively upon the diseased human body?

To be sure he did not; but Hahnemann lived too soon—in a less scientific (?) age—before the advent of Allen, Hughes, Van Denburg and the whole posse of scientific (?) provers and prescribers.

Experimentation upon animals is the pet method of Allopathy; and passes for science among the learned members of that school.

Moreover, allopathists profess to be guided by experience.

Science means Knowledge; and, as some one has said, "Experience is like the stern-light of a ship: it serves to illuminate only the track over which she has passed;" and,

too often, the illumination from the stern-light of the good ship "Allopathy" reveals only a dead patient and an open grave.

Science—foresight.

Experience—"hindsight."

And is allopathic "hindsight" so much more desirable than homœopathic foresight, that *our* weak-kneed confrères should "lust after the flesh-pots of Egypt?"

We fail to see an atom of science in the two-thousand-year-old fallacy. Hahnemann says (*Organon* § 25 Note): "Fifty years of such experience is equal to gazing for fifty years into a kaleidoscope filled with many colored unknown things, a thousand changeable forms, but no clue to them!"

Dr. Mohr's attempted apology for Dr. Allen, though sadly needed and strictly in order, was unfortunately affected with marasmus.

Mr. Editor, the *Materia Medica* should be purged of rubbish at any cost.

It matters not how many symptoms often found to be "*prominent, uncommon and peculiar*" (*organon* § 153), are expunged; nor that the *Materia Medica* should become so emaciated that even Hahnemann would not recognize his old friend in its sunken features; so long as it is rendered sufficiently worthless to meet the demands and inspire the confidence of the scientific (?) pathological prescribers.

Hahnemannians are seldom troubled with the rubbish, and will continue to prefer the *Materia Medica* founded upon the careful provings of the Master which have withstood the tests of time.

Dr. VanDenburg said, "I suppose we have been relying up to this present time, upon the provings made in the past, and we have had some success."

We wonder if he relied upon these provings when he prescribed Aconite and Belladonna for a case of ovarian irritation, with such unfortunate results, as reported to the N. Y. State Society.

He surely had some success in that, and, no doubt, in just the ratio to his dependence upon these provings.

A few years ago he stated that certain provings were of "small value *because so peculiarly Hahnemannian,*" (*Advance*

Vol. 21, p. 465), and now he has changed his tune, we hope because he has a clearer perception of Hahnemann's truths than formerly; but we fear that the change is only apparent, and this fear is confirmed when we look over his plan for an improved (?) *Materia Medica*.

At the outset we note "All rights reserved," and in our ignorance of copyright business we take it to mean that the "rights" to give drugs in crude doses and according to all methods are meant.

His plan should satisfy the growlers as it smacks sufficiently of Allopathy to suit the most fastidious.

What place should the allopathic method of preparing a drug have in the homœopathic *Materia Medica*?

It is quite essential that homœopaths should be taught how to alternate, for how else can they attain such a measure of success from alternating Aconite, Belladonna, etc., as Dr. V. attained in the case before cited.

It is, for much the same reasons, a clinical necessity for students of homœopathic *Materia Medica* to have the allopathic uses of drugs and the allopathic "Curative (?) Range" under their noses at all times. It makes such good (?) prescribers of them and teaches them to be "so scientific (?)."

It seems to me that if Dr. Allen will prove the "active principles" of the animal, vegetable and mineral kingdoms, and give us a "type" of each; and then let Dr. V. arrange the symptoms according to his plan, that the ultima thule of progress will be reached. Then instead of wrestling with fifty or sixty volumes of works upon *Materia Medica* we shall have one concise work, of absolute authority and ready accessibility; and, instead of carrying a large case containing a hundred or more remedies, we can put into our vest pockets three bottles; filled respectively with "highbolorum, lowboblhighrum and highlowbustem."

PLAINVILLE, N. Y.

FREDERICK HOOKER.

**AN OPEN PERSONAL LETTER TO THE MEMBERS OF
THE I. H. A.**

Dear Colleagues: I think I ought not to wait until the next meeting to express to you my thanks for the honor of being chosen President of the Association, in my absence, and without any desire or knowledge on my part. Indeed I must frankly say, that much as I esteem the honor, and prize most highly the recognition of my co-workers, which is thus expressed, I still think the Association was more kind than wise.

I have very little aptitude and less taste for executive or parliamentary business, and I had besides several things in hand for the Association which I had been unable to complete thus far, but hoped to do so this year.

One thing is some surgical work, and another, on which I have quite set my heart. Something of the nature of "Hints to Patients," for the use of all the members, in convenient form and size for distribution, and containing as much instruction, warning and advice on our principles and practices as can be wisely made public; and put in as pithy and telling a style as possible, for the making of more obedient, intelligent and faithful patients. If some one else will take this work up now I will be very glad. I think, with all our best efforts, we are not making the headway we ought, as far as creating a permanent constituency is concerned. Too many patients are content with the man rather than with his practice, and often change schools if they change their residence. I know that all of us are doing much orally in this way. But it takes a great deal of talk and precious time, and then the subject is not finished with any one patient.

When is the time to begin work for the bureaus? Eminently *now*. Partly because that is always a good time, but especially because work laid out now and finished as time permits will be better done than if left until the warm days and short evenings of May or June.

You will doubtless hear from our able and enthusiastic chairmen shortly. But let us not wait for that!

Remember that therapeutically we are the salt of the earth, as well as the light thereof; and we can salt quite a

little amount of territory now, if we exert ourselves, and light up a great deal of darkness, if we let our *light shine*.

Yours fraternally,

BOSTON, October 1, 1891.

JAMES B. BELL.

PRINCIPIIS OBSTA.

Editors Advance : I have before me a reply to my answer to Dr. Fincke's criticism of my paper that appeared in the Nov. number of the *ADVANCE*. At the commencement he volunteers the statement that his criticism concerns "Hahnemann much more than the author," apparently intending thereby to inform me that this is not a personal affair ; but while he has a right to his opinion, certainly he must grant the same privilege to others, and since he states that my paper is "illogical " and what I have said is "an inadmissible postulatam," I think that his criticism reflects upon me personally and demands to be treated as such. Both his criticism and reply show that he is unwilling to receive my paper in the spirit in which it was written, and that he has wiped his glasses and read it not to see what good there is in it but to search for some minor points upon which to quibble. It is not my desire or intention to continue a senseless discussion upon the meaning and proper use of English words until the readers of the *ADVANCE* begin to feel in their stomachs like the man, who, upon a wager, attempted to eat a brace of quail at the same hour daily for thirty consecutive days ; and though I enjoy discussions upon homœopathics which will benefit us all, time is too valuable to be wasted in shallow ones like the one which Dr. Fincke has started.

It has been customary for persons whose native tongue is English in speaking of taking medicines to use the word swallow, and, when I said "every drug when swallowed," it meant, synonymously, taken or introduced into the organism. If the Doctor saw or thought he saw an error in the use of the word ; as the paper was not addressed to him in the first place, it is his duty to accept my explanation and not still insist in placing his own meaning upon my words and declare that my explanation is an evidence of "a

change of base that is quite agreeable." I have never changed my base and never intend to, as what I have said is correct as far as it goes.

When he objects to the word drug, which is used by all classes of people when speaking of medicines, he is elevating himself, so to speak, to a lofty and untenable perch from which he must come down unless he wishes to be abandoned by those who would be his friends.

To say that a word must not be used because it has become too vulgar a term for such a noble science as Homœopathy on account of its common use by allopaths and druggists is hardly worthy of comment. It simply shows what small matters one searches for when he wishes to find fault. The Doctor has a perfect right to say that he does not like the use of this or that word, and say he thinks a different one would be more appropriate, but common courtesy and respect should prevent him from declaring those who differ from him and use such words, as illogical. His declaration that his paper seems harsh because of its logic, is egotistical in the extreme. By assuming the right to rule out of the argument certain points that do not fit him in an agreeable manner, he forfeits his claim as a logician. And, since Dr. Fincke has warned against accepting what I have written, I warn all against accepting Dr. Fincke's interpretation of any writing but his own.

Let us now turn to some of the points in his reply that actually demand attention.

I said that all symptoms observed in proving a remedy are due to the action of the drug upon the vital force.

To this Dr. Fincke objects, as may be seen by referring to his reply. The vital force has no power of its own to produce morbid symptoms, its office and duty is to maintain harmony of action in all parts of the body and whenever during a proving symptoms are observed, they are due to a disturbance that the drug-force produced which has caused an inharmonious action in the various parts of the body. If we observe a diarrhœa and then a consecutive constipation, the constipation is as much the direct effect of the remedy as the diarrhœa. Because the diarrhœa came first it cannot be ascribed to the effect of the drug-

force and the constipation which came later be ascribed to a reaction or over-action of the vital force. It must be due to the disturbing influence of the remedy, because in other provers of this remedy the constipation came first and diarrhoea afterward. We must, if we are logical and use our reason, see in this circumstance that there is but one action that produces symptoms and that is drug action. If we look upon symptoms as produced in any other way we shall soon fall into that fatal error that Hale fell into when he tried to find a rule for administering high and low potencies from the symptoms he termed primary and secondary. We must be careful never to fall into a single error.

If we fall into one error it is like putting a foot into quicksand. We may see in it no great harm, but in struggling to get the one foot out the other may get in also. There is another point in Dr. Fincke's paper that must not go unanswered. He says, "the life force is variable according to the disease potencies and its own condition; therefore its reaction in disease will be different from that in health. In health the life force gets *sick* by the medicine, in disease it gets *well* by the same medicine, consequently its reaction must be opposite in health and disease. One cannot blow hot and cold at the same time." If there ever was an "inadmissible postulatium" it is the above quotation. Dr. Fincke says, "if the conceptions are not clear all reasoning will be in vain," and certainly any one who holds to the above must have very dim conceptions. He says, "the life force gets sick by the medicine and gets well by the same medicine, consequently its reaction must be opposite in health and disease." To a casual observer there may seem to be truth in this, but a few moments of thought will show that there is no sense in it and that it is an inference that is not founded upon any fact whatever. In studying this matter we must free our minds of the words vital force, disease, drug force, potencies, etc., and take into consideration the fact that we have merely forces to deal with. We measure the action of a force upon the vital force by the symptoms the individual experiences. Therefore when two forces produce similar

symptoms in the organism we infer that their action upon the vital force is similar. If an individual is sick, suffering from certain symptoms, the medicine that has produced similar symptoms upon the healthy must have the same action upon the vital force as the disease, consequently their forces must be similar. If a disease force has gained access into the organism and has impressed the vital force, should we now administer another force whose action is similar, then the two forces will unite and impress the vital force together. This may be illustrated in the following manner: I press with all my strength upon a dynamometer and the force moves the dial to a certain point. Another person places his hand upon the instrument and presses in the same manner, the two forces acting together force back the plate and the dial turns still further round. The point where the dial first arrested will indicate the totality of my force and the next point the totality of my force plus that of the other.

When we come to the bedside of a patient we estimate the action of the disease force by the totality of his symptoms and the intensity of them. After we have administered a similar drug force or medicine we note his symptoms and their intensity, and if we find them increased in number and intensity, whatsoever is more is an indication that we have what is called a homœopathic aggravation, and indicates that the drug force has been similar in action to the disease force, and has united with it to aggravate the already existing disturbance. This circumstance proves at once that the action of the medicine and the reaction is the same in disease as in health and shows forth clearly the fallacy of Dr. Fincke's assertion quoted above. Were he correct there could be no homœopathic aggravation. We must support our "logic" by facts, otherwise we shall have nothing but vain theories, which will be valueless in the hour of need.

And now in closing the discussion with Dr. Fincke I have but one word to add. In spite of all that he has seen fit to say, I find nothing in anything that he has written to make me retract in the least from my original statement. What I have said is sound Homœopathy. A correct un-

derstanding of it will aid us in selecting the potency to be administered, as well as help us to know when to repeat the dose or change the remedy; while ignorance of it will leave us in the dark on these most essential points.

PHILADELPHIA, September, 1891.

ARTHUR G. ALLAN.

“HISTORY REPEATS ITSELF.”

For the truth of which assertion we refer the reader to Dr. G. H. Clark's appendage to Dr. Lilienthal's article on page 403 of the October, 1891, *Homœopathic Physician*, whilst we quote from the Bible, beginning with the eighth verse of chapter iv. of Genesis.

8. And Cohen talked with L. S., his patient: and it came to pass, when they were in the (ophthalmological) field, that Cohen rose up against L. S., his patient, AND SLEW HIM.

9. And the G. H. C. said unto Cohen: Where is L. S., thy patient? And he said, I know not: am I my patient's undertaker?

10. And he said: What hast thou done? the voice of thy patient's blood (and pus) crieth unto me from the ground.

11. And now art thou cursed from the earth, which has opened her mouth to receive thy patient's blood (and corruption) from thy hand.

12. When thou tillest the (medical) ground, it shall not henceforth yield unto thee her strength. A fugitive and a vagabond shalt thou be in the (homœopathic) earth.

13. And Cohen said unto the G. H. C.: My punishment is greater than I can bear.

14. Behold thou hast driven me out this day from the face of the (homœopathic) earth, and from thy face shall I be hid, and I shall be a fugitive and a vagabond on the (homœopathic) earth, and it shall come to pass, that every homœopath that findeth me, shall slay me.

15. And the G. H. C. said unto him: Therefore, who-soever slayeth Cohen, vengeance shall be taken on him seven fold. (And don't you forget it,

brethren.) And the G. H. C. set a mark upon Cohen, lest any homœopath finding him should slay him.

16. And Cohen went out (*very meekly*) from the presence of the G. H. C., and dwelt in the Land of Texas, on the West of the Brazos.

INTERMITTENT FEVER.

ARSENICUM ALB. 61 M.

July 16, 1869. J. M., aged 48, boatman, had ague 16 years ago, which was cured with tartar emetic and salts. He has had frequent attacks since, some of them being controlled with quinine and calomel. Has never felt entirely free from it since first attack. Thinks he has frequently warded off a chill with large doses of rhubarb. Ten days since he retired feeling as well as usual, was awakened between one and three A. M., with severe pain over the eyes, as if caused by great pressure; eyes felt heavy. The pain soon extended to the vertex, with sensations as if the brain were swelling. Has had a paroxysm every alternate night since at about the same hour, and now presents the following symptoms: Pain in knees soon after getting into bed, which does not prevent him from sleeping. Usually awakes from a dream (unusual for him to dream) which is disagreeable or frightful, bathed in a profuse, cold and sticky sweat, with a strong feverish smell, is very cold, but does not shake; some pain in small of back; is very anxious and restless, with desire to change position frequently; constant thirst, drinks but little at a time. Perspiration lasts about three hours; headache lasts greater part of forenoon, leaving him greatly prostrated; no fever; during the paroxysm he voids urine two or more times; skin is sallow and feels damp; looks like that of a man 70 years old; he has no appetite or taste for anything but acids; vomits nearly everything he swallows; breath cold; lips bloodless; tongue coated a dirty white and looks cold; pulse fifty-six, slow and feeble; he feels very weak. I put on his tongue (at 9 A. M.) one drop of Arsenic 61 m. and gave him another

drop on Sac. lac. to take at bed-time—it being the night of a paroxysm.

The next morning he came in looking better. Did not have the usual paroxysm this morning, but had a severe chill about 9 o'clock last evening. The only warning he had was a slight pain in the knees. No thirst or fever. He took the second powder during the chill and thinks it caused the vomiting which occurred soon after. Some perspiration during the night, but it was not cold. Slept well and feels better than after previous paroxysms. Did not void urine during the night. No more medicine was given, and although he returned that day to his occupation, in a marshy district, he had no further trouble. I saw him months after, when he expressed himself as being in good health.

E. A. BALLARD.

CHICAGO, December, 1870.

From *The Medical Investigator*, February, 1871.

THE CRITICISM.

In February number of *Investigator* I find reported a case treated with the “61m of Arsenicum,” and that with apparent success.

Please allow me to ask how I am to understand such a case as this, or what benefit I can derive from such a report? We are to prescribe “philosophically and understandingly,” but (although I am somewhat spiritually minded), I must confess my ignorance by saying that this looks so much like moonshine “or fancy,” that I do not understand the philosophy of such medication. It seems to me that in such a preparation there can be no possible effect, dynamic or otherwise, derived from the drug itself, and that if there was any remedial agent, save nature, acting in the case referred to, it must have been the “magnetic powers” of the physician, or the two drops of alcohol administered.

Fraternally, D.

THE REPLY.

Dear Editor: The benefit derived from such a report is in proportion to the understanding of the reader. To prescribe “philosophically and understandingly” is to give a remedy that covers the symptoms of a case, or, in other words, to prescribe homœopathically. Was Ars. homœo-

pathic to the case in question? If it was not it certainly took no part in the cure. Did the symptoms call for "alcohol" or "magnetism" or "moonshine" or "fancy?" The doctor will observe that the last paroxysm came on in the evening instead of latter part of the night, as the others did, which proves that something was at work during the day. This, it seems to me, leaves no chance for moonshine to put in a claim, especially as it had had ample time to effect a cure long before the man applied to me. Surely the doctor does not see any indication for alcohol in the case, and magnetism must be left out of the question for I do not possess such a power. If, then, Ars. was called for and given, it matters not how high the attenuation, is it not fair to presume that the cure was produced by it? If the doctor can prove that it was not, I hope he will do so. I "fancy," and so did the patient that something revolutionized his feelings. Such is the fact which still stands, and will continue to stand till something knocks away its foundation. Can the doctor do this? Perhaps he can inform us just how far potentization can be carried without destroying the effect of a drug. If he will do this, he will settle a much-vexed question, and place the profession under lasting obligations. E. A. B.

From *The Medical Investigator*, April, 1871.

COMMENTS.

[Although reported twenty years ago, this was a brilliant cure, and the same questions were asked: "How am I to understand such a case, or what benefit can I derive from such a report?" that are asked to-day. The critic of to-day and the critic of twenty years ago do not differ. They appear to have no doubt about the action of quinine and calomel and can readily explain the how and why of their action. But how the potentized Arsenicum acts is a scientific mystery. The simple truth is that we know as little of the *how* and why of the action of one as the other. Put it to the test and publish the failures.—ED.]

WHICH IS THE SCIENTIFIC SCHOOL ?

Nearly a year ago I asked through the *ADVANCE*, all homœopaths to prescribe for 15 clinical cases. Nearly 300* responded, and the names of those who correctly prescribed for all the cases were published in this journal several months ago. The St. Louis students were by mistake published as correct, when but three of them stood 100 per cent, though the rest of them made a very creditable showing. Aside from this, I believe the list to be right as published. Here allow me to add the name of

CAROLINE F. BROOKS, M. D., Independence, Iowa.

And now let us consider the results of this scheme. While we did not reach the ideal, 100 per cent, yet I proudly exhibit the following fact: 300 homœopaths sent me 15 prescriptions each, or 4,500 prescriptions, *99½ per cent of which were in strict accordance with our law of cure!* There is no parallel for this in the history of medicine. Indeed, so far from paralleling this magnificent exhibition, witness the chaotic conglomeration of nastinesses offered by the old school for my *Lycopodium* case in "Who Are The Regulars?" Imagine 4,500 allopathic prescriptions for these 15 cases! It would make most interesting reading matter. No average could be drawn, no percentage estimated as I have so easily done in this case, for they have no standard of excellence, no working basis, no law of cure.

But I must not forget that this is the *Scientific (?) School* of medicine that I am criticising now, and the eight men who prescribed for my *Lycopodium* case were shining exponents of that system of medicine. Therefore their prescriptions can be nothing less than scientific. I am now in a dilemma. That these prescriptions are scientific is settled, but I find no two of them alike; to which now shall I give the preference? That most eminently scientific gentleman, editor of *Occidental Medical Times*, Jas. H. Parkinson, M. D., assures us that any one of them would have cured the case; but he knows in his heart they would do nothing of the kind, and his statement is but a gratui-

*And at least 3,000 ought to have prescribed correctly.—Ed.

tous piece of toadyism. So I can make no choice. I see but one thing to do :

These prescriptions are scientific.

Science is truth revealed or ascertained.

No two or more truths are incompatible.

Ergo, let us compound them.

And now what have we? More than thirty drugs in one bottle! That seems like a great many drugs to put into one bottle, but let us not forget that it is the quintessence of all that is scientific? So I boldly take a liberal taste, when waugh! in the name of suffering humanity, what's this? I hurriedly spit from my astonished, insulted mouth a substance black as ink, bitter as gall, and nauseating to the last degree! Is it possible that this frightful mixture is scientific? I now carefully consider the ingredients, and find to my astonishment that the Ferrum is utterly incompatible with the vegetable and mineral acids; the quinine and cinchona are incompatible with the alkalies; the alkalies and hydrochloric acid are antagonistic; the alcohol and alkalies precipitate and destroy the activity of the pepsin, etc., etc.

This is the end of a series of object lessons that I have given illustrative of the fact that the old school is neither regular nor liberal, and the infernal mixture we have just analyzed irrefragably proves them to be unscientific.

The allopath will undoubtedly deny my right to compound these prescriptions. I readily agree with him. No man has a right to make any such vile mixture for the consumption of anything that draws the breath of life. And yet, dear friends, suppose this patient for whom these prescriptions were offered, had consulted these eight physicians seriatim, either personally or by letter, and had taken their various compounds in regular order, the same or a worse mixture would have been made, and a wretchedly sick man would have contained it instead of a bottle! And the world is full of miserable creatures who crawl about from one *scientific* doctor to another, until about the whole of the U. S. Dispensatory, with all of its synergistic and antagonistic forces pent up in their suffering anatomies, and they yield up the ghost, still our allopathic friend will hang his

hat upon his bump of self-esteem, teeter back upon his heels, thrust his thumbs into the armholes of his vest, and blandly assure us that this is "Scientific Medicine!" But thank God, the man is mistaken. Our Heavenly Father has left us to no such unhappy fate. He has given us a perfect law of cure, even *similia similibus curantur*. With our imperfect knowledge and judgment we may not always be able to make a perfect application of this law, we at least always have a perfect ideal. There is an incentive to work, and we cannot be satisfied short of that conception—cure. We may always see "Three Taverns ahead, thank God and take courage."

Allopathy is not the greatest enemy we have to contend with. If all professed homœopaths were true and loyal followers of *similia* we would soon take the world. I was talking sometime since with a "liberal homœopath." Said he: "So long as the alternation of mother tinctures and low potencies serve me so well, I am contented, and shall seek nothing better."

Many years ago when Ohio was "Out West," home-seekers hurried to that Eldorado in great numbers. The stirring up of those rich swamp and bottom lands produced the usual results. That fell demon, ague, seized and shook many into untimely graves. Others, with broken constitutions and depleted pockets, dragged themselves back to their Eastern homes.

The press took the matter up, warning people and advising them to remain at home. One paper published a cartoon that was considered a success. On the right, traveling to the left, was a large, beautiful span of horses, prancing along, finely harnessed, drawing a handsome wagon loaded with a good-looking, well-dressed man, a lovely wife and several sweet, chubby children. Out of the man's mouth were coming the words, "We're going to Ohio." Coming from the opposite direction, on the left side of the picture, was another outfit represented. The horses in this instance were a sorry looking pair. Crows hovered about them and perched upon their back bones, waiting for them to fall. The harness consisted principally of bits of buckskin, ropes and wire, and demolition threatened the wagon at every

turn of its creaking wheels. A man so gaunt, tattered, hollow-eyed, and dilapidated generally, that he would have put a scare crow to shame, drove this wretched turnout. He also had a family—wife and half dozen children—and they were ragged, emaciated and miserable looking as possible. From this man's mouth issued the legend, "*We've been thar.*"

So I say to the man or woman who tells me of his or her success with any such unhomœopathic measures as alternation, polypharmacy, etc. "*I've been thar!*" A homœopath who is honestly satisfied with such practice has but a low concept of "The Physician Himself." He reminds me of an African king strutting about, his entire costume consisting of a plug hat on his head and a piece of red string about his neck. He also has reached his ideal and is *contented*. The latter is no more æsthetically crude and ridiculous than is the former unfair and dishonest. "Hew to the line or give up the axe."

As I look over the field I sometimes get pessimistic, and am reminded of the old hymn :

"Broad is the road that leads to death,
And thousands walk together there;
But Wisdom shows a narrow path,
With here and there a traveler."

WATSONVILLE, CALIFORNIA.

S. E. CHAPMAN.

HOMŒOPATHY VS. ORIFICIAL PHILOSOPHY.*

AN OPEN LETTER.

MY DEAR DOCTOR LIPPINCOTT :

Yours of the 22d instant is at hand. In it you say, "Your attack on orifical surgery and Pratt's methods was a great surprise to me," etc.

I am sorry to hear you say this. It is capable of but one of two interpretations as I look at it, viz: either you do not regard me as a strict follower of the Hahnemannian precept, or you are not.

It seems to me that it is impossible for any one who has once comprehended the full meaning of the law of similars and its application to disturbed vitality, to endorse any

*Southern Journal of Homœopathy.

such procedure as Dr. Pratt and his followers teach and practice. No person who has studied the Organon and accepted its teachings can consistently adopt such methods.

I have read Dr. Pratt's book ; also most of his papers on this subject, or reviews of them, and the only conclusion I can reach is, that his philosophy contemplates *only* the local lesion, and his methods apply *only* to the suppression (not cure) of them.

The teachings of Hahnemann are directly opposed to this. They admonish us that to suppress chronic local lesions will ultimately leave the patient with some other chronic malady, more obscure and more difficult of management than the original disease. And the experience of many has been, that if the *Simillimum*, or at least a good similar, is not applied in time, the patient will surely succumb to the results of such practice.

There never has been a victim to any very serious *chronic local lesion*, who has been successfully (?) treated by purely *local* measures, but who has developed, or will sooner or later develop, some constitutional disease—of which the previous condition was but a symptom and compared with which, the original disease was of small consequence.

This is affirmed on general principles, and is a corollary of all chronic miasms (be they three or thirty) ; and there is not a medical man of any considerable experience who possesses acumen in matters of this sort, but has seen the law verified repeatedly. Even the allopath of average intelligence has learned better than to apply a "*tar cap*" to the head of a *tenia capitis* patient.

I am sure that Dr. Pratt has himself seen the baneful effects of the *indiscriminate* use of the methods he so valiantly champions. If he has not, *I have*.

As to the philosophy of orificial surgery, it all comes under the general head of antipathic or palliative treatment.

What does Hahnemann say of such things? Read the Organon, sections 56 to 61, inclusive.

Fortunate indeed is the patient who, once subjected to such manipulations, escapes with nothing worse than a

return of his old trouble. All these things are in direct violation of the principal tenets of Homœopathy. Please take down your copy of the *Organon** and read sections 185 to 203, inclusive; every one of them, every idea expressed is in direct contravention of the kind of practice represented in orifical treatment.

Dr. Pratt and I were class mates at the old Hahnemann College in Chicago in 1872, and I conceived for him at that time the greatest respect and admiration for his devotion to study, and general scholarly attainments, even as a student. I have watched him since with no little interest, and he has quite achieved the distinction which early life promised. One of his qualities is that he cannot be other than a leader, and that he has a large following is but natural; and therefore we are only the more solicitous that his influences be exerted on correct lines, because of his great power for *good* or *ill*.

“Teach ye first the Kingdom of God and His Righteousness, and all these things shall be added.”

If Dr. Pratt would *only teach Homœopathy* FIRST then these things might be added.

Without we are governed in *all* our work by the law of similars, these other things will surely drift us upon the shoals of Empiricism, Eclecticism, Allopathy, and then will be illustrated the fulfillment of Hering's prophetic warning: “*If our school ever gives up the strict inductive method of Hahnemann we are lost, and deserve only to be mentioned as a caricature in the history of medicine.*”

Years have passed in the hope that some more able pen than mine would take up this matter; but now, in view of the fact, that my criticism of “Orifical Surgery and Pratt's methods was a great surprise” to you, it is evident the time should not be longer delayed, in simple justice to Homœopathy.

Sincerely and fraternally,

GAINESVILLE, TEXAS, JUNE, 1891.

S. MILLS FOWLER.

*We append §§ 185-202 inclusive, of the *Organon* for fear a copy may not be convenient.—*Ed.*

§ 185. The so-called local affections occupy a prominent place among partial diseases. The term is applied to diseased conditions appearing upon external parts of the body, which, as the old school teaches, are diseased independently and without the participation of the rest of the body--an absurd theory, that has led, and still leads to the most pernicious treatment.

§ 186. The name of local diseases seems most applicable to those affections which are of recent origin, and caused by external injury. But in that case the injury must have been trifling, and hence, of no particular significance, because the entire body is made to participate in the suffering caused by external injuries even of moderate severity; as for instance, when they are followed by febrile conditions. Affections of external parts requiring mechanical skill, properly belong to surgery alone; as for instance, when external impediments are to be removed that prevent the vital force from accomplishing the cure. Examples of this kind are: Reduction of dislocations: the union of edges of wounds by bandages; the extraction of foreign bodies that have penetrated parts of the body; the opening of cavities, either for the removal of cumbersome substances, or to form an outlet to effusions; the approximation of fractured ends of bones, and the retention of the adjusted parts by proper bandages, etc. But frequently the entire organism is affected to such an extent by injuries as to require dynamic treatment, in order that it may be placed in the proper condition for the performance of the curative operation. Where, for instance, an active fever produced by severe contusions, laceration of muscles, tendons, and vessels is to be subdued by internal administrations of medicines, or where the external pain of burnt or corroded parts is to be removed, there the dynamic effect of homœopathic treatment is imperatively called for.

§ 187. But affections of external parts, which are not caused by external injuries, or of which slight injuries may have been only the remote cause, have a source of very different nature, and proceed from an internal morbid state. To designate such conditions merely as local diseases and treat them surgically, as it were, and almost exclusively by local applications according to the most ancient custom of medicine, is as absurd as its consequences are disastrous.

§ 188. These evils were simply considered and designated as local affections of separate visible parts upon which they are supposed to occur exclusively, while the rest of the general organism was supposed to take little or no part in them, and to remain unconscious, as it were, of their existence.

§ 189. It becomes apparent upon reflection that no external disease (not occasioned by some particular external lesion), can be originated, hold its place, or least of all, become aggravated without some internal cause, or without the participation of the organism which consequently must share in the morbid condition. An external disease of that kind could never make its appearance without involving the entire state of health, and without the participation of the living whole; that is, of the vital force governing all the other sensitive and irritable parts of the

organism. The growth of such a disorder is inconceivable unless called forth by a morbid condition of the entire vital principle. In fact, all parts of the organism are so intimately connected as to form an indivisible whole in feelings and functions, that not even an eruption on the lips, or a case of paronychia can be accounted for without assuming a previous and simultaneous diseased state of the body.

§ 190. In order to combine both safety and thoroughness in the medical treatment of external diseases not dependent upon external lesions, all curative measures should be planned with reference to the state of the whole system, in order to effect the obliteration and cure of the general disease by means of internal remedies.

§ 191. This is unequivocally verified by experience which shows in every instance that each internal active medicine, immediately after having been taken, causes significant changes in the general condition of the patient, and principally also in diseased external and remote parts which are, by the old school, considered as isolated. In fact, a medicine produces the most salutary change in the form of convalescence of the entire body, during which the external evil is seen to disappear without the aid of external medication, provided the internal homœopathic remedy had been properly selected to meet the whole case.

§ 192. This is done most effectually by conducting the examination of a case in such a manner that the record of the exact state of the local disease is added to the summary of all symptoms, and other peculiarities to be observed in the general condition of the patient (before, during, and after the use of medicines), in order to complete the record or picture of the disease before proceeding to select (from among the medicines tested with regard to their morbid effects) a homœopathic remedy corresponding to this totality of symptoms.

§ 193. By this internal remedy the general morbid condition of the body is cured simultaneously with the local disease, and sometimes the first dose of the remedy accomplishes this end, if the disease is of recent origin. This proves that the local evil must have depended entirely upon a diseased state of the system in general, and that it was to be regarded as an inseparable part, and as one of the greatest and most prominent symptoms of the entire disease.

§ 194. It is neither beneficial in acute local diseases of rapid growth nor in those of long standing, to use a remedy externally as a local application to the diseased part, even if the medicines were specific and curative in that form. Acute local diseases, such as inflammation of single parts, like erysipelas, for instance, which are not produced by violent external injuries, but by dynamic or internal causes, will usually yield rapidly to internal homœopathic remedies selected from our stock of well-tested medicines, and adapted to actually perceptible external and internal symptoms. But, notwithstanding the well regulated habits of the patient, a remnant of disease may still be left in the affected part or in the system at large, which the vital force is unable to restore to its normal state; in that case the acute local disease frequently proves to be a product of psora, which has lain dormant in the

system, where it is now about to become developed into an actual chronic disease.

§ 195. Causes of this kind are by no means uncommon, and in order to accomplish a thorough cure after the acute condition has been reduced as far as possible, a proper course of antipsoric treatment should be instituted to remove the remainder of the disease, and, at the same time, to relieve the habitual symptoms peculiar to the patient previous to the acute attack (according to the directions given in the book on chronic diseases). The antipsoric, internal treatment is requisite in non-venereal chronic disorders.

§ 196. It may seem as if the cure of a local disease could be accelerated, not only by internal administration, but also by external application of the correct homœopathic remedy adapted to the totality of symptoms, since the effect of the medicine, applied locally to the disease itself, might possibly produce a more rapid improvement.

§ 197. But this kind of treatment is entirely objectionable, not only in local affections dependent on psora, but also in local symptoms arising from syphilis and from sycosis, because the local application of a medicine simultaneously with its internal use, results in great disadvantages. For in diseases characterized by a main symptom in the form of a permanent local affection, the latter is generally dispelled by topical applications more rapidly than the internal disease. This often leads to the deceptive impression that we have accomplished a perfect cure. At all events the premature disappearance of this local symptom renders it very difficult, and in some cases impossible to determine whether the total disease has also been exterminated by the internal remedy.

§ 198. For the same reason the medicine having the power of curing internally, should not be employed exclusively as a topical application to the local symptoms of chronic miasmatic diseases. For, if these are only topically suppressed, this partial effect will leave us in doubt regarding the action of the internal remedies, which are absolutely indispensable to the restoration of general health. The main symptom (local disease) has disappeared, and only the less important symptoms are left. These are so much less constant and reliable than the local disease, and their peculiarities and characteristics are often so indistinct that they fail to furnish a clear and perfect outline of the disease.

§ 199. Now, if in addition to this, the appropriate homœopathic remedy for the disease has not been found up to the time when the local symptom was obliterated by caustics, escharotics, or by excision, the case will be involved in still greater difficulty, on account of the obscurity and inconstancy of the remaining symptoms. After the external and principal symptom has been placed beyond the reach of our observation, we are deprived of that feature of the case which would have determined the selection of homœopathic remedy, the internal use of which, could alone have secured complete recovery.

§ 200. If this main symptom were still present, the homœopathic remedy for the whole disease could have been found, and in that case the persistence of the local disease, during the internal operation of the

medicine, would prove the incompleteness of the cure. But if the local disease disappears from its site, we would gain an inestimable advantage, and have established evidence of the achievement of a radical cure, and of complete recovery from the general disease.

§ 201. When the system is affected with some chronic disease which threatens to destroy vital organs and life itself, and which does not yield to the spontaneous efforts of the vital force, this endeavors to quiet the inner disease, and to avert the danger by substituting and maintaining a local disease on some external part of the body, whither the internal disease is transferred by derivation. The presence of the local disease for a time arrests the internal evil, without, however, being able to cure it or to lessen it essentially. Nevertheless, the local disease continues to be a part of the general disease; but it is a part which has become excessively developed in one direction by the organic vital force, and transported to a more secure portion of the body, in order to lessen the internal morbid process. To soothe the inner disease by a local affection, is of little benefit to the vital force in its effort to reduce and cure the general disease. For, notwithstanding the efforts of nature, the internal disease increases constantly, while nature is compelled gradually to enlarge and aggravate the local symptom, in order to make it a sufficient substitute for, and to subdue the inner disease. Old ulcers of the leg, and chancres are aggravated and enlarged in proportion to the spontaneous growth of internal syphilis and psora which remain uncured.

§ 202. When an old-school physician, acting under the impression that he is curing the whole disease, destroys the local symptom by external remedies, nature will offset it by awakening and extending the inner disease, and all the dormant symptoms which had previously co-existed with the local affection. A case of this kind is then incorrectly defined in popular phrase, by saying that the topical medicine had driven the whole disease back into the system upon the nerves.

THE I M. AND CM. POTENCIES.

“The author takes ‘the younger members of the profession’ to task because they will ‘use nothing in which they cannot detect the crude substance of the drug,’ and claims this ‘is not homœopathic practice at all.’” (Is it homœopathic practice?) “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 I m. and c. m. potencies are as carefully prepared on the centesimal scale of Hahnemann as the thirtieths, and yet Dr. Rhees declines to use them for the allopath’s reasons.” (*Editorial note from page 216, March Number of Medical Advance.*)

May I be permitted to ask the Editor on what information he bases the above assertion? Does he certainly know

that I do not use the 1 m. and cm. potencies? Is he positively sure that I do not believe in the efficiency of potencies as high as the cm. or even the mm.?

I think he does *not* know it. I am not aware that I have ever said, in any of my published writings anything that would warrant him in making such a statement. I know that I have never had a conversation with him on the subject. I am sure there is nothing in the short article he criticizes, which is capable of being so construed.

It is quite true that I am opposed to Swan's and Fincke's preparations, because they are innovations on Hahnemann's method; because they are uncertain; because they falsely claim to be centesimal potencies; and because no man can tell what they are, if indeed they are anything. I closed my remarks on the subject of cm. and mm. potencies with the following sentence: "If my friends, the Hahnemannians, believe in the simillimum, 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." Is there a single intimation here that I do not believe in, and use, the 1 m. and cm. potencies?

The Editor, who is the worthy mouth-piece of the Hahnemannians, and whom I honor for his able advocacy of true Homœopathy, has seen fit to pass over in silence all evidence in my little article that I am, or try to be, a true follower of Hahnemann, and to attack me on the subject of 1 m. and cm. potencies. I said nothing about genuine 1 m. and mm. potencies on the centesimal scale; but you might as well shake a red blanket in the face of a mad bull as say a word against Swan's or Fincke's preparations to an ultra Hahnemannian or Homœopatician as some of these brethren choose to call themselves. Perhaps the latter designation is the more correct, inasmuch as they do not follow Hahnemann in adhering to the centesimal scale; and I suppose, as the term seems to be a compound of Homœopathy and physician, it may apply to one who practices Homœopathy in any degree. Those who especially appropriate it appear to be devoted to Swan's and Fincke's innovations; and any one who is opposed to those prepara-

tions is scarcely worthy to be called a homœopath, whatever may be his qualifications. Yet I very much doubt whether Hahnemann himself, with his methodical mind and his love of mathematical exactitude, would have approved of those preparations, or have thought them worth a single trial.

That my readers may understand why I am so strongly opposed to Swan's preparations, and why I regret to see my friends, the Hahnemanians, so devoted to them, I will here quote, with the editor's permission, some extracts from an article written by me thirteen years ago and published in the *Medical Investigator*. That article was then so abominably botched by the printers that it was robbed of all sense in many places and consequently much of its force was destroyed.

Swan says: "Now, I would ask any reasonable man if the tincture, 100th, 1,000th, 30,000th or 50,000th were treated with three hundred and thirty-three and one-third cubic inches of water, which is 1,000,000 minims, if it would not raise them all 1,000 times according to the centesimal scale?" * * * * Perhaps I am unreasonable when I say it will not. * * * * According to the U. S. Dispensatory there are in one gallon, by wine measure, 61,440 minims, or 231 cubic inches. If there are 61,440 minims in 231 cubic inches, there must be 265 and $\frac{974}{1008}$ minims in one cubic inch. Say there are 266 minims in one cubic inch, then multiply that by $333\frac{1}{3}$ and you get 88,666 as the number of minims in three hundred and thirty-three and one-third cubic inches, instead of 1,000,000 minims, as Dr. Swan states, and states as an axiom. * * * * "In the Hahnemannian plan the first one hundred drops is displaced by emptying, and a second hundred drops introduced; this in turn is displaced, and a third introduced, and so on." I had an idea that 99 drops were displaced and 99 drops of fresh water introduced each time; but it is of no consequence. As Swan puts it, the 1,000th potency, according to Hahnemann's process, cannot be made with less than 100,000 minims; but Swan says he can do it with $333\frac{1}{3}$ cubic inches of water, which is only 88,666 minims by wine measure. He also says 1,000,000 minims will raise any dilution 1,000 times, according to the centesimal scale. They will do more; they will raise it 10,000 times; but he is not working with 1,000,000 minims, as he claims, but with only 88,666 minims. * * * *

Whether the following quotation is a mistake or a willful misstatement for the purpose of misleading those who will not take the trouble to think on the subject, it is difficult to decide; but it seems incredible that any one who has given as much thought to the subject as Dr. Swan has, could make so astounding a mistake as is contained in the following: 'Now, only think what a waste of time and money there

has been to produce the mm. potency when Professor Burdick says it is only the 10th Hahnemannian; that the transit of *100,000,000 minims, forty-five and one-fourth barrels*, through my potentizer, under violent succession during 96½ hours, only results in doing what he can do with 1,000 minims divided into 100ths and emptied ten times."

"The italics indicate the mistake or misstatement, or whatever it may be called. Dr. Swan has reiterated the assertion that he uses but two portions of water consisting of 333½ cubic inches each (equal altogether to 177,332 minims by wine measure) to produce the mm. potency; and yet here he endeavors to convey the impression that he uses 45¼ barrels of water. But 45¼ barrels of water, at 31½ gallons to the barrel, would be 329,261 cubic inches, or 87,583,426 minims, nearly 500 times the quantity actually used." * * * *

Dr. Swan says, "The dynamization is continued by the force with which the streams of water impinging upon the sides and bottom of the vial, agitate and success the contents. This very force with which the water impinges upon the sides and bottom of the vial, constitutes the irregularity and unreliability of the 'fluxion process,'" as Dr. Swan has himself very clearly proved by experiment, described in the following words: "If I let the full force of my potentizer into the vial, the horizontal currents coming from the side holes in the tube, caused rotary currents that contain the coloring matter a long time (so Professor Burdick informed me), hence in our experiment, the color was seen, I think in the 1000th—certainly in the 100th—while by allowing the water slowly to displace the coloring matter, and then let on a full flow, I failed to get it in the 25th."

Is it possible that any man, reasonable or otherwise, can need further proof of the absurdity of the process. Here is an admission that the so-called 1000th of Swan is not equal in the attenuation to the third centesimal of Hahnemann. The coloring matter of any fluid must be very intense and persistent, if it will not disappear entirely from view in the third centesimal properly made. Yet in Swan's experiment, the color, which is the last indication to the eye of the presence of crude matter, continued visible under certain circumstances in the 1000th (so called), and under the most favorable circumstances it had only disappeared in the 25th. * * * * How can any man need more proof than is here furnished by Dr. Swan himself, that the potencies he makes are not, and cannot be, what he pretends they are?

The result of such potentizing must, in the nature of things be uncertain, irregular and questionable. Suppose you are operating with a vial which holds exactly 100 minims. When the vial is once filled you have undoubtedly the 1st centesimal of Hahnemann. But after 101 minims have flowed in and one minim has flowed out, what have you then? And after 200 minims have flowed in and 100 minims have been pushed out, what then? Can you affirm that 99 minims of the original filling have disappeared and that fresh water has taken their place? A man would hardly be willing to risk his reputation for common sense on such an assertion. But could you say with certainty that the whole of

the medicinal substance had *not* disappeared with the original 100 minims? If any remains, do you know that the second 100 minims contains one one-hundredth of the first one hundred? Do you know that it does *not* contain fifty one-hundredths?

It is impossible to estimate the rate of attenuation. It will vary with different medicines; it will vary, as shown above, with the force with which the water flows into the potentizer. There is no possibility of annotating its products with any certainty. The accepted annotation is fallacious; it is necessarily impossible that it can be correct.

It must be admitted by every one—it is admitted even by Dr. Swan—that the millionth centesimal cannot be produced without the use of nearly 100,000,000 minims. Swan himself says fully 100,000,000 minims; the rest of us will say 99,000,000 minims. But I have shown conclusively above, that Swan uses, by the most liberal measurement (Imperial measure), only 184,666 minims. You can scarcely make the 1865th centesimal potency with that amount of water, much less the mm. * * * *

It seems to me that the Swan process is nearly equivalent to mixing one drop of tincture with 184,666 minims of water in a large vessel, and subjecting it to sundry succussions and agitations; it is nearly equivalent, but it is not by any means so certain as the latter plan would be. As it would require 999,999 minims to make the third centesimal in this way, what may the result of the Swan process be called? It is neither the third nor second centesimal.

In conclusion it may be asked: is it not possible that the brethren, who have abandoned the use of Hahnemann's centesimal potencies for Swan's fluxion potencies under the impression that the latter are much more highly attenuated, have really been inveigled into the use of the tenth or even the third, and that their improved success in treating disease is actually owing to their giving very low attenuations? It looks like it. At any rate they do not know, and no man can tell them, what attenuations they are using.

Hahnemann's notation, which Dr. Swan is pleased to call "arbitrary," is, however, certain, and proceeds with undisputed regularity. There is no chance for a doubt as to whether the tenth is the tenth or the fifth, none as to whether the thirtieth may not be the sixth. When you have carried a remedy up from the mother tincture, one drop to ninety-nine thirty consecutive times, you know that you have made the thirtieth centesimal attenuation or you have made nothing. Let us then, adhere to the notation of the Master, and continue to potentize our medicines according to his system. The difference between a medicine attenuated with a decillion of minims and one fluxioned with 184,666 minims is so inconceivable, that I for one, am satisfied with the decillionth. If others want still higher potencies, let them make them according to Hahnemann's rules; but let us all shun what is uncertain and unscientific; let us cling to a process which can show a definite result, rather than adopt one which has no result but that of confusing and obfuscating the mind. Let it be borne in mind by the fluxionists, decimal po-

tentizers, juncture givers and all other innovators, that all the earlier triumphs of Homœopathy—triumphs which they cannot hope to excel—were made by the thirtieth and other centesimal potencies. * * *

The editor says in his note, "Many of the 1 m. and cm. potencies are as carefully prepared on the centesimal scale of Hahnemann as the thirtieths."

If they are, I am not aware of it. I know that Boericke & Tafel advertise a number of remedies in the 500th and 1,000th attenuations, but that they or any other firm have ever made the cm. on the centesimal scale, I do not know; and, notwithstanding the editor's positive assertion, I very much doubt that such ever have been made. I have had practical experience in the labor and time required in preparing the centesimal potencies. Several years ago I prepared for myself, with my own hands, a set of remedies from the 1st to the 30th attenuations on the centesimal scale, and I think that any man who will do the same will find his faith in the medicinal power of his preparations severely strained before he reaches the thirtieth. He will also begin to doubt, if he never doubted before, that the 1 m., or even the 200th centesimal, has ever been honestly prepared. It is so easy to deceive in this matter and so impossible to detect the deception, that no man can be sure that what is marked 200th, or 1 m., is higher than the 15th or 20th, unless he has made them himself.

Some years ago I sent to the firm of homœopathic pharmacists which I considered the most reliable, for a set of 200ths in liquid form. When they arrived I found in the vial marked *Sepia*, a liquid dark enough for the 2d decimal dilution of *Sepia succus*. I sent it back and received in return a vial of liquid as colorless as pure alcohol. But what confidence could I feel after that in any 200th potency?

I have had considerable experience with medicines marked 200, and very much of it has been unsatisfactory. When I have prescribed them successfully, as in the cases mentioned in the article so kindly criticized by the editor, I could not be certain whether the effect was produced by the 200th or by some attenuation much below the 30ths, and therefore more effective. The remedial effect followed

the administration of the medicine so promptly in these cases and some others, that I could not doubt it was produced by the medicine; but that the attenuations really were the 200ths I do not know, because I did not prepare them myself.

Now let me say what I have never said publicly before: I do not use the 1 m. and cm. potencies. But I do not use them because I do not positively know that they have ever been made according to the centesimal scale and method of Hahnemann. I do not believe the editor, or any other man, *knows* that he has ever given the cm. potency, much less the mm. potency, prepared according to Hahnemann's centesimal scale.

If Swan, or Fincke, or anybody else, has prepared medicines according to some other method, and arbitrarily named the preparations cm., mm., 11 mm., or what not, I have no use for them. As to Swan's preparations, I do not use them, *not* "because I have not investigated, and therefore do not believe in them," but because I *have* investigated, and therefore *know* that they are not, and cannot be, what they purport to be.

But the homœopathician says: "I do not know, or care to know, what they are; I know they cure, and that is enough for me." No less an authority than my honored friend, Dr. H. N. Guernsey, once actually said this to me. To say the least of it, this seems a very weak and unscientific answer. Homœopathy, unlike other systems of medicine, is a science as well as an art. It is founded on positive and definite knowledge. The purity and accuracy of our remedial preparations constitute an important part of our science. Hahnemann says:

Organon § 264. "A skillful physician will never rely on the curative virtues of medicines, unless he has procured them in the *most pure and perfect state*. It is therefore requisite that he should be *capable of judging* of their purity." (Italics Hahnemann's.)

Yet hundreds—perhaps thousands—of gentlemen claiming to be, *par excellence*, disciples of Hahnemann, are constantly using and relying on preparations which I have proved to be untrue to their names, and of the purity of which they are not capable of judging.

If I wished to try the 1 m. and cm. potencies, I would take 1,000 or 100,000 vials large enough to hold 130 drops and drop by hand 99 drops of alcohol into each vial. Into the first I would drop one drop of the tincture I wished to attenuate, give it two vigorous shakes and no more. Into the second vial I would drop one drop out of the first and give it two vigorous shakes or succussions, and so proceed with the whole series, marking name and number of potency on each vial. Then I should certainly know that I had the 1 m. or cm. potency, according to the centesimal scale of Hahnemann. Is it not so? If you doubt, see § 270 of the *Organon*.

Has any one ever done this? Perhaps, but I must be allowed to doubt.

Do you know how long it would take to do it? A man in good health could make the 1 m. in $4\frac{1}{8}$ days of eight hours each, by constant unintermitting labor, providing his arm held out. At the same rate, the cm. would require 416 days, and the mm. 13 years. The time in each case might be reduced by one-half by measuring the alcohol instead of dropping it; but I think it cannot be done in less time in either way, for I have experimented and timed myself with ten vials in both ways. By using one vial only, and emptying and filling on the residuary drop for each attenuation, you might reduce the time still more; but the process could not be so exact, and it would not be Hahnemann's.

Thus, the time required to raise one remedy from the tincture to the cm. potency by the quickest process, viz: by measuring the alcohol instead of dropping it, is 208 days. To raise 200 of the most important remedies would require more than 132 years, and you would then have only a single drachm of each potency.

Think of the cost of 20,000,000 vials of nearly 20,000 gallons of alcohol, of the labels and boxes. And think of the space required to accommodate so many vials, and where would be the commercial profit of the business.

Is it probable or even possible that the cm. potencies are made at all by Hahnemann's method?

Hahnemann mentions in a note to § 287 (*Organon*), that

the process may be carried to the 60th, 150th, 300th, or even higher dilutions; but he says the 30th is mostly sufficient, and I do not remember that he has given more than one instance in his writings of having used the 60th potency. What was sufficient for the Master is sufficient for me. I am convinced that medicines must be potentized, all the way from the 3rd to the 30th, to be suitable for homœopathic prescriptions; but I am also convinced, I think I know, that the cure depends, in every case, more on the right choice of the simillimum than on the excessive attenuation of the remedy.

I hope it is not necessary for me to say now, that I do *not* "decline the use the 1 m. and cm. potencies for the allopath's reasons." If I had any warrant that they are made conscientiously, according to the Hahnemannian method, I should be perfectly willing to try them. My confidence in human nature, especially commercial human nature, has a tendency to waver, and as I cannot afford to spend the few remaining years of my life in preparing only a few remedies up to the cm. potency, I think I will content myself with the 30th and 200th potencies. I know that I have made as brilliant cures with the 30th and sometimes with the 3d centesimal potencies, as any recorded in the Medical Advance; with the so called cm. and mm. potencies, and I do not see any propriety, or good reason, in abandoning what I know to be good for what I am sure is false and absurd.

M. J. RHEES.

WHEELING, W. VA., Sept, 28th, 1891.

FOR THE INFORMATION OF OUR READERS WE GIVE HEREWITH BOERICKE AND TAFEL'S MODE OF PREPARATION OF 30TH POTENCIES.

These are made strictly on the true Hahnemannian plan. A separate vial being used and retained for each potency from the lowest to the 30th. Pure homœopathic alcohol of 87 per cent strength has been used and each potency received thirty powerful succussive strokes.

Tafel's 200th, 500th and 1000th potencies were made by Korsakoff's method. A vial being used holding about 150 drops of alcohol, this was emptied after each potency and then 99 drops by measure of alcohol added; each potency received ten powerful succussive strokes.

Several thousand physicians in the United States and in foreign countries have been using these potencies with good success for the last 25 years or more.

(Dr. Rhees states that among a set of high potencies which he received from a prominent firm there was a vial of *Sepia* the contents of which were colored and that on sending it back he received another colorless. That is of very easy explanation. The vial undoubtedly left the pharmacy in proper condition, but a few tiny particles of cork dust will suffice to tint the contents of the vial. The cork of a vial may be all right when first put in, but when moistened by the liquid it will swell, an almost imperceptible crack may open and a particle of cork dust escape, sufficient to color the contents of the bottle while in transit. Such a thing neither he nor any other man can foresee or guard against.)

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.

DR. KIDD'S HOMŒOPATHY.—In our August issue, page 140, we referred to Dr. Kidd as a "quasi-homœopath" and said: "We have no sympathy whatever with Dr. Kidd who, both in theory and practice, is far from being a homœopath." We wrote the above advisedly and see nothing in it to retract, for we thought every homeopath in America who had read his "Laws of Therapeutics" was conversant with his empirical teachings and his mixed therapeutics. Yet it appears we were mistaken, for one of our most esteemed contributors and subscribers thus wrote the publisher:

The *ADVANCE* is a very good journal, and I have taken it because I think highly of the editor, Dr. Allen; but it contains some things to which I never can subscribe, because they do not accord with experience. Your recent mention of Dr. Kidd, the physician of Spurgeon and the physician of the late Lord Beaconsfield, was something unpardonable. If you will allow me to pay my subscription I shall be obliged, and then you may drop me as a subscriber.

P. S.—Dr. Kidd in London, stands very high, and has done our cause much good. The public cannot understand the reason of your opposition, and to speak of him as the *ADVANCE* did, was to say the least, ill-timed.

For the writer we entertain only the greatest respect and the highest esteem. We admire him for his learning and professional attainments. But this is not a question of

personalities. It is of little consequence whether in the estimation of our correspondent "the ADVANCE is a very good journal" or whether Dr. Kidd "stands very high in London." There is a principle involved, and upon its proper understanding and its correct application in the cure of the sick depends the future welfare of our beloved science. We will let Dr. Kidd speak for himself. We quote from the *Review of Reviews*:

"I cling with strong purpose of heart and conscience to the law of homœopathy," Dr. Kidd wrote to the *Times* in 1881, "only because I believe it to be true, and find it every day of my life to be the most invaluable help in curing my patients. The infinitesimal dose I reject as not true and not helpful to the cure of disease. The allopathic law of *contraria contrariis curantur* I use every day also, finding it as essential to the cure of one disease as the homœopathic to another. The two laws are not antagonistic: they are supplemental, and one supplies the deficiency of the other. Passion and prejudice try to make them look antagonistic. The allopathic doctor's inability to cure many diseases is because he ignores the help of the homœopathic law, of which I am not ashamed. I raise my voice in protest at the suicidal policy of 'orthodox medicine' scorning and rejecting one of the most precious truths of therapeutics, instead of trying to extinguish a schism by nobly absorbing to its aid the wonderful help of that great law of *similia similibus curantur*."

We need no further evidence than Dr. Kidd's own statement to ascertain what kind of a homœopath he is, for by this he does not even come up to the definition of Hahnemann of being "half converted to Homœopathy." It seems almost incredible that any professional man in the closing decade of the century should assert that *contraria contrariis curantur* is, or can be, under the control of natural law. *Belladonna* may be the similar to a certain series of symptoms we denominate *scarlatina*. But what would be the opposite? How could the opposite be found? *Contraria*, like many others, may be a method; but it cannot be a law. And, when Dr. Kidd says: "The allopathic law of *contraria* I use every day also, finding it as essential to the cure of one disease as the homœopathic to another he is simply playing the charlatan to curry popular favor. Dr. Kidd is a type of which we have not a few in all schools of medicine. Men without principle, who boast of being all things to all men, ready at all times to practice anything

that will yield the most bountiful harvest of shekels. Dr. Kidd may be the possessor of a large and lucrative practice and he may "stand very high in London," but so does Sir Andrew Clark who refused to meet him in consultation. But in what way has his allopathic practice or his high standing "done our cause much good"? The injury to any cause from insincere, hypocritical, would-be friends, however well meaning, is simply irreparable. Dr. Kidd has done homœopathy more injury in Great Britain than he can undo in a life time. It is just such half and half miserable work that is the greatest enemy to our progress to-day. Contrast the work of Dr. Kidd with that of Dr. Quinn, who stood much higher in London both socially and professionally as an allopathic physician, but who, when he became convinced of the truth of similia, abandoned allopathy in practice. What utter nonsense to say that "the two laws are not antagonistic; they are supplemental." A man must be either a knave or a fool to make such an assertion. Such principles and such practice will damn any cause, however just. Homœopathy may well say, deliver me from my would-be friends!

Editor's Table.

DR. W. B. HINSDALE has been elected Professor of Materia Medica in the Cleveland Hospital College, *vice* Professor Frank Kraft resigned.

FRANK KRAFT, M. D., has been elected Associate Professor of Materia Medica in the Cleveland Medical College.

CAROLINE F. BROOKS, M. D., has removed from Augusta, Maine, to Independence, Iowa.

L. B. WELLS, M. D., has removed his office and residence to 13 Summit Place, Utica, N. Y.

DR. EYERMANN has removed his office and residence to 1722 S. Jefferson Ave., St. Louis, Mo.

G. W. HARMAN, M. D., of Newark, N. J., is the author of the Open Letter to Austin Flint, M. D., in the September issue. The doctor neglected to sign his MSS., though he need not be ashamed of it, was the cause of omission.

HOMŒOPATHY IN INDIA. Dr. R. K. Ghosh has made an appeal to the commissioners under the Lieutenant-Governorship of Bengal for

official recognition of Homœopathy, especially in the treatment of cholera. He deserves success in his appeal for fair play and equal justice for his school which has not hitherto been accorded.

HOMŒOPATHIC NURSES TRAINING SCHOOLS. Largely through the efforts of Dr. H. F. Biggar there will be held early in December in Cleveland, a national convention of the schools for training nurses. There are seven such schools in the United States, located at Cleveland, Detroit, Buffalo, Rochester, Baltimore, Pittsburgh and Hartford, under the auspices of the homœopathic colleges and hospitals. It is proposed to organize a general society with uniform rules and observances. One of the principle matters to be discussed will be the lengthening of the terms of study from two to three years before granting diplomas.

EXTRACTS FROM THE PROCEEDINGS OF THE SIXTH ANNUAL MEETING OF THE KENTUCKY HOMŒOPATHIC MEDICAL SOCIETY, HELD AT LEXINGTON, MAY 19-20, 1891. The position and standing of Homœopathy in Kentucky was discussed by the Society, and an aggressive platform was adopted for the ensuing year. Dr. M. Dills, of Carlisle, offered the following resolutions :

Whereas, There is neither an asylum nor a hospital in the State of Kentucky under homœopathic management where a homœopathic physician can send his cases requiring special treatment, surgical or otherwise ; be it

Resolved, That the president of this society appoint a committee of not less than five physicians whose duty shall be :

1st. To petition the next legislature for an appropriation for the purpose of erecting or setting apart an asylum to be controlled by homœopathic physicians, and in their petition to show the comparative results in asylums under homœopathic and allopathic management and to show all other matters that go to prove the value of our method of treatment.

2d. To look into the possibility of establishing a hospital in some one of the cities of our State. Be it further

Resolved, That the expenses of this committee be paid by this society and that each member be requested to contribute toward defraying said expenses.

The resolutions were referred to the committee on the President's address, which committee recommended that the society adopt Dr. Dill's resolutions as read, which was done by unanimous vote.

The vice-president, Dr. E. B. Johns, who held the chair, appointed the following gentlemen on the legislative committee and gave them full power to act :

Drs. C. P. Meredith, Eminence ; M. Dills, Carlisle ; J. A. Lucy, Lexington ; E. M. Gober, Frankford ; J. A. Vansant, Mt. Sterling.

A motion was made and unanimously carried " That each member of the society be taxed two (2) dollars, to be increased so four (4) if necessary, to go toward defraying the expenses of the legislative committee and that all homœopaths in Kentucky, not members of the State society, be requested to contribute the same amount."

Motion was also made and carried " That the secretary of the society be instructed to send a copy of the above resolutions to each homœopath in the State.

[These resolutions mean business ; and if every homœopath in Kentucky will consider this, *his or her work*, in which the welfare of the school as well as the success of each individual is concerned, it will be successful. The school everywhere should feel proud of the stand taken by this State society and contribute liberally if necessary to their support.—ED.]

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No. 5.

INDIGESTION IN INFANTS.*

It becomes our duty to again address you on behalf of suffering humanity; and, in doing so, we wish to call your attention to a subject which, to us, is one of paramount importance to any other in our daily lives, viz.: Indigestion in Infants."

This is much more prevalent in summer than in winter, and the reasons for considering this subject at this time are obvious.

You are all probably aware that the same amount of food is not required in warm weather that is demanded in the cold seasons; and for this reason greater care should be taken in the warm seasons to prevent derangement of the digestion of all, but more especially in infants.

We seldom have serious indigestions in infants, which are fed at the breast, because the supply is soon regulated to the wants of the child. This is usually the result in mothers of good health and natural ways of living. The case is quite the reverse in very, very many instances; especially in communities in which fashionable society prevails. The feeding of infants is one of the most important duties of the mother, and demands the attention of the physician equally as much as any other, more especially in the warm months of the year. Our experience leads to the conclusion that very few mothers give this subject the attention it deserves, and we fear the same may be said of many physicians.

*Transactions I. H. A.

There is no food so suitable for young children as *milk*, nor is there *any* substitute worthy of consideration when milk can be obtained. If milk can be obtained nothing else should be given, it matters not whether it is obtained from the goat, ass, mare, cow or woman, so long as the animal giving it is not sick or diseased. We have no friendship whatever for the various and numerous artificial foods so prominently and persistently offered to the public; and for physicians to allow themselves to be made the means of increasing, if not creating, a trade for them, is reprehensible.

Within an hour or two after birth the infant should be put to the breast, and *that* is all it should have, except fresh water, until it is proved that the mother *can not* give it nourishment. Now is the time to consider the subject of feeding, "by hand:" As it has become so fashionable to resort to all kinds of decoctions, compounds and artificial foods for the baby instead of milk, we feel it an imperative duty to enter our emphatic protest. The point we would recommend and insist upon is, when the mother *can not* or *will not* nurse her babe, to give good milk in moderate quantities, and have it as fresh as possible. And if it still retains its animal heat so much the better. We say in moderate quantities, because if more is given than will properly digest, it is the starting point of indigestion, the subject of this paper.

There is great difference in the capacity of digestion in different individuals, and, as before remarked, the season has great influence on the eating capacity. What would be a moderate meal for one child at *one* time, might endanger the life of another, so that great care should be taken to ascertain the capacity of digestion of the individual under consideration. It should be remembered that the crying of infants is the only natural language, and because a child cries it is no indication that it is from hunger and must be fed or drugged; but, on the contrary, a child should not be fed oftener than two to three hours.

The simple crying of the infant is not injurious and should not be regarded with such apprehensions of danger or as an indication of extreme pain as to justify the use of any of the numerous preparations of opium, soothing syrups or cordials; for even very young infants often exhibit strong indications of temper and sometimes a downright fit of anger.

Under such circumstances it is quite customary to give something to quiet the child, under the supposition that it has colic, but it is far less injurious to let the child have its cry out than to give any of the opiates.

The observant physician will soon distinguish between the cry of pain and that of anger or the want of attention.

We do not advocate neglect of the child by any means when there are indications of pain or other causes of sickness, but we do wish to disabuse the minds of physician and parents of the injurious effects of crying; to quiet which some mothers and, we fear, some physicians would keep a child too drunk to cry with anything that would produce such a result, no matter how injurious in its after-effects.

We venture the assertion that infant mortality is more than one-half greater from overfeeding than it would be if one-half the quantity was given at the proper time, and no anodynes given. Or, in other words, more children are fed to death than die of starvation; and again, more are drugged to death than die of natural diseases; while those children that survive the pernicious effects of both are little more than wrecks of what they should have been.

It frequently occurs that everything *but* milk is suggested as food for the infant, and if milk is selected it is so doctored as to be impossible of recognition. We repeat the statement that the proper food for infants is *milk*, MILK. Good, fresh milk, with nothing added nor anything extracted, for nature's laboratory is superior to the chemist's. To read the remarks of the manufacturers of the various artificial foods, the novice might well be excused for supposing the only thing necessary for the perpetuation of the race would be to hand the materials to the chemist's laboratory, but such is not our experience. These old-fashioned notions and ideas may not please the extra scientific, those who repudiate the 200 potencies, because the microscope reveals nothing above the 12th potency, but they stand the tests at the bedside. Even scalded milk or skimmed milk should be excluded, because in either case the butter has disappeared. The milk should be carefully carried from the cow to the child. Milk hauled over country roads or city streets is not fit for infant food, unless the receptacle is filled as full as it will hold to prevent churning.

One thing more is to be strictly observed and that is, if anything needs doctoring it is the child and not the milk, although it sometimes becomes necessary to doctor the nurse, the family, or possibly a whole neighborhood, before you can have things your own way with the baby.

When proper food will not remain on the child's stomach and it is constantly fretting and crying, restless, in most cases diarrhœa; consisting of greenish yellow stools, foul or sour smelling, vomiting of milk, either curdled or sour, and even water; you may conclude the child has indigestion. In this condition the question is often asked: "Doctor, what shall we feed the baby?" Your answer should be: "milk." "But, Doctor, the milk disagrees with its stomach, it won't stay down, or it passes off undigested. We have put lime-water in the milk, we have scalded the milk, we have mixed the milk with water and sugar, we have soaked crackers in it, we have given pepsin with the milk, we have given castoria and castor oil, and I don't know what we have not done, and still the child does not get any better."

"Well, what else have you fed the baby, all this while?"

"Oh, we have fed it "Malted Milk," "Mellin's Food," "Imperial Granum" and a host of other foods, and still it acts as if was starved," which in reality is the case. Is it any wonder the child is sick? It would be a greater wonder if it was not.

Still, your answer should be: "Milk is the proper food for the baby." The above picture is not overdrawn, for just such cases are found all through the warm seasons in and out of the cities. The duty of the physician in such cases is to first point out the errors and next instruct the mother how to manage the feeding as well as to apply the remedies to correct these conditions. The errors she has committed are: First, she has fed the babe too much; second she did not let the child go long enough to allow the stomach to rest and recover, but kept on feeding, thereby adding fuel to the fire; next, you went to doctoring the milk, by putting lime water into it, and adding sugar and teas or toddy. Then you resorted to the anodynes to quiet its cries, which was doctoring the child in the wrong direction.

The child, it is true, needed the greatest attention, but to stupefy a child with any form of opium or narcotic is not the

right way to make a healthy baby, because it is only a palliative and is bound to be disastrous.

Rest is what this child needs. Rest from feeding, except fresh water, for eight to ten hours at the first. Rest from everything whatever, but very small quantities of fresh warm milk and fresh water later on for several days. Rest from castoria or castor oil, Godfrey's Cordial, Winslow's Soothing Syrups, etc., etc., forever. Your lime water added constipation, and on that ground should be excluded also.

These are heroic measures, but they must be adopted if you expect to make a success in treating infants with this trouble and rescue them from an early grave; for the majority of such cases are called cholera infantum, while in reality they are nothing more than indigestion. Good fresh water plays an important part in the treatment of this affection; water fresh from the spring, well or hydrant. Ice water should be strictly forbidden. Give the child all the water you can induce it to swallow for two or three days. Much firmness will be necessary, but a community will soon be convinced by your success that you have good ground for the faith and courage you manifest, and your labor will become easier year by year. We will now speak of the medicinal means to be used for these cases. The list need not be long for the purpose of this paper, still they are of the greatest importance. We will mention but eight remedies, viz.: *Æthusa*, *Arsenicum*, *Bryonia*, *Calcarea*, *Chamomilla*, *Nux Vomica*, *Padophyllum*, and *Pulsatilla*; but, above all, we would call your attention to *Æthusa*. While you have the whole *Materia Medica* to choose from for particular cases, we would not have you think we have undue partiality for any one remedy, or are guilty of routine practice. We will, therefore, give the leading pathogenetic symptoms of *Æthusa* applicable to those stomach and bowel affections (see "Hering's Guiding Symptoms"):

Spasmodic hiccoughs; empty eructations; violent sudden vomiting; vomiting of milk-white substance; vomiting of yellow fluid, followed by curdled milk and cheesy matter. Vomiting of greenish phlegm similar to the stools. The milk is forcibly ejected soon after taking. Profuse vomiting of water. Copious greenish vomiting. Pains in the stomach, accompanied by fearful vomiting. Cramps in the stomach.

Excessive griping pains in the belly. Colic with diarrhoea. Excessive griping pains in the abdomen. Stools of partly digested food. Diarrhoea; discharges green, thin, bilious, with violent tenesmus. Bright yellow or greenish, watery, slimy stools, with crying and drawing up of the feet. Evacuations of thin bright yellow or greenish fluid mixed with much bile, with severe tenesmus. Most obstinate constipation, with feeling as if all action of the bowels had been lost. Thirst, with total loss of appetite for every kind of aliment. Burning thirst. Intolerance of milk. Aphthæ in mouth and throat. A drawn condition (of the muscles of the mouth), beginning at the *alœ nasi* and extending to the angles of the mouth gave the face an expression of great anxiety and pain. The features have an expression of great anguish and pain. Great agitation. Anxiety and restlessness. Bad humor, irritability, morose and cross. Great nervousness. Constant anxiety and weak feeling. Lies unconscious, dilated pupils, staring eyes.

As to the manner of using the remedy, we usually use it in water and give one teaspoonful of the solution every hour or two until the vomiting is arrested, then every two or three hours for twelve or fourteen hours; then we give nothing or *Sac. lac.*, except milk or fresh water, for a day or so, thus giving us a chance to see what is needed further. As to potency, we use the 200, 500, 1m., 50m. and cm.; possibly more frequently than any other the cm.

Wine aggravates nearly all symptoms of *æthus*. We have made little effort at arrangement, but simply put our thoughts on paper as they came. Each one can arrange the material to suit himself; our aim has been to impress the main points on your minds, and, if this paper helps others to manage successfully those troublesome cases, the writer will be amply compensated.

NATHAN CASH.

UHRICHSVILLE, O.

DISCUSSION.

Dr. Custis: This subject is one in which I am much interested. As a class we have the means of being the most independent of physicians, because we have a law of therapeutics leaving us free to use any other law of chemistry, physics or mechanics that may aid us. The doctor tells us that milk is



the proper food for babies, also that the milk should be brought directly from the cow to the baby, and that the cow should be healthy and well kept, and so on.

This is all very well, but to the vast majority of patients it is impossible. Cows can not be kept in cities; if they are they will probably be unhealthy. The milk can not be brought to the city perfectly fresh. The patient can know nothing of the history of the particular cow or set of cows that supplies her. Now, what are we going to do about it? We must go to the laws of physiological chemistry and prepare the milk so, as much as possible, to restore it to its perfect condition.

The artificial foods are made by competent scientific men, according to the laws of chemistry and physiology. I find very few babies in my experience who can take cow's milk plain. They can not assimilate it; ninety-nine out of one hundred cases of infantile indigestion come from improper feeding. If the child sleeps well, then you are feeding it pretty nearly right; but if it does not sleep well, no matter what your food, you are feeding it improperly and you must help it by artificial means. If the child shows symptoms of sickness, fever, forcible vomiting, etc., it needs medicine, but if it shows no evidence of special sickness and does not sleep well, and the stools are not perfectly normal, something is the matter with the food.

Mellin's Food is one of the most valuable in the market. Imperial Granum is good for little children. The study given to the subject by the men who make the foods is something remarkable; they can give us points on digestion every time.

Foods are not medicine and do not interfere at all with our therapeutics.

Dr. Kent: The essayist strikes at the vital point of everything that the physician has to deal with when he speaks of infants and indigestion. So much is to be said on this subject that there is hardly a place of beginning, and I am sure, no ending.

The first critic of the essay wants to be considered a scientific and rational physician. I do not desire to be considered as scientific. A man who is pointed out as scientific has pretty nearly reached the height of folly. We might divide

sick infants into two general classes: those who have power to live and those who have not the vitality to grow up. The next division of the former is the sick child from disease and the natural child made sick by food. If born with a sick miasm he needs medicine. The next class is the natural child who has been made sick by food, and this is one of the most prominent things which we have to meet. This is the starting point of the paper. As to the food, if the infant is in a natural state we know that milk is its natural food. But when it becomes spoiled by improper feeding or overfeeding the child becomes unnatural. If the child is natural and the milk is natural we have no trouble. But even when both are natural, too frequent feeding will cause indigestion, known first by lienteric stools. This goes on until the question has become a common one: "Why is it that the second summer is so hard for babies?" and we all should know the answer.

I often put the question to the housewife: "What would happen if you, when the sponge for bread was half raised, were to put more flour in?" It would sour at once; and in the same way the stomach sours from the frequent feeding. The weakly ones will stand this until the first hot weather comes; the tough ones until the second summer, and then they come down with cholera infantum.

The natural infant fed on milk gets on the best, but when fed on milk unwisely, until it can no longer digest it, we are compelled to change to some other food for a while. As soon as the stomach has been corrected by natural and regular feeding we can go back to milk again. A young baby should be fed not oftener than at intervals of two and a half hours, and not at all during the night. In artificial foods you must experiment and after several trials some one of the many chemical foods will serve a useful purpose.

I am frequently asked why not use peptonized milk? It is improper to use the digested preparations, because as soon as you furnish the stomach with pepsin you encourage it in laziness. If the child is curable the remedies are sufficient. It is a pretty poor infant that will not drink water. Infants passing lienteric stools can generally drink water; if they can not they need medicine. In such cases I am in the habit of diluting the milk pretty well with water, and when the stool is improved going back to stronger food. Mothers do not think of water often enough for feverish infants.

Dr. McLaren: I think we must individualize in the matter of foods as well as in the matter of medicines. In Guernsey's work on obstetrics there is a preparation recommended that will save lots of babies. It is one-third cream, one-third water and one-third sugar of milk. When a baby is sick and the mother has no milk I hunt for a wet nurse.

I had an interesting case ten months ago. A healthy child was born of a weakly mother. She had lost four children before; she had decided symptoms of phthisis. I used this food of Dr. Guernsey's. The child relished it and it agreed with it. The baby slept well, seemed well nourished and ate very little at night. During the day it got a meal every two hours. In this way four weeks passed without a remedy being required, but it did not seem to grow a bit. At the end of that time we got a wet nurse and it now weighs twenty-five pounds.

Dr. Wesselhœft: A very important thing is the way the milk goes down into the child's stomach. The bottles are so constructed that the milk goes down too fast, without being mixed with the saliva. Every child who sucks at the breast has to work for what it gets and this suction brings the salivary glands into action, and I feel that that is one of the great troubles in artificial feeding. The milk is cascaded into the stomach and immediately cascaded back again. I have always in my practice acted on the principle that a good cow is better than a wet nurse; for my own use I would much rather have a cow than a wet nurse. As regards the milk being too strong or too weak for the baby, it seems nonsense to me. Any little animal will bear cow's milk perfectly well, and I believe if you could get enough milk from a mouse you could raise an elephant on it. It is astonishing how little milk a healthy baby can get along with during the first weeks of its life and the amount should be only very gradually increased. Most of the sick babies are made so by some prepared stuff being cascaded into their stomach in enormous quantities. Quantity is a great element in these disorders and I have known too much food to make babies sick, even where the food was perfectly fresh milk.

Dr. Biegler: This is a matter in which I feel some interest, because I have necessarily had to give it a great deal of attention. I agree with Dr. Wesselhœft that rapid feeding

is bad. The bottle arrangements are made so that the milk comes down too rapidly. I generally tell the mother to put a piece of pure, clean sponge into the nipple, so that the child must work with its gums and lips to draw the milk, and thus obviate the too rapid flow. The strength of the milk should be regulated, I think, for newborn infants. The best substitute for mother's milk is cow's milk. The artificial foods, in my experience, are all abominations. Of course, the cow or cows should be healthy and a very important point is the food of the cows. Let the child take milk from a cow that yesterday ate green apples and that child will be sick as certainly as that the sun will rise. We have to depend upon the milkman in cities and the cows are often fed in a horrible manner. The refuse from glucose factories, sour and offensive, is the food of many cows, and of course such milk is injurious.

In regard to the strength of milk, we must discriminate; in nine cases out of ten, milk from a Jersey herd will not be well borne by children. There is no inflexible rule suitable for all infants. Find out what each individual infant can digest. I have seen infants progress from a deplorable state to a most chubby and beautiful condition without even tasting milk of full strength.

Dr. J. V. Allen: I do not agree with Dr. Wesselhöft that the milk should be taken slowly in order to have it mixed with the baby's saliva (or mucus). I contend that saliva is not present until the eruption of the teeth and with this eruption comes ptyalin, the active principle of saliva; therefore I contend that the saliva (mucus) has no action chemically upon the milk, as starch is the only principle of food upon which saliva acts chemically, and is converted into sugar by ptyalin, the active principle of saliva, and milk contains no starchy matter whatever, and this ptyalin is only present after the child has teeth, as it does not make its appearance before.

Dr. Biegler: In the natural way does the milk pour down the child's throat from the mother's breast, or is it slowly drawn out?

Dr. J. V. Allen: I believe a little exercise is very good, but as far as the digestion of milk goes, it cuts no figure.

Dr. Wesselhöft: Has a baby no saliva? What is it that makes its mouth moist?

Dr. J. V. Allen: Only mucus.

Dr. Wesselhøft: Let us have mucus then mixed with the milk, as an element in digestion.

Dr. Hastings: I have used with success what is called evaporated cream, a preparation known as the Highland Brand of condensed milk. It is milk from well-fed Jersey cows, carefully evaporated to the consistency of first-class cream, and entirely free from extra sugar or other artificial addition. It is then, while still warm, hermetically sealed, and makes, I think, a very fine substitute for mother's milk. I have a little patient who makes a very fine showing upon it, and although born at the twenty-seventh week has never had a day's sickness. I know of two other children both doing well on this food. Of course it is used diluted. It is essentially milk with a portion of the water evaporated; hence it can be restored to the condition of fresh milk by diluting it.

Dr. Dever: Three cases are not sufficient to prove anything.

Dr. Hastings: I did not speak of anything as being proved. I was simply giving my mite of experience.

Dr. Biegler: Jersey cows are thought to produce the finest milk, but I have a word to say on that subject. In my capacity as member of the Board of Health, I have had a great deal to do with the milk business, and in that work I have been informed that Jersey cows are apt to be tuberculous, and are often on that account quietly killed by their owners whenever it becomes to their interest to do so; in this way numbers are quietly killed and nothing is said about it. On this account I should prefer milk from some other breed, such as the Holstein.

Dr. Stow: The question of the rearing of infants has caused me as much perplexity as any. The use of nursing bottles requires the frequent intelligent care of the nurse or mother, to keep them perfectly clean and free from impurities, especially during the summer months. In warm weather milk ferments very rapidly and I think nursing bottles should be generally discarded, until we get some better material than rubber to make the fittings of. I think that in every city in the land, organizations should be formed to provide pure fresh milk for infants. It should come, not from Jersey cows, but from Guernseys or Holsteins, be placed in scoured

cans, and kept at low temperature in refrigerator wagons, for dispensing to customers. This has been tried in some places, and wherever tried has proved a success.

Dr. Rushmore: Microscopic examinations have shown the fat globules in the milk of the Ayrshire to be finer than in that of any other breed.

Dr. Sawyer. I have succeeded pretty well with children as a rule, but once or twice when a little patient died suddenly I have traced it to the abominable water which the cow had to drink. I believe in artificial food emphatically. I am in favor of them in a great many cases. Horlick's food is sometimes very valuable. I have raised babies on this food which I know positively would not have lived on mother's milk. I have tried all kinds of cows, and generally prefer the foods. I have had to banish the miserable nursing bottles entirely, I prefer giving milk or food from a small cup.

Dr. W. L. Morgan: I have had considerable experience with several kinds of artificial foods, and I like them very well. I never use any of those that have pepsin in them or that are predigested.

Dr. Custis: The stomach in its function of digesting food does perform certain chemical processes which it is just as much our business to study scientifically as it is to study the action of remedies, for if we knew all about it we could prevent sickness, and thus have no occasion to use our remedies. I am glad Dr. Hastings spoke about that Highland Brand of milk, for I am going to try it.

Dr. Cash: May we not become too scientific chemically in discussing this question? My stand would be that as soon as milk cools and loses its animal heat, chemical change begins.

CLINICAL CASES.*

CASE I. PARALYSIS: *Conium Sm.*—January 24, 1891. Was called to give my opinion in the case of Walter K., aet. 6. The best (?) doctors had failed, and consequently pronounced him incurable. The professor of pathology in the Chattanooga Medical College candidly told the parents that nothing could be done for the boy, and that it would be wrong for him or any one else to try to treat him, and rob them of their money. The worthy professor advised them to get an

* Trans. I. H. A.

invalid chair, in which he might wheel himself about as best he could. Three other wiseacres had preceded our pathologist and exhausted their resources, mechanical appliances and "slops." The patient grew from bad to worse, till it eventuated in paralysis of legs. The parents state that they first noticed a *lump* in middle dorsal region, over the spinal column, which gradually enlarged. The boy was a pitiable sight indeed, and I was loath to undertake his case. He was pale, anæmic and deformed; nothing left but skin and bones; toes turned in; feet extended and ankles fixed; had not walked for two years. I ventured to say, however, that his suffering could be relieved. Hereupon the mother began to relate a few *facts*.

Walter almost always awakens screaming; dislikes to be washed; urine clear as water; painful urination with straining; urine flows, then stops; constipated; stools dry, hard gray balls; picks nose; great desire for meat; thirstless; likes things sweetened; talks in sleep of things that happened during day; no power below knees; can neither flex nor extend legs; no pains in legs; gets sick at stomach occasionally and spits up frothy water; whines during sleep; jerking of limbs (lower) during sleep (thigh muscles); appears to be frightened at some things when he awakens; sleeps with limbs dangling over edge of sofa or bed, because they feel better in that position; screams when he finds that he has been left alone; room is dark because light hurts his eyes. I could find nothing on the cornea or lids to account for this great photophobia.

The *point-d'appui* for a prescription was manifest, but I preferred to ponder a little over these symptoms. Gave him Sac. lac. till February 8, when he received two powders of Conium 3m., a powder to be dissolved in a half glass of water, and a teaspoonful to be given every two hours till a change was noticeable, then to commence with the other medicine, of which I always leave plenty. The mother thought he could urinate more freely next morning, but still she prepared the other powder and gave it faithfully every two hours.

February 15.—Father thinks the boy's feet are more sensitive; eyes "watering" and very sensitive to light; appetite disappearing; having "terrible nights"; boy can not rest in any position; must urinate every "little while"; urine offensive; diarrhœa. No medicine.

March 1.—Feet still more sensitive; eyes better; no appetite; very restless at night; urine not offensive; diarrhœa lasted only three days. (They sent for me February 15 to relieve him and give him some medicine for diarrhœa. I thought it necessary and gave him “no medicine.”

March 16.—Father did not know whether boy was better or not. They were still “dubious.” I assured him that his boy would get well if he could withstand the reaction. No medicine.

March 23.—Father called and informed me that Walter could move his toes slightly, and had intense itching of legs and back, but without any eruption. I was delighted to hear this and forthwith went to see. Yes, he could flex his toes slightly; had some fever; dry, parched lips; accelerated respiration; cough, dry and tight; severe, sharp pain in left hypochondrium; shortness of breath and < from moving. Now what? No medicine.

April 9.—Better again in every way. Tries to walk if some one holds him up, just as a child learning to walk. Appetite gradually returning. Sleep better. No medicine.

April 16.—Diarrhœa again. Appetite improving. Can walk around a chair by holding to it. Difficult urination gradually getting better. No medicine.

May 8.—Can walk with crutches around the yard. Improving in every respect. No medicine.

May 24.—Mother wrote me a few days ago that Walter walked down town with her. She thinks he is getting along “just splendid.” He wants to continue taking his “sugar medicine.”

REMARKS: Old school pathology and diagnosis amount to nothing, as this case has proven to me again, even if it was obtained in Germany. From February 8, to March 23, a most violent rearranging of things in this little, frail body. From March 23 to May 24, a continual slow improvement in the paralysis, beginning in the toes and extending up. Only 105 days required to restore an apparently hopeless case.

One prescription of Conium 3m. accomplished the work. The sore eyes, “terrible nights,” diarrhœa, fever, pleurisy, I regarded as favorable actions. Anorexia is common with the above diseases,(?) so I paid no attention to it. I would like to know what Conium 3m., or cm., repeated every day for

a month would have done. It is amazing to me, at least, how frequent repetition can produce beneficial results. What would the bad imitators of Homœopathy have done with the supervenient diseases fever, blepharitis, pleurisy, diarrhœa?

CASE II. *Arsenicum*.—April 12, 1891. L. M. C., aet 19, complains of aching in legs, knees and back; very restless, in and out of bed every half hour, < at night; fever; loss of appetite; very thirsty, but does not drink much because water makes him sick at stomach. *Arsenicum* 8m. in water every two hours till better, then change to other powders. (Sac. lac.)

April 13.—Very restless after 12 last night, and vomited every dose he took from that time on. No medicine.

April 14.—No more vomiting. Better in every respect. No medicine.

April 15.—Found him sitting up dressed and able to eat a little. Improvement continuous without further medication.

I report this case to show the homœopathic < followed by > when the “moonshine” was discontinued. I notice, too, that these “coincidences” are exceedingly rare under any other than homœopathic treatment. I watched a case daily under “regular” (?) treatment till it ran into a typhoid state. I left the place, and in a few days was informed by letter that the young man died of what the doctors called heart-failure. Such damnable work is permitted in an institution where God’s law ought to be highly revered instead of decried.

J. A. TOMHAGEN.

SLOAN’S VALLEY, KY.

EXPERIENCE WITH PNEUMONIA.*

CASE I. Wm. H——, aged 65, painter by trade, but drunkard by long and repeated habit, sent for me January 12, 1891. I found him laboring under the following abnormal conditions. Pulse 130, stupid, restless, no inclination to talk or answer questions, his only answer to my interrogations was: “I am sick and if you can do anything for me I want you to do it right away.” His friends, or those who had a right to know, informed me that he was just recovering from a grand, long, big drunk; consequently, I prescribed one dose of *Nux* 200 and left him to his dreams.

* Trans. I. H. A.

I called next morning, January 13th, when I learned that he had not rested during the night, but had been up frequently on account of a diarrhœa, which was then dirty brown, and very offensive. He did not complain of pain in the bowels; but pressure on the abdomen, which was bloated, brought forth expressions of pain. The pulse 135, temperature 103. The cough at this time was tearing and attended with dyspnœa, likewise bloody expectoration. The tongue presented the well-known triangular tip. The nervous system was deeply involved, as shown by the nervous restlessness, the muttering delirium and constant picking at the bed and imaginary things. Rhus 2m., one dose, and "no medicine" for a week greatly improved the case, as the fever was about all gone; the diarrhœa subsided in twenty-four hours after the first dose of medicine, but the stomach remained weak and sensitive. A small portion of brandy was offered, and no sooner swallowed than it returned. Phosphorus 1600, one dose, followed by "no medicine," was all the medicine necessary to bring about his usual state of health and vigor.

CASE II. February 7, 1891, I was called to visit a stalwart Hibernian. He had a dry cough with great pain in the apex of the left lung. His thirst was for cold water; everything tasting flat to him, except water. The fever had followed a severe chill, the result of a sudden change from a high degree of heat to a low temperature. Fear was pictured on every feature of his countenance, and the first words he spoke to me were "Doctor, I shall die. I am a very sick man, and I know I shall die." Aconite 200 in water, a teaspoonful every half hour until he began to perspire freely, when "no medicine" was substituted and continued to the end of the cure.

CASE III. Mrs. E—, aged 26, mother of two children, slight and slender lady, who presented marks of inborn scrofula, was taken sick with a slight fever and sore throat; inflammation gradually extended to the apex of the left lung. She was subject to nightly aggravations of tickling cough, attended by almost complete aphonia. Her strength, to use her own expression, had all left her, and, to add to her discomfort, she was unable to lie on her left side. Phos. 200 dissolved in water, a dose every two hours, with directions, if worse or better, to stop the medicine, brought about a favorable result, as it relieved the aphonia and caused the expulsion

of a membrane, which was the exact shape of the glottis. I gave her no medicine for a week, when I discharged her as cured, or at least sufficiently cured to take charge of her household affairs.

To the older members of the International Hahnemannian Association this paper may appear as one out of season, for have we not all prescribed in like manner for—lo! these many years? To such I would say, go higher, continue as you, no doubt, will in well doing; but it is the inexperienced members of this Association that we wish to impress with the important fact that, notwithstanding I have presented three clinical cases, all of which were different, so far as constitutions and symptoms were concerned, all were acute cases of sickness and all were cured by the single, similar remedy in high potency, prescribed with reference to a law which is universal in its action and admits of no exceptions in the healing art.

I. DEVER.

CLINTON, N. Y.

CURES WITH THE SINGLE DOSE.*

Belladonna: Mrs. M—, aged 42, dark complexion, black hair and eyes, rather small in stature, would weigh about ninety-five pounds, very nervous, perspires very easily, consequently takes cold at almost every change of the weather; has been subject to what she calls hay fever and during the summer has been in the habit of going to middle Michigan to spend the season; reported that as soon as she arrived there she would get instant relief and would have no further trouble if she remained until after a heavy frost.

Was called to see her, found her in bed perspiring profusely, very restless, wanted to throw everything off (the covering), said that when in a perspiration she could not bear to be covered up, and must throw the cover off; she complained of a sharp, cutting pain in the right side of the face which would shoot up into the temple and side of the head, as if some sharp instrument was suddenly forced up through the side of the face, with a continuous dead, heavy ache over the whole side of the face. When these sharp pains passed through the side of her face they would make her groan in spite of all her efforts to keep quiet. The face was slightly flushed; tongue coated white with a red tip and the papillæ

*Trans. I. H. A.

prominent; mouth dry; wanted water, but very little at a time, or just enough to wet the mouth; throat looked sore, red, with some difficulty in deglutition, sore pain under the sternum and extending over the whole front of the chest; gummed-up sticky taste in the mouth; very despondent, said that she must have immediate relief or she could not live; pulse 130, small and thready; large drops of perspiration standing on her face, which she said was all over her body.

One dose of Belladonna 10m., dry on her tongue, with no medicine in water, one teaspoonful every hour, relieved the pain in twenty minutes, and she went to sleep for four hours; the next morning the trouble had all disappeared. She was left no medicine and told to be very careful for a few days; there was no further trouble.

Belladonna: Mrs. S—, aged seventy-six, rather heavy set, of light complexion, gray hair, blue eyes, generally enjoyed very good health for one of her age, was quite active and could do a good day's work about the house and not mind it; seemed to enjoy being busy.

Was taken suddenly with a severe chill, which was somewhat relieved by covering up in bed, after which she soon broke out with a drenching perspiration, which made her very restless; wanted to throw everything off, as the sweating made her feel so much worse.

Found her with a severe cough, hoarse and dry; would come on by paroxysms, which she could not control in the least; and if she attempted to talk it would bring on a paroxysm of coughing; tongue coated white, with a red tip and prominent papillæ; mouth dry, but no thirst; throat sore, bright red fauces, and when she coughed said that it felt as if a knife was being stuck into it; soreness under the sternum and across the front of the chest < by coughing or by touch, or attempting to take a full breath, which would bring on a spasmodic spell of coughing that would last for several minutes.

Belladonna 10m., one dose dry on her tongue and no medicine, in water, one teaspoonful every hour; at the next call she was somewhat improved, had slept fairly well during the night; cough was looser, could talk without bringing on the paroxysms of coughing; but no desire for any kind of food, was not so restless, could bear to be

covered in bed; no medicine in water as before; there was a continuous improvement; the cough became loose, the sweating disappeared; appetite soon improved and in five days she was pronounced well; but was cautioned that she must be careful for several days, and to let me know if she met with any mishaps; there was no further trouble.

Hepar: Mrs. S—, aged thirty-one years, light complexion, light brown hair, blue eyes, rather tall and slim; would weigh about 105 pounds; rather nervous and fidgety. Had taken a severe cold (la grippe), which she and some of her good neighbors had endeavored to cure, but without success; what had been given I could not find out; but any amount of trash, both internal and external, had been used.

She had a deep, heavy, tight cough; what she raised was of a deep, yellowish color, and said that it left a very putrid taste in her mouth; a dull, heavy headache over the whole head, < in the forehead, < by the cough; face was pale except when coughing, when she would flush up to a pinkish color; tongue coated white, no particularly bad taste in the mouth, breath putrid; very thirsty, wanted the water cold and in good quantities; no appetite for food as nothing tasted natural, tenderness over the stomach and bowels, with considerable flatulence; urine of sufficient quantity, but dark brown, with a strong smell; felt weak and prostrated, as if it was hard work to move even her arms or lower limbs or to make any effort to stir, would much rather remain perfectly quiet; pulse 100 and rather soft, felt chilly upon every movement of her body, even in a warm room; soreness in the throat and through the whole chest, < by coughing; all of her symptoms were ameliorated when in perspiration, wanted the covering drawn up close around her neck to keep up the perspiration, as when it dried off it made her very restless and nervous.

Hepar 10m. one dose dry on her tongue and no medicine in water, one teaspoonful every hour.

At the next call there was some improvement, cough was easier, could raise the sputa with less trouble; less soreness in the chest; pulse 90, was not so particular about being covered up, had slept a part of the night, felt better on awaking, less thirst, tongue not so heavily coated, and not so nervous and despondent. No medicine in water, one tea-

spoonful every hour as before ; close watch was kept over this case for five days, when she was able to be up and dressed she got but one dose of Hepar 10m. was cautioned that she must be very careful for several days, and to let me know as soon as possible should any thing new arise ; there was no further trouble.

Baryta carbonica: Miss E., aged 16, dark complexion, black hair and eyes, rather chubby, was employed as child's nurse.

Was brought to me to see if I could do any thing for her. The family complained that she had such fearful foot sweat which was such a nuisance that no one wished to have her in their house ; and that she could not keep a place on that account. It was extremely offensive, of a sickening, putrid character, that it would soon scent the whole house. There were but few symptoms that could be elicited from her or the family.

In her earlier days she had a large number of warts on her hand, which some old woman removed with some kind of an application, but what it was she did not know. The whole plantar surface of the feet and that between the toes looked as if they had been soaked in warm water for a long time ; the skin was white and the feet tender, especially when she was on them ; the odor was so offensive that I was glad to get rid of her as soon as it was possible.

The relatives said that at times she seemed to be deficient in memory, at others was bright as any one ; would have spells of great despondency, and grieve over the merest trifles, and would go off by herself and sob and cry as if she had no friends in the world. She seemed to have but little confidence in herself, had a good appetite, slept well, complained of no aches or pains ; and at times was cheerful as any one, but at others was very despondent, and they did not know what to do with her, as they wanted to treat her right.

She was given one dose of *Baryta carb.* 10m., dry on the tongue and no medicine for one week to be taken in water ; this was kept up for six weeks when she was pronounced cured of all her troubles.

The foot sweat was completely removed, as well as her despondent spells ; it has been some years, and I have heard no further complaints in that direction.

J. R. HAYNES,

INDIANAPOLIS, IND.

TWO CASES OF IRITIS.*

CASE I. January 23, 1891, Mr. E., aged thirty-six, sent for me to treat his right eye, which had been giving him a great deal of trouble for the past five days. It was about five o'clock in the afternoon when I arrived and found him in a dark room, so dark that I could scarcely see my hand when passed before my face. He had closed all the doors and shutters of the room, and had hung goods over the windows to make the room as dark as possible. Besides he had a shade over his eyes and outside of that a black silk handkerchief folded several times, laid over this so as to keep the least ray of light from reaching his eyes, so great was the photophobia and pain caused by light. He stated that the pain in his eye was intense, that it was aggravated by light and by a draught of air blowing against the eye. Even when the inflamed eye was covered up so that it was impossible for the least ray of light to reach it, light striking the other eye gave him intense pain in the inflamed one. There was a constant sense of fulness and pressure in the right eyeball, with a sensation of sand on the under surface of the upper eyelid, which seemed to scrape the eyeball; the upper lid felt heavy as if it were very difficult to move it. On examining it I found the eyeball intensely red with considerable sub-conjunctival serous infiltration,

The iris was swollen, and from a blue it had changed to a greenish hue and contracted, the pupil being about the size of a pin point, and absolutely immovable. To touch, the eyeball was exceedingly sensitive; there was considerable lachrymation, necessitating frequent wiping of the eye. The lids were œdematous, making it difficult for him to open his eye at all, and the swelling beneath the eye involved the whole tissue as far as the cheek bone. He further stated that until that morning he had been able to go about with his eye covered up, so as to exclude the light, without much trouble; but that since some time in the forenoon he had been rapidly growing worse, and he could feel the pain and other distressing symptoms increasing hour by hour. He also said that he felt worse during the night than by day; worse after going to bed, and worse after midnight. His face was very pale; his tongue large and flabby with the impression of the teeth on the edges and most coated towards the base; his breath was

*Trans. J. H. A.

exceedingly offensive; his mouth, and particularly his pharynx, was filled with a thick saliva that kept him continually hawking and spitting. He also volunteered the statement that he had not felt well for some time previous to the attack, and that he had noticed that he felt worse in damp and stormy weather than when it was clear and bright. The application of fomentations, as hot as could be borne to the eye and forehead gave him considerable temporary relief.

These are the notes of a case of iritis which, without exception, was one of the most violent that I have ever been called upon to prescribe for. Thirteen years of continuous practice in eye diseases has thrown in my path many cases of this inflammation, so that I speak from considerable experience, and I repeat with emphasis, this was one of the most violent that I have ever seen. No doubt, you all have in your minds the remedy, Mercurius. I gave him immediately a dose of Mercurius, 6 cm., dry on the tongue, and every half hour repeated it until he had taken five such doses. Then I awaited the result.

January 24, 1891.—The next morning I found that the patient had slept some during the night, and while the eye was still as sensitive to the light as the day before, still when in the dark he was comparatively free from pain. His breath was not so offensive as it was the day before. He also told me that he perspired considerably during the night, and he also noticed that when his eye hurt him the most he perspired the most; also he felt uncomfortably warm, but he kept covered up for fear of catching cold and did not get uncovered at all. About 8 P. M. his pain began to grow worse, and he suffered all night the same as before, with this difference, that the pain was not so severe and he slept more during the night.

January 25, 1891.—At 10 A. M. I found that there had been no $>$ of the eye symptoms such as we should expect in a Mercurius case, but that the pains that he had during the night had continued right along all the morning, had seemed to increase since daylight, rather than diminish, and the inflammation in the eye showed no signs of abatement; so I gave him a single dose of Mercury Solubilis, 6 cm., dry on his tongue.

From this time on, all the eye symptoms subsided, he passed a very comfortable afternoon, the sensation in the eye

like sand under the lid left during the afternoon, his eyeball felt less sensitive to the touch, and he did not have the evening < that he had had every day since his eye became inflamed. He passed a very comfortable night, sleeping nearly the entire night.

January 26, 1891.—This morning he was able to bear the daylight without pain, photophobia or lachrymation. The redness and chemosis of the eyeball was considerably less, and here and there the sclerotic could be seen between the engorged blood vessels. From this time on the eye steadily and rapidly improved.

On February 8th I made a thorough examination of his eye and found that there were no posterior adhesions; his pupil dilated normally, and no evidences could be found that there had ever been any adhesions. His vision was alike in both eyes, 20/20.

From that day to this he has been perfectly well in every respect; his eye has remained perfectly well, and he has been free from the other symptoms which accompanied his acute attack. To-day the eye is, to all appearance, as sound as before the attack, and the vision is alike in both eyes and normal.

CASE II. November 20.—Mrs. H., married, mother of two children, came to consult about her right eye at 9 P. M. She was suffering from an acute attack of iritis, which had commenced three days before. Her eye was intensely red, the pupil was contracted and immovable. There were already posterior adhesions, as an exudation covering part of the lower part of the pupil could be distinctly seen. She had marked photophobia with lachrymation, and she stated that the tears felt hot when they ran out of the eyes. She complained of a great deal of pain in the supraorbital region, but gave her symptoms very poorly, merely stating that she had been worse since noon. Upon the symptoms, which, I confess, were few and quite general, I gave her Belladonna, cm., one dose, telling her to be sure and return early in the morning. The next morning she came on time and stated that she had suffered terribly from the pain and that she had not slept any during the night; she was unable to keep in bed, for the pain became so severe that she could not lie still; was obliged to get up and walk the floor. She said she felt as if there was something on the upper lid which was scraping the eye.

Hot fomentations, as hot as she could bear, gave temporary relief to the pains. Her breath was offensive and her tongue thickly coated. She was feverish, thirsty for cold drinks and her mouth and throat were full of thick saliva. I gave her *Mercurius sol.*, cm., five doses at intervals of an hour.

November 22.—Found her much better, bore the light better than she could the day before, and she stated that she was able to lie in bed the whole night, although the pain during the night was at times very severe. From this time on improvement was steady and rapid until on the 28th I was able to pronounce the eye entirely well. On making a careful examination of the eye I found that the adhesions which I had observed at the first examination had broken and that the iris dilated normally when in the dark. The cure in this instance has been permanent; there has been no relapse up to the present time.

Here we have the notes of two very similar cases of iritis, similar because they required the same remedy. In one there were posterior adhesions, in the other there were none visible; in both there was complete recovery with the absorption of the plastic exudations, with, in one case cited, actual breaking of adhesions which had taken place. There is a point to which I wish to call attention, and it is this, that in any disease, no matter what, from the moment that the homœopathic remedy has been administered the morbid process ceases to operate. Thus, if you have to deal with an inflammation of the iris the inflammation ceases from the moment that the medicine is introduced into the mouth. From this moment the danger of posterior adhesions of the iris to the lens is likewise over and the necessity of using a mydriatic to dilate the pupil, as is the teaching of the old school, does not exist any longer. But when I say that the morbid process ceases to operate I do not mean that we shall see the inflammation wiped out, as it were, in the twinkling of an eye, with sudden restoration of the parts to their normal appearance; but I do mean to say that the inflammation which up to that moment was increasing in intensity will be arrested and that the parts will return to their normal condition as soon as they are able to regain their normal condition by a natural, healthy reaction. In a case of pneumohia you can not force resolution to take place before its time, neither can you by any means force

resorption of inflammatory matter in eye inflammations to take place immediately. But by your medicines you can stop the inflammation and the formation of more plastic matter, so that when you have chosen the homœopathic remedy and administered it, you can feel an absolute confidence, knowing that no further mischief can be wrought by the disease and that in due time the eye will be restored to its former condition. I have often been asked by old-school physicians: "What is it that prevents adhesions from taking place in the interval that elapses between the time of administering the remedy and the disappearance of the ciliary injection?" If *Atropia* be used, then they can readily understand why adhesions do not take place; but without its use they can not comprehend why they do not occur. But, from what has just been said, we see that after the administration of the homœopathic remedy, there will be no more plastic exudation thrown out, and, consequently, no adhesions can form. In the state of health no adhesions form in those cases where the iris, when contracted, is in contact with the surface of the lens, and none can form in disease unless there be a plastic exudation, out of which adhesions may be made. The homœopathic remedy stops this formation of plastic matter the moment it has been put into the mouth (or by any other means introduced into the system), and although redness of the eyeball may linger behind for some time, it is merely a harmless relic of the inflammation that had previously existed.

ARTHUR G. ALLAN.

PHILADELPHIA, PA.

DISCUSSION :

Dr. Sawyer: Did the doctor advise them to use hot water, or were they using it when he was called in?

Dr. A. G. Allan: I asked them to use it because it might give relief to the pain, and at the same time point to a remedy.

Dr. J. H. Allen: We can learn two important lessons from this paper. The doctor would be very likely so impressed with the great photophobia as to give a remedy based on that symptom alone and thus have gone wrong. Another lesson is that even the severest forms of eye disease can be removed by remedies. I should be afraid that local

applications might change the symptoms some and so be misleading.

Dr. Fincke: I think there might be some reason for using the applications to bring out symptoms and thus help the remedy. What Mercury was used?

Dr. A. G. Allan: *Mercurius solubilis*.

Dr. Kimball: I would like to substantiate Dr. Allan's remarks in regard to the use of Atropine. As a rule, I believe, oculists regard the use of Atropine as very necessary in cases of syphilitic iritis. I once had a patient with syphilis who used his eyes a great deal against orders, resulting in an attack of iritis. He came complaining of great pain with contracted pupils, insensible to light and the adhesions were just beginning. Prescribing closely on the symptoms I gave Euphrasia with most beautiful results. In relating the case to an oculist, the latter said there was no doubt in regard to the diagnosis, and that the remedy undoubtedly prevented the formation of adhesions.

Dr. Powell: Some years ago, shortly after graduation from college, where I had been taught that it was almost criminal not to use Atropine in iritis, I came across such a case. According to instructions the mydriatic was used faithfully without any effect whatever. I then studied the symptoms and found Osmium was indicated, which was given in the 30th, in water, every two hours. It completely stopped the pain, the adhesions were gradually broken up and entire relief followed, with complete restoration of vision.

Dr. Kent: I remember a severe case of syphilitic iritis that was cured by the administration of *Staphisagria*. With my consent the patient consulted an oculist, and reported that he insisted upon the use of Atropine. I refused consent to this, and insisted upon a prescription, or having nothing more to do with the case, notwithstanding my dislike to take the responsibility of so grave a case. The patient after some vacillation put himself in my hands, and after careful study I gave him the *Staphisagria*, which cured him without any trouble, and yet I have been abused ever since for not using Atropine. There was a time when there were no specialists to whom we could turn patients; but that time, happily, is passing away.

Dr. Biegler: It is undoubtedly true that we can cure adhesions as well as prevent them. I have been in a similar situation to that Dr. Kent speaks of, namely, coming on grave cases of eye troubles of which I feared to assume the responsibility and yet without any oculist accessible who was a homœopathic prescriber. Fortunately these cases generally come to me after they have been treated by specialists, and I have a clear field. I cured such a case with Rhus, where the pupil was dilated, fixed and irregular in outline. The case had been around among the oculists, and it gave me great satisfaction to cure it. It was a case of rheumatism combined with syphilis. I had no result from Mercurius, but Rhus removed the whole trouble.

Dr. Fincke: I would like Dr. Allan to tell us whether there was any homœopathic < noticeable?

Dr. A. G. Allan: As far as I know there was no < whatever. In the first case the patient was so bad that I do not think an < would have been noticed at all. I have often watched for an < and the more acute the disease the less < I noticed.

Dr. Fincke: It shows that the repetition of the remedy did not interfere with the cure.

Dr. J. H. Allen: Would the < not depend more on the potency used than anything else?

CLINICAL OBSERVATIONS, ILLUSTRATIVE OF SECTIONS 198, 199, 200, 201, 202, 203 OF HAHNEMANN'S ORGANON. THIRD AMERICAN EDITION—1848.*

Hahnemannists recognize the fact that the curative action of a remedy is often manifested by a disappearance of the symptoms of a given case in inverse order of their development, and the subsequent appearance of some chronic disease, local or otherwise, that had been suppressed by allopathic means. The following cases illustrate the statement:

CASE I. Mrs. Mary Callahan, of Mexico, N. Y., aged thirty-six, married, has been ailing some three years. She has a chronic naso-pharyngeal catarrh, attended with much hawking, and expectoration of a thick, yellow, foul or sweet, sometimes saltish mucus.

*Trans. I. H. A.

Fauces reddened, dry; tonsils large, pale red, flabby, the follicles large, open, and often blocked with a cheesy mucus.

Her breath is foul; tongue broad, coated thickly with yellow or yellowish fur and the edges bearing the imprint of teeth; much saliva at night. Her face is sallow, albuginea yellow, and her countenance dejected.

She is low-spirited, apathetic, sleepy.

Has bloating of abdomen, some light but frequent colic-like pain in intestines. Anorexia, nausea. Constipation; crumbling stools, with straining, exhaustion. Menses rather scanty, dark, stringy; with rumbling, flatulence and light colic.

I omitted to mention that this woman weighs 147 pounds; has light-blue eyes, brown hair, and is rather lymphatic. She is generally worse nights, but her catarrhal symptoms are worse mornings on rising and after going to bed at night; aching in bones at night. She further stated that she was subject to attacks of quinsy, and to severe "(Belladonna) headache" when menstruating.

After much questioning, I found that the quinsy—the first attack—followed the drying up of ulcers in the mouth and fauces, with muriate of iron. The first attack of tonsilitis was severe, but was partly aborted by the application of some astringent lotion or gargle. Soon after this, the constitutional symptoms aforesaid appeared. To rid herself of them, she has had all sorts of treatment, each course terminating in an attack of tonsilitis, or in an aphthous condition of mouth or fauces.

She came to me for treatment about the 15th of January, '91, and I gave Merc. sol. 30, one prescription of three powders, followed by no medicine. Marked improvement followed. Nearly all the symptoms she gave me disappeared, and she expressed herself "amazed at the result and in love with homœopathic treatment." Last week, February 25th, she again had an attack of quinsy, but to save expense, or for some other reason, she treated herself, *secundum artem*, with poultices, gargles, etc. The probability is, that the old symptoms will return, or some worse condition will follow. Had she come to me again for a remedy homœopathic to her case, during this last attack, the probability is that she would have had no more quinsy, but would have been well

on the road to a cure of her whole disease. It is, at the least, disgusting to see the ignorance of the masses in regard to things pertaining to their welfare in the realm of medicine, quite as much so as in religion, for all of which, the doctors, the priests of the two crafts, are mainly responsible.

CASE II. Mark A—y of Fall River, Mass., aged fifty-eight; thin, of sanguine nervous temperament; weight about 150 pounds; by occupation a speculating farmer; suffered more or less, particularly winters, for several years, from psoriasis palmaris. Had tried nearly everything that his physicians could suggest in the line of ointments, alteratives, etc., but with no better result than the drying up of the sores, cracks, and scaly condition of hands. Such merely local palliation was nearly always followed by gastric disorder, dry cough, etc. As I was passing one day, he called me in to look him over and prescribe for him. His hands were rough, scaly, fissured; they itched much when he was very warm in bed, or near the stove; they smarted, burned; were swollen and ached from wrist to end of fingers.

The hands bled at times, and a thin, rather sticky excretion was poured out upon the sores and fissures, that dried, forming thick yellow, scaly crusts. Beneath the crusts, the fluid excretion could be squeezed out. As he had to wrap the hands up in linen smeared with vaseline or other ointments, the discharges thus pent up were often quite offensive.

When his hands were at their worst, his appetite, digestion, respiration were first-rate, but his sleep was broken for an hour or so, soon after going to bed, which he generally did at 9 P. M. In gleaning the history of his case, he recollected being anointed—not with oil, as were kings of old—but with a mixture of hogs' lard and sulphur, well rubbed on, and dried in by a hot fire, several nights in succession, when a boy, "for the cure of the itch." Some months after the itch was so ingloriously defeated, he recollected having cough and night sweats for some time, but followed and relieved by oozing sores behind his ears; he also had, at or near that time, some trouble with his eyes, the doctors called it "scrofulous ophthalmia." "Only one ointment did that any good." After this, he in due time had dyspepsia off and on, until he was thirty-five or forty, when he had typhoid fever. Years

elapsed, until finally the salt rheum put in an appearance, with symptoms as described. I left him no medicine. Went home, studied up his case, and in a day or two prescribed Graphites 200, after comparing Graphites, Hepar, Psorinum, Silicea, Sulphur. One prescription cured him. He had no trouble from the date of cure, for some five years after the disappearance of the psoriasis (two months after the prescription). In the fall, during his sixty-third year, his hands again began to chap, bleed and scale; but with none of the former subjective symptoms, save burning and smarting, particularly after washing. In an evil hour he listened to his wife, who told him "to use a soap that was warranted to cure salt rheum, and, as his hands were not as bad as formerly, to doctor them himself and save his money." Result: His hands got smooth, but a troublesome cough soon followed; tracheal phthisis supervened, and in some four months he was gathered unto his fathers.

CASE III. Mrs. Stow and I have been childless. Some time in 1864 or 1865, we concluded to adopt a child. Dr. A. R. Morgan, of Syracuse, N. Y., was at that time physician to the Syracuse Orphan Asylum. Being in Syracuse to attend a meeting of the Central New York Homeopathic Medical Society, in September of one of the above years, the Doctor invited me to remain a day or two and see some of his patients, including some at the aforesaid asylum. The following day I went with him; and, among other things, visited the orphans. A severe type of ophthalmia was rampant in the institution then, and was caused by the suppression of some exanthem of an intractable kind — scabies or eczema — by the free use of a mercurial ointment. Mrs. Suydam, the matron, used the ointment on the recommendation of a former physician, before Dr. Morgan took charge, as I understand it. A considerable percentage of the children had ophthalmia. On our way to the asylum I asked Dr. Morgan if there were any children in the institution one could feel safe in adopting? "Oh, yes," said he, "there are 160 of all shades and qualities; when we get there Mrs. Suydam will call them together, and you can see and select for yourself. So, after the patients had been attended to, the children were called into the school-room for a few minutes to hear what Dr. Morgan and myself had to say. When they were

dismissed, and were filing out in order, I picked out four or five of the most attractive and intelligent ones, who were taken into the reception room, Mrs. Suydam leading one who was particularly bright. This child the matron took particular pains to recommend to me, and we afterward adopted her. She proved to be an excellent girl, but physically weakened by the treatment she received for the cutaneous disease. About six weeks after we had adopted her, she was one evening taken suddenly ill; complained of pain in head and limbs; had nausea, vomited; then a clear cut chill, followed by intense fever that lasted twenty-four hours.

In the morning, the entire hands and wrists, the feet and ankles, were thickly studded with shotty vesicles, that in the course of a day or two more became pustules, that discharged freely from day to day until they finally healed. There were several successive crops, and some six weeks elapsed before she recovered. Ever after that other vesicles would occasionally appear, singly, or in groups of two or four.

She complained of itching and soreness; the members were swollen and her face puffed; she had warm night sweats, worse during the first sleep, as was the itching, and the odor was rather sour and strong. She had pallor of face and enuresis day and night; much thirst for cold water, raucitas, more mornings, and great sensitiveness of sores to touch. In the midst of all this, she was remarkably patient. Hepar was the remedy that helped her out. About a year after this her hands and back of neck and ears again became very sore; a thin sticky fluid discharging beneath the scabs, there was great itching and burning of the parts affected. Graphites 30, cured the case, no reappearance of the trouble.

T. D. Stow.

MEXICO, N. Y.

DISCUSSION.

Dr. Fincke: One would suppose that anybody who was not entirely blind could see that Hahnemann was right. How can we expect Homœopathy to get on faster, when people are so stupid as to see nothing in a skin disease but a local trouble and treat it as such.

EPILEPSY.*

The curability of a large proportion of cases of this distressing malady has been demonstrated in the past, by Bönninghausen, and though the wonderful success he attained seems to us younger Hahnemannians almost idealistic, it is yet full of encouragement to persevere and to make each defeat the stepping stone for future victory. Two axioms of Constantine Hering's are of value in the treatment of this disease: the first is, to begin chronic diseases in general, and all cases of epilepsy in particular, with Sulphur, and, secondly, to guide the subsequent treatment according to the rubrics given in Bönninghausen's Handbook.

The first case I have to report and my only definite success thus far with this formidable complaint, is that of a young girl who suffered with epileptic seizures for a period of three or four years, from nine to thirteen. Her father died of cancer, showing very plainly the psoric condition causing her trouble. Early in 1890 she received one dose of *Belladonna* high, which gave five weeks freedom from the constantly recurring fits; upon their return she got *Calcarea*, which produced a strong aggravation lasting two weeks, followed by entire cessation for three months. The attacks returned in May and for upwards of four weeks were battled with in vain, *Hyoscyamus* and *Cina* being given without result. At last, finding the head strongly drawn to the right side during the spasm, and noticing that as the attack wore off the whole right side, face, arm and leg used to twitch, violently at first and then less so till all was quiet, and the aggravation during new and full moon which had previously indicated *Calcarea* being still present, all combined with the near approach of puberty, led to *Causticum*, which was given early in June, 1890. The trouble at once subsided and a year has now elapsed without a single recurrence of it. The girl has grown remarkably during this period: is now tall, strong, well developed and allowed to attend church, Sunday school and day school, which had all been denied her for some years.

While attending this case an elder sister, eighteen years of age, broke down and seemed almost at the point of death from anæmia, not having menstruated for three years and

Trans. I. H. A.

being in a pitiful state of emaciation. She would sit hour after hour with her feet close to the stove and her head wrapped up in a shawl; when in bed she must have the bed-clothes over her head. One administration of Silicea made an entire cure of this case, the girl being now reasonably well and strong.

I have also two other cases of epilepsy now under treatment, both boys, one eighteen, the other fourteen. The first one began with Sulphur on September 5, 1890; was given Calcarea on November 19th and Belladonna on January 24, 1891, which last was followed by a slight aggravation. On February 23d he had an attack while asleep at night with unconscious urination; for this he got Causticum, which gave entire relief until April 10th, with another interval to May 3d, after which he received a dose of Sulphur. There is a satisfactory improvement in this case, though far from cured as yet.

The second boy is the son of a man who used to be a hard drinker, and though now a sober, steady man, has the mortification of seeing the results of his folly daily manifested in his unfortunate son. This case has been under treatment eight months without any noticeable improvement. The majority of attacks are at night, frequently accompanied with urination. He was under Causticum from January 31st to May 2d without result, and is now under Calcarea since May 24th, with what result remains yet to be seen, but the probabilities are in favor of long and troublesome treatment and much disappointment, though I hope ultimate success.

A fourth case, that of a married woman approaching the grand climacteric, has too recently come under treatment to furnish any material for reporting.

D. C. McLAREN.

OTTAWA, CANADA.

DISCUSSION.

Dr. Kennedy: I should like to ask the doctor if he was influenced more by the character of the convulsions or the time of their occurrence in the twenty-four hours.

Dr. McLaren: The peculiarity of both cases of the boys was that they were taken with a convulsion when asleep, with unconscious urination. A fit occurring during sleep, without

urination, is Calcarea. Bufo and Silicea have similar symptoms.

Dr. Kimball: I have a case in which the convulsions occur in sleep doing well on Bufo. I think Lachesis also has the convulsions during sleep.

Dr. Kent: Did the attacks pass through lighter stages into epileptiform vertigo, or did they cease suddenly?

Dr. McLaren: One passed through a series of light attacks and finally into a chorea; she formerly had crazy spells in the place of the convulsions; during these she was very cross and spiteful.

Dr. Kent: It has been my experience that when epilepsy is cured it passes away in lighter and lighter attacks, finally to a vertigo which remains a long time. I mentioned one a year ago cured by Silicea. This patient remains entirely well, never having a fit, but suffering slight attacks of vertigo every few days. During an attack, if driving, he will turn the buggy around, and then catch himself going the other way; the attack lasting a minute or possibly two minutes. We have recently had a case in the clinic in Philadelphia of great interest, but it is too soon to claim any permanent benefit. It is a case that had been under treatment for many years. He received a dose of Sulphur, and since that has gone on for two months without any fit, but he has the vertigo—several attacks in the course of a few weeks—but they are light; he says, he simply feels strange at times. A large abscess formed over the right hip and another appears to be forming over the left hip. This is regarded as a manifestation of the action of Sulphur. I think it is going to be a very interesting case.

Dr. H. C. Allen: I have seen a number of cases of epilepsy and have cured a few, but I have never succeeded in curing a case that had previously been subjected to the action of the Bromides. I should like to know whether any member of the Association has cured or seen cured a case so subjected.

Dr. McLaren: I did one case which was hardly epilepsy, but spasms or convulsions occurring in an infant. The mother was dosed with Bromides before the child was born. The child showed nervous symptoms as soon as born. I discovered that the attacks came on out of doors, and that it clung tightly

to the nurse; it was cured very completely with Borax; first the 200th and on these returning, the cm.

Dr. Kimball: I have a case that was subjected to the action of the bromides of Potassium and Ammonium three times a day for a year. It is too soon to say she is cured, but the improvement in her general condition is marked and the convulsions are getting lighter and less frequent. She used to have the convulsions every month. After beginning the bromides she had no more convulsions, but much disturbance of digestion, a profuse pustular eruption and great emaciation. When I stopped the bromides she had convulsions every week for a while, but gained greatly in health, and the pustules disappeared.

Dr. McLaren: Do the Bromides affect the system so deeply that it can not be rid of them?

Dr. H. C. Allen: I am not prepared to explain what it does or how it makes the case so difficult of cure, but I have observed the fact. I have in a number of such cases been able to delay or postpone the paroxysms, but never to make a complete cure.

Dr. Kimball: Perhaps some here will remember a case of epilepsy that I reported last year. It was a woman forty-four years of age, and, if you remember, the remedy prescribed was Lachesis. She had one convulsion in January, '90, one in July, '90 and none since. The medicine was given in April, '89, and at that time she was having a convulsion every month, the last one March 24, 1889, the next one being in January, 1890.

VERIFICATIONS OF HYOSCYAMUS.*

A case of typhoid fever came under my treatment when very low, from another physician. The patient, a young lady, was trying to get off the bed, extending her legs to one side or the other, requiring an attendant on each side of the bed, to prevent her getting off the bed. She could not speak, her mouth and throat were so very dry and parched. If offered water or drink she would push away from it and refuse it. The nurse said: "Let her alone, she will die." I prepared a solution of Hyos. 30th, and made her take it,

*Trans. I. H. A.

once in three to four hours until improvement, then no medicine. When better, I inquired if she remembered refusing drink. She did; it was like tearing her throat to swallow.

In Allen's Encyclopedia, in the provings of Hyos., under mouth symptoms, 476, tongue dry; 477, tongue, dry and clean; 478, tongue and mouth parched; 475, dryness of the mouth, lips and fauces; 514, speech impaired; 520, they lost their speech; 521, speechless, with wild look; 522, dumb. Throat: 546, swallowing difficult; 549, inability to swallow. The above are some of the principal symptoms in this case.

VERIFICATION OF FERRUM AND HYOS.

I was called to visit and treat a sick man after an allopath. He was about thirty years of age. I found him in bed, had lain down to die. I requested him to move to the front of the bed, so that I could examine his mouth and throat. He said: "I can't." I said you must; he drawled out, "I can't." He did move to the front of the bed; I found his mouth, tongue and throat entirely dry, and on the back of the pharynx was a patch as large as a penny, the color of amber.

I examined him and found no disease. I said to him: "You are not sick with disease; what have you been taking? I think you have been taking iron." "Yes," he said, "my doctor has given me iron." "If I can antidote the effects of the iron, I can cure you." He had no courage, and would neither believe nor try.

I gave him a solution of Hyos. 30th potency, and in two weeks he was up and moving about, and soon became well. The principal characteristic of the above case was the extreme aridity of the mouth, tongue and throat. Some of the above symptoms are found in the provings of Ferrum, and its compounds. He had the dull, heavy feelings of Ferrum, and the dryness of mouth and throat.

Ferrum. — Symptom, 26th; very dull and heavy all day; 21st, disliked to see or talk to any one; wanted to be alone.

S. SEWARD.

SYRACUSE, N. Y.

THREE CASES OF CANCER CURED WITH THE HIGH POTENCIES.*

CASE I. J. H. M., house carpenter, age fifty-four, a powerfully built man and of fine physique, called on me one year ago; he was then suffering from la grippe, and on examination I found the lower lobe of left lung hepatized, which disappeared in about sixty days. He had a family history of consumption and had had camp diarrhœa while in the army; ever since that time he had been troubled with a disease of the rectum.

Symptoms: pain in the rectum a great part of the time, worse at night, severe itching in the evening, bleeding piles; every now and then, when not troubled with the piles, had a thin acrid and excoriating discharge. The tissues around the anus very much thickened and inflamed; has pimply eruptions on different parts of the body; skin looks dry and dirty looking; has had itch suppressed with Sulphur previous to his entering the army in '62. Treatment: Sulphur cm., three powders to be taken four hours apart, and to report in one week. At the end of that time he reported rectum much better; the thickening around anus has almost disappeared; itching better, though it was very severe for the first three days after taking the medicine, so much so that he thought he would have to call on me for relief. Soon after the itching passed away he broke out around the mouth with fever sores as he called them; four days after they made their appearance they had grown from small spots the size of a pea to large fungus-looking growths the size of a hickory nut, five in number, almost black in color, and very nearly encircling the mouth. The lower lip very much swollen, infiltrated and angry looking; there was no sign of ulceration or any discharge, but a good deal of soreness and stiffness preventing the closing of the mouth completely. No medicine every four hours while awake, with instructions to report if the sores on the lips grew worse.

At the end of two weeks he returned, the sores had entirely disappeared, together with the rectum trouble. But he said he had something new to show me this time; he complained of a burning, sore spot on the centre of the lower lip. On examination of the lip, I found a soft, vascular, itching, burning spot, covered with a thin film in its center, edges of

* Trans. I. H. A.

the sore somewhat elevated, denuded of its epithelium, bleeding at the slightest provocation; during the day it had bled so profusely that he became alarmed at it; the lip is very much infiltrated and congested, of a dark red color; he is constantly licking the sore lip as it is hot, dry and parched; has thirst for small quantities of water, which is daily increasing; tongue coated white, dry and parched looking, also, temperature elevated one and a half degrees.

Treatment, Arsenicum cm., one powder, Johnstone's, with no medicine for one week, when he reported. I found a marked improvement, temperature only one-half degree above the normal, thirst better, no more hæmorrhage from the lip, though for three days after giving the medicine had to use five or six handkerchiefs per day. At the end of the fourth week I discharged him cured.

CASE II. Mrs. A. B., aged 42, a widow for six years. Her home is in Chicago, where she has been taking treatment for nearly a year; she has had both old school and homœopathic treatment; her case has been diagnosed as cancer and that they could not cure her, but only prolong life for a short time; having no relatives in Chicago, she was invited here to live with a sister who called me in to treat the case. On examination of the case I found an irregular-shaped tumor, nodulated and very hard, except in one spot, where it had begun to break down. It was lying between the uterus and rectum, firmly attached to both organs and about the size of a large orange. The rectum had already begun to contract, which made an operation from the bowels quite difficult and that only with copious injections of water which was followed by a good deal of pain and prostration. To complicate matters, five small but very sensitive and painful hemorrhoidal tumors, situated below the attachment of the tumor and posterior wall of the rectum, only aided in complicating matters and increasing the suffering of my patient. The family history of my patient was good, had always been well up to the time she was married, ten years ago; up to that time had had no severe illness, that required the aid of a physician. Soon after marriage she began to be troubled with a very annoying leucorrhœa; after suffering with it almost a year, she consulted a physician who prescribed medicated injections per vagina, which undoubtedly suppressed it,

for it soon disappeared. From that time she has never seen a well day.

Treatment Medorrhinum cm., one dose, followed with placebo for one month. Soon after taking the medicine the leucorrhœa returned, from which she suffered almost everything, so acrid was it that it seemed to almost cauterize any part that it came in contact with. The only relief that she found was in tamponing the vagina and injecting frequently into it quantities of tepid water. For ten days it confined her to her bed, but it gradually cleared up and with it disappeared her low spiritedness and despondency; she became less nervous and began to get light hearted and happy again. Again prescribed no medicine, and from that time the tumor began gradually to disappear; at the end of the second month the upper portion of the tumor or that portion that was attached to the uterus had entirely disappeared and had contracted down to a small nodule the size of a small hen's egg; it had ceased discharging, the odor had disappeared together with the infiltration, nothing now remained but this little nodule attached to the rectum.

The hemorrhoidal tumors had also disappeared and most of the congestion. The bowels move naturally now, and has suffered no pain for two weeks past, sleeps well and appetite good, thinks she can soon go to work.

March 1st prescribed Aloe in cm. potency for a persistent diarrhœa that came on every morning and lasted all forenoon, then would disappear until next morning again; I was in hopes this would disappear of itself; but it seemed to be exhausting my patient, so I prescribed the Aloe, which cleared it up nicely. Since that time she has had no more medicine. April 1st, on making an examination, I find the tumor has entirely disappeared and my patient is well.

CASE III. Mr. B. F., age thirty-five; light complexion, blue eyes, and of a mild disposition; follows farming and fruit-growing as a business. Family history, consumption, two sisters and an uncle died of that disease; one of his own children, aged two years, died last summer of marasmus. Father and mother both living and well now; but both are subject to attacks of erysipelas about once a year. Previous to his present trouble his health has generally been good. As long as he remembers has had a wart on the left cheek,

near the angle of the mouth, about the size of a small pea. It never gave him any trouble until last September, when, for some unknown reason, it began to grow rapidly. At the end of two months it had grown about one inch in length, and as thick as the little finger, and had already begun to ulcerate and discharge a thin, acrid and badly smelling pus; occasionally it would bleed so profusely, as to be somewhat alarming. It was during one of these attacks that he called the attention of a physician to it, who diagnosed it as a cancerous wart, and advised immediate excision. Not satisfied with his decision he consulted two others, who gave him similar advice, when he was advised to consult me about it. On first seeing it I mistrusted cancer, and on examination of it more carefully I came to the conclusion it was; the ulceration had already reached the cheek, which was very much swollen, infiltrated and angry, with a tendency of the tissues to contract around the growth.

Treatment. — From the character of the discharge, which was thin, watery and excoriating, the intense burning, the constantly increasing thirst, and the nightly restlessness and aggravation after midnight, I prescribed Arsenicum, two powders in the cm. potency, with no medicine for one week; at the end of one week he returned improved, the discharge had nearly ceased, the inflammation lessened, thirst gone, and the nightly restlessness much better; the growth had now begun to contract at the base. At the end of the second week it had so dried up that it looked as if it was burnt; the contraction had still gone on at the base, so that with a slight touch it broke off close to cheek, and was followed by a slight hæmorrhage. Continued no medicine, and at the end of third week I discharged the case cured. -

J. H. ALLEN.

LOGANSFORT, IND.

DISCUSSION.

Dr. Carleton: I think these were three capital cures, but I am a little uncertain about the diagnosis of the second case.

Dr. Wesselhøft: I think the Medorrhinum case an exceedingly instructive one. In its homœopathic pathology it is similar to a cure I reported with Dulcamara several years ago. The disease arose from a suppressed vaginal discharge, which I supposed to be gonorrhœal. The result was an ulcer

in the rectum. On account of an accidental cold I prescribed Dulcamara. It brought back the uterine discharge and cured the ulcer. On this account I suggested the reprovng of Dulcamara, especially on women, as there had been no proving of this drug upon women.

Dr. J. H. Allen: The case had been treated by a good homœopathic physician, and I prescribed several times without result. The suppressed discharge, with the fact that soft cancer not infrequently is produced by gonorrhœa, led me to the remedy.

Dr. Carleton: It was not given to cure, but to reproduce a suppressed discharge, and so clear the ground for a cure.

A CASE OF PERITYPHLITIS CURED.*

August 11, 1890.—Miss E. N., a tall, slim girl of thirteen, has not been very well for a year. In the spring she had "la grippe," for which she had taken quinine and antipyrine, followed by iron, "to strengthen" her, which failed of the desired effect. She has not menstruated. Yesterday she was at the sea shore and indulged in lobsters, ice cream, etc. This morning she has a pain in the umbilical region, more or less constant, but sharp at times, and then she curls up and cries. She is tearful and has no thirst.

One dose dry Pulsatilla cm. (J.)

As I was to be out of town that night, a dose of Coloc. was left to be given if the pain was not better in two or three hours.

August 12.—She had quite a severe attack of pain in the night and the Coloc. was given, which relieved her. This morning there is much less pain in the general abdomen, but the trouble seems centered in the ileo-cœcal region, which is quite sore to touch, with occasional sharp pains. Temperature, 99.8. No medicine.

August 13.—She is still very sore in the ileo-cœcal region; motion or pressure causes transient sharp pains; wants to lie on back, but is not particularly sensitive to a jar of the bed; face hot, flushed. Thirsty for small quantities and often. Temperature, 100. One dose dry Belladonna cm. (J.)

*Trans. I. H. A.

August 14.—Has a hard tumor in the ileo-cæcal region the size of a small hen's egg, which is not as sore to touch as the ileo-cæcal region was yesterday, but it is still painful on moving, coughing or laughing. She feels generally better. Temperature, 100. No medicine.

August 15.—The tumor is about gone; but it can be felt a little; much less pain; can move very comfortably this morning; tongue moist and clean; had a good night. No stool for several days. Temperature, 100.2. No medicine.

August 16.—Had a good but rather loose stool yesterday afternoon. Was restless during the night, and thrashed about. This morning there is more pain and more swelling; but it is not very sore to touch. Sharp pains in the swelling on moving, coughing or laughing. Wants to lie quietly on the back; no thirst; is very weak, and says she knows she is going to die. Temperature, 101.4. One dose dry Bryonia cm. (J.)

She had been having up to this time nothing but milk and water for nourishment; but she felt so much better yesterday afternoon, and teased so hard for something to eat, that they foolishly gave her some tea and toast. This seemed to cause a return of the pain, and the psoric conditions, which were constantly flaming up and dying down again during the whole illness, were aroused to renewed activity.

August 17.—She was thirsty in the night; there is more swelling in the ileo-cæcal region—hard, hot and tender, and as large as a good-sized egg; but there is not as much pain, and it is not as sore to touch as yesterday. She is not sensitive to the weight of the clothes, or to a jar, and says she feels better; is taking nourishment, milk and water very well. Temperature, 103. No medicine.

August 18.—A very good night, slept well, was thirsty during the night, but there is no thirst this morning. The swelling has decreased considerably and there is much less pain, it is not as sore to touch, and is not at all hot. There is no pain unless she moves, is most comfortable on the back or right side, can not lie on the left side. She feels generally much better, tongue moist; temperature, 100.6; no medicine.

August 19.—There has been more pain, it began to increase about 5 P. M. yesterday. The pain is usually worse toward

night, makes her restless, with desire to lie on the right side, and is throbbing in character. The skin is hot toward night with dry mouth and thirst; temperature, 101.8. Bell. cm. (J.) in water, a dose every three hours for three doses. Dr. W. P. Wesselhœft saw her in the evening, but made no change.

August 20.—There was not as much pain during the night, but there has been considerable sharp shooting pain in the left hypochondriac region this morning, relieved by pressure; temperature, 103.4. The swelling was about the same, with a dull aching pain. The pains seemed to be returning, and Bell. cm. (Swan) was given in water every three hours, four doses.

August 21.—There was considerable pain yesterday in spasmodic attacks. Last night an attack of pain at 11:30 P. M.; restless until 2:30 A. M., then slept fairly until 7:30 A. M., when she had a severe attack of sharp, stabbing pains in the swelling, which is now as large as a fist. She has had four attacks since, but none as bad as the one at 7:30. The pains caused her to double up with screaming, and were relieved to some extent by heat. No medicine was given, and Dr. Wesselhœft was seen in consultation. He suggested Magnesia phos., on account of the sharp, stabbing pains, and the relief from heat. On account of the tenderness of the swelling there was no relief from pressure; but the sharp pains in the left hypochondriac region the day before were relieved by pressure. A careful study of the remedy showed that the symptoms were well covered.

Dr. Wesselhœft saw her at 5:30 P. M. She had had several attacks of pain since morning, and had vomited three times. Temperature, 103. Mag. phos. c.m. (Swan) was given in water, a dose every three hours.

August 22.—At 7:30 P. M. yesterday, two hours after the Mag. phos. was given, she had a large formed stool, and there has been no pain in the ileo-cæcal region since, unless she is moved. She had a comfortable night, slept very well. Since the vomiting of yesterday she has been taking rice water every two hours. This morning she complains of pain in the abdomen, above the left ilium, and in the right hip, but none in the swelling. No nausea or vomiting, but is very weak. Pulse 96. Temperature, 100.4.

The Mag. phos. was continued on account of the former relapses.

At 1:30 P. M. there has been no return of pain in the swelling, which is smaller. She has vomited once, a greenish, sour mucus; but is now asleep on her back. No medicine.

August 23.—Temperature at 5:30 P. M. yesterday, 99.1.

Since last evening there has been a good deal of sharp, shooting pain in the abdomen. Vomited milk at midnight. This morning there are sharp pains in the abdomen, which is sore to touch and slightly swollen, with rumbling of wind; pain relieved by pressure and passing flatus. The swelling is smaller. Temperature, 100.8. It seemed best to repeat the Mag. phos., as the pains were returning, though mostly in the abdomen, and the cmm. (Swan) was given in water, a dose every three hours.

4.30 P. M.—There has been no pain until noon, when it returned with great severity above the crest of the left ilium and was accompanied with much irritability. The Mag. phos was given at 12, 1 and 4 P. M. Since 1 P. M. there has been but little pain, but she complains much. No medicine.

August 24.—Has had a good night; no severe pain, but considerable distress in the left side of abdomen. Has passed flatus frequently. The abdomen is slightly swollen and is now more sensitive on the left than the right side.

The swelling in the ileo-cæcal region is scarcely perceptible. Temperature, 99.6. No medicine.

August 25.—Had a large, natural stool at 10 P. M. last night. After that, rested well. The abdomen is still swollen, but no swelling can be felt in the ileo-cæcal region, and there is no soreness there on light pressure. There is rumbling of wind, with considerable pain, especially in the left side of the abdomen. Temperature, 99.2. No medicine.

August 26.—Can lie in any position now. No pain in the abdomen, but it is still a little sore and slightly swollen. Temperature, 99.2. No medicine.

August 27.—No pain, soreness nor swelling of the abdomen, but quite a little wind. No swelling can be felt in the ileo-cæcal region. Temperature, 100.2. No medicine.

August 28.—No pain or soreness in the abdomen on quite hard pressure. Wants more to eat. No medicine. She continued to improve for about a week, and then things came to a standstill.

September 8.—Has been rather languid the past few days,

no desire to get up. She is very hungry, and this morning vomited, probably from an over loaded stomach. One dose dry of Psorinum cm. soon wrought a complete change. The next day she was up and dressed on the lounge, and gained rapidly from that time. In two weeks, or six weeks from the beginning of the illness, she had fully recovered.

There can be no question as to the diagnosis in this case of perityphlitis, or appendicitis, as it is now beginning to be called by reason of the origin of the inflammation in the appendix. Nor can there be any question as to the efficiency of the homœopathic remedy in combating the disease. Whether there was formation of pus is uncertain, but probably there would have been in a short time if the progress of the disease had not been checked.

The main reliance of our allopathic brethren in such cases is upon an operation, and if unsuccessful, as it so often is, their excuse is always that it was not performed early enough. The operation of the indicated remedy is most satisfactory, and should be all sufficient.

It is interesting to note the changes in the size of the tumor and the effect of the remedies upon the conditions which caused it. The swelling first appeared the fourth day, one dose dry of Bell. cm. (J.) was given and the next day it was about gone. The sixth day it returned and after a dose of Bry. cm. (J.) in two days it decreased in size, but did not entirely disappear, and continued about the same after the Bell. in water given in both Johnstone and Swan potencies the ninth and tenth days. The eleventh day the swelling was larger than at all. Magnesia phos. was given in water at 5:30 P. M. and continued every three hours until 1.30 P. M. the next day, when the swelling was less, and in two days more was about gone. The Magnesia phos. was repeated the thirteenth day in the cmm. potency and four doses were given. These repetitions in both instances were necessary on account of the tendency to relapse, and the vital force required frequent impressions to enable it to fully react. When the Bell. was prescribed there was lacking the sensitiveness to a jar of the bed, which you would naturally expect to find with the other Belladonna conditions present, and this may possibly be a distinction between Bell. and

Mag. phos. The following symptoms were relieved by Magnesia phos. and may be credited to it.

Swelling in ileo-cæcal region.

Swelling, hard, hot, sore to touch.

Pains in ileo-cæcal region.

Pains sharp, transient, paroxysmal, doubling up, with screaming, relieved by heat; aggravated on motion.

Desires to lie on the painful side.

Pains in the abdomen, mostly in the left side.

Pains, sharp, transient, paroxysmal, with irritability.

Pains relieved by passing flatus and by pressure.

Abdomen swollen, sore to touch, with rumbling.

Vomiting green, sour mucus.

S. A. KIMBALL.

BOSTON.

DISCUSSION.

Dr. McLaren: Does not Magnesia phos. seem to be a decidedly right-sided remedy?

Dr. J. V. Allen: Any one not posted hearing this paper read, and most of the other papers too, would suppose that the case was cured principally with sugar. It is a term that should not be used. If it was understood by everybody who reads or hears these papers that sugar means no medicine, it would be all right.

Dr. Biegler: It is unnecessary to mention in our reports the repetition of the Sac. lac. It is a habit that it would be well to drop.

Dr. H. C. Allen: The suggestion of the difference between Belladonna and Magnesia phos. is a good one and true. The aggravation from jarring or touching the bed is much more pronounced under Belladonna than Magnesia phos.

Dr. Wesselhøft: The doctor did not bring out strongly enough the amelioration from warmth. The child asked to have the cloth wet with hot water, changed several times while I was there. The pains were intermittent. Heretofore we have thought the pains of Mag. phos. were short and sharp and of purely a neuralgic character. It is a case that shows the beauty of the homœopathic law. As long as the conditions present indicate the remedy all the way through, we do not have to ask whether it is a muscular, suppurative, neuralgic pain, or what not in its nature. The

child was delicate and weakly. One leg was drawn up, and she could not be moved a hair's breadth without screaming. Dr. Kimball has been very modest in his description, for I assure you it looked like a hopeless case.

Dr. Stow : What were the sounds on percussion?

Dr. Wesselhøft : I got the signs of a tumor ; the sound on percussion was perfectly flat.

Dr. Stow : What was the character of the fecal matter in the copious evacuation spoken of ?

Dr. Kimball : I did not see it, but they said it was a large formed stool, quite natural. If there had been pus or blood I am sure they would have said so.

**BRIGHT'S DISEASE CURED WITH ONE DOSE OF
PYROGEN CMM. (SWAN.)***

A young German woman was admitted to the wards of the Hahnemann Hospital, January 2d, 1890, suffering with Bright's disease.

She had previously been in one of the city hospitals where she got no relief and, applying to Dr. W. G. Fralick, was advised to look for help in the "Hahnemann," where she was admitted on the above date, and remained until March 1st, when she was discharged somewhat improved.

My term of service began March 1st, and on the 14th I was asked by the house physician as to the advisability of admitting an incurable case of Bright's Disease which had already been two months in the hospital as a free patient.

The woman declared she could only be comfortable or helped in the "Hahnemann," and begged so earnestly to be saved from the Mt. Sinai Hospital, where she would otherwise be forced to go, that we readmitted her.

An examination of the urine showed an enormous amount of albumen and a variety of casts. Feet and legs terribly swollen, so that she could not wear her own shoes, with much puffiness of the face. The most characteristic conditions were a throbbing headache < by motion and light. Abnormal brightness of the eyes, with greatly dilated pupils. Belladonna had been given her and was followed by such relief of her condition that she was discharged on March 1st, as previ-

*Trans. I. H. A.

ously stated. She now received it again in a very high potency and after two weeks was so much improved that she was again discharged. The "Hahnemann" is not designed as a retreat for incurables, although no one is ever turned away.

When the woman left the hospital I promised to continue the care of her case, and she reported at my office once each week.

By the 31st of May she was in a desperate condition. Too sick to work; she had long since lost her position as "saleswoman" and her poor relatives could no longer support her.

I applied to the lady managers of the hospital for a free bed where the woman could stay until better or relieved by death from her pitiable condition and it was most cheerfully granted. With more than previous interest in the case I made a thorough examination as to the *cause* of her trouble, and learned it dated from a large abscess, the result of a lanced and badly cared for felon on the thumb of left hand. She was sick for weeks with this abscess and had what the doctors told her was blood poisoning. Soon after this the swelling of her feet and face commenced.

Up to this time I had not had occasion to use Pyrogen, but concluded that here was a suitable case in all respects to give it a trial.

Her condition and symptoms were about as follows: I made no note of them, fully expected the woman would die, at this time, but determined to give her all possible relief, and constantly declared I was going to *win* the case.

Feet, legs and genitals seriously swollen. Frightful throbbing headache, which was better from a tight band constantly worn about her head. Relief from heat. She was very fond of the *hot bath*, which I forbade as soon as I learned of it being taken. The headaches had most terrible aggravations lasting two to four days. During this aggravation she could neither lie in bed nor sit up, but was in constant motion, groaning and crying piteously for help. She was indeed a pitiable object. Swollen face, projecting eyes, legs swollen to the utmost extent of the skin. The urine was loaded with albumen and casts frequent, but never numerous. It was a desperate chance; but, having with great care prescribed with only very temporary and unsatisfactory results, I was determined to make no change in the remedy, dose or habit of life.

I was absent from the city from July 15th to September 15th, receiving regular reports from the house physician as to this case. I have every reason to believe he faithfully followed my directions.

Only once during the last stay in the hospital did the woman lose her courage and declared in her sleepless and persistent distress that I must give her something to stop the pain which she could no longer endure.

I was forced to order her to leave the hospital or obey me. This was in June, and soon after it she began to mend. In September, on my return to town, she was much better, and begged me to allow her to return to Germany to her father, a poor German peddler. She, however, remained until October 20th, when I discharged her as cured. I have heard from her twice since in reply to packages of "no medicine," with which I kept her supplied. In the last letter she thanked me for the medicine, but was so well that she did not think she required it.

The most touching incident connected with this case was on the day of her departure, when she knelt in the center of the ward and offered a prayer, the like of which the nurses declared they had never heard. She was a Jewess.

NOTE.—The excruciating, bursting, throbbing headache with intense restlessness, moving and crying, slightly ameliorated by a tight compress. The headaches were accompanied often with profuse bleeding at the nose and nausea and vomiting, which I have omitted to mention in the proper place.

This is the only case in which I have used Pyrogen, but I feel that it cured that desperate case and that Swan's emm. will become an invaluable remedy when we know how to use it.

My reasons for using it were *purely empirical*. Dr. Bell cured a case of blood poisoning with it, and was so impressed with its power and use that, on my departure for Europe three years ago, he gave me a vial, with an urgent request to use it if I wounded myself while dissecting in Leipsic.

It has proved a life saver in several cases of malignant typhoid fever, and I think it advisable for our Bureau of Materia Medica to have it proved as early as possible.

THOMAS M. DILLINGHAM.

NEW YORK.

DISCUSSION.

Dr. Kimball: What was the appearance of the tongue?

Dr. Dillingham: I do not remember.

Dr. H. C. Allen: Were her symptoms written up in the Hospital or any record of them kept?

Dr. Dillingham: No records are kept of symptoms.

Dr. Biegler: Any special diet observed in that case?

Dr. Dillingham: No attention was paid to diet. Coffee, tea and hot baths of which she was very fond, were the only things forbidden.

Dr. Biegler: It has been my custom not to prescribe any special diet in Bright's Disease or diabetes. I have a case now under treatment where I found upon examination such a quantity of tube casts as I never saw before, and I have been examining urine for the last thirty years. The patient had not been a bad man, but he was a great drinker, and could carry more beer than any one I ever knew. He was distended so that a good large pair of trousers could not be drawn over his legs. I prescribed Lachesis for him. In four or five days a syphilitic ulcer came out on his throat and an eruption on his forehead and then he got better. At first the urine was very scanty and like coffee grounds. It changed to an abundant foaming urine, the foam being very persistent, so that it would remain for hours. I placed him upon a milk diet at once and excluded all solid food, and it has been a question since in my mind whether the milk diet did not have something to do with the change in the urine. After a thorough examination I could find but one doubtful cast. What made me doubt about it was that I had a young man with me who informed me that it was the experience in the hospitals, that when a case of Bright's disease was put on milk diet it was scarcely possible to find a tube cast.

Dr. H. C. Allen: I am very much pleased with Dr. Dillingham's report. His suggestion of proving Pyrogen is a very good one, but where are you going to get the provers? I should hesitate to make a proving of it on myself.

In regard to Dr. Biegler's case, I remember noticing that in Paris in the hospitals, especially those devoted to the treatment of renal diseases, they have been using for a number of years Milk Sugar as an efficient and prompt diuretic. It

is said that dropsy of the abdomen and œdema can be quickly reduced by Milk Sugar and water. Hence it is very possible that the milk diet had something to do with it.

**REPORT OF THE PHILADELPHIA POST-GRADUATE
SCHOOL OF HOMŒOPATHICS.***

In behalf of the members of the Faculty of the Philadelphia Post-Graduate School of Homœopathics, I wish to present to you an announcement of what is being done in Philadelphia for the furtherance of Homœopathy as Hahnemann taught it. I feel that it will be of great interest to all the members of this Association to know that at last an earnest effort is being made to teach all who may desire to learn Homœopathy, pure and simple, unadulterated with fanciful theories or devices of so-called modern science.

Early last fall, several gentlemen, all of them devout believers in Homœopathy and earnest workers for the cause, met in Philadelphia, and, after thoroughly discussing the wisdom of such a step, decided to form a permanent organization, and to apply to the court for a charter for a school to be known as *The Philadelphia Post Graduate School of Homœopathics*, which in due time was granted. I will now state as briefly as possible the objects and aims of our school, which I trust will commend it to each and every one of you:

In the first place, the object of the school is to teach and to demonstrate that pure Homœopathy is all that is necessary in the management and cure of the sick; in other words, that the law expressed by the words *Similia Similibus Curantur* is of universal application in disease. The *Organon* of Samuel Hahnemann, the edition of 1833, will furnish the sole groundwork of the principles taught. Without a clear understanding of what are the principles and laws laid down by Hahnemann in this work, no one can ever hope to practice *pure Homœopathy*, however great may be his knowledge of the *Materia Medica*; therefore, the instruction in the philosophy of Homœopathy will be clear and comprehensive, and no effort will be spared to make plain to the student the essential points which will be necessary as a

* Trans. I. H. A.

foundation in his future practice of our Art. It will be taught that the single remedy in a single dose in the minimum quantity will cure more gently, safely and promptly than in any other way. The method of teaching the students will be not merely by didactic lectures, but more especially by clinical instruction. This school will not attempt to teach the mechanical branches, such as operative surgery, operative gynecology, etc., but will confine itself, in all the branches taught, to teaching simply the art of prescribing according to pure homœopathic principles. It has been thought best by the Faculty to instruct the students as much as possible by clinics, since the students, being already graduates in medicine, will learn much more quickly the art of homœopathic prescribing by clinic than by didactic instruction. To further assist them to learn this, as students become more advanced, they will, under the direction of the clinician or assistant physicians, be given cases to study and to prescribe for personally. In this way, an opportunity will be given them to learn practically the relative value of symptoms, how to use the repertories, etc., and a chance to watch the progress of cases under true homœopathic treatment from the beginning to the termination, an opportunity of unexcelled advantage to those who really desire to learn and to practice the truth. In this way students will be advanced, step by step, from general knowledge to particulars, until they have become thoroughly grounded in true Homœopathy.

The course will be divided into two terms of lectures, a fall and a spring term. Each will comprise about nine weeks. The fall term will begin the 5th of October and the spring term the first Monday in March.

“The didactic and clinical courses,” to quote from the announcement, “will cover the seven distinct departments of *Materia Medica* and the Philosophy of Homœopathy, clinical medicine, diseases of women, diseases of children, obstetrics, diseases of the eye and ear, and surgery. There will be no chair in any of these that is not purely homœopathic. It has been thought wiser not to extend the curriculum beyond the branches named, as it is believed that a small number of instructors will furnish better instruction in a more satisfactory way than a larger body. There are fewer examinations to be passed; hence each can be more thorough and efficient.

There is less liability of confusion growing out of distinct teachings and the idiosyncrasies of different instructors, and with a small body there is a capability of reaching an entire unanimity of sentiment and action which might not be possible with a larger corps of instructors. The professors and lecturers of this school engaged for the coming season will be as one in their thinking and teaching, inspired from the master mind of *Samuel Hahnemann*, and we anticipate in the belief and practice of each and every instructor a harmony and unity in action like that of a well ordered concert under one grand baton."

The reason for establishing a post-graduate school and not a school for teaching under-graduates is that the desire of those engaged in the work is to teach pure Homœopathy together with the art of making homœopathic prescriptions and not the fundamental and auxiliary branches, such as anatomy, physiology, chemistry, hygiene, etc., or the mechanical and operative branches of surgery, gynecology, etc., which would be required to be taught in a school for under-graduates.

It is conceded by all allopaths that a three years' course of medical instruction is too short a time in which to teach medicine thoroughly.

In homœopathic medical colleges the same branches are taught as in allopathic colleges with, in addition, the special branches appertaining to Homœopathy; evidently if three years of study are insufficient for allopathy, it must be *a fortiori* insufficient for homœopathic instruction. It is to give the homœopathic graduate an opportunity to perfect himself in Homœopathy, which he did not have in the college course, and likewise to give to the allopath an opportunity of learning Homœopathy without obliging him to spend time going over again branches he has already studied and passed an examination upon, a circumstance which has deterred many an inquiring mind from gaining a knowledge of the true Healing Art, that made the founders of the school unanimous in deciding upon a school for post-graduate instruction.

Finally, the degree which the college has decided to confer upon its graduates, unlike any other that has heretofore been conferred, while it carries with it no license to practice

under the law, is one of peculiar timbre and which every true homœopath should be proud to obtain—*Master of Homœopathics*. There is no aim of a physician higher or loftier than to elevate himself by work and labor to become as near as possible to *Hahnemann*, the *Master in Homœopathy*.

“It is the intention of the faculty and board of directors to establish and keep up a high standard of education in the school, so that only those who by their attainments and grasp of the doctrines of true Homœopathy and who are entitled to be regarded as *masters* in their profession shall receive this degree.”

Since the teaching of this college is to be mainly clinical its location had to be in such a place that it would be easily accessible from all directions. For this reason the committee appointed on a location chose its present site, 1317 Ridge avenue, and already the size and rapid growth of the various dispensary departments have shown the wisdom of their choice. The size of the service has exceeded our best expectations; already the time of the attending physicians is well filled in prescribing for the sick. But our desire is not so much to have a great crowd at our doors as to make correct prescriptions and good cures. Too many cases in the waiting-room invariably results in hasty and poor prescriptions, which we have an earnest desire to avoid. Our aim has been to have a place where true Homœopathy and nothing else is taught, so that all who desire a knowledge of it can have an opportunity of acquiring it, and also to have a dispensary where the true Homœopathic Healing Art as taught by Hahnemann and his faithful followers is the only therapeutic method employed in curing the sick. Such a place we now have in the Philadelphia Post-Graduate School of Homœopathics, and it is with the greatest satisfaction that I am able to stand before you to-day and point to Philadelphia, which was the cradle of Homœopathy in America, where its infancy was nurtured and sustained by the master minds of Hering, Lippé and others, whose memory we cherish with a profound veneration, and say that there remains there a remnant upon whose ears the teachings of the Master did not fall in vain, and who are now prepared to teach to others who desire to know and to practice it, the *true science of therapeutics*—
HOMŒOPATHY.

PHILADELPHIA.

A. G. ALLAN.

DISCUSSION.

Dr. H. C. Allen: This report should not be passed by without receiving some commendation, for I do not think a more important step has ever been taken for the good of Homœopathy than the founding of this school. Those who practice the Homœopathy they have been taught are just as honest in it as we are; they do the best they know how, and I do not like to see the opprobrium that is cast upon those who do not come up to the mark in scientific prescribing. Here is a place where they may go and learn what Homœopathy is, and see it proved in clinics; how superior it is to all other modes of practice, and how useless are the innumerable expedients and palliatives which they have been taught to use.

As I understand it, the students are to make prescriptions for patients after being shown how. This is an opportunity not often afforded, and far better than to sit in a class and see prescriptions made by the professor exclusively.

Dr. Custis: I am in entire sympathy with what Dr. Allen has said. This school will fill a long felt want. Doctors who wish to learn something of genuine Homœopathy may do so here, without wasting time in going over ground that has been previously traveled over. How valuable and interesting will it be to see the different specialties, like the eye and ear, in the hands of genuine homœopaths.

Dr. A. R. Morgan: I look upon the establishment of this Post-Graduate School of Homœopathics as one of the most significant and important steps for the advancement of our cause since the publication of the Organon, for its teachings are based upon that immortal work; but I ask, what shall be done for the student?

We are aware that Homœopathy, pure and undefiled, is not taught in our so-called homœopathic colleges, and perhaps one reason why is because the faithful followers of Hahnemann, to a large extent, have withdrawn from active participation in the old and demoralized organization, thus relinquishing control into the hands of those who are virtually eclectic in practice and who therefore misrepresent us.

We hold that one of the greatest needs of the day is to provide places where the student may be protected against fallacious teachings and instructed in sound doctrines.

This Post-Graduate School may be regarded as a revolt

against eclectic degeneracy in our schools and colleges, and its patronage indicates a growing demand among physicians for pure Homœopathy.

We need to assert ourselves more positively, to give our distinctive claims greater publicity.

Let us urge our pupils to select the college not where the largest classes are found, nor where the array of scientific appliances are most formidable, but where the nearest approach to genuine Homœopathy is taught, and then urge them to finish their education in this school of homœopathics.

The following resolution was presented by Dr. J. A. Biegler:

Resolved: That the International Hahnemannian Association heartily approves of the establishment of the Philadelphia Post-Graduate School of Homœopathics, as a step in the direction of the higher education of homœopathic physicians, which education is urgently required for the proper appreciation of the teachings of Hahnemann and the principles of our Association. Carried.

FLUORIC ACID IN VARICOSIS.

Mrs. E. who has for many years had *large* varicose veins in her left leg, below knee, now complains of the most excruciating pain in them, the slightest touch is agony. Especially is this the case at certain spots where the veins are swollen into lumps, and look as if they would rupture or ulcerate. She is unable to put the foot to the ground, walking is impossible without great pain. Pulsatilla, Sulphur and other medicines had not the least effect. Fluoric Acid 30 at once relieved the pain, and the veins quickly began to lessen in size, and within a fortnight scarcely any enlargement of them could be noticed.

ALFRED HEATH.

LONDON, ENGLAND.

INFANTILE COLIC; WHY SO DIFFICULT TO CURE.*

I trust that I owe you an apology for the intimation conveyed by the above title and that it will be found in the discussion which my few words are intended to bring forth, that the lack of success is personal to myself, and that you have no greater difficulty in curing infantile colic, than any other affection. I say that I honestly trust such will prove the case, for then I may learn to be as successful. So far, I must confess that infantile colic is to me a very "pons assinorum." I trust I cross alone.

However, I must premise that by the term used I do not mean a slight attack of griping, which is readily eased and cured, by a dose of Chamomilla or Nux vom., but to a something, of the same character, which begins with the first breath the infant draws, or soon after, and continues day and night, particularly the latter, until the infant is through teething, or has cut its eye teeth, anyway, and thus knows better. The chairman of this bureau wrote better than he knew when after my title he added, "By a sufferer," not from the colic, be it understood, but from its effects in the infant, and if any of you envy me the distinction or fancy you can out rank me, he will have to acknowledge to a good many cold winter nights spent in itinerating about the nursery chamber in a garment which seemed to grow thinner and shorter, miraculously fast; seeking peace, but finding none.

So, you can see, that if an intimate knowledge of your patient is always of the utmost assistance in making a cure, I should have found no difficulty in reaching that much desired and infinitely longed-for consummation.

I know of no ailment to which infantile life is subject which will so thoroughly test the hold a physician has upon a family as this. In my own personal experience, I dozens of times felt like discharging myself, and since I "know how it is myself," I am confident that I shall think leniently of the stern parent, who, after many nightly perambulations, suggests to me that he thinks he will give Dr. Bolus a trial, though of course my duty to the truth will lead me to explain that where I fail it is useless to expect Dr. Bolus to succeed, which may convince, until the next time; when, numbed with

*Trans. I. H. A.

cold and exhausted with his prolonged "sentry go," he creeps quietly into his bed, fearful that any sound may startle and again start the little but powerful ruler of his domestic empire.

But a still greater factor in coming to a conclusion to make a change are the sufferings of his baby; for, though he might endure unto the end, to his lay mind it appears as if the first end reached would be the end of baby.

I do not think that even a knowledge of the *cause* would invariably lead to a cure; but, were such the case, in this affection—I might write affliction—the causes seem to be as numerous as the sufferers, and as variable as the opinions of those who from experience pose as authorities. One will find it in "the sins of the father," etc., and babe being within the fourth generation; another will suggest "psora," a number suggest "feeding," but this is not reliable, as some of the worst cases I have ever met have confined themselves strictly to a milk diet and did their own milking, so that there was no chance for any trickery said to be peculiar to milk men. But, granting this natural milk food is at fault, we have numbers of patent baby foods, milk and otherwise, of a strength and purity sufficient, not only to cure a flatus griped little one, but about equal to the task of raising a dead one, could we blindly believe the owners of the patent and some physicians who have probably been made to see with their respective eyes through a very convincing currency and announced to the profession and the world in some of our medical journals at so much a page. But "feeding" will not invariably lead to cure, as I have commonly found in those cases when artificial foods were necessary, that baby would none of them, and exhibited a fine ability to choose and a firm determination to have only such articles of diet as science and common opinion decides are most unsuitable for them.

Still another suggests the liver as the long-looked-for cause, and if size ruled in connection with the axiomatic propriety of the dog wagging the tail, and not vice versa, we might be excused for shouting "Eureka."

Still others point to irritability of stomach and bowels, to a mesenteric system unable to assimilate the food—but it may be said that these latter oracles mistake an effect for a cause—more excusable in their subject than any other of which I have knowledge.

As I said before, I do not think that a cause can be found; probably a combination of all known or suggested causes would be nearer the truth. Still, taking this for granted, we are no nearer the satisfactory result, viz., a cure.

Some who have had no experience may advise me to take the "totality of the symptoms;" good advice and advice which will do to tie to—if you can get a totality.

But now, from the babe you can get nothing but generally unreliable objective symptoms, and for the majority of these you are dependent upon a nervous, excitable, anxious and exhausted mother, or a careless, uninterested nurse; but, granting you have these pretty truly, and you select your remedy accordingly—the experience of "a sufferer" is that you are by no means certain of a cure; nay, even when you have got all the symptoms possible, and select a remedy which will covers them—and in this you have no easy task or child's play—still experience proves many times too often that there is no diminution in the number or duration of the nightly promenades, or of the cries and tears of the promenaded.

Where, then, does the trouble come? I answer, and shall hereafter try to act upon my reply, unless I, to-day, am shown my mistake, and am taught a better way—by over anxiety—over anxiety of the doctor who naturally desires to retain his family, but who, in addition, has his sympathy aroused by the sufferings of the little one, and for these reasons is very apt to fail, as I shall soon explain; over anxiety on the part of the parents who not only suffer in seeing their child suffer, but who naturally desire a night's-rest occasionally—a desire heightened in the case of the father, by the fear that he may become a chronic baby jumper; over anxiety on the part of the grandmother and all the uncles, aunts and cousins, to say nothing of the ever present friend of the family who employs some other doctor, who, of course, cures everything and everybody *cito, tuto et jucunde*. All this over anxiety is, I believe, responsible for the majority of our failures—I should say my failures—for the doctor is too anxious to permit his one dose of the remedy selected a sufficient time in which to act, and too often gives heed to the cry of the mother, 'Doctor, *can't* you give my baby something to ease her?' To the stern interjection of the father, who cries: "Doctor, some-

thing must be done! Do you expect to keep me forever in training as though for a walking match?" To the grandmother: "Doctor, catnip tea is very good for a baby's stomach, and no harm ever came from a little soothing syrup. I have raised ten, and they all had it and it never harmed them;" (forgetting that the whole family is a perfect bonanza for the family doctor, from this and other like causes), all of which is endorsed by the uncles, aunts and cousins, who think that what grandmother does not know about a baby is of no account. To the friend of the family, who so pleasantly whispers, "If you had my doctor, baby would have been well long ago." Not much wonder, if, being human, the doctor tries a dose of this as an intercurrent; next day, with no change for the better, he is ready to try another remedy—of course only and still as an intercurrent,—but the result is his case is mixed and he at sea, and often, try as he may, is he unable to untangle the coil into which over-anxiety and sentimental selfish and unselfish sympathy has brought him. His case is spoiled and his reputation and temper suffer, and through him "our law," for, though I pose as a "sufferer," and justly, yet I believe and know that the "simillimum" will cure all curable cases, and we must take our time till we find it. Even then we shall save time and suffering over any other known method.

Unless to-day taught better, I am resolved to explain to those in authority over the infantile colician, that time is in all probability necessary to permit the medicine given to cure, and that, if I can not be assured of time and no interference of any kind, I shall refuse to accept the case, which will any way, under the most favorable conditions, cause me many a mental colic.

DISCUSSION.

Dr. Butler: This reminds me of an experience of my own. Some years ago I was called to see a baby who was suffering from chronic indigestion. The father and mother were young. In fact, it was their first baby. After prescribing very carefully and regulating the diet, etc., I left the case for twenty-four hours. Next day I found that a neighbor, Mrs. Z., had assured them that my prescription was all wrong, thrown away my medicine and prescribed something. The

condition of my mind may be imagined. I said with considerable vigor that either Mrs. Z. or myself must be discharged. The young mother appealed to me in this way: "Just think," said she, "of Mrs. Z.'s experience; she has had eleven babies and lost ten."

Dr. Stow: This paper brings up old times. When I was residing in the village of Fulton, N. Y., I was called to see a baby about eight months old. The father, who came for me, told me to hurry up, as it was a very urgent case. I followed him soon, and found the whole family up, perambulating the room, and taking turns at carrying the infant: the father was then engaged in that act, and the baby was screaming loud enough to be heard by the neighbors. The pain appeared to come in paroxysms, and I noticed the baby clung to the father's shoulder, and when placed flat on his stomach, seemed to get some relief. Colocynth 200 put him asleep in five minutes, and he never had colic afterwards. I gained the family for patrons. In a week or ten days the grandmother was taken with a "Cantharis" dysentery and promptly cured. I gained the whole crowd, friends and relatives, by that the first prescription.

Dr. Adams: I hope I did not convey the impression that I had not occasionally succeeded in curing colic. I was speaking of something way beyond the ordinary.

Dr. Custis: With all due respect to Dr. Adams, I do think that the majority of babies' colics are the result of bad feeding, and, moreover, babies often have colic because they are hungry. A baby may be filled up to the neck with milk and still be hungry. We can all fill up with soup, but it does not last long, and if the food does not meet the requirements of the child, no matter how much it eats of it, it will be hungry, and the baby will have these terrible attacks of colic. Also many attacks of colic are due to the mother's state of mind; excitement or anxiety spoils the milk temporarily.

As to remedies, I regard them highly. I find *Lycopodium* the nearest to a specific; these symptoms usually being present: red sand in diaper, slight scurf on the head and the attacks worse in the afternoon.

Dr. H. C. Allen: I think the great mistake is in not beginning early enough. The time to treat these cases is in the early months of pregnancy, before the child is born. The

mother who has wise treatment for the little aches and pains of pregnancy will not have a colicky baby.

Dr. Stow: The mother may not need the services of a physician, or at least she may not think so.

Dr. H. C. Allen: If the mother is all right then the baby probably will be. Babies who have no artificial food after birth until the milk comes have very little trouble from colic, but the baby who is kept quiet on sugar and water, or milk and water, or something else, will surely have colic.

Dr. Hanchett: I have listened to this discussion with great interest, but I hoped to hear one avoidable cause of colic mentioned which I regard as very important, and that is carelessness during the first moments of the child's life. During these few moments the child is very often thoroughly chilled, and this I regard as a prolific cause of colic. I have one nurse, of much experience and good judgment, who is very careful in this respect. She quickly wraps the baby up warmly, anoints it with warm oil and puts no water on its body, and she almost never nurses a colicky baby.

Dr. Fisher: When Dr. Stow spoke of Colocynth, it reminded me of one remedy which has met with but little attention from homœopathists, and I think is often overlooked when indicated. It is Jalap, which was one of the first remedies that led me to the study of our system. I was apprenticed to a surgeon, for whom it was my duty to put up prescriptions, and he always ordered Ginger with Jalap to counteract the colic which the Jalap *alone* caused.

When I first heard of the homœopathic law my attention was forcibly recalled to the above fact, which I considered to be in accordance with it, and was induced to make further investigation which determined my conviction.

Dr. Sawyer: Dr. Fisher neglected to give the indication for Jalap. It is the remedy where the baby is careful to rest all day, so as to "raise Cain" all night.

E. T. ADAMS.

TORONTO, ONT.

KEEP THE MOTHER HAPPY.*

"Non quo, sed quomodo."

It would be superfluous to attempt to prove the influence of the mind in causing and curing disease. The general acceptance of the doctrine of possible mental causation makes, however, no less imperative the need to know how to avoid all sick making influences. At no time, probably, is the sensibility of the body to all sick making influences more heightened, than during the first days that follow the sorrows and joys of maternity.

"Keep the mother happy" should be a maxim with all who attend in any manner in the birth chamber, and it should be especially the aim of the physician to make the others feel its importance.

Two instances of similar ill effect from similar causes have seemed to me to contain sufficient teaching to make them worthy of record.

A few years ago I attended a lady who felt unable to have the services of a competent nurse. When the baby was four days old the nurse went out, leaving her own little girl to care for the lady's older baby, then just beginning to walk. The children were in a room adjoining the bedroom; suddenly, the little girl cried, "Oh! the baby's half way out the window." The mother sprang from her bed and rushed to the window to save her child. She had nursed her former child and had now, again, breasts full of milk. The shock put an end to its flow in a few hours. I have lately attended her again, at another birth, and the milk has come freely as at first.

The other case was in the easiest of circumstances, supplied with an experienced, competent nurse. On account of a little difficulty in urinating, it was thought desirable to circumcise the child when four days old. The operation was admirably done by a colleague, who had charge also of the mother at the birth, but was unable to give the case all its later care; the bleeding was slight and ceased under the sponging with *Calendula* water. The child had some pain afterward, but went to sleep. A few hours later I was called in great haste. The baby had wakened and begun to cry. The nurse had lifted him from the cradle before the mother's

*Trans. I. H. A.

gaze, to find not only the napkins but all the clothing almost drenched with blood, and the child, of course, quite pallid. I threw a ligature around the bleeding surface and the bleeding ceased. But the mother had been shocked to see the loss of her baby's blood, and although the milk had come very freely, it was dried up at once. She, too, had plenty of milk for a former child, her first.

The recital of these cases contains also their lesson, and they appeared to justify the saying placed at the head of the paper :

"Not by whom, but in what manner."

Dr. Sawyer: Were you not able to restore the flow of milk?

Dr. Rushmore: It was not restored.

Dr. J. H. Allen: I think Opium is most apt to be indicated to restore the flow of milk after fright.

Dr. Adams: Lac caninum has in my hands restored the flow in several cases. It was not applicable to these cases, of course, where fright was the characteristic indication.

Dr. Stow: It seems to me that the hygiene of the lying-in chamber is very important. One of the most injurious and reprehensible things is the everlasting visiting and talking to the patient during the lying-in period. I have been discharged through the influence of a nurse, who cared more about the opportunity for gossip than the welfare of the patient. It should always be insisted on, however, that the utmost quiet and freedom from visits of even the kindest of neighbors, must prevail.

EDWARD RUSHMORE.

PLAINFIELD, N. J.

CEREBRAL TRAUMATISM. Effects of injuries of the brain, causing sooner or later, symptoms of acute mania. Melancholy, sad, depressed; satiety of life, must use great self-control to prevent shooting himself. *Natrum Sulph.*

SPINAL MENINGITIS: Violent crushing, gnawing pains at base of brain, or in upper spine, as if a dog were gnawing. Drawing back of neck and spasms of back, with mental irritability, gloom, sadness and delirium. Violent congestion of blood to head. *Natrum Sulph.*

HE DID NOT KNOW IT ALL.

A well-known hydropathic, dietetic and hygienic doctor, who had twice the degree of "M. D." conferred upon him, but a nonbeliever in medicine and a lecturer against medicine in his own institution, where his patients numbered one hundred and fifty the year round, had a sudden reason to believe that he did not know it all. He had a patient, a very sick patient, who had gained ten pounds in as many days. So it was quite natural that both patient and doctor should feel highly pleased; and accordingly in the evening when the guests of the sanitarium were assembled he took special pains to ridicule Homœopathy and pointed with pride to his charge from Canada who had gained so many pounds in flesh, while he cast his ridiculing eye at me. But alas! poor patient! and alas! poor foolish know-all-doctor, the cure was not permanent. Once more we wrung out the hot fomentation until our hands were in a blister, once more we applied the electric current, but to no purpose. Gradually down, down the stream of life went our patient, ten pounds gone in one week, ten pounds more in another week. The candle of life was burning dimly. The patient had his eyes on far off Canada, which was growing more and more distant day by day. As I stood by his bedside, felt his pulse, looked into his wistful eyes and careworn face he whispered, "Doctor is there anything in Homœopathy that can help me!" With some feeling I said as a blush of shame overspread my face, yes Mr. Curry I believe there is, but I am pained to say according to the rules of the institution, I dare not prescribe for you. He turned his face aside for a second and then asked as his face lit up with hope born of despair. "What will it cost to send for Dr. Kent?" A hundred dollars perhaps. To make a long story short, Dr. Kent came and consulted with the know all-doctor. With a guttural laugh and a sneer the know-all approached me and said: "Well Kent's going to give Curry one powder of Ipec. 1000 and the rest Sac. lac." and then he laughed a long low laugh, "And he says he don't think Curry will get well." But I had my suspicion that he might. Dr. Kent took his money, (as all

Dr.'s do), Curry took his medicine and both went home—that is, Dr. Kent preceded Curry by four days.

Postal from Curry in Canada. "Dear Doctor.—Arrived home safe but a little tired after so long a journey. Am gaining in health and flesh. Never felt better in my life. No more trouble with stomach or liver. Yours truly." On presenting this card to the know-all-doctor, who had graduated twice as an M. D., he didn't even smile, nor did I hear him lecture against Homœopathy again, for I left.

SUTTON, NEB.

W. S. S. YOUNG.

ROCHESTER HAHNEMANNIAN SOCIETY.

October 20th, '91.

The regular monthly meeting of this society was held at the office of Dr. A. B. Carr. The President, Dr. V. A. Hoard, presiding. Members present, Drs. J. A. Biegler, A. B. Carr, R. C. Grant, V. A. Hoard, A. J. Norman, and A. C. Hermance; Drs. E. J. Ross, S. G. Hermance, O. S. Bamber, Graham and Young present as visitors. Minutes of previous meeting read and approved. Committee on resolutions with regard to death of Dr. Hawley, asked for further time; granted. Dr. Young then read a report of several interesting cases at the hospital. Sections one to six of Organon inclusive were then read and discussion followed.

Dr. Biegler. Many physicians devote much time and energy in searching with microscope and other scientific means to find the specific microbe of certain diseases. It may be very scientific, but I consider it nonsense as far as being of any assistance in curing said diseases. If they would devote half as much energy in studying their cases and searching for remote causes in history of patient, would make more cures.

Dr. Carr. I think physicians often mistake the symptoms of a chronic miasm for an acute disease, and treat it as such. I remember in my early practice of treating a case of supposed pneumonia which developed into salt

rheum, and was finally cured with one dose of Hepar. I think this is a mistake too frequently made by all of us. The chronic miasm in making its appearance produces the symptoms of an acute disease, and we too often accept it as such instead of searching for the latent miasm. I also remember another case in which this mistake was made; a case of colic—so-called by a number of physicians who had attended the child—stomach and bowels in bad condition, cathartics, anodyne, etc., innumerable had been given; Sulphur developed a perfect case of salt rheum and the child is now entirely cured, bowels regular, no more colic, stomach all right, in fact has never been troubled since, now several years ago.

Dr. Biegler. Three weeks ago, a young lady while sitting out of doors was suddenly taken with a severe pain in right arm, running to shoulder, arm soon began to swell badly and was very painful. I was struck with the suddenness of the attack. In a day or two joints became red and painful. I thought it was rheumatism; with that belief and from symptoms and appearances gave Bryonia, which did nothing. Also gave Colchicum and Lycopodium with same result. I then began to study the case as I ought to have done and gave one dose of Sulphur cm. In twelve hours improvement began; in twenty-four much better; in a short time an eczema made its appearance upon the scalp, and found on examination that some years ago patient had an eruption come out in the groin, which had been suppressed by ointments, etc.

Dr. Grant. I recall a case of granulated eyelids which was relieved by remedies from time to time as they seemed indicated, but in a short time patient would return as bad as ever. I got tired of that sort of thing and told patient I was now going to cure him. I went into the case thoroughly as I should have done at first, and found patient had suffered for years with foot sweat which had finally been suppressed with some external application. Soon after began to have granulated eyelids. I then gave him one dose of Silica cm.; foot sweat returned and eyes got better. This is four years ago and patient has never been troubled since.

A portion of Hahnemann's Chronic Diseases was then read, after which

Dr. Graham reported a case occurring in his practice some years ago, as follows: This patient came to me suffering with scrofula, the scalp being completely covered with scales. He said: Doctor I am tired of this thing and I want something to put on it and dry it up. I want an ointment of some kind.

I thought at that time I had an ointment that could not be excelled for such troubles. I gave him a box and after a time he returned for another, saying it was doing him good and he was getting well. The scalp entirely healed, the scales which had formerly formed and fallen on his coat disappeared, but I noticed although the skin was smooth and soft it had a peculiar red color. Soon after this patient came to me with a bronchial trouble, began coughing and became very weak; continued to get worse and finally was unable to leave the house. I began to think of that ointment and came to the conclusion that it was doing him no good and made up my mind to stop it, which I did. I had been giving him remedies with the ointment, but now went to work more thoroughly and prescribed carefully for him, giving him a number of remedies which I cannot now recall; among others Hepar and Graphites. However the bronchial trouble disappeared, the scaly condition of scalp returned but patient was soon able to get out again after being confined to his room for three years. I would say this man is now entirely well. This case settled me on the ointment question.

Dr. George Hermance. I have recently had two cases of anasarca in the lower extremities, beginning at the feet and going up in both cases. One dose of *Lycopodium m.m.* was followed by a pustular eruption, and in one case, that of a twin child a month old, was followed by drying up of the pustule and rapid recovery.

The other case was that of a young man recently convalescent from typhoid fever. In his case a dose of *Bryonia* was given before I found out that an eruption had made its appearance. I think perhaps I have spoiled my case.

Dr. J. A. Biegler then read an interesting paper on:

SCROFULOUS OPHTHALMIA.

This disease is prevalent among children of the tuberculous diathesis. It derives its importance from the fact that the cornea is involved, and of the consequent danger of an opacity being established in that important tissue, which, according to its extent, impairs permanently the vision of the affected eye.

The term (ophthalmia) by which this disease is commonly designated, implies a conjunctival inflammation and it may therefore be misleading, as the conjunctivæ are only secondarily affected.

While the various forms of this disease are named according to distinctive characteristics which they present, and according to the cause which engenders the disease, homœopathsists can only give attention to the terms which express an underlying cause, such as scrofulous, gonorrhœal, catarrhal, as they express the constitutional miasms which are factors or elements in the problem of selecting the curative remedy, and the terms, infantile, purulent, pustular, chronic are absolutely worthless for practical purposes. A nomenclature of disease is at best fanciful and arbitrary, and to the homœopathist misnomers are of no importance, as disease is too complex and the law of cure too comprehensive to be hampered by human inventions; but still it is important for the practitioner to be aware of the nature and locality of the disease so that he may speak intelligently and thereby protect himself against unreasonable expectations, although it is only barely possible that he may incur the unfortunate sequelæ so often resulting from the treatment of the common school of practitioners, and their immitators who pretend to practice our art.

The most striking symptom of this disease is the aversion to opening the eyelids, and which is speedily demonstrated when an examination is attempted. The quick and decided manner in which a child will bury its head in the pillow or in its mother's lap, I believe is chiefly experienced when the cornea is involved, whatever may be the form of the disease. The cause of this symptom is ascribed

by some authorities to photophobia, and by others to extreme irritation caused by the friction of the upper lid over the corneal ulcer.

I believe that both explanations should be accepted for the reason that the child will often have the eyes open at night, but at the same time will be as decidedly intolerant to the slightest touch, in an attempt to keep them open, as when exposed to light.

The lids are nearly always much tumefied with a congested state of the vessels; the edges are often raw and excoriated. The muscles of the eyelids (the orbicularis), and of the face are violently contracted. There is a marked ring or zone of blood vessels in the sclerotic coat around the cornea chiefly caused by the distention of the larger veins of the conjunctiva, but no general redness of that tissue. When the corneal conjunctiva is involved the affection shows itself either in small whitish elevations, phlyctenulæ, or an ulcer.

TREATMENT. Comparisons so often and readily made of the result of the two methods of treatment in this disease, namely Homœopathy and the empiricism of the common school, give to the former the supremacy as a healing art more frequent and more certain than in many other directions, and it is to the glory of our art that the sufferers are mostly tormented by the droves of tinkers, called specialists, under the influence of the prevalent craze of submitting the diseased organism to be treated in sections, before obtaining the relief which the Author of all good has provided for them by means of the law of cure.

The following case is given not as an offering to you of additional knowledge, as I am sure you have many times accomplished similar cures, but simply to illustrate what has been here asserted.

Case. Effie W., age six years.

May 9, 1890. "Scrofulous or strumous ophthalmia," "scrofulous ophthalmia," phlyctenular keratitis; so-called by the scientists who expend their ability in naming but not curing the disease, and from whom she came after two years of suffering, during which time she had not seen more than a glimmer of light, and was finally sent to the

country for fresh air as all the sciences known to the specialist had been exhausted. The following symptoms were observed:

Intense photophobia and sensitiveness to touch.

Impossible to examine eyes without ether, which is not necessary.

Streams of tears gush out from eyes, especially when attempting to raise the lid. Tears excoriate the skin.

Spasmodic contraction of muscles of eyelids and forehead.

Profuse discharge from nose.

Crusty formation in nostrils.

Night sweats and fever.

Aconite 200., 3 powders, one every 6 hours.

May 11th. General condition much better. No fever or night sweat. Appetite better. Otherwise same symptoms.

Euphrasia cm, one powder at once.

May 14th. Catarrhal discharge from eyes and nose much better. Child feels better, holds her head up and opens her eyes for an instant. No medicine.

May 21st. Decidedly better. She can open her eyelids and keep them so for a few moments, but it is impossible to examine the eyes. No medicine.

June 9th. Not as well. Lachrymation more profuse. Examination shows phlyctenulæ on edge of cornea; impossible to examine cornea.

Euphrasia mm, one dose.

June 17th. Decidedly better. She can now momentarily look out of the window. Have examined cornea for the first time and find an opacity on left eye. Child sweats easily, especially in head.

Euphrasia mm, one dose.

From this date the child made a perfect recovery, receiving the last dose of Euphrasia July 14th, after which she passed through a short siege of whooping cough, which had no appreciable effect on the eyes, and on the 2d of Sept. she received one dose of Silica 1m, and from which time the opacity appears diminished.

SPECTACULAR PERFORMANCE OF TWO EVIL SPIRITS: LACHESIS
AND WHISKEY.

One day a lady received a dose of Lachesis for a diphtheritic sore throat. On the evening of that day feeling weak, and a general used up state, she took a spoonful or two of whiskey thinking that it would aid her in overcoming that bad feeling.

On hearing of this the next morning I expressed surprise at not finding that a rumpus of some kind had occurred from the combination of the two discordant spirits, as I have by experience to look for some disturbance in such circumstances. This however did come later in the day; in the afternoon, feeling entirely well and therefore unable to remain in bed she commenced to dress herself when suddenly she fell into a swoon in which the attendants found her, and noticed that her hands and feet were icy cold, she appeared nearly lifeless, but in this swoon the remarkable fact occurred, of a nonsuspension of the mental powers. In that state she thought she was in a grassplot with a body of water behind her and a brass moon before her. Her effort during that time was to catch and seize the brass moon, she had what seemed to her a long chase after the brass moon and as she was about to reach it one of the attendants exclaimed that she could not swallow water, which exclamation brought her to her senses, and she immediately recovered.

After remaining in bed an hour or two she got up perfectly well and has remained so. J. A. BIEGLER.

Under the head of miscellaneous business Dr. Grant reported on the meeting of the Central New York Society held at Syracuse last month, saying it was the most interesting and instructive meeting he had ever attended, and he hoped none would fail to attend the next one to be held in Rochester in December.

Dr. Wm. G. Brownell was appointed essayist for next meeting.

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 BICHLORIDE OF GOLD cure for dipsomania now has its inning, especially in Chicago and the west. Less than a year ago—in the early months of 1891—Koch's cure for tuberculosis was being lauded to the skies as a wonderful discovery. Soon after "the returns" began to come in, and our readers know the rest. A more dismal failure of a much vaunted scientific cure—all never appeared on the horizon of scientific (?) medicine. Like quinine for the cure of intermittent fever, our scientific friends are intent in the pursuit of that will-o-the-wisp, a specific for the name of a disease; and failure succeeding failure does not appear to dampen their zeal, or even serve as a hint that possibly they may be on the wrong road. Now for another illustration:

NEW YORK, Nov. 5.—*Special Telegram*.—For nearly a month newspapers all over this country have been reprinting an article written by Colonel John F. Mines, LL. D., for the October number of the *North American Review*. It was the most authoritative as well as the most interesting article that had yet appeared regarding Dr. Keeley's bichloride of gold cure for drunkenness.

In it the writer frankly confessed that he had for years been subject to attacks of drunkenness, and proclaimed the efficacy of the cure. He said that all the old passion for drink had gone. He had tested himself in every possible way, but not a drop of intoxicating liquor had passed his lips since a day in April last, when his treatment was begun at Dwight, Ill.

He was so quoted from ocean to ocean that it is hardly exaggeration to say that nearly every drunkard in the land pinned his faith upon the cure of this man, who had been a drunkard for twenty years. Ten days ago Colonel Mines began a prolonged spree. He was found drunk in the gutter on Wednesday night, was committed to the work-house on Blackwell's Island, and died there this morning.—*Daily Paper*.

Here is another melancholy example of the utter folly of ignoring individualization, of attempting to cure all cases of dipsomania with the same remedy; for although the cause may be the same, alcohol as every one knows, affects no two persons in the same manner. The treatment may

palliate for a time, as quinine does, but it can only cure a case now and then. Had Col. Mines died in the same way a year ago, it would have been unnoticed outside his immediate circle of friends. But to have been cured of dipsomania, and to have himself heralded that cure to the world only to die from a prolonged debauch—alcoholic poisoning—so soon after his proclaimed emancipation invites for Dr. Keeley and his pretended discovery the severest criticism. The Springfield, Mass., *Republican* of Nov. 13, says:

Dr. Keeley, by his selfish course in keeping his pretended discovery a secret from the medical profession in order to make his fortune, and by the absurd sweep of his claims as to the certainty and permanency of his cures, has himself invited very harsh criticism when cases like this arise. Had he been a trained scientist he would have known better than to "claim" anything at all for his "discovery;" rather would he have left it to fight its own way and win its own victories. He should not have asserted so far in advance that his "cure" never fails, because medical science is empirical, and the most successful and most widely accepted medical treatments prove ineffectual in some instances.

This is both ungenerous and unjust. Dr. Keeley may not have the national reputation as a scientist enjoyed by Dr. Koch, but he may be equally honest and equally scientific (?). The fault is not of the men, but of the system. They each attempt the impossible; but both are working on the same lines—the cure of the *name of a disease* instead of the patient—and must fail together. They generalize instead of individualize. They are without law as a guide in therapeutics. They are working on the basis of pathology as a therapeutic guide and it can never succeed. What difference can it make so far as principles or results are concerned, whether the impossible be attempted by an allopathic or a homœopathic physician? The outcome of the "Arsenic cure for cancer," the "Bichloride of gold cure for dipsomania," the "Tuberculin cure for consumption," the "Quinine cure for ague" or the "Orificial philosophy for hemorrhoids," will be, must be practically the same, irrespective of the school or the man. Law in therapeutics does not take cognizance of such measures. They are empirical and must meet with empirical results.

* * *

A TRUE HAHNEMANNIAN. In the October issue of the *North-Western Journal of Homœopathy* the editor says: "A true Hahnemannian is one who disregards all theories when they are in opposition to the results of his own experience."

This definition is based upon the following quotation from Hering, who without doubt, is good authority: "It is the genuine Hahnemannian spirit totally to disregard all theories, even those of one's own fabrication, when they are in opposition to the results of *pure experience*. All theories and hypotheses have no positive weight whatever, only so far as they lead to new experiments, and afford a better survey of those already made."

There is a vast difference between "his own experience" of the allopath, or the homœopath who perhaps never gave a single remedy a dozen times in his life, and the "pure experience" to which Hering refers. When a professed homœopath gives two or three remedies in alternation, with an occasional dose of morphine for a refractory pain, or quinine for an obstinate intermittant, "his own experience" cannot be very valuable for himself or his colleagues. The only definition of "a true Hahnemannian" with which we are acquainted is, he who takes the *Organon* as his guide "in applying the law of cure."

Hering also says: "We never selected the remedy according to the loose generalizations in fashion with many and considered more scientific. We never walked on pathological stilts, but always took the symptoms as reality, on the one side observed by the prover, and on the other side observed on the sick."

* * *

A BRILLIANT CURE of a case of abscess of the chest with one dose of Sulphur, may be found on page 262. It was a good selection of the simillimum. No true homœopath, taking the totality of the symptoms as the guide, could have made any other. But how few, very few, would have allowed that one dose to do its perfect work, to effect an almost miraculous cure. It is well to be able to select the appropriate remedy; but to know how to wait is better. In

this, more frequently than in anything else, we fail to effect a cure we might otherwise make. See also the case on page 332 of present number and learn another lesson in waiting. Verily, Sac. lac. is the second best remedy in the *Materia Medica*, and our success would be enhanced if we used it more frequently.

IN MEMORIAM.

EDGAR A. BALLARD, M. D., was born in Brooklyn, E. D., N. Y., March 8th, 1838, and died at his residence, 97 37th St., Chicago, Nov. 6th, 1891. His early years were passed in Massachusetts, where he received the educational advantages afforded by the district school, and, with this limited education, he went to New York, and for a time engaged in mercantile pursuits. Like many others, his first homœopathic experience was of a personal nature. While in Memphis, Tenn., in 1859, he suffered from a severe attack of dysentery, so severe that with the bungling treatment which he received, it came near being fatal. However, he succeeded in reaching home, where he, under the care of Dr. George E. Shipman, of Chicago, received his first dose of homœopathic medicine, and, as he tersely stated it, "was snatched from the grave of disease and allopathy."

The rapid improvement following Dr. Shipman's treatment and the rational doctrines and principles which he inculcated, made so deep an impression on the patient that he immediately devoted his entire energies and ability to master the science and art of healing. With Dr. Shipman as his preceptor, he entered the Hahnemann Medical College of Chicago, from which he was graduated in 1863. With the exception of about eighteen months he has since practiced his profession in Chicago.

Dr. Ballard was an earnest and enthusiastic homœopath. He was a firm believer in the methods of the Master, but only after he had put them to the crucial test of practical experiment at the bedside and found them to be reliable. He took no man's word for a statement of fact, not even Hahnemann's, when it was possible to verify it by the clinical test. But after a thorough trial of the principles of practice enunciated in the *Organon*, he adopted them in his practice, and was ever ready to give a reason for the faith that was in him. He was, without doubt, the ablest expounder of the principles of the *Organon* in Chicago or the West. He was a positive man in everything as well as in Homœopathy. For him, principle and truth were synonymous; he could go forward or backward if necessary, in search of it, but he could not conceive of a position in which it was necessary to deviate to the right or left to obtain even a temporary advantage.

He was present at Milwaukee in 1880 as one of the founders of the I. H. A., and was Secretary of the Association in 1887-88, when failing

health compelled him to resign; yet he was always devotedly attached to his principles—the practice of homœopathy, pure and simple, as given us by Hahnemann.

By his death the Association loses one of its most earnest supporters, and the profession one of its most able masters.

In early life, for some minor ailment, he was severely salivated by a scientific (?) physician, and from the effects of this mercurial poisoning he never recovered. In 1880 he was obliged to submit to amputation of the left foot, the direct effect of mercury. But it was only a temporary relief, as the constitutional derangement located in the lungs and terminated in tuberculosis pulmonum.

In 1864 he married Miss Elizabeth B. Huntly, who, with a son and daughter, survives him.

SAMUEL LILIENTHAL, M. D., was born at Munich, Bavaria, December 5, 1815, and died at San Francisco, Cal., October 2, 1891, aged seventy-five years and ten months.

His father was a merchant and he gave his sons the best educational advantages to be obtained, Samuel being sent to the Gymnasium and afterward to the University. Here he graduated with honors, and for a short time held a position in the city hospital, which he soon relinquished and emigrated to America with his distinguished brother, Rev. Dr. Lilienthal, of Cincinnati. He brought letters of introduction from Professor Schubert to parties in Allentown, Pa., where Drs. Hering and Wesselhœft were then engaged in teaching the new doctrine in the first homœopathic college, recently established. Yet, notwithstanding lectures on Homœopathy, which he attended in Munich and at Allentown, he began practice in Lancaster, Pa., as an allopathic physician. But his health failed and he removed to Savannah, Ga. Here he was married and practiced for several years until the failing health of Mrs. Lilienthal from intermittent fever, compelled him in 1848 to remove north, and he began practice at Haverstraw, N. Y., where he remained until 1857. Better educational advantages for his children impelled him to remove to New York. Soon after coming to Haverstraw he became converted to the homœopathic system and began its practice with accustomed enthusiasm. In New York, he first began work in the Homœopathic Dispensary, then in the New York Homœopathic College, the Homœopathic College for Women and the *North American Journal of Homœopathy*, of which he eventually became editor. But it is chiefly by his work on therapeutics that his memory will remain a household word in our school. His Homœopathic Therapeutics, which is in its third edition, is a standard work. His work on Diseases of the Skin is also a valuable addition to our literature, and now since his death comes his last work, *Jahr's Clinical Guide*, revised and brought up to date by the addition of the new remedies. This work was the original basis of his large volume on Therapeutics.

Six years ago he retired from journalistic work and from practice to

take a well earned rest, and removed to San Francisco to be with sons. But to idleness he was an utter stranger and it was easier to say he had retired, than to retire. His active brain and busy pen were at work as usual, and in addition he was impressed into the Hahnemann College, where he lectured on the Organon, while his translations from foreign journals, with or without comments, were to be found in nearly every issue of every homœopathic journal. His papers for the American Institute were lengthy, able and always on time ; and his busy pen will be sadly missed, but not forgotten, by a large circle of admiring friends in both continents.

ISAIAH J. WHITFIELD, M. D., was born in Hamilton, Ontario, Feb. 23, 1835, and came to Michigan when very young. On the outbreak of the war, he enlisted as a private in the fourth Iowa volunteers and was successively promoted to orderly sergeant and hospital steward and later for efficient services rendered on the field to the position of assistant surgeon. His experience in the army hospitals developed an intense interest in medicine and after a few months of preparatory study he entered the medical department of the University of Michigan for a year. He then began practice in one of the new towns of northern Michigan and after a few years entered the Cleveland Homœopathic Hospital College, graduating in 1870. He began practice in Big Rapids, Mich., and two years later removed to Grand Rapids, where he has had a large and lucrative practice. During the last few years he has been devoting much time to orificial surgery and gradually withdrawing from general practice. Yet, notwithstanding his professional labors, he was deeply interested in the moral and social questions of the day, especially in the prohibition movement, being twice the candidate of that party for mayor of the city. He was an unselfish, earnest christian worker, senior Elder of the Disciples church since 1874, and highly respected as a citizen. Dr. Whitfield had not enjoyed rugged health for some time. On Saturday, Oct. 24, he made several professional visits, but in the evening had a severe attack of pain in the chest and two milder attacks Sunday morning. Sunday about 4 p. m., he had another severe attack of pain in chest and while his attending physician was preparing medicine for him, turned his face to the wall and died, Oct. 25, 1891. In 1860 he married Miss Kate Knapp, of Lowell, Mich., who with three married daughters and one son, 12 years of age, survive him.

DR. W. J. CLARY, who lately died in Chicago at the age of 67, was born Nov. 9, 1824, at Sheffield, Lorain County, Ohio. He was a son of Eliza Williams and Thomas Clary. At the age of 2 years his parents moved to Monroeville, Ohio, where he remained until the age of 24. He then began the study of medicine at the Eclectic Medical Institute, of Cincinnati, Ohio. He graduated in 1852 with high honors and was offered a chair in the college, which he declined; returning to Monroeville, where he practiced fourteen years. He was one of the first converts to Homœopathy, and was one of the pioneers of Homœopathy in

Northern Ohio, associated with Drs. B. L. Hill, Gatchell, Beckwith, Storm Rosa, and I. R. Buchanan, now of Boston. During the war he gave his professional services free to the families of Union soldiers. At the close of the war he moved to Catawba Island, Lake Erie, and engaged in the culture of fruit for a few years, as a rest from the severe duties of his profession. But at the earnest solicitation of his old friend Dr. H. P. Gatchell, of Kenosha, Wis., he moved to the latter place and resumed the practice of medicine in partnership with that eminent physician. Later he came to Chicago, where he practiced until his death.

P. P. WELLS, M. D., died Sunday morning, Nov. 22, at his home, 158 Clinton St., Brooklyn, and was buried on Wednesday. A more extended notice will be given next month.

OUR EXCHANGES.

SCRIBNER'S for October contains as usual a large number of spirited magazine articles, among which is Mr. Story's Great Streets of the World. Mr. Rodgers' hunting article is the outgrowth of many years' sport and adventure in the neighborhood of his Wyoming ranch. He tells remarkable tales of hunting Rocky Mountain sheep, elk, and grizzlies. The article is notable among sportsmen's narratives because it combines both enthusiasm and rich experience. The illustrations from the author's own photographs, and trophies have been drawn by A. B. Frost—himself an eager sportsman.

THE CENTURY for October contains Kennan's "My Last Days in Siberia," from which we clip the following on "The Educated Men in Siberia:" It has been said again and again by defenders of the Russian Government that the so-called "nihilists" whom that government banishes to Siberia, are nothing but "malchishki" (contemptible striplings), "expelled seminarists," "half educated school boys," "despicable Jews," and "students that have failed in their examinations." Nevertheless, when the directors of the Minusinsk museum want the services of men learned enough to discuss the most difficult problems of archæology, and artists skillful enough to draw with minute fidelity the objects found in the burial-mounds, they have to go to these very same "nihilists," these "contemptible striplings," and "half educated school boys" who are so scornfully referred to in the official newspapers of the capital and in the speeches of the Tsar's *procureurs*. Such misrepresentation may for a time influence public opinion abroad, but it no longer deceives any body in Siberia. Siberians are well aware that if they want integrity, capacity, and intelligence they must look for these qualities not among the official representatives of the crown, but among the unfortunate lawyers, doctors, naturalists, authors, newspaper men, statisticians, and political economists who have been exiled to Siberia for political untrustworthiness.

MAGAZINE OF AMERICAN HISTORY for October contains "A Group of Columbus Portraits," a very opportune and exceedingly valuable article by the editor, Martha J. Lamb. It will be read with interest by every lover of American history.

LIPPINCOTT'S MAGAZINE for December is a southern number. "A Fair Blockade Breaker," by T. C. De Leon, is the leading article, while others on southern subjects are by Sara M. Handy, Thomas Nelson Page and Richard Malcolm Johnson.

THE HOME MAKER is preëminently the woman's magazine. It is filled with well-written, as well as practical, articles on all subjects of particular interest to women.

Editor's Table.

S. H. TALCOTT, M. D., returned from a trip to Europe Nov. 20.

HARRIET H. COBB, M. D., has removed to 49 North Ave., Cambridge, Mass.

A. S. ALEXANDER, M. D., of Plymouth, England, recently made us a pleasant call.

DR. RUFUS CHOATE has removed from Rockville, Md. to 3267 O St., Washington, D. C.

THE AMERICAN OBSTETRICAL SOCIETY holds its annual meeting in New York, Dec. 15, 1891.

GENEVIEVE TUCKER, M. D., has removed from Northfield, Minn., to 117 West Evans Avenue, Pueblo, Col. The Minnesota State Society will lose a most able and efficient secretary.

AMERICAN CLIMATES AND RESORTS is being revised by the author, Dr. Bushrod W. James, for a second edition which will include a comparison of the popular resorts of the world, for use of tourists and invalids.

S. S. SALISBURY, M. D., has been appointed physician and surgeon to the State Reform School at Los Angeles, Cal. We believe this is the first official recognition by the state of the homœopaths of California. An asylum should be the next public institution to fall into their hands.

D. A. FOOTE, M. D., of Omaha, Neb., gives in the September issue of the *Medical and Surgical Record* the first chapter of "A Vacation in Europe." The doctor has told what he has seen in such a readable style, that we wish him bon voyage on another trip for the sake of another paper.

HOMŒOPATHY IN BELGIUM.—After a bitter fight, in which Allopathy strained every nerve to succeed, Homœopathy is to have chairs in all the universities of Belgium. In addition, by a vote of 24 to 5, the city council of Antwerp has voted to give the homœopaths charge of a new city dispensary. Belgium and Hungary are now the only countries in Europe in which Homœopathy is taught in the universities. We trust England may soon be added to the list.

THE
MEDICAL ADVANCE.

A HOMEOPATHIC MAGAZINE.

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DECEMBER, 1891.

No. 6.

CLINICAL CASES WITH COMMENT.*

I. *Syncope*.—Mr. R., 87 years, farmer, tall and stout.

1884, October 12.—Has been troubled for years with spells of trembling around the heart and dizziness. He used to have them every two or three weeks, but now they come every two or three days. He turns white in the face, is trembling around the heart and all over as if going to die. He must sit down and wait till the attack is over. Very weak. Losing flesh, though appetite is good. Bowels regular. Sleeps well.

Spigelia 90m. (F.) 15 powders, one once a week dry.

1885, October 20.—A year after, he called and said that the medicine acted very well. He had no more spells. Only when working too hard all day long he begins to tremble.

The old man is living yet and working out doors, haying, making shingles, etc. He has been well ever since he was prescribed for.

II. *Syncope*.—Samuel R., farmer, the former's son, about fifty years old, tall, slender, a veteran of 1862.

1885, July 24.—Complains of weakness, beating of the heart, pulse 52. Had for four years always a little pain like an oppression on the chest. Twitching of the intercostal muscles. For the last three or four weeks spells of weakness and trembling, lasting a few minutes and then gradually wearing off; sometimes coming every day or two, sometimes not; generally they occur in the day time. Left arm and

*Transactions I. H. A.

shoulders lame and worse with the spells. Cramp in the legs; more in the left, which was wounded.

Digitalis 9c. (F.) every third night dry. If better, stop.

After the first week his wife said "he was like a young man," and "he was by six inches taller because he could carry himself erect." I wondered myself at the change when meeting him at the postoffice.

1888, January 27.—Those trembling spells came on again, the first he had since 1885. He gets white as a sheet and trembles all over, and the sweat stands in big drops all over his face. He must either sit or fall down. The trembling commences in the stomach, and he feels like sinking away, and certainly looks that way. Unfortunately, when going to town, he can not withstand the invitation of friends to drink, and can not stand much liquor.

Digitalis 9c. (F.) in half a tumbler of water, one teaspoonful every two hours.

This relieved him very soon.

1889, July 22.—Fell against the left lower ribs upon a sapling which he cut about a fortnight ago. Since then short breath and pain in the ribs. Arnica water rubbed in did nothing.

Rhus tox. 90m. (F.), 6 powders, one every night dry, relieved him.

1890, February 20.—Sinking spells. With one on 17th he seemingly was all gone; he did not know enough to swallow anything. After he got so that he could talk he said he felt no pain, only he had such a fluttering at his heart, and was so weak that he could not help himself. He is getting thin in flesh and weak in strength. His wife writes that I helped him for two years and he wanted the same medicine.

Digitalis 9c. (F.) in half a tumbler of water, one teaspoonful every two hours.

March 11.—Patient is getting smart, says he did not feel so well in two years as now. The soreness has all gone out of the region of his heart, and the swelling on the outside has gone down very much.

Digitalis 9m. (F.) every other night dry; 14 powders.

April 17.—Patient took the powders till gone; the first one in water as before. His wife writes: "Sam has not had but one of those spells since he first commenced taking the med-

icine, and that was only a light one. This was when he had to take the third powder, which he took, and that helped to make it light."

May 9.—His wife reports: "The second slight spell was April 19, and no doubt provoked by watching a son till 2 A. M. At midnight (12 P. M.) he looked pale. He will leave off liquor. He is feeling as well as ever he can expect under the circumstances, for he can work, can lie on his left side some, which he could not do before. Some soreness around the heart yet."

June 6.—Had these spells again, though not so hard as they used to be, on May 24, 26 and 30. There is something wrong with his stomach. He took fresh buttermilk which made him tremble and brought on a spell. No appetite. Very weak. Patient don't touch liquor now.

Nux vom. cm. (F.).

June 19.—Patient had only one scarcely perceptible attack on the heart in the night of June 13; but now he is feeling better in all respects.

February 3, 1891.—Has not been able to do anything since before the holidays, not as much as to clean his pig-pen, without having one of those spells, and they have become so bad that he just lives and that is all. Severe pains all the time just under the right, lower ribs, and his right arm and hand are as cold as ice, and so also the right foot. His breathing is much oppressed and short. He thinks the liver is affected, as his wife wrote.

Digitalis cm. (F.) dry, one at a time; stop when better; renew when worse. Seven powders.

February 14.—This worked splendidly. Patient has been gaining ever since, and says he is feeling better now than at any time since last summer.

Having heard nothing to the contrary up to the present time, it is to be supposed that he is well.

III. *Angina pectoris*.—Mr. R., merchant, forty-four years, tall and thin, a rheumatic subject; a victim of the blizzard in 1888; carried through a severe attack of inflammatory rheumatism.

1888, June 22.—Was taken in the night with oppression on chest, with agony, centering in his left chest, very short breath, and sharp pain like a knife going through

every time he moved. A doctor was called and found him very sick. Pulse, 104 and fluctuating. His medicine relieved him at the time, but next morning the pain was gradually creeping to the heart again, so the medicine was changed by the physician, who is not known to be a Hahnemannian. Then it went to the chest again, and grew gradually worse, till the agony commenced last night at 10 o'clock. It was intense, and patient did not know how to stand it.

Digitalis 5m. (F.) dry.

In two minutes patient was asleep, and slept till midnight, when the pain came back a little.

12 P. M.—*Digitalis* (F.) 5m. now, and at 3 A. M.

The next morning patient was very stiff, but he improved rapidly, and got well.

IV. *Enuresis nocturna*.—F. P., sixteen years, blonde, gracile, small for his age, puny looking.

1891, April 13.—Generally weak; pale; habitual sick headaches. Strong odors of flowers or perfumery give him a sick headache. Also always comes out of a theatre with a headache. Running in the country exposed to the sun gives him a headache, mostly on the top and forehead. He can only sleep his headaches off. Left eye inflamed, with photophobia; it used to run. Appetite good, sometimes he can not eat enough. Loves candy, but much sweet disagrees with his stomach. Tongue in the morning dry and sour. About an hour after dinner nausea and vomiting of his food and slime, which is sour. Frequent urination in the daytime. The urine smells strong. He passes the urine in his bed every night, without noticing it, because he sleeps so soundly. Even in the daytime whenever he sits down he falls fast asleep and snores. In the morning he is hard to wake, and after getting up walks around like one dazed. Every summer he has prickly heat. Mountain air agrees better with him than sea air. Two years ago smoked cigarettes to an extent that made him unfit for school. He loves open air. Is in the habit of drinking soda water.

Sulphur cm. (F.) now, and twelve blank powders, one every night, dry.

April 26.—Patient did not wet his bed till Thursday night, when he forgot to take the powder. Left eye well. Less frequent urination during the day. No dyspeptic symptoms.

Tongue right. Canine hunger satisfied. Sleeps well and feels well.

No medicine. Powders fourteen, one every night dry.

May 10, 1891.—Patient says he never felt so well in his life.

No medicine. Fourteen powders, one every night dry.

V. *Scarlatina Lævigata and Dropsy*.—Gustave H., nine years, short, not very strong.

1886, January 3.—4:12 P. M.

After vomiting eight times scarlatina broke out with inflammation of the throat in the night of December 31. Red all over with a bluish shade, skin tight. Uninterrupted high fever. Insatiable thirst. Great restlessness and tossing about. No appetite. His mother treated him with Aconite, Bryonia and Belladonna 9c. (F.). Belladonna increased the heat, but in the night diminished the delirium. Moaning incessantly. Thinks the left arm feels queer, as if he had lain on it too long.

At 8 P. M. I saw him. The body was covered with the smooth scarlet eruption, with a livid shade all over; the lividity more marked at the right upper arm, which was swollen, and in the right elbow bend. Tongue coated with white slime. Submaxillary glands swollen and painful. Right parotis swollen and painful; right tonsil ulcerating with greenish pus. Swallowing difficult, with stinging. No stool for two days. Pulse, 128.

Apis mel. 45m. (F.) in half a tumbler of water, one teaspoonful every two hours.

January 10.—Much better. The fever went down lower each day. Since yesterday none. The skin begins to desquamate some. Good appetite. Normal stool. Cheerfulness. Two or three days after I saw him, patient complained of his right arm as if broken; it is better now, but still pains some. Some soreness from the recumbent position.

January 22.—Got up last Saturday at 10 A. M. and complained of his throat, which was much inflamed, and of his nose, disappearing after two days. Then a peculiar dull sensation in the left ear. The last two days patient got up about 4 or 5 P. M. and felt tired and cold. Yesterday nervous headache. Went to bed at 5 P. M. and had a restless night, breathing rapidly and heavily; pushed his mother from him, because she took away his breathing air. Pulse full, more

rapid than before, without fever. After Puls. 9c. (F.) he had a headache after two hours, and felt better when waking up. Urine dark, turbid, in three times only as much as would be normal. Had not much thirst yesterday. This night swelling of the face and neck, around the eyes which appear small, also around the stomach and ribs, tender to pressure. Pulse slow, especially when sleeping, sixty-eight, and very irregular, like crotchets and quavers. To-day he seems somewhat better, has good appetite; don't look so pale. More drinking. Less urine, dark but clear. Sometimes sneezing. Had chills and fever for a long time forming, and used a solution of Quinine. The skin is continually detaching in shreds.

Arsenicum 9cm. (F.) in half a tumbler of water, one teaspoonful every two hours.

January 23.—Took the medicine at 10 P. M. and 2 A. M. In the morning headache on waking up. Pale, swollen face. Profuse bleeding from nose, with amelioration of the headache. Better through the day; good appetite; less thirst; less urine; abdomen more swollen.

Face less swollen. Free passage of urine, as much as the last two days together. Nose bleed after picking. Nose dry, stopped especially on the right side, causing restless sleep. Stool after three days. Appetite moderate. Pale.

January 24.—Restless night. Nose stopped and dry. Sides of throat, pharynx and uvula more red than the palate. Some pain in swallowing in the morning. Face less swollen; but hypochondria and abdomen much enlarged. Stool. Twice free urination in the night and morning, and till 7 P. M., half a pint. Urine 1019 sp. g., pretty clear, with albumen. Appetite good; pulse 80, irregular.

Hepar sulph. calc. cm. in half a tumbler of water, one teaspoonful every two hours.

January 27.—Appetite good. No stool yesterday, to-day blackish, broken, ill-smelling defecation. Tongue thickly and roughly coated yellow. Sublingual gland swollen and painful to touch. Face thin, also the abdomen is diminished, because he can meet his clothes again. Twice profuse epistaxis by day, and twice by night, after an intolerable headache. Right nostril closed. When he touches it or draws the air up, it begins to bleed. Urine sufficient.

January 28.—Patient feels very good, is cheerful and looks better. Right nostril still closed. Yellow coated tongue. The desquamation still going on. Last night pieces came off from the soles an eighth of an inch thick.

February 1.—Enormous appetite. Pale at noon before eating. Headache better after eating. Nose better. From spinning a top a large water-blister formed on a finger.

Hepar cm. dry.

After that patient recovered rapidly, and has grown much stronger since.

II. *Sycosis*.—Louisa T., twenty-one years, servant, small stature, brunette.

December 4, 1866.—Suppression of menses after taking cold. Copious leucorrhœa, white like cream and excoriating the parts. Poor appetite. No sleep. Small sores on her back and side. Looks poorly.

Pulsatilla cm. (F.).

Removed the leucorrhœa immediately, though not entirely. Soreness gone. Menstruation set in and lasted four days. The sores are healing.

December 20.—Since about a week patient fell back again. She had an attack of cholera morbus last summer for which she was treated, and after that her trouble commenced. Yesterday her menses appeared and stopped again. When running, sticking pain in the right side and hip. Rumbling in the bowels. Leucorrhœa yellow and acrid. Restless sleep. Home sickness. Depression.

Sepia 2 cm. (F.).

December 27.—As there was no change for the better, I examined her further, and learned that she had a scald head when going to school, which went away by itself. Two years ago she had five furuncles on the left side, which were treated with plasters. The examination of the genitals showed extensive condylomata of cauliflower form at the labia majora extending to the anus and on the inner side of both thighs. On inserting the speculum the pus intruded from all sides, and escaped from the mouth of the womb, the lips of which were enlarged and reddened, though smooth. Two ulcers in the vagina discharging pus. Looseness of stool. Face as white as a sheet.

Thuja 103m. (F.).

January 2, 1867.—Better. Less secretion. Much burning pain at the excrescences, none inside. Terrible burning when passing water.

No medicine, powders in water, a teaspoonful every three hours.

January 9.—Slept well. Appetite better. Good spirits. Not much pain and slight discharge. Menstruation set in Friday and lasted till Sunday; blood thick, black-brown and scanty, almost without pain. Stool normal. On examination no pain. The labia majora beginning to scale on the top, otherwise the excrescences are just as large; toward the anus they are lumps the size of a walnut. At the inside of either thigh flat, round, elevated excrescences of red color. The vaginal ulcers discharge but very little pus.

No medicine every night.

January 16.—Everything better. She says there is little discharge now. Mucus hanging between the labia, and some purulent secretion adhering. The flat excrescences at the right inside of the thigh disappear, as also the general cauliflower form of the others. Appetite and sleep, good. Looks well.

No medicine, every night, dry.

January 23.—Two days ago headache. Severe smarting pains at the parts, mostly from the anus forward. The excrescences dry up with slight scale. Those at the left side are still unchanged.

No medicine, every night dry.

January 30.—On the 27th, after a good night's rest patient felt quite well. But the breakfast was not palatable. The 28th, in the forenoon, no appetite, aversion to eating, so that she had to take the food out of her mouth again. Yawning. Nausea. Vomiting of water without taste. Yesterday her mistress gave her warning to quit. She was so miserable that she had to lie down, looking white as snow. Much smarting from the drying-up secretions. The condylomata still extend as far as the anus, but present now a roundish elevation on a broad base. The surface of the labia majora is covered with a greenish-yellow scabby substance, the cauliflower form disappears. No vaginal ulcers, but the vagina is very red and full of muco purulent matter. Mouth of the womb thickened anteriorly and somewhat irregular and slightly opened.

No medicine, every night, dry.

February 6.—Menstruation passed in regular order. Much smarting and little secretion. Vagina very red, with muco purulent matter. Some jelly like substance protruding from the mouth of the womb. Otherwise well. Has an excellent appetite and looks perfectly well and blooming. Continue no medicine.

February 13.—Everything improving. Not much smarting. Leucorrhœa slight. Still much mucus in vagina. The broad, humpy excrescences toward the anus still the same.

No medicine, every night, dry.

February 20.—The 14th inst., before noon, and lasting through that and all the next day, drawing together pain in stomach pit, could not bear the pressure of her clothes, not sit upright, not stand, but was forced to stoop. Patient took some stomach drops for it that night without relief. But the next day it went off by itself. Not much discharge, and what there is of it is not as fluid as formerly. The excrescences at the right thigh are gone, those at the left thigh and at the anus are the same. Erosions at the labia minora. Muco purulent matter in vagina. Mouth of womb normal. Generally well.

No medicine, every night, dry.

May 6.—Perfectly well.

VII.—*Indigestion*.—Mrs. S., after eating new potatoes, complained of accumulation of saliva. nausea, pressure in epigastrium.

Alumina 25c. (F.).

Immediately eructation of wind, diffusion in epigastrium with relief. In the night cutting in the bowels with one loose stool. Since then well.

VIII.—*Sycosis*.—Lavinia C., negro-girl, seventeen years, small stature.

1867, June 20.—Swelled abdomen. Irregular in menstruation for eight months. Bearing down pains in hypogastrium. Cramps in stomach. Breaks out with pimples on legs, and then at the privates, looking like warts, hurting her, about two weeks since. Two years ago menstruated first time. Since then it has never stopped as long as this time. Appetite good, but victuals sour on the stomach. Headache

most all the time over eyes and behind ears. She sometimes swells all over the body. Passing water freely. Pain on pressure in the uterine region. Small white warty excrescences at the external genital parts. After a few mesmeric passes she fell asleep, and had no pains when waking up.

10 A. M. — *R.* Thuja 103m. (F.).

June 26. — The warts are gone, in their place is now corruption and soreness, that she can hardly walk.

Merc. viv. 30 (F.) in half a tumbler of water, one teaspoonful every three hours.

June 30. Better. Suppurating yet. Swells in evening, but less. Head swimming. A little sharp pain about navel. Much pain in night from the soreness preventing sleep. There are large fig warts in the perinæum like cockscombs projecting half an inch.

Thuja 51m. (F.).

July 28. — Rises well in morning, and when going to work swells all up. Soreness in groins. Head right. Appetite and sleep good. No cramp. The excrescences better; it runs more like water, and is not so sore. They begin to turn white as they commenced. She can walk well. On digital examination the parts very sore. Cervix uteri can not be reached. In the lower part of abdomen a solid substance like a child, which can be pushed up without pain. The fig warts just as large as before, and very sore.

Remark. — Patient had a fever, which was broken by bone-set. She was swelled so much that she could not help herself after getting wet by dew and water. Vomited blood every new moon. Smoked tobacco. Toothache in hollow tooth cured by inserting Kreosote. Morning breath feverish and sour.

Thuja 103m. (F.).

1871, August 23. — About a month after this dose the fig warts went away, and she was well in three months. After that she had a boy which was all jelly, and had no bone, looking purple. It was alive when born, but soon died for want of viability.

Now for the last three weeks when washing and ironing, a rash breaks out all over the body, except face and hands and forming a white scale like a fish scale. The hair on the scalp comes out. Blinding headache from the ears going over the eyes.

Patient is now married, and has a second child, a girl, now two and a half years old, which is healthy.

Thuja 90m. (F.) once a week.

1871, November 25.—The eruption healed up, and the hair is coming in.

Entirely well.

COMMENT.

No. I & II. It is wonderful how the simple farmer responds to the action of our high potencies, if well selected. Our antagonists make the people believe that robust men of large size must have strong medicines and large doses of it, to make the desired impression, and they sneer at our nothings, which may be good enough for children and hysterical maids, but not for strong men and women. How much are they mistaken! A few doses of a 90 m. cent. sufficed to cure the old man, standing over six feet in his stockings and weighing more than 200 pounds, with broad shoulders, if stooping from age and large, horny hands. Living mostly in the open air, working daily on the farm and in the fields and woods, and eating simple, wholesome food, without injuring their strength by using spirituous drinks, these farmers live out their number of days in useful occupation, and are more amenable to homœopathic treatment than people living in the city and yielding to the manifold temptations of civilized life.

Had the son followed the good example of his sire, he would probably have escaped the attacks described in the prime of his life, though it must be said to his credit that when in the war, he had to sleep on the wet ground, had typhoid fever in consequence, and was wounded, was subjected to conditions well able to undermine his vitality. But, nevertheless, his life-force responded with the same alacrity to the action of high potencies as in the case of the old man.

The totality of symptoms of the pathogenetic picture led to the selection of *Digitalis*, in the pathopoësis of which all the corresponding symptoms are found. The repetition of the remedy, before its action could have been spent, was, perhaps, not necessary; it did not, however, retard its healing action by a cumulation ascribed to *Digitalis* in large doses. The various potencies given acted as well as desired from 9c.

to cm.; and the latter seemed to have had even a better effect than the lower ones.

There was no organic disease of the heart or liver, that could be discovered, and the disease seemed to affect the organism in its nerve system, rather than in single organs in which it might be localized.

The ready response of the life-force to the same remedy when similar symptoms reappeared after a lapse of time, confirms the clinical rule to continue the remedy if it has made a favorable impression, till its propensity is satisfied, and to change the potency this time to a higher one.

The retardation of the pulse in the healthy, as observed by Hahnemann, seems to be the legitimate pathopœtic effect of *Digitalis purp.* in large doses, such as were probably used in his provings and in those of his pupils.

Yet we find also in the symptoms:

652. Small, quick, hard pulse (Hahnemann).

653. Small, soft pulse (Joerg).

654. Excited pulse (Kraus).

655. Accelerated pulse (after one hour) (Joerg).

657. First rapid, then slower pulse (Joerg).

And Baehr, in his monograph on *Digitalis*, says: The *Digitalis* pulse is usually small, weak, easily compressed thread like, indistinct, undulating, trembling, and, at times, indistinct, irregular and intermittent, after 3-7 or 15 to 18 beats, with intermission of the heart beat. All these symptoms were obtained by comparatively large doses, though probably not as large as used in allopathic practice. Baehr calls a dose of 3-4 grains daily not too small a dose, which acts, constantly irritating and accelerating the pulse and the heart's action, and he denies that retardation of the pulse is the first action of *Digitalis*. After large and very large doses, the acceleration of the pulse exceeds by far its normal; but very soon, or later, great depression, with sinking of the pulse far below the normal limit, occurs. "Though"—Baehr continues—"acceleration of the pulse is the characteristic of *Digitalis*, even retardation can occur as first action, when previously it has been applied for a shorter or longer time in large doses." Then new doses produce the proper after-action as first action, and the more readily the larger the doses were. Hence the action on the heart is only secondary, and

of a depotentiating nature, producing what might be termed irritable weakness of the heart. Under *Digitalis*, even the least bodily exertion or mental excitement has an immediately accelerating influence on the pulse, and afterward on the heart's action. In continued application of large doses or intoxication, *Digitalis* shows the tendency to turn the irritable weakness of the heart into paralysis or heart failure.

Parallel to the action of *Digitalis* on the pulse is the action on the liver. The ash colored white stool points to deficient action of the liver, such as happens in jaundice, though the yellow skin and conjunctiva have not yet been observed in provings, only in poisonings. But, per contra, we have decided symptoms of an increased secretion of bile. These are opposite actions appearing as first action in one of the other prover. The solution of the dilemma, that sometimes the one or the other symptom appears first, is in the varying sensitivity of the provers, which in some shows first the acceleration, in others the retardation of the pulse.

We have in our cases II and III an example of utilizing the opposite symptoms of *Digitalis*, reconciling the opposite opinions of Hahnemann and Baehr, the first ascribing the retardation of the pulse to its first action, the second the acceleration. In case II the pulse was only 52; in case III, 104. Hahnemann says: "The after-action of *Digitalis* in large doses is acceleration of the pulse." Baehr says: "Retardation is the after-action." It is the old story of Opium applied to *Digitalis*. *Opium sedat! Opium mehercle, excitat!*

Why the one prover should have this or that action first or afterward is a question concerning theory more than practice, but it acquires practical significance when we have to decide upon what symptoms the potency is to be administered in the given case. And for this purpose a further investigation into the sensitivity of individuals to be acted upon appears to be very necessary.

But Hahnemann, in warning against lowering a high pulse by large doses of *Digitalis*, is worthy of the closest attention, especially as this warning is not to be confined to *Digitalis*, but extends to all the strong medicines which the allopathicians use in large doses, in order to obtain the opposite effect; to which, invariably, that action follows which they want to

annihilate; so that they frustrate their own purpose, because they are ignorant of the reciprocity of medicinal action in the organism.

No. IV. The characteristics in this case were: The canine hunger, the invincible sleepiness in the day time and the sound sleep at night and long sleep in the morning. Increased urination, especially in the night. Desire for sweets. Indigestion an hour after dinner.

Strange that he passed urine again in the night, when he had forgotten to take his no medicine powder. This shows how important a factor imagination is, that the organism reacts even automatically, upon the omission of an imagined medicinal powder, from which the comfort may be derived that we do not altogether deceive our patients when we give them no medicine powders. Nay, it might even be that, by making up these powders, we by the contact of our fingers with the indifferent vehicle, may impart to it some magnetic power, which is perceived by the life-force of the patient, if not by himself. But evidently the action of that cm. Sulphur was not the result of imagination, but a fact not to be gainsaid.

No. V.—The scarlatina lævigata of Sydenham is a rare occurrence in this country, where we find mostly the miliary form, and it is more to be feared than the latter, on account of its volatility. Though Belladonna is more suited for the smooth variety, Apis was selected on account of the livid shade of the skin, and it acted as pleasantly as could be desired. But probably from taking cold when getting up too soon, dropsy and albuminuria ensued, which was promptly and effectually subdued by Hepar. Looking on its provings we find only the following symptoms possibly bearing some relation to dropsical affections:

245. Tension over the stomach, he must unbutton his dress and can not endure sitting.

247. Stomach distended as of flatulence, with ice-cold hands.

252. Distension as of flatulence in the left hypochondrium.

256. With distension the abdomen is painfully tender, more on walking than sitting.

259. Pressing in the abdomen below the stomach pit, and everything in the abdomen is as hard as stone.

260. Distended, thick belly without flatulence.

- 261. Distended, tense abdomen.
- 262. Tension in the abdomen all day.
- 456. Swelling of the right hand.
- 468. Swelling of the fingers of both hands with stiffness on lying.
- 459. Swelling of all fingers with tension on motion.
- 534. Swelling of the feet around the ankles with dyspnoea.

These symptoms would hardly have pointed to the selection of Hepar in the present case, after Arsenicum a., after a lapse of two days did not have the desired effect. Dr. Kafka first recommended this remedy in dropsy following scarlet fever from a mere pathological indication, because he found it especially suited in all croupous exudations, here, the kidneys. The effect justified Kafka's acumen, for, from the time of its exhibition, recovery commenced. He recommended the third potency, we used the cm., and it did everything that could be desired. The fact of administering a remedy of so much importance as Hepar upon a general pathological indication shows that our *Materia Medica Pura*, rich as it is, is still in an imperfect state, and that it, as all the other well known old remedies, bear proving over and over again, to render them still more available in cases where otherwise they never would be thought of.

No. VI. and VIII.—These cases rooting in the miasm of sycosis show two different modifications of fig warts, the one taking the form of common warts or a conglomeration of tubular excrescences of the skin which on the surface resembles the cauliflower, and the other assuming the form of fleshy and massy excrescences resembling the comb of a cock. Thuja had the same salutary influence upon both modifications.

The child to whom the girl in the last case gave birth showed the dreadful disease in its faulty development.

That four years later she still showed symptoms of the sycotic taint proves how deeply rooted it was, though it was not sufficient to arrest the normal development of a second child.

Having heard no more of the case, it is to be supposed that Thuja extinguished the miasm.

B. FINCKE,

BROOKLYN, N. Y.

DISCUSSION.

Dr. H. C. Allen: I do not pretend to be well versed in homœopathic philosophy; but I do not think he follows the rules laid down in the *Organon* for practical work when he gives several powders of a high potency to be taken without a re-examination of the patient. It is there clearly stated that a second dose should not be given until the first ceases to act. That such a method is successful has been many times demonstrated at our meetings. Only yesterday we had a report of a magnificent cure from Dr. Tomhagen, wrought by a single dose of Conium. That dose acted one hundred and five days. No one can doubt that that cure would have been interfered with by a repetition of the dose. Such a case is a real homœopathic cure, and I would like to hear how Dr. Fincke explains such repetition.

Dr. Fincke: The patient lived in the country and I could not see him after prescribing. I thought that it would not hurt him to take the medicine in that form. I do not think that the topic of repetition is by any means settled or exhausted. I wanted to see whether the repetition would spoil the case or not, and it didn't (patient is well to the present day). I am open to improvement, but I wish more experiments would be made in this line, and I think cases ought to be reported, even if they do not come up to the highest model.

Dr. H. C. Allen: I feel sure that if Dr. Tomhagen had repeated his remedy, it would have spoiled the case, although Dr. Fincke's explanation may be a good one.

CONSUMPTION CURE. WAS IT PHTHISIS?*

Miss H—, daughter of the lady whose case I have reported in the bureau of surgery as ulcer of the leg, came to me about the same time, April 1, 1889, for diagnosis. Her history was, that she took cold fourteen months previously and had not been well since; she had coughed steadily for the last two months, copious, purulent expectoration, hæmoptysis; had lost sixteen pounds in two weeks, altogether she had lost thirty pounds since the cough had become steady, or in the last two months; she had daily hectic

* Trans. I. H. A.

with red spots on the cheeks, and copious perspiration at night. On examination there was dullness and bronchial, or suppressed respiration throughout the right chest, and certain confirmatory vocal signs. As I did not expect to see her again I did not record the details elicited by the physical examination, but I gave an opinion that the case was one of active phthisis, and I advised her to leave New York where she lived as soon as possible. A few days later she came to Plainfield, where she still lives, to put herself under my care. I have hardly ever begun the care of a patient with less hope and gave no assurance of anything more than amelioration.

The first note of treatment is on April 19th that she had *Lycopodium* with benefit. Then she had soreness of throat from coughing and received Phosphorus, cm. (F.), one dose. She subsequently received three doses of the same in water, with entire relief to the throat and great relief to the cough.

May 21.—Had two bad nights with gagging cough, and is heavy and stupid to-day. The right lung feels sore, and there are stitches in the right lower chest on coughing or breathing deeply.

Gave Kali carb., cm. (Sk.), one dose dry, which took away the stitches, but the soreness remained and yielded to Stannum, 900 (F.), about a week later.

June 14th.—Soreness has returned to right lung. Stannum, 900 (F.), in water every two hours, three to six doses.

June 18th.—General feeling is better; apparently less fever the last few days; sharp pain again in lower right chest. Gave Kali carb., cm., in water. She went on improving till July 8th, when she had taken cold, was hoarse and had slight pain in the lower right chest. Gave Kali carb., cm., one dose dry.

July 20th.—Is improving greatly; has gained ten pounds in the last month. No medicine.

July 27th.—Has exerted at housework and feels lame in the left chest. *Rhus tox.* 900 (F.), one dose dry.

August 29th.—Has gained eleven pounds more. Has soreness low in the right side of the chest. Kali carb., cm. (Sk.), one dose dry.

September 16th.—While lying in the afternoon, had feeling of something in the chest to be raised, and coughed up a quarter of a teacupful of blood, bright, and with repeated

efforts. It relieved the chest, but made her nervous. This was the first blood she had raised since coming under my care. She then received Phosphorus, cm. (Sk.), one dose dry.

October 18th.—The menses returned on the 10th, the first since last February. She feels much better. No medicine.

November 30th.—Has been free from cough and expectoration. Has gained in all thirty-five pounds, and looks rosy and strong. But she has lately taken cold, first in the head and now in the chest which is sore. She received Phosphorus, 20m. (Sk.), one dose dry.

December 9th.—Less cough, more pain in the side. Phosphorus, cm. (Sk.), one dose dry.

December 19th.—Says the Phosphorus helped her cough very much. It is now slight and hurts the right chest. Had bloody expectoration three days last week. Has burning and heaviness across the forehead. Aching between shoulders and across lower back. Gave Kali carb cm. (F.), one dose dry.

December 23d.—Cough softer, but hurts right chest a little. Had much dull headache, the head sore to touch. Eyeballs sore on motion. Craves acids. Tires soon in walking out and wants to get back. Nervous, wants to weep. Bryonia. 50m. (Sk.), one dose dry.

December 30th.—Much better every way; stronger, so it is a pleasure to walk. No medicine.

January 8, 1890.—Cough all gone, spit some blood the night of 3d inst. after lifting. No medicine.

January 16th.—Feels very well, only slight headache. "Chest splendid." A little catarrh in head; fluent, without obstruction; the mucus greenish, nasty, thick, bad-smelling. Calcarea, cm. (Sk.), one dose dry.

The Calcarea removed the catarrh and she went on improving until February 20th, when she reported a slight cold in the head, sneezing, obstruction of the nose and excoriating nasal flow.

I gave one dose dry of Merc. sol., 900 (F.), which seems to have been the end of the treatment. She had already begun to work actively in housekeeping, and has continued to work till the present time. She feels and seems to be well. The chest sounds indicate a cavity in the right lung.

Was this, as I at first thought, a case of tubercular phthisis, or was it a case of simple suppuration of the lung?

While all the remedies given appear to have been beneficial, the marked efficiency of Kali carb. recalled Hahnemann's saying that a case of ulceration of the lungs can hardly recover without it. In order to keep the report, if possible, within proper limits, I have omitted the notes of many visits, in which I simply recorded the improvement of the patient, and left her under the action of the last remedy. Every medicinal prescription has, I believe, been here reported.

This totally unexpected recovery taught me that the physician should ever live in, so that he may be able to throw about his patient, an *atmosphere of hope*.

EDWARD RUSHMORE.

PLAINFIELD, N. J.

DISCUSSION.

Dr. Sawyer: I should judge from my experience that there were no tubercles in the lungs of that patient. I have given Phosphorus in high potency in quite a number of cases of tuberculosis where it was absolutely the simillimum, and in every instance it has killed the patient, instead of curing him. It starts up a fire that can not be put out. I would no more give Phosphorus in a clear case of tuberculosis than I would shoot the patient.

Dr. Hastings: If this 'is so, then there must be times when the indicated remedy is not indicated.

Dr. Sawyer: It has been the experience of physicians who have practiced medicine more years than I have lived, and their experiences agree with mine, that in such cases Phosphorus rushes the patient out of the world.

Dr. Clark: If you are practicing Homœopathy, what can you give except the one indicated remedy? I do not like this idea that has crawled in, I know not from what quarter, that Homœopathy is a dangerous thing, especially when properly practiced. It is said in some of our books on *Materia Medica* that Mercurius is never good for typhoid fever. Some years ago I had a case of typhoid in which Mercurius was indicated, and, when I gave it, it did the patient good. Shortly after, Dr. Fellger was called in consultation, and I drew his attention to that statement in

Hering's Condensed *Materia Medica*, and he replied: "Well, if you do not give Mercurius when Mercurius is indicated, what are you going to give?" and Dr. Fellger was the most practical and best educated physician I ever knew. No matter what the condition may be, there is nothing to be done except give the indicated remedy, and no other method can be bolstered up.

Dr. Sawyer: The old-saying is, that the proof of a pudding is in the eating of it. If I can show that Phosphorus has led a number of people on to rapid death, when exactly indicated—

Dr. Clark: What does that prove as against a universal law?

Dr. Sawyer: I can simply give the fact as I have observed it, and also the testimony of older and more experienced physicians. Ask Dr. Haynes there—would you give Phosphorus to a patient with phthisis?

Dr. Haynes: Yes, if I wanted to kill him. My experience is that in almost all cases of consumption you will find many indications for Phosphorus, but shun it as you would the —, for you will kill your patients just as sure as you administer it. No other remedy will do any good after it. I know of nothing in the world that will stop the downward course when you once have started it. The higher the potency the worse it is. Do not do it. What would I give when Phosphorus is indicated in such cases? The next best remedy, according to the symptoms.

Dr. Carleton: This subject was up for discussion some years ago, and I mentioned at that time the teaching I had received from Dr. Hering, which was in cases of phthisis or tuberculosis not to give either Sulphur or Sulphuric Acid, because these remedies would surely kill the patient. I took it as the dictum of a great man who knew what he was about, and I have always been careful to follow that advice. I remember one case of phthisis as far back as 1872, that after he had been through the treatment of old school physicians and was apparently about to expire, was brought to me for the purpose of helping him to die easy. I yielded to entreaties and took the case. Sulphur was clearly indicated and nothing else. What was I to do? I gave him the next best indicated remedy, which was Sanguinaria, and thought

the beginning of the end had come. He made a perfect recovery and is doing three men's work to-day in New York City. He has been examined by every prominent lung specialist in Europe and this country. They are amazed. When he went abroad I said to him: "Every homœopathic physician you apply to in Europe will say you must have some Sulphur, but don't you take it unless you are ready to pass to the other world." And they did prescribe Sulphur, and he did refuse to take it. In the discussion alluded to, Dr. Kent said that Phosphorus would do the same as Sulphur. At that time I had to go through the same gauntlet that Brother Sawyer does now. My answer to that question, "What would you give then?" is, the next closest indicated remedy, but neither Sulphur nor Sulphuric Acid.

Dr. H. C. Allen: In making a prescription in phtists, we must take into consideration the stage at which the disease has arrived. There are certain remedies, the antipsorics, which can not be given in tuberculosis after it has arrived at a certain stage, without fatal results. To Phosphorus, Sulphur and Sulphuric acid, I would add Acetic acid, Ferrum and Silicea. In such cases, give the vegetable remedy which covers the most symptoms instead of the exactly indicated antipsoric.

Dr. Howard: I feel rather young in comparison with those who have spoken, but it strikes me you must follow the law of Homœopathy. I have done this dreadful thing and met with success. I have given Phosphorus and also Sulphur from 900 to mm, in the last stages of disease without noticing that it killed anybody. I can not conceive of the remedy doing harm.

Dr. Butler: I agree entirely with what Drs. Sawyer, Haynes, Allen and Carleton have said. It is impossible for us, at times, to give the indicated remedy without killing the patient. My theory is, that it is the vital force that cures anyhow, and when our patient is very much exhausted, the indicated remedy sets up such a powerful action in a curative direction that the exhausted body can not stand it, can not go through the necessary changes to get well, but dies in the process. My experience has certainly been that in tuberculosis the antipsoric remedies are dangerous.

Dr. Fincke : That the indicated remedy is not the one to apply is opposed to our homœopathic doctrine, and I hope you will have this left out of the discussion. Perhaps you have not regarded the dose and the potency. The remedy may have been just the one, but the dose or the potency wrong. It may have been too high or too low, and therefore I took the liberty of introducing that new subject, the sensitivity of the patient. We know little of this, and I have no doubt if we direct our attention to it we may arrive at some settled conclusion about it. It is a fearful doctrine if you say the remedy is indicated and still you must not give it. We must try to find out more about it before we say that.

Dr. Kent : We overlook the central point of the question. How is it that nature brings about a cure of phthisis with any degree of deposit ? How can a cure be accomplished, and what must be the process ? It must be either by absorption, or by the sloughing off of something that is there and can not be absorbed. This eliminates entirely that class of cases called catarrhal, so beautifully relieved by Sulphur, Phosphorus, etc. It is a difficult thing to discriminate in some of these cases. We know that the allopath often makes the grossest mistakes in diagnosis, and we may make the same mistakes ; but if it is a lung trouble, with extensive infiltration of tubercle, how is it to be gotten rid of ? Is it to be brought about by absorption or suppuration ? Now, if Sulphur is indicated and administered, its first effort is to cure ; but as the symptoms are simply the expressions of a dying man, the effort is turned into an accelerated march towards death. The signs of on-coming death are not the indications for a remedy. The evidences of death are not the evidences upon which to base a prescription. We should make our prescription upon the things which are uncommon and peculiar, not upon those which are common and usual with the dying. Does the diarrhœa which appears to be dragging him down do anything but furnish a vent for the disease ? The antipsoric remedy selected upon that set of symptoms may stop that diarrhœa, and just in proportion as it does it, some other vent more harmful will be necessary ; in the lungs, perhaps, which will be in the direction of sloughing off of the tubercles. It is safe enough to slough off something from the external portion of the body ; but

when the action of the remedy reverses this, and sets up the sloughing-off process in the internal portion of the body, it means death. It is an effort to get well, but through weakness or lack of action of the vital force, the very effort has a tendency to destroy. I have seen this so often that I am afraid to give Sulphur or Phosphorus in that class of cases, even when indicated. When most exactly indicated they are the most dangerous. Remedies like Lachesis and the vegetable remedies are the ones from which to select in such cases; with these you will be able to relieve the suffering of the patients, but avoid the remedies selected upon the signs of coming death. These signs or symptoms did not exist when the patient was curable. Years before, these consumptives were curable; but the symptoms were not night sweats, chronic diarrhœa and purulent expectoration. I have had evidence enough in my practice to demonstrate this as true.

Dr. Fincke: Do we find anything in the Organon about this? How can we decide that this or that set of symptoms is not suitable to prescribe on? While there is life there is hope. I think the way out of this difficulty, without so limiting the universality of our law, is to say that we do not know yet how to adapt the potency to the case. We are all poor creatures and liable to err, and our liability is increased greatly if this doctrine is true. Not everybody has the acumen of these doctors (who belong to the ablest of our profession, and whose observations in a large practice deserve the highest consideration) to distinguish when a remedy is going to do harm. The only safe way is go by the symptoms. By such arguments as brought forward we carry the pathology of the lungs into the case—a thing which we are cautioned not to do. We should have nothing to do with pathology in prescribing, but let the remedy be based upon the symptoms, and it may be that after more experience we will get the potency right and cure these cases. I remember a curious case related by a Swiss physician, Dr. Landesmann. He was called in consultation to see a case; after examination they agreed that the man was dying at that time. The Swiss physician had a 40,000th potency of Arsenicum (J.) in his pocket case, and for curiosity's sake gave the man a dose without the faintest idea that anything could relieve him of his death throes. According to what has been said the

symptoms were not indications for a remedy; they were the signs of approaching death. Yet the man in a few minutes, when the doctors returned to see the corpse, sat up and thanked them for their help. This is a fearful doctrine to get out among the people, that the high potencies are dangerous things and may produce death. They will no longer come near us.

Dr. Clark: May I be permitted to express my gratification at being allowed to breathe in the last decade of the Nineteenth century, when such extraordinary things are occurring? What is to be thought of the philosopher who starts his argument with the postulate that we should in all cases give the indicated remedy, and closes the argument by saying that in some cases we should not give it? I might dilate on that point, but I will say no more.

Dr. Haynes: Sixteen years ago I was called to see a man who belonged to a consumptive family. I looked over his case as carefully as I could, making a microscopic examination of his sputa. It was undoubtedly a case of tubercular disease. The symptoms were completely covered by Phosphorus, and a single dose in the cm. potency was administered to him. It was about 3 P. M., on the fourth day after, that man was dead. Before that dose, death was a long ways off, at worst, and I believe that the Phosphorus killed him as surely as I believe anything. He would have lived at least for many months, if let alone. In numerous other tuberculous cases I have been called in, where Phosphorus had been administered on excellent indications with like result. If that is not evidence enough, I would like to know how many people you are going to kill before you are sure of it.

Dr. H. C. Allen: Dr. Fincke asked where in the Organon this is taught, which is about the same as asserting that it is nowhere taught in the Organon. If he will carefully study Section 3 he will find where just this doctrine is taught. It there says that we are first to know what is curable in disease and what is not. If we find a case of tuberculosis in the ulcerative stage, we find it where, as a rule, it is not curable. Then any of the deep acting antipsorics will hasten, rather than retard the end. Lippe, Hering, Dunham, Farrington and other experienced men have declined to give these remedies in such cases.

Dr. Kent: Lippe said that these things belonged to unwritten pathology.

Dr. Sawyer: I lost so many cases with Phosphorus, that it became a horror for me to see a patient well advanced in consumption come in my office. If you don't believe what you are now hearing, watch every case carefully, and don't kill too many.

Dr. Butler (President): As long as these tubercular deposits or even the tubercular tendency exists, I believe it is a dangerous experiment ever to repeat the antipsorics—often to give them.

Dr. McLaren: This principle is not entirely confined to phthisis. In the last stages of any incurable disease, they will act in the same way. There is not enough life left to cure. I gave Kali carb. to a dropsical patient one evening, and, although she had been living along in the same way for some time, and had had similar attacks frequently before, very soon after that dose she just lay down and died.

Dr. Kennedy: I am deeply interested in this discussion. Homœopathists, particularly our branch of the profession, ought to investigate and ventilate thoroughly this interesting and important subject. We pose before the world as being able to cure disease incurable by other means. We can not maintain our position without constant study and devotion to our art. We are here to learn and have the greatest respect for the testimony brought out at this meeting. Personally, I have treated cases of consumption with Phosphorus and with Sulphur, and I do not recall any cases which recovered, nor did I notice any deleterious effect. Another point is this: we all know of cases very low indeed which recovered, cases apparently hopeless. How are we to draw the line between the curable and the incurable cases?

Dr. Powel: My experience confirms the position that it is improper to give Phosphorus or Sulphur in advanced tuberculosis. Whenever I have done so, the result has been bad.

Dr. Fisher: I feel perfectly satisfied that I have cured some cases of advanced phthisis. One which had been given up, and which had been diagnosed by others as an undoubted case. I took her without the remotest expectation of helping her, indeed I never went to her house for a time without

expecting to see crape on the door. She got well and lived to be over 80 years old. Her heirs later on abused me like a pickpocket for having lengthened her life. At that time I knew nothing of high potencies, but I am inclined to think that she got Phosphorus and also Sulphur.

Dr. H. C. Allen: Dr. Kennedy asks a very pertinent question: How are we to know when a case has crossed the line so as to be incurable? Perhaps a microscopic examination of the sputa might settle it; the evidence of tubercle showing the patient incurable; its absence the contrary. I am simply putting this forward as a suggestion. I do not know that there is anything in it. It is possible that Dr. Rushmore's case was simply suppuration of the lungs and not at all tubercular. There is an early stage, I think, in which we may venture to give antipsorics, provided we give but one dose and then let it alone from one to six months.

Dr. Adams: Within a few months I had a case in which *Calcareo phos.* was plainly indicated. It acted like a charm for three days, the cough disappeared, and the patient took several long walks, without much fatigue. In three days more he was carried out of the house a corpse. I gave the *cm.* potency and I feel sure that the 12th or 30th would have produced a different result; certainly not such a speedy one.

Dr. W. L. Morgan: This discussion explains to me a great many things that have puzzled me. I had a case similar to Dr. Adams. *Calcareo phos.* was beautifully indicated, and I gave it in the *cm.* potency, one dose. The case improved in every respect for a week, then all at once it went down with wonderful rapidity, and the last thing before leaving home was to sign his death certificate. This discussion alone pays me for the time and expense of attending this meeting.

Dr. Biegler: I have only just now come into the room, but I have heard enough to get the subject of discussion, the dire results of giving Phosphorus in hopeless cases. I can confirm it. I should hesitate to give Arsenic in such cases, also Sulphur.

Dr. Fincke: In the front part of the article on Phosphorus, Hahnemann says that we should be careful not to give it in very irritable or sensitive subjects. Hahnemann's warning might apply to these cases. He did not have Phosphorus

higher than the 30th. We have found out that by giving one dose of a higher potency and letting it work out, its action will be more thorough than the lower potencies in repeated doses. This being so, may it not be that if you were to give your antipsoric in frequent doses the effect would have been more successful? Perhaps if a lower potency, say the 900th or the 9000th, were given in repetition they might not die. Because Hahnemann says somewhere that if you give repeated doses of the drug in making a proving, it seems as if the following doses removed the symptoms excited by the previous dose. This might apply here, and give us a hint to repeat or give frequent doses of the indicated antipsoric, so that the violence of its first action might be moderated. I think we might approach the question from that side, because I tell you that that is a very dangerous doctrine. I protest against publishing such remarks until we have all the experience in. How can we know what is incurable? What Hahnemann says in Section 3 of the Organon does not apply here. It might be that in this matter of sensitivity and repetition we may solve the question why these potencies act so disastrously in the last stages of chronic disease as is here stated.

ECZEMA.*

Doctors, you must not expect very much from me to-day on eczema. I find it rather a difficult subject—not treated or considered alike by any two writers, so you will have a large chance to criticise what I may read. As I have arrived at my eightieth birthday, you may handle my subject without fear, as I am not very tender-skinned.

Eczema is one of the commonest of skin diseases. The characteristic signs of eczema are: Redness, itching, interstitial, and sometimes subcutaneous, thickening, exudation, papulation, vesiculation, incrustation and desquamation. It is said to be non-contagious, and often becomes pustular; and in the first or vesicular stage nearly inodorous, but when pustular often very offensive. The vesicles are in clusters and become confluent; they dry and form thin white scales.

* Trans. I. H. A.

or else break and discharge a watery or milky fluid of different consistencies, which, by drying, rise to thinner or thicker crusts.

Eczema is both acute and chronic, and may appear on any part of the body, and in its different forms has been given a variety of names, which gives a nomenclature most remarkably confusing. It is called *ecthyma*, *porrigo*, *tinea*, *crusta lactea*, *crusta serpigiosa* *impetigo*, and when chronic, *psoriasis*, which are only different stages of eczema, differing according to stage and seat, and may be mild or severe, situated here or there, most lyitching and burning, often terribly. It is most often met with in infants and children, commencing on the vertex or behind the ears, and spreading to face, neck and arms. In middle-life and old age on the lower extremities, genital organs and arms; it rarely involves the eyelids or nose.

I believe eczema is of constitutional origin. Many causes may help to develop it. Syphilitic children have the worst forms of eczema; it is aggravated during teething. The use of ointments or any medicaments applied externally will prevent the treatment of the case from being conducted homeopathically; therefore they must be discarded in toto. Thick crusts of decomposing material should be removed by moist, mild applications and shortening the hair; oils or fats aggravate. With infants I have succeeded in fairly curing eczema by giving as nearly as possible the indicated remedies. In older and old persons it is much more difficult to cure.

The prescriber should pay attention to dietetics and regimen as a very necessary part of the treatment of these cases, especially of infants. I shall not weary you by quoting all the medicines used to cure eczema, but will give some of the characteristic symptoms and contrasts of some of the principal medicines used.

ARSENICUM.—The skin is *dry* and *rough*, the eruption is dry and scaly, but may become moist and the secretion very thick; it has *intense* itching and burning, *not* > by scratching; < at night, attended by restlessness and agitation of mind. Sulphur and Rhus. have < of itching at night with restlessness, but scratching *relieves*, consequently there is less mental anguish, but the itching soon returns and thus keeps the patient restless. With Sulphur and Rhus there is

often intense pain in the eruption after scratching, which makes the child cry. Sulphur, which resembles Arsenicum in so many of its symptoms, has also a dry, harsh, rough, wrinkled skin, but the mental symptoms may decide between the two, especially when there is a dread of being washed, which is so characteristic of Sulphur. Under Hepar it is the dread of being *touched* that makes the child cry from washing. Both Arsenicum and Sulphur are often needed in the same case, but not at the same time. The crusts may be white, yellow or dark from blood.

The *intense* itching is characteristic of Arsenicum and *not* relieved by scratching. The Arsenicum child suffers and becomes emaciated from disturbances in the vegetative sphere. The Sulphur child may have been stunted from birth.

CALCAREA.—The constitution of the child and color of the skin will be a guide to Calcarea. The itching is not so intense, but < *after* sleeping; the glands are often swollen, urine *strong* or *fetid* and copious, head sweats profusely when *sleeping*; fleshy children with lax fibre, bloated abdomen; the cutaneous affections are < by water. Obstinate, self-willed; skin cracks; deep fissures occur. Moist variety. Crusts thick on face, neck and scalp; feet damp and cold; > in warm room; < in open air.

CICUTA Is said to have *no* itching, but a hard, lemon-colored crust.

CANTHARIS.—Watery vesicle, as if excoriated; burning, itching, and when touched, burning and smarting; eruptions complicated with urinary difficulties. < from touch; > from lying down.

CAUSTICUM.—Moist eruption, especially on nape of neck. Rheumatic and gouty. Insupportable restlessness. Eruption on occipital region, with itching and burning after scratching; < from cold air, and in the evening, and > in the warm air or cold water. The child is afraid in the dark. Dark haired children of rigid fibre, stunted children, mentally and physically weak, Causticum suits.

CONIUM.—Glandular enlargements. Moist vesicles, < by scratching. After scratching pricking in skin. Eruption developed by being overheated. Gluey, sticky discharge, forming hard crusts. Eruptions in old people; taciturn, want to be alone. Occurs about the face, arms and mons veneris.

GRAPHITES.—Obese people; blonde complexion; despondency. Females who are subject to scanty menstruation; very dry skin; never perspire; great soreness of the skin after scratching; red stripes of inflammation.

Especially adapted to eruptions behind the ears, back of head, and in bend of limbs. After scratching, moisture exudes. The serum is very sticky, at first like glue between the finger tips, and odorless, but may become thick yellow and offensive; in some cases the tongue is pale, and the rash exudes large quantities of serum. Guernsey says, "The eruption exudes a transparent, glutinous fluid, which causes the crust to fall off; when more forms, to fall off again in turn; meanwhile, the eruption extends over a still larger surface, < in the evening, and from cold air.

HEPAR.—Humid eruptions on the whole head; very sensitive, and emitting an offensive odor; intense itching, with burning and intense soreness, after scratching. The child is chilled from the least exposure; hands and feet are always cold. Useful after salves and ointments; < from contact; at night, and from cold air; > from warmth, or wrapping one's self up warmly.

Merc. has sleeplessness before midnight, and Hep. after midnight.

LEDUM.—Eczema, occurring in drunkards. The eruption comes out after a debauch. Dry eruptions; gnawing, itching eruption of skin; sensation as though lice were crawling over the surface; unnatural dryness of the skin. Characteristic: In rheumatic persons the pain commences in the feet and goes up. < from heat and motion; heat of bed.

LYCOPodium.—Eruption vesicular at first, then moist, with thick, offensive discharge; crusts form, which have deep cracks running through them. Chronic cases, constipated; pale, sallow complexion; eyes sunken, with blue rings around them; brick dust sediment in the urine; rumbling in the abdomen. Often indicated after Calcarea, < after getting heated, and from wet poultices; from 4 to 8 P. M.; > from cold, and from uncovering one's self.

MERCURY.—Humid, fetid eruption; thick yellow discharge or yellow crusts form on the scalp, with an inflamed border; itching < at night in bed, with pain from scratching; tendency to bleed; clammy perspiration, thighs cold and

clammy; green slimy diarrhœa, < at night; a dirty yellow or a pale, cool, clammy skin; glands swollen, salivation; no relief from perspiration, imprints of the teeth on the tongue.

MEZEREUM.—Head covered with a thick leathery crust; pus collects under it with an offensive odor; the hair mats together. Sore boils on the head.

PSORINUM.—Dry or humid, fetid eruption; hair becomes matted; itching in bed and from warmth; crusty eruption. Diarrhœa, watery, dark colored and very offensive, < at night. This remedy should be thought of in cases which do not yield to the well selected remedy, and compared with Sulphur.

RHUS.—Burning, vesicular eruption, coming on in cold weather. Eruptions on hairy parts, and on genitals, with tingling and itching. Humid, itching eruption on head, forming thick crusts, having an offensive smell; falling off of the hair, the surface raw and the parts swollen; a red inflamed rim forms from subcutaneous infiltration, surrounds every part of the eruption. Arsenic has a blackish rim. Itching > by scratching, the cold fresh air is not tolerated on the head, it seems to make the scalp painful.

SEPIA.—Eruptions during pregnancy and nursing. Dark complexioned persons, and especially corpulent women; great lowness of spirits; nervous excitability; sad, inclined to wake about three o'clock, A. M., and can not sleep again; itching of the skin changing to burning when scratched; vesicles or pustules form on the face as well as on the occiput and vertex, is dry or soon becomes moist, and discharges an offensive pus like fluid, copiously; this becomes dry, cracks and exfoliates. The eruption terminates abruptly on the skin. Patient has dark hair, thin delicate skin and passes putrid urine. Dry eruption inside of elbows and knees.

SILICA.—Eruptions on back part of the head, either moist or dry and scabby; itches, burns, soreness after scratching; pustules form and discharge copiously and offensive. The skin of the child is dry, the face pale and muscles lax. Big belied, with weak ankles, emaciated frame and irritable temper. This remedy resembles Calcarea in many respects, but the Silica child is not fat, although it has a large abdomen. The Calcarea child is full of mischief. The Silica child is obsti-

nate, headstrong, and cries when kindly spoken to, and likes to have his cap on, his head wrapped up warmly.

STAPHISAGRIA.—Yellow scabs form on the scalp, the eczema is moist, offensive and itches violently; a yellow, scaly eruption on the cheeks, or behind the ears, which discharges from scratching. Face sunken, nose pointed, and blue rings encircle the eyes, the child is irritable and indignantly throws things away from it which were desired but a moment before. In some cases the tongue is very red, the eruption more scaly, with destruction of the hair, leaving the scalp rough and dirty looking; swelled glands.

SULPHUR.—Cases of long standing, with much itching, which are < at *night*, and attended with pain after scratching. The eczema may extend over the whole body; it is dry or humid and offensive, discharging thin or thick acrid pus; a remedy for colicky babies, with dry roughness of the skin of the body, which itches from warmth, and feels good from scratching (Silica feels worse), lips red, stools excoriating, does not like to be washed, is most comfortable when dirty, morning diarrhœa, or bowels move regularly—but always with *great pain*.

NATRUM MUR.—Eruption which comes in the bends of the knees and elbows; behind the ears and back of the head and neck; in the border of the hair. *A humid eruption, with gluey discharge, matting the hair; great rawness and soreness of the skin; smarting. Light crusts form on the back of the head and neck, along border of hair, which are irregular and resemble peach gum.* Vesicular eruption on and around lips. Lips and corners of mouth ulcerated and cracked. Borders and corners of eyelids raw and ulcerated. Itching, humid eruption on face and chin; raw, angry looking eruption; eruptions developed by exercise. Shooting pain in skin. The skin symptoms most resemble Graphites; < in forenoon and from exercise, > after lying down.

S. SEWARD.

SYRACUSE, N. Y.

**CENTRAL NEW YORK HOMŒOPATHIC MEDICAL
SOCIETY.**

SYRACUSE, N. Y., Sept. 17th, 1891.

The annual meeting of the society was called to order by the President, A. B. Carr, M. D., at 11:00 A. M.

Members present: Drs. Carr, Clapp, Brewster, Dever, Hoard, Hooker, Gwynn, Kent, Schumacher, Grant, Seward, Wells, Leggett, Stow, Martin.

Visitors present: Drs. Allan, Brownell, Dubois, Hitchcock, Kent, Powell.

Calling roll: Omitted.

Reading of the minutes of last session: Approved.

The President, A. B. Carr, of Rochester, N. Y., announced this to be a red letter day in the annals of our society, and warmly welcomed our guests, especially those who had taken the trouble to come to us from Philadelphia, Drs. J. T. Kent, Franklin Powel and Arthur G. Allan. The President then asked Dr. Kent to oblige the society by reading and expounding the Organon.

Prof. Kent declined because of indisposition.

Dr. Arthur G. Allan was then asked to read the Organon. He accepted, and beginning with § 83 read to § 87, inclusive, relative to the taking of the case.

COMMENTS.

Dr. Seward. These sections are plain and easily understood, but am sorry to say that few follow them. We all know that if they were correctly followed, we should become far better homœopaths, especially when we are dealing with chronic cases.

Dr. Wells considers that we too often pass over what at the time seems an unimportant fact, through this simple neglect of recording the cases as we hear them, or at the time of recording the case, and that further study often shows that the symptoms so considered at first glance, may be the symptom of symptoms upon which the cure of the case depends. He cited a case of a patient who came for the cure of a cough. She would sleep, waking breathless, would begin to cough. It only troubled her at night. In Jahr he found under Aurum, "cough from want of breath."

The patient immediately upon hearing it, said that was her case. Aurum 30 cured. Case was cited to show that it was not an italicized symptom, but that in this particular case was guiding.

Dr. Allan thought we should write out all cases, either chronic or acute. Bönninghausen considered it well and prescribed well.

Dr. Dever was perfectly willing to take the Organon whole and "bolt" it, like the boy with the bill of fare, but could not consider record always necessary in acute cases. A man came to his office a year or more ago with violent colic, walked up to the corner of table and pressed the abdomen against it. He certainly did not hesitate to give Colocynth, neither did he first record the symptoms. Another case; man rushing into office, who had been walking in the wind, and was flowing bright, fresh blood from mouth. Did not hesitate for pencil and tablet, but rushed for Aconite and cured.

Dr. Grant has been struck with the advisability of always writing down the symptoms of a case, as unless we do so, we are bound by our knowledge of the materia medica to put leading questions, and so fail to gain a true picture. Another point; many patients are inclined to mislead us, fearing we will not give them proper attention.

Dr. Brewster cautions us to be careful to guard against allowing patients to cling too closely to the pathology of their case, and ignore the specific symptoms. In children we can only get answers through study of the unspoken language.

Dr. Allan thinks there may be cases, as in intercurrent disease symptoms, when one need not record.

Dr. Powel: Hahnemann says somewhere, that when this rule has been strictly followed, the most difficult part of our task is over. We may find, that in the differentiation of very similar remedies, that we must put leading questions, to learn the perfect similar.

Dr. Grant quite agrees with Dr. Powel, but thinks that this differentiation should be in the final questioning and not in the first taking of the case.

Dr. Kent: This is one of the greatest tasks with which

a physician has to deal. One of the most common causes of failure and of the making of mongrels, is just this taking of the case. We should examine a case in exactly the same way as we would examine a prover for the image expressed in the provings. When we have the full symptom picture of the case, we shall be able to see the patient in all his peculiarities, and shall also see how far he has deviated from his normal self.

The greatest mistake a young man can make in the beginning of his practice is carelessness, and even Dr. Dever's Colocynth case should have been recorded, and for this reason, not because he would not have known a Colocynth case of colic again when he saw it, but if we have a record of all conditions and sicknesses that a patient has been subjected to in the course of his life, and in years after he comes to us again, our memory of the peculiarities of his constitution, forms a picture in our mind, of the action of disease in this case. These are true sick images, which we never get in any other way, and which the study of books can never teach.

I have thousands of records with opinions and prognostications, which, even if they fail, will teach me something. It is important, that only the general questions may be so put that they can be answered by yes or no, as, have you distress in the head, stomach, etc., but even that may be avoided by suggesting that they have neglected this or that organ, or that function. If a man says he has headache, there is nothing to prescribe upon, you do not care for that, but when he says with this or that modality, then you have a symptom to record. Questions must be so framed as to bring out explanations. Many patients will return to us with the question, "Dr. what did you expect after that medicine?" It is an easy matter to ask what they have observed, and when you have learned, of course you expected it. Many patients ask for a diagnosis, for your opinion as to what is the matter with them. The answer, of course, will be, "you have told me all your deviations from health, all the disturbances of which you are aware?" "Yes." "Well, this record is what is the matter with you."

The structural changes of course will be noted, and told them if advisable, but are always a result of sickness, and not the true image of disease. In phthisis, granular disease of the kidneys, etc., you see such results but not the image of the sickness; therefore not the symptoms for prescription. Hahnemann never discouraged the study of pathology, anatomy, or the sciences, but constantly holds up to us the images of the sickness that leads to these results, and advises us not to make the mistake of prescribing upon other than symptoms.

No man can ever become great who has not the ability to see this nature of disease in the sickness around him. I consider myself the center around which my patients move in their orbits, the inner circle of which are very near to me indeed. These are the most intelligent, the most appreciative, the most teachable of our great truths, and the dearest of all with whom I have to deal. I am their trusted friend; they love me, and I love them. We enjoy each other. Outside of this is another circle, still a little farther removed, a little less intelligent, and for whom I can do a little less. Back still farther is another, and another, and still another; until the outer circle, that of ignorance, is reached, for whom I can do less than for all the rest; but even now, more than the old school, better than any other method. It is never among these that we make our brilliant cures, that we do the work of a master. It is in the inner circle nearest to our own intelligence in which these great things are done. I tell you gentlemen with the practice of Homœopathy such as we are aiming at, we have the power to change the whole moral nature of the man, to relieve and give control of the passions, to prevent the development of evil in the young, and to restore the diseased nature to comparative health.

One more point and I have done. You can readily see how when one is continually running off after new remedies, remedies that have but few symptoms proven and recorded, and neglect the many remedies of which we have more exact knowledge through our own records and provings, that one would become more and more dissatisfied with their work every day, and necessarily resort to doubt-

ful methods and finally mongrelism ; so beg your young men to take their cases carefully, and record their progress conscientiously, and in time they will become what all are striving to be, master prescribers.

Dr. Dever: I would not go on record as opposing Hahnemann, but only instanced cases in which such particularity did not seem necessary.

Dr. Kent: If in one prescription you had given Colocynth and in another for the same patient Cuprum, and still another something else, we begin to see the relation of remedies. How did the older homœopaths preserve the facts of one remedy following another well, or of their being inimical to one another, except by the most careful records and prescriptions.

Dr. Brewster feels that Dr. Kent has struck at one of the greatest of the vital principals of Homœopathy to-day, but asks what we are to do with the woman who brings her child to us with this symptom: "Castor oil always cures my child." You have no symptoms, what is possible? Doctors meet us and tell us that Belladonna cures scarlet fever, Mercury cures diarrhœa, etc. We still have something of a battle before us.

Dr. Stow is pleased with the discussion brought before us, and acknowledges that he finds much difficulty with a certain class of patients. Cites a case of a child of a clergyman, supposedly an intelligent man. The child had a diarrhœa. The doctor prescribed, left, but was called not long after as the child was in spasms. After inquiring for the cause, found the father had been reading up cures for diarrhœa in some medical book and had given tincture of Gelsemium in eight or ten drop doses. He gave a lecture to the father, desiring him not to interfere with any thing he prescribed hereafter. He promised. In a short time found the father had administered castor oil. What can we do?

All: He belongs to the extreme "outer circle" of our patients.

Dr. Stow: Being in a farming community, we find it very difficult to obtain symptoms, because of the extreme ignorance by which we are surrounded, and it often makes

me more charitable toward the mongrelism we meet, when we realize the ignorance with which we have to contend.

Dr. Clapp has to meet with the same difficulties in securing the picture of the disease, being also in a farming community. He tells them plainly to do nothing outside of his prescription, and if they want *Podophyllum*, etc., leaves them to the care of some one else. If he can't treat them with benefit he won't treat them at all.

Dr. Allan: Upon the question of allowing the patient to give pathological conditions instead of symptoms, thinks we lead them by our questioning into better ways, by paying no attention to their assertions, but pressing for symptoms. Their ignorance of these matters has been brought about by long centuries of training in old school methods, so that now if they have nausea or vertigo, they tell us they are bilious, &c.

Dr. Carr agrees with Dr. Allan in that the physician guides his patients to more intelligence concerning the abnormalities to which the flesh is heir, and that it is in that direction in which we must look for final betterment and clearer intelligence.

↓ Dr. Stow once heard Dr. Lippe state the case of a wealthy woman, whom he was treating for rheumatism. He treated her carefully two weeks, with no result. Finally during a visit at the end of this time he again carefully took down her symptoms, then reading them to her again, with further questions, making additional notes, saying he would see her again in the afternoon, and thinking to give the case additional study at his office, he rose to go. As he did so his patient said to him, that she would go down stairs with him, "If she had not such a fear of falling, of pitching forward down the stairs." The doctor turned back again, looked over her symptoms, and found that they were all covered by Borax, and one dose cured what he had considered a most obstinate case.

Dr. Dever had a case at one time in which he had failed to get all the symptoms, when finally the patient told him that he "desired to jump from high places."

Dr. Stow moved to adjourn. Carried.

AFTERNOON SESSION.

Meeting called to order at 2:15 p. m.

Papers presented by Drs. Seward, Allan, Schmitt and Morgan.

The president invited our guest, Dr. A. G. Allan, to read his paper.

A clinical interruption prevented, and Dr. Seward consented to read the first paper. Several interruptions occurred, so that the paper was not quite fully understood by all in the discussions following Dr. Seward's paper on

CLINICAL CASES AND THEIR RELATIONS TO THE MIASMS.

Mr. President: As I have been appointed essayist, I wish to bring a subject before you by which I hope to bring out some profitable discussion.

I believe the study and understanding of the chronic miasms to be important to the practitioner of medicine, and especially so, to the Hahnemannian. I think a physician ought to know all that is known or taught of the miasms, as a very important part of his or her medical education.

Hahnemann says psora was the great miasm. Syphilis is much less extensive, yet still there is quite enough of it. My troublesome point has been sycosis; ought it to stand where Hahnemann placed it, as a distinct and separate miasm? Does it not depend upon another disease for its existence? It is said to follow gonorrhœa. Dr. Julius Schmitt, of Rochester, in a paper upon Sycosis, says "according to Hahnemann this disease is caused by a miasm, which shows itself as gonorrhœa, but which attacks the whole organism like syphilis." Syphilis has primary, secondary, and tertiary symptoms, each condition differing from the other. Psora has perhaps hundreds of secondary conditions; may it not be the same with gonorrhœa? Gonorrhœa primary, and sycosis secondary? As sycosis is secondary to syphilis, sycosis can propagate itself as well as the secondary and tertiary conditions of syphilis. Rauè says that sycosis is caused by syphilis also. May we not get a more correct knowledge of Hahnemann's third miasm by looking carefully to the treatment of both syphilis and gonorrhœa, and therefore avoid sycosis? Some cases from

practice may cause you to determine what I have never been able to do—i. e.—the miasm from which they came.

Case I. Some years ago, Mrs. S. came to me with a dark growth on left side of nose, probably a mole. It was one-third of an inch in diameter, not sensitive. Her family fearing cancer, strongly urged her to have it removed by a cancer doctor: This she refused to do. Her health was good, but she was psoric. After study I gave her Thuja 73 M.; waiting three or four weeks, finding no change, I selected Sulphur 55 M., one dose. Three weeks after receiving the medicine, the growth began to grow smaller, and finally vanished entirely; at the same time a similiar and smaller spot on the cheek disappeared. It was doubtless a mole; probably psoric.

Case II: Ten or twelve years ago, I found a thin, dry, black crust about a third of an inch in diameter, half way between knee and ankle of my left leg. It was sensitive to friction, causing a sharp stinging sensation. I took one dose of Thuja 73 M., and after three weeks in which there was no change, I took one dose of sulphur 55 M. and in two or three weeks there was less sensitiveness, the dry hard scale came off, it felt and looked better, and has not been sensitive since.

In what miasm did it originate? Which medicine cured or did both?

Case III. An excrescence having the appearance of a large soft wart, with long peduncular attachment to the upper part of scrotum. I gave one dose of Thuja 2 M. and in a week followed with a dose of Thuja 73 M., believing first dose too low. After two weeks, no change, and the patient having some digestive trouble, I gave one dose of Nux. In about two weeks a red spot appeared upon the upper side of the wart, with a slimy secretion. It was neither sensitive nor sore. It slowly disappeared, continuing red and slimy until gone. The patient had had neither syphilis nor gonorrhœa. Was it sycotic? Rauë says genuine syphilitic condylomata, or tubercula mucosa.

In what miasm did it originate? Which medicine cured or did both?

Case IV. Not long since a case of sycotic growths in a

woman was presented for treatment. They were upon the mucous surface of the vulva, one-half inch long, and slender. One dose of Thuja 73 m. caused them to disappear. I suspected gonorrhœa.

Case V. I have cured long warts from half to one inch long about the heads and ears of young colts with Thuja 2 m. and higher, repeating three or four times. They would disappear in from three to four weeks. What miasm caused the warts on horses?

Case VI. Feb. 24th, 1891, Mr. F. came to me with an excrescence on left cheek to be removed. It had been present some time, but not sensitive until of late. It was round, about one-quarter inch in diameter and the same in height. A thin, yellowish discharge, with severe itching, exposing a raw surface when the scab was removed. One dose Thuja 73 m. caused improvement in a week. In four weeks the face was smooth and clear. What was it, and what was the miasm?

The President: This paper is now open for

DISCUSSION.

Dr. Stow cannot understand why Dr. Seward finds difficulty in getting hold of the facts of syçosis and its development as a miasm, any more than he found difficulty in realizing the miasms of syphilis and psora.

Dr. Seward believes syçosis to be an outcome of syphilis as well as of a gonorrhœa.

Dr. Stow thinks gonorrhœa a specific disease, and syçosis a miasm resulting therefrom, or still more correctly, it is a suppressed or maltreated gonorrhœa.

Dr. Carr thinks that as in the development of psora, through inheritance, so is there possibility of syçotic inheritance, and also a mingling of the two, tending to make what we call the susceptibility of the person.

Dr. Brownell has a theory in relation to diabetes and its being of syçotic origin. In nineteen cases of diabetes cured by him, Thuja cured the first, and the rest were > by Thuja. All had a history of gonorrhœa. Syçosis did not always manifest itself in condylomata, but in many other diseases.

Dr. Carr believes this to be true.

Dr. Stow agrees and cites a case of inherited syphilitic condition in which the scalp and half the frontal bone had been destroyed, which was cured by Aurum. Many such diseases are attributable to syphilis.

Dr. Allan shows that many ophthalmic cases are attributable to syphilis.

Dr. Seward would like to hear Dr. Kent's opinion upon sycosis, he is unsatisfied, and does not understand it; he does not feel able to recognize, or treat it; he does not know where it belongs, or how to classify it.

Dr. Kent having been called out, did not hear the paper of Dr. Seward, and did not therefore quite understand the doctor's doubt; but said, "your doubt seems to be that of degree, as we are no longer laboring in the dark concerning gonorrhœa. We now know that a gonorrhœal infection, unmedicated, may continue months with its several manifestations, and in many cases develop a numerous growth of what are known as fig warts, from which has come the name sycosis, a result of gonorrhœal infection. The first discharge or manifestation is but a result of the same poison (*dynamis*) as the fig wart. If the gonorrhœa in any of its manifestations is suppressed, the sicknesses resultant are sycotic. We see, in practice, twenty years after the suppression of the gonorrhœa, during which time the victim has been ordinarily in fair health, suddenly a gonorrhœal recurrence with all its distressing manifestations; we also see these appear under unsuccessful treatment.

The sycotic anæmia which is like no other in its greenish pallor, disappears under homœopathic treatment, as also warts and discharges of twenty years standing are cured.

Gonorrhœa is not a local disease, as its prodromal period definitely shows, and therefore should never be treated locally. I have seen a case of cancer of kidney, cases of red phthisis, pneumonia, directly traceable to sycosis.

A case of sycosis under my treatment with considerable cavity of the lung, as result of sycotic pneumonia, was only cured through the return of a condition like pneumonia, which in its turn was also cured.

In the cure of sycosis, the original discharge returning, you may always expect it to remain a long time. There is a lack of reaction when the discharge does not remain, and the cure is imperfect. When I can restore the discharge and it is sufficiently prolonged, I can make a radical cure. In other cases, in which the discharge does not return, by careful prescription we may get modification through other discharges, and restore our patients to fair condition of health. If not carefully managed, the sycotic patient will have, after twenty years or so, the break down of organs, failure of sexual life, etc. To make a radical cure, I repeat, we must retrace the steps through its manifestations, through the fig warts, through the prolonged discharges, etc. Observation of sequences and consequences, will after years of study allow us to see clearly the image of sycosis.

I do not wish to be understood as believing every case of simple urethritis to be sycotic. Sycosis was the same miasm from the beginning to the end of its manifestation. I am fully convinced that the image of this miasm is not understood. When we reason upon an individual case we are reasoning upon particulars, but the true image of sycosis must come from observation of many particulars, because the image of a miasm is general, covering many individual manifestations. Many of its particulars are still not known to belong to the pathology of sycosis.

The greatest suffering of to-day is attributable to sycosis, because for many years it has existed as a secret, concealed even from the knowledge of the physician in many instances.

Hahnemann saw psora fully developed, and partly saw and described the outline of syphilis and sycosis as miasms.

Dr. Seward wishes to know if the cure of syphilis and gonorrhœa would be followed by the miasms.

Dr. Kent.—No. That they rarely combine is true also.

Dr. Stow had meant that they might modify each other.

Dr. Gwynn spoke of the impossibility of inoculation of the lower animals with venereal poisons, according to certain authorities, and in reply to the question in Dr. Seward's paper.

Dr. Kent: We should not look upon warts as always

indicative of sycosis. The true gonorrhœal wart is the fig wart, especially preferring the mucus membranes of the genital organs or of the face. They may be soft or hard, are sensitive, easily bleeding, inflamed, red, and often with offensive exudation.

The president now closed the discussion and Dr. Allan's paper was read, containing clinical cases therapeutically considered.

HOW TO TREAT EYE DISEASES.

While at the meeting of the International Hahnemannian Association at Richfield Springs last summer, I was asked by several members of your Society to be present with you at the annual meeting to be held in Syracuse. And, gentlemen, I can assure you that it gives me the greatest pleasure to be with you to-day and see gathered together so large a body of earnest workers for the cause of true Homœopathy. The followers of the Pathologico-pharmaco-dynamic system of Dudgeon, Hughes and others have multiplied so rapidly and, by methods known to political tricksters have taken possession of our colleges, societies, and journals, until, if I may use the expression, it is a rare treat to be able to meet with a society like yours composed exclusively of followers of Hahnemann. When I look round among those who call themselves homœopaths and find them by word and deed doing everything in their power to bring to naught the labors of the immortal Hahnemann, and when I see the allopaths and the public estimating the value of Homœopathy from the work of these homœopathic pretenders, I feel that I should be shirking a duty I owe to my Maker who has given me life and health, if I did not lift up my voice and use my pen to protest against these modern "scientists" and offer words of encouragement to those who are manfully working for the advancement of the true and only Healing Art—Homœopathy.

I have selected for my paper some cases from daily practice; not cases that are seldom met with, but such as we all are likely to have come to us at any moment. They are

good ones with which to illustrate the following three points :

First: How to take eye cases.

Second: How to find the remedy.

Third: How to find the remedy when few if any symptoms can be obtained from the eye itself.

CASE I. April 16, 1891. Miss A., aged forty, applied for treatment for her eyes. The right was worse than the left and she stated that it always gave her more trouble than the other. Her sight was very poor, $\frac{4}{8}$ in each eye, the cornea being very cloudy, the sequellæ of an ophthalmia during an attack of measles when a child. Mucus running from her eyes troubled her very much and kept her continually wiping them. This mucus was thin and pale yellow. The upper lids itched a great deal, the lids were agglutinated at night so that she had to bathe them on rising in the morning to get them open. The conjunctiva was red, particularly in the right eye.

The selection of a remedy for eye troubles is usually a very difficult task; but if we write down the symptoms very carefully, select the remedy which has all of these symptoms, we shall be gratified by the most happy results. To be sure, this method is tedious, while offhand prescriptions are quickly made; but the method of Hahnemann cures our cases, while in careless, offhand prescribing we are failing to do our duty to our patients and sacrificing our honor as physicians. Principle must be lived up to and selfish ends must never be allowed to influence us in our work. Many a physician has started out as a homœopath with a good knowledge of what Homœopathy is, but principle being counted of secondary importance he is now numbered with that large body of modern homœopaths who say that Homœopathy in place of being a *law* is merely a *rule* to guide them until some better one can be found to take its place.

Out of the history of the case related above, the following are the symptoms in such language as will make it easy to find them in the repertories and materia medica:

The left eyelids adhere by night; adhering in the morning on waking.

Mucous discharge.

Upper lids itch.

Cornea cloudy.

Eyeball red.

Under the first symptom we find Alum, Bry., Calc., Chel., Mag., Natr. ars., Natr. m., Merc., Phos., Rhus., Sulph., Tarax.

Under the second, Alum, Apis., Euph., Kalinit., Phos.

Under the third symptom, Alum, Apis., Laur., Phos., Rhus., Rhus r., Vesper, Zinc.

By the process of elimination we see already that Alum. is the only one that runs through these three, so, to shorten matters, we have merely to see if Alum. is found having the other two symptoms. Turning to the repertory we find Alum. under both. Accordingly the patient received a dose of Alum c.m. (Fincke) dry upon the tongue and was told to report in two days. At the appointed time she reported that the following day she felt no improvement in any way, but that since rising this morning and bathing her eyes to get the lids apart she seemed to see more clearly, the eyeballs were not so red and the lids did not itch. Vision same as before. Ordered to continue on the same medicine and report in a week. In a week the patient reported that her eyes felt much better in every way. The redness was gone, the discharge of the mucus did not give her any more trouble during the day and the lids adhered but very slightly, so that she could with an effort open them without bathing. No itching since last was here. Vision $\frac{3}{8}$. Sight seems much clearer. To continue on same medicine and report in a week.

At the end of a week the eyes were better than at any time since she could remember. They have not stuck together at night since she was here last, and besides this a pain in her back that had troubled her for years, as well as a dry cough from tickling in the throat, had likewise left her. From this time on without the administration of another dose of medicine she continued to improve until her vision reached $\frac{3}{8}$. There now remains a slight haze over

each cornea for which I have not given any remedy, as her old symptoms have all gone and no new ones have taken their places upon which to make a prescription. I last saw her the ninth of this month.

CASE II. July 23, 1891. Miss B., aged sixteen, came for treatment for her left eye which had been inflamed for the past three weeks. Of her own accord she stated that her eye pained her and watered considerably, giving her a great deal of trouble when in the light and preventing her from reading or sewing. On questioning her, I found that the pain was not continuous but it was shooting in character, coming suddenly like a stab, lasting a few moments and then leaving as suddenly as it came. There was a scraping sensation in the eye as if there was sand or dust in it; there was considerable lachrymation and the tears felt hot. She suffered a great deal from photophobia which was worse in the light and in the afternoon. The eyeball was very red and, according to the allopathic classification, she was suffering from conjunctivitis. There was but little discharge of matter from the eye, the discharge being mostly tears. The eyelids did not stick together either by day or night and the eyelid was somewhat swollen and heavy. Patient sleeps well.

In selecting the remedy for this case, I proceeded exactly as in the former one, writing down the symptoms and the remedies opposite to them. The following being the symptoms:

- Left eyeball red.
- Eyeball, shooting in.
- Eyeball, sensation like sand in.
- Lachrymation, hot.
- Photophobia.

Without occupying the time to repeat all the remedies to be found under each heading, suffice it to say that *Belladonna* is the only remedy that had all of these symptoms. Consequently she received a single dose of *Belladonna* 50m (Fincke) dry upon the tongue, and was told to return the following day.

The fact that the left eye was the one attacked might be considered as contraindicating *Belladonna* since *Belladonna*

has a known predilection for the right side; but Belladonna had all the symptoms of the patient, and if a remedy has all the symptoms of a patient I consider that it is the one to give even if it does prefer the other side of the body, and the result in this case, as will be seen, fully bore out my conclusion.

July 24. Conjunctiva, particularly the bulbar conjunctiva, not so red. Not nearly so much photophobia or lachrymation; can bear the light much better and can open the eye wider; scraping sensation gone entirely. The shooting pain is not so severe or in as frequent attacks.

July 25. Amelioration of all symptoms.

July 26. Had only one slight shooting pain in the morning which was hardly worth calling pain; no photophobia, no lachrymation and no mucus in the eye at all; can open eye the same as the other. Bulbar conjunctiva looks normal. Palpebral conjunctiva is somewhat redder than normal.

July 27. No evidence of ever having had conjunctivitis. Discharged.

CASE III. C. D., aged twelve; his right eye had been sore for three months. On inspection I found an ulcer about the size of a grain of barley, just below the margin of the cornea at the inner side of the median line. He was emaciated and had a number of enlarged glands in the left side of his neck. His eyeball was very red with considerable smarting in it, worse in the afternoon and evening; light and heat aggravated; better in the open air. In studying this case I arranged it under the following heading:

Right eye: Ulcer on conjunctiva.

Eyeball red.

Smarting in.

Worse afternoon and evening.

Worse from light.

Worse from heat.

Better in cool air.

The remedy that has every one of these symptoms is Pulsatilla; so he received one dose of Pulsatilla 55m. (Fincke) dry on the tongue with instructions to return in four days.

At the appointed time the improvement was very great; the ulcer had diminished to the size of a pin's head; another week sufficed to wipe out all the eye symptoms enumerated above, and as the patient never appeared again after this it is reasonable to suppose he remained well.

These cases show very nicely the points I desire to illustrate: First, how to take the case; and second, how to find the remedy.

The next case will show the third point: How to find a remedy when eye symptoms are not to be had.

Case IV. Miss, E., age twelve, presented herself for treatment for what she called a skin growing over her eyes. She said that during the past six weeks or two months her sight has been growing dim on account of a skin which was growing over her eyes. It began first in the left and about three weeks later commenced in the right also. On examination I found the case to be one of interstitial keratitis. The infiltration in the left cornea already covered almost the entire cornea making it impossible for the child to do more than see large objects before her. The right cornea was only partially covered so that she could see to walk about without much trouble. With the exception of cloudy cornea and itching of the eyes which she complained of considerably there was nothing upon which we might hope to base a prescription. I questioned her for symptoms in other parts of the body but with the exception of having offensive urine and being constipated there were no symptoms. I next asked what symptoms she had had from time to time, and I found that at times the glands in her neck became enlarged. That she had perspired a great deal (although her mother had not noticed it very lately), about the head, particularly when sleeping. That when an infant she perspired profusely wetting the pillow for quite a distance about her head.

In the first place, let us see what is the nature of the inflammation in the cornea. Although there were present redness of the eye and photophobia, evidences of acute inflammation, still interstitial keratitis is essentially a chronic disease and has its origin in a deepseated psora. It runs

a long course when left to itself and is, under allopathic treatment, an exceedingly difficult disease to suppress. Therefore this inflammation must not be looked upon as a disease by itself but as a part of the chronic disease that is affecting the entire organism.

This being the case, I felt sure that as *Calcarea* was undoubtedly the constitutional remedy for this child, that it would also be the remedy for the eye symptoms, which were but a local manifestation of psora. Consequently she received a single dose dry upon the tongue of *calcarea c. m.* (Fincke) with instruction to report in a week. This produced a slight aggravation with feeling of malaise which lasted about three days when she began to improve in general feelings. At the end of two weeks a marked improvement could be seen in the right eye, in a month the redness of the left eyeball was gone but the cloudiness of the cornea still remained. During the next month the cloud disappeared from the right cornea altogether and in six weeks it was all gone from the left cornea. On the tenth of this month I had the child come to my office to see the condition of the eyes before reporting the case, and both corneas are perfectly clear, not a trace of haziness is anywhere perceptible and her vision is normal in each eye.

These cases you will observe are of special interest because they were all treated with a single dose, of a single remedy given in the minimum quantity.

DISCUSSION.

The president is very glad to have heard this able paper of Dr. Allan's. He hears so many arguments from the other side, relative to the possibilities of such cures, and is glad that so many homœopaths may hear the practical illustration of bona fide cases.

Dr. Allan is particularly glad to be able to show this society the CASE IV., as it illustrates so clearly the effect of homœopathic treatment. This case of interstitial keratitis which under old school treatment, it is considered fortunate if cured in a year or eighteen months, was under his care four months. A decided victory for Homœopathy.

Dr. Stow is very grateful for the opportunity to have

heard the foregoing paper, and would move a vote of thanks be given to Dr. Allan for his able illustrations.

Drs. Brewster and Seward second the motion. Carried.

The president reminds Dr. Allan that he has still another paper which this society desires to hear.

Dr. Allan, after some demur, is persuaded to read his second paper.

HOMŒOPATHIC INCONSISTENCY.

In an attack upon Homœopathy Dr. Gammage, of Massachusetts, says: "I do not wish to impeach the personal honesty of any individual, but it is my conscientious conviction that there is not a Hahnemannian or a homœopathic physician in the world who honestly practices Homœopathy who does not in cases of emergency give doses and use methods of the regular scientific practice, provided he knows enough to do so."

Here in this sentence we are charged with dishonesty and deception, or, to put it in other words, we are characterized as *frauds*. When a man makes such a sweeping assertion and brings such a charge against us (a body of respectable and honorable citizens) it is our duty to ourselves and to the public to enquire into the matter; to see if there exist any grounds whatsoever for his words, or whether they are merely the ravings of an intolerant bigot.

In the first place Hahnemann said in his "Organon" that Homœopathy is a *law* of therapeutics, that it requires for its successful application that the medicine which is administered to a sick person to cure him of his disease be one which is known to produce the same symptoms when administered to a healthy person that are experienced by the sick one; that it is not sufficient to take a single symptom or group of symptoms and match them with the recorded symptoms of a remedy; but that the totality of the symptoms of the patient must be covered in every particular, otherwise a cure will not follow. And, furthermore, it is the *symptoms* and not the pathological condition that we are to prescribe for. He next states that a single remedy must be given at a time, and not two or more either singly or in rotation. That a single dose should be given to the

patient, and that this dose should not be repeated or another medicine be administered until we are sure that the medicine has ceased to act. That to effect a reaction which is curative, we must administer medicines in the minimum quantity sufficient to produce this reaction and not give them in larger amounts or in doses scarcely short of toxic such as the allopaths employ. He condemned with all his power the use of topical applications, purges, counterirritants, palliatives, etc., as unnecessary and positively injurious to the patient, which would retard a cure and suppress the disease in place of assisting the homœopathic remedy.

This, I think, is homœopathy stated in as few words as possible. Now let us see if we all live up to it; if this is what is taught in our colleges; and if this is the basis of the papers that we find in our journals.

On questioning the students in the various colleges to find out what they have been taught, I find that they know a great deal about everything except Homœopathy. I take up the various journals called homœopathic and I look for evidence that the contributors are laboring to complete the structure whose foundations Hahnemann so ably laid, and I find upon their pages but few papers worthy of the name homœopathic.

In place of individualizing each case and thereby obtaining a perfect picture of the disease, a craze for pathological prescribing seems to have taken possession of the minds of the writers. They scoff at Hahnemann for building up a materia medica of symptoms out of whose countless number they are unable to find a remedy for their cases. In their perplexity they have tried to modify Homœopathy and have erected in its place a pathologico-pharmacodynamic system of therapeutics, hoping thereby to make prescribing easy. This departure has gained popularity among them till we even find one of their number saying "an undiagnosticated case cured by Hahnemann has no more value clinically than a cure made by a mere tyro who has no idea what he has cured." As one error leads to another, and as each step in the wrong direction takes one farther away from home, so we find these same physicians gradually deviating from Homœopathy until we

find them giving doses, frequently repeated several times daily in place of the single dose, changing the remedy upon the most flimsy pretense and, finally, in place of a single remedy at a time giving two or more at once or in rotation at certain arbitrary intervals, pretending thereby to cover the indications much better than by a single remedy.

Do such prescribers use potentized remedies? Certainly not. Crude drugs and mother tinctures are alone sufficient for their *modern methods*. The microscope and the spectroscope have failed to detect any of the drugs i. e. potencies, hence they can have no place in the prescriptions of these *modern scientists*. Failing in their efforts to cure promptly by such means we find them advocating the use of quinine for chills, bromides for epilepsy, antipyrin for fever, various alleged germicide ointments for itch, morphine for pain, until at last we find tacked on to a homœopathic skeleton a thousand and one allopathic modern scientific methods which render it difficult, if not impossible, for a true homœopathist to discover in their system any traces of Homœopathy whatever. In fine, Homœopathy is no longer considered by these wanderers a Law of Cure but a rule of practice merely, a guide for the selection of a remedy to be abandoned whenever there are any difficulties in applying it.

These *modern methods*, these alleged advances which the modern Homœopathist claims to have made beyond the Homœopathy of Hahnemann are the real cause for the charges of dishonesty, fraud and deception which the allopaths make against us. There is no royal road to success. If we wish to become good prescribers and make good cures hard work is before us, but as long as we practice a pseudo-allopathy in place of Homœopathy, so long shall we be exposed to the sneers and derision of the allopaths. To them the change in Homœopathy is due to its failure as a therapeutic measure; if Homœopathy has failed, then no honest man can practice it, and those who pretend to do so are frauds. But the change is not on account of the failure of Homœopathy. It is because homœopathists have failed to apply the rules which Hahnemann gave them for selecting and administering remedies and as his method

was found tedious they adopted a pathologico-pharmacodynamic method which they hoped would make prescribing easy and cure as well as Homœopathy.

But, gentlemen, although the large majority of those who call themselves homœopaths practice this modern mixture of all sorts of isms, still the members of this society as well as the members of the International Hahnemannian Association are able to stand up and refute the charge of Dr. Gammage that, "there is not a homœopathist who honestly practices Homœopathy to-day." In place of finding cases of emergency where the methods of the so-called scientific practice are necessary, the older we grow and the greater our knowledge of Homœopathy, the more we become convinced that pure Homœopathy is vastly superior in cases of emergency as well as in desperate cases, to any of the modern methods of practice based upon the numerous theories of the day. Those of us who were educated as old school physicians, and there are several of us here to-day, and who practiced the "methods of the regular scientific (?) practice" for several years before we knew aught of Homœopathy save that it was to be shunned as a work of a deluded mind, we, I repeat, who know enough to practice according to the most approved methods of the old school can bear witness to the infinite superiority of Homœopathy as a healing art, and furthermore we can also testify that we have never found a single case of disease that could not be relieved or cured by the Homœopathy of Hahnemann as taught in the *Organon* and chronic diseases. At the dispensary of the Post-Graduate School of Homœopathics in Philadelphia, where every member of the staff practices nothing but pure Homœopathy and uses nothing for medicines but potentized remedies, the cases are cured in a shorter time and with fewer visits than the same cases at any old school dispensary or hospital with which I have formerly been connected. The cases of emergency there, have received nothing but potentized remedies with equally as good results.

Now why is it when Homœopathy is so vastly superior to modern scientific medicine that so few practice it in its purity, while the great majority rush blindly after each new

medical theory as an insect in the night is allured by a light.

It is for the same reason that so few find the true religion and live a life according to it. In religious matters the majority find in license, liberty, and in the restraint of their selfish desires which the true religion imposes upon them, slavery. So in medicine the majority find it too burdensome to live up to the requirements of the homœopathic law and in disregarding it find a semblance of freedom that coincides with their worldly dispositions.

The president grateful, and begs that it be completed and sent to the society for publication.

Dr. Brownell: In Rochester the allopaths well know the kind of homœopath who sends his prescriptions to the druggist.

Dr. Stow spoke of the hurried drafting of the following resolutions, the original resolutions having been lost in transit to Dr. Hussey, the second of the committee.

Resolutions adopted by the Central New York Homœopathic Medical Society at the annual meeting in Sept. '91.

WHEREAS, Death has removed forever our highly esteemed and faithful brother, William A. Hawley, M. D., one of the main stays and originators of this society, therefore

Resolved, That we deeply feel the loss sustained in the death of our beloved brother, whose voice and pen will no longer be used in support of the principles and objects of this organization.

Resolved, That we extend our sincere sympathy to the daughter, son and relatives of the deceased in this hour of their affliction; but the loss to them and the society he aided in founding is shorn of its sting by the fact of his courage, steadfastness and fidelity to whatever beneficent measure he espoused.

Resolved, That the public have also much to mourn in the death of a man who was always keenly alive to whatever pertained to the public weal, making many sacrifices of time and means to promote the general welfare.

Resolved, That these resolutions be embodied in the

records of this Society and published in the homœopathic journals, and a copy of them forwarded to the family.

Dr. Hooker moved that the resolutions be accepted and adopted.

Dr. Seward seconded. Carried.

The President requests the report of second committee.

Dr. Stow, as his *confrère* is not present to report, would ask more time in which to prepare.

The President suggests that he present his report in due form at the December meeting.

Reading the report of the secretary.

It was moved, seconded and carried that the report of the secretary be accepted and adopted.

Dr. Hooker has a painful duty to perform in his accusation of the Secretary, for using her title fraudulently in the announcement of the act of the Central Society, to the Onondaga County Society, and would move an investigation of the matter. Not seconded.

The President: With no second, I cannot put the motion. Silence.

(It may be well to say here that the announcement mentioned, was accompanied by a statement, to the president of the County society, of its object, and entirely unofficial character.)

The President, Dr. Carr, of Rochester, made the following

REMARKS.

I regret that from me you expect an address ; I can offer only an apology. Another year has been numbered with the past. Let us hope that by each of us it has been well spent, and that our labors have been rewarded by large additions to our store of knowledge, especially of pure Homœopathy, and by greater appreciation and ability to interpret the grand truths propounded by the master. I would that I could express to you my appreciation of the privilege of being a member of this society, and the stimulating effect that the attendance upon its meetings has always had upon me ; giving me renewed energy to adhere more closely to those principles which are here the basis of

your discussions, and greater diligence in my endeavors to apply them faithfully.

This has been an eventful year with us as a society. Our membership has been augmented by some excellent material; the credit of which is due to the careful scrutiny of our censors. May we be always as fortunate in securing for that service, members who are as conscientious and fearless as these have been.

While rejoicing in our prosperity a cloud has come over us. Death has entered our ranks, and bereft us of a most beloved and valued member. To Dr. William A. Hawley this society owes its existence. To him it owes its purity, and through his guidance it has escaped many fatal errors. Well may we follow his example and glorify his memory.

I would recommend that a committee be appointed to so correct and enlarge the by-laws that a member can be properly impeached, and suspended or expelled if necessary. While I sincerely hope that an occasion for its use will never arise, I fully believe it a necessity.

Before closing I cannot forbear to express my appreciation of your most excellent secretary and treasurer, and suggest a vote of thanks for the efficient manner in which the business of that department has been managed.

Now thanking you for your kind forbearance with my shortcomings and assuring you that none realize them more than myself, I bid you God speed.

The President then moved a vote of thanks to the secretary for her efficient services to the society.

Dr. Stow seconded. Carried.

Dr. Brewster moved the Secretary be allowed to cast the ballot for A. B. Carr as President.

Seconded. Carried.

Secretary casts the ballot for the re-election of Dr. Carr as President for the ensuing year.

Dr. Gwynn moved that the President cast the ballot for the re-election of Dr. Leggett as Secretary for coming year.

Seconded. Carried.

The President casts the vote.

It was moved and seconded that the Secretary cast the

ballot for the re-election of the same officers for the coming year, with the addition of Dr. Brewster to the Board of Censors in place of the late Dr. William A. Hawley.

Seconded. Carried.

The Secretary casts the vote.

Dr. Hoard moved that the Secretary be empowered to purchase such stationery as was necessary.

Seconded. Carried.

Dr. Hoard moved that the next meeting of this Society be held in Rochester, upon the third Thursday in December.

Seconded and carried.

Dr. Hoard moved a vote of thanks to the resident members of the C. N. Y. for the hospitality extended.

Seconded and carried.

Then ensued some discussion as to the legality of the expulsion of members from a society, having no provision in the by-laws.

Dr. Brewster then moved that a committee be appointed to amend the Constitution and By-laws in the matter and manner of procedure in cases where it is desirable that a member be expelled from the Society.

Seconded. Carried.

The President appoints Drs. Stow, Brewster and Hooker.

Dr. Stow declined, Dr. Gwynn was appointed.

Motion to adjourn.

EXPERIENCE WITH RHUS TOX.

In April, 1889, the patient then a woman of forty, short, plump, of dark complexion presented herself for the treatment of a severe metrorrhagia which after a time was much improved, though not entirely cured, by Belladonna.

On the thirteenth of the following month, May, she again appeared, this time suffering from malaria with which pernicious complaints he had been afflicted for the two previous summers, when nothing had been found to give her any relief; and between the disease and the medicines, she had been reduced nearly to death's door. It would now seem

in the light of this intelligence that the metrorrhagia must have been a result of previous suppression of the original trouble, and that the Belladonna served to bring matters to a crisis. The malarial symptoms present were as follows: Chill every other day at 6 P. M. Chills begin in chest, with dry, hacking cough and sensation of filling up; tightness and pressure across chest; oppression of breathing; marked restlessness during chill; nausea; chill followed by fainting; intense aching of back and limbs with the heat; thirst during heat only. Head feels too large; profuse flowing, worse after chill; mouth tastes badly; menses every two weeks.

The first prescription was Ipec. 30, probably on account of the influence of Jahr's "Forty Years Practice," at that time fresh in mind.

May 17, the patient reported "no more chills," but all other symptoms of each attack had been present at the usual times.

On the morning of May 18 she received Rhus tox 30 (my notes do not state in what intervals). There was no chill that night although the other symptoms appeared in a lessened degree, and for two or three following days these symptoms appeared as usual, gradually growing less and less severe till they disappeared altogether, never to return. During the summer of 1890 this patient had a severe attack of stomach and bladder trouble, which disappeared under the use of Veratrum album, Lycopodium, and finally Cantharis, but in the light of subsequent experience, it is probable that Rhus would have removed the whole train of symptoms, as there must have been another annual visitation of the malarial poison introduced so long before.

On August 26, 1891, the same patient came to my office in a very distressed condition, feeling that she would rather die than live under the conditions present during the past few months. This time it was not an intermittent, but another manifestation, the hydra-headed psora. The symptoms were as follows: Throbbing headache through parietal bones and vertex every day, beginning on waking and continuing till three or four o'clock in the afternoon, at which hour, as the headache subsided, there began a

terrific aching in the ankles and heels which would continue nearly all night with redness, puffiness and swelling during the pain; stiffness of ankles and limbs if they were allowed to remain in one position for a short time; drawing cramps in ankles, worse in the right. The headache better while sitting up; pillow feels "so hard," worse from cold water applications and noise. About five or six o'clock P. M. the patient gets nervous, restless and uneasy with desire to cry. No appetite; great thirst for large quantities of cold water; restless at night, more tired in the morning than on retiring; loss of memory. No menses for two months. Noise makes her nervous, irritable and fretful (natural disposition quiet and patient). At times wants no one to speak to her; as night draws near she is impelled to shut herself up alone and cry, although it makes her head feel worse and her face and hands become covered with cold sweat. Low spirited and despondent, wants no company; cannot read or work. The first prescription was Arnica cm, two powders.

August 29. She reported better sleep than for a month, headache better, less thirst. Wakes frightened and sweaty; bad dreams. Arnica continued.

September 3, Headache still improving, the other symptoms unchanged.

September 5. No further improvement. Rhus Tox. cm (J.), one powder every second night. Improvement began at once and continued steadily so that after a couple of weeks she felt well enough to dispense with the aid of a physician. But the end is not yet.

On November 9, the same patient sent for me to call at her house five miles distant where it was found that she had been suffering at frequent intervals for a week with severe attacks of what would usually be diagnosticated gastrodynia, but which, nevertheless, we may feel sure was but another manifestation of the old trouble.

She was quite comfortable at my visit and gave the following symptoms as constituting an "attack:" Sharp, cutting pains through pit of stomach or region of gall bladder extending to the back, lasting five or six hours, paroxysmal in character. She must double up

over a pillow in order to bear the pain; very restless; worse from every swallow of liquid, either hot or cold; worse from lying on left side, which causes a sensation as though she would stop breathing; worse from motion of left arm, from jar, from deep breath, from sitting long in one position. Coldness and shivering; nausea; sensation that vomiting would relieve but it does not; vomits bitter fluid. Tongue white; bowels constipated. Scalding during urination. The fact that my patient was of a *Rhus* diathesis had not yet been made sufficiently apparent to me, hence with no study and but little thought *Chelidonium* cm was prescribed. Of course, not being properly indicated, it could do nothing and the next day brought another hasty summons. She had passed a bad night, receiving no benefit either from the remedy or the external heat and plasters applied by the family. This time *Arsenicum* 30 was the prescription, seemingly then a well indicated remedy, but on returning to my office and carefully studying the case with the aid of *Bönninghausen's* repertory *Bryonia* was found to stand highest on the list, and alas! when the morning report of "no better" came, notwithstanding the well known fact that this remedy is useless if the patient is restless, it was sent by the messenger. On calling at night the condition was found little changed; after the first dose of the remedy the patient slept for a time but had experienced hardly any relief through the remainder of the day; so great was my faith in the selection, however, that it was continued in the cm potency through the night at intervals of three hours.

Next morning, November 12, it was joyfully ascertained that there had been no severe return of the pain, she had been able to take rice water at frequent intervals without ill effect; of course the remedy was continued at less frequent intervals and thus matters went on for three days the patient remaining fairly comfortable, with the exception of a distinct aggravation with restlessness in the early part of each night. This fact should have served far sooner than it did as the guiding star in the selection of the correct remedy.

The climax came when at ten o'clock on the night of the

fifteenth a dark visaged man with steaming steed drove up to my office door bidding me come at once with him as Mrs. W. could only live a few moments unless relieved of the terrible agony in which he left her. On arrival the poor woman was found somewhat easier than expected, although the husband said that an hour before he was obliged to hold her on the bed. The character of the symptoms was unchanged but redoubled in force as if all the furies in Hades had been loosened to torment her. There, like a flash of intelligence the thought came to me, "Why in the name of Heaven have I not given this woman Rhus," and in less time than it takes to write it a powder of the cm was placed on her tongue. In fifteen minutes she was sleeping quietly and had it not been for gross foolishness on my part all would have been well, but on the old reasoning that things must be made doubly safe, a second powder of the remedy was prepared in part of a glass of water with instructions that should the pain return, a teaspoonful was to be given every fifteen minutes till it became easy, then stop.

What was my chagrin the next morning to learn that she had roused after an hour or two with some pain, that the remedy had been administered as directed, but that instead of benefiting had aggravated by each dose and in that way she had continued to suffer till nearly morning, when they ceased giving it.

Even now it seemed to me hardly probable that the remedy could have caused this trouble, yet feeling sure of the choice it was again left in solution, a dose to be given only as occasion might require in case of return of the pain. The husband was also supplied with a bottle of Chloroform and directed to give it by inhalation in sufficient quantities to control the suffering. At the next visit it was again found that every dose of the remedy in solution had seemed to make her distinctly worse and the chloroform had to be used freely through the day. At night my senses beginning to come to me, she was left on Sac. Lac. only and in the morning it was found that with the occasional use of Chloroform she had passed a much more comfortable night. The severe pains had now entirely left the region of the stomach

and were located in the right side over the region of the liver, though only in a milder degree.

Nov. 18. Preceding day very comfortable; the restlessness began to return in the evening at the usual time, but after a powder, containing a few minute globules of the *Rhus. cm.*, dry, she became quiet and slept most of the night. From that time on the gain has been steady and continuous, there having been absolutely no return of the pain, while the muscular soreness resulting therefrom has also disappeared, and the patient is now about the house in better health than for some time. Thus it may be seen that when we have the simillimum it is absolutely dangerous to use these highly potentized remedies as we would the ordinary potencies; what the result would have been in this case had the administration of the remedy been continued is difficult to say, though it seems hardly possible that the woman could have survived. This seeming correspondence of certain remedies to certain people is an interesting side of our nature-study—homœopathy—and should serve to bring to mind the intimate connection of our art to the soul of things. Whatever the physical disturbances of this woman, they seem to call for *Rhus tox.* as a remedial agent, and if her symptoms do not always correspond in totality to those of the materia medica, may it not be on account of the possible incomplete proving of the drug, for in order to get perfect provings it would seem necessary to select persons between whom and the drug there should exist this natural sensitive relationship as is illustrated by the above.

FRANK W. PATCH.

SOUTH FRAMINGHAM, MASS.

ADHERENT AND RETAINED PLACENTA.

Nearly every obstetrician has had more or less experience with adhesion and retention of the placenta, and sometimes it places the physician in something of a predicament.

Occurring as it does at the close of labor, when the woman is fatigued by the efforts which have resulted in the expulsion of the child, and is especially intolerant of delay in the completion of the process, it may give the doctor no small amount of annoyance.

Old school authorities say to remove the placenta at once, by inserting the hand and breaking up the adhesions.

They almost wish to take it before the child is born, for fear of sepsis.

Common sense says, "Give Nature a chance unless some urgent symptoms demand immediate relief."

If the adherent placenta is forcibly detached no blame is attached to the physician, even though the operation be followed by metritis or death, why?

Because he has followed the dictum of the regular (?) school.

On the other hand if he should treat his patient with the indicated remedy, according to the dictates of common sense, he is quite likely to be censured should an unfavorable result obtain.

It is granted that there are cases in which it is necessary to resort to mechanical measures, but other things being equal, which would be liable to suffer the most from hæmorrhage, the woman from whose uterus the placenta had been forcibly detached, or the woman in whom it is left to Nature and the indicated remedy? Which would be more liable to an attack of puerperal metritis?

There is no uncertain sound in Guernsey's words upon this subject.

He says: "Should the placenta remain attached to the uterus the question arises, should mechanical measures be resorted to, to secure its detachment? *According to my personal experience I should say quite decidedly, NO! The placenta may remain attached for hours without doing any actual harm to the woman.*"

Such cases should be carefully watched, the indicated remedy administered and the result is usually a speedy detachment and expulsion of the mass.

Cases must be very rare indeed in which other means than the above need to be resorted to.

Is not forcible detachment very liable to be followed by metritis?

Guernsey justifies mechanical measures only in exceptional cases, when the danger of hæmorrhage is imminent, as a result of partial placental adhesion.

In simple cases of retained placenta it is preferable to promote expulsion with the indicated remedy, which renders the pains efficient.

Now I propose to show that both in abortion and in labor at term the placenta may remain attached, wholly or in part, for hours or days without injury to the patient, and, according to my observation and experience, I believe it wrong to resort to a method in such cases by which a certain definite end must be attained whether it means life or death to the patient.

Mrs. T. was confined Sept., 1889. The adherent placenta was forcibly removed and the result was a well nigh fatal attack of puerperal metritis.

Query.—Is it not better to give the indicated remedy and take the chances of sepsis than to pursue a course that leads, almost certainly, to puerperal metritis?

A neighboring physician removed forcibly an adherent placenta—the undertaker soon took charge of the case.

On the 20th of June, 1890, I attended Mrs. R., a young German woman, in her second confinement.

Labor was normal, but a fragment of placenta remained attached.

Arnica 3x was prescribed, followed next day by Sulphur 200, four doses, one-half hour apart.

On the following day for offensive lochia, with crampy pains in uterus, > by pressure, she received a few doses of Colocynth 30, and the pain was soon relieved by the discharge of the placental fragment.

Query.—Would the result have been better if I had forcibly torn the fragment loose?

Mrs. F., aborted at about the fourth month, and a considerable portion of the placenta remained attached.

The indicated remedy was given and the fragments discharged, *sans sepsis*.

Mrs. C., aborted at about the fourth month, in June, 1891, and a portion of the placenta remained attached for a number of days.

The lochia was offensive, < by jar., headache. Bell. 3x was given and the mass was discharged and no harm resulted to the woman, although the husband, a drunken brute,

abused the children to such an extent that she had to arise from bed, a few days after the abortion, to "take a hand."

Dr. F. P. Sinclair, a man of undoubted veracity, attended a woman a few months ago in whom the placenta remained adherent, but she absolutely refused to permit its removal. *Seven weeks* later he was called and delivered the placenta, which, he assured me, was perfectly healthy. The woman was about during the time intervening between the birth of the child and the delivery of the placenta.

As no grain can grow upon the bare rock, so can no disease germ, whether septic or otherwise, flourish in an organism fortified by the beneficent action of the indicated remedy.

With the vital force at par the system may bid defiance to disease, and it is only after the vital force has been depressed by some inimical dynamic influence that disease of any kind can enter.

PLAINVILLE, N. Y.

FREDERICK HOOKER.

OVARIOTOMY AND ITS MENSTRUAL RESULTS.

Miss —, æt. twenty-four. On Oct. 22, 1890, removed a large ovarian tumor and *left ovary*. Nov. 15, 1891, a year and a month after operation, came for consultation. Dysmenorrhœa very severe *each month*, not *alternate month*.

May this not question the theory that the ovaries alternate during ovulation?

Patient wished the right ovary removed. I declined to operate without a thorough course of local treatment and general medication, believing from an experience of hundreds of cases that minor gynæcology may frequently cure where the pelvic surgeon would feel warranted in using the knife.

Gave Pulsatilla 12 every two hours, during the intervals Caulophyllum 3 every four hours.

Let our surgery be very conservative, particularly abdominal.

There is power in proper, judicious and well selected medication.

H. F. BIGGAR.

CLEVELAND, OHIO.

COCAINE.—ACCIDENTAL PROVING.

A WARNING AGAINST THE INDISCRIMINATE USE
OF COCAINE.

Was called suddenly to a dentist's office to help arouse a lady who had "fainted," and refused to respond to common means at hand.

On entering the room I found the patient lying on the sofa, the eyes spasmodically closed, trembling of entire body, hands and feet very cold, color of skin natural, pulse but slightly depressed and respiration normal.

At once suspecting cocaine poisoning I found on enquiry that the dentist had used a few drops of a two per cent solution previous to extracting the tooth, and that the patient had "fainted" a moment after the tooth was extracted.

The trembling came in paroxysms, and between the paroxysms the patient talked deliriously and, until a short time before consciousness returned seemed to locate all her suffering in her eyes. At first she imagined she had gone suddenly blind. Then that her head from her eyes up was on the ceiling of the room, and if she could only get it down she would be all right. Then a heavy stone "weighing a ton," as she expressed it, had fallen from a height and was resting on her eyes. Then she said, "If I could only alight some where I would be all right," and just before consciousness returned she insisted she was dying. She said she could feel it creep, creep, creep up her arms and legs.

She was in the stupor about one and one-half hours, and seemed to arouse suddenly. The eyelids, which had been shut so tightly they could hardly be pulled open, relaxed and she sat up, stared around and wanted to know where she was. Being satisfied, she asked to go to sleep and soon woke up feeling all right, except a little weak and with a headache which lasted for several days.

What to do in such a case will no doubt be of interest.

Will say I did not do what I had been taught to do, for I found none of threatening symptoms of failure of heart and respiratory organs. First I gave spirits of ammonia, on *general principles*, I presume, applied heat to extremities

and covered up well. Finding no improvement I began to look for symptoms. Gave Baptisia when she complained of inability to get parts together; no result. Then gave Bryonia on symptom that she was floating in air and could not alight. In a few moments she complained of the creeping sensation, followed almost immediately by relaxation of eyelids and returning consciousness. Do not think any rule can be set down, but symptoms must be followed. Should there be threatened failure of the heart or respiratory organs, cardiac stimulants and artificial respiration must be used.

Is there any way of telling *what* patients cannot take cocaine? Have always been cautioned about using it on people with fatty accumulations around heart or on a person with a weak heart, but in this case do not think any such complications exist. The whole train of symptoms seem to have been cerebral. The patient had been an unusually strong and rugged woman until within a year or so, and, as she was between forty-five and fifty, presume this sickness was due to the climacteric. H. A. ATWOOD.

AUBURN PARK, ILL.

THUJA IN HEMORRHOIDS.

A friend has suffered very much for several years with hemorrhoids. The following symptoms appeared to be peculiar, hence characteristic of this patient, as the first occurred with every stool and was the guiding feature of the case.

Painful constriction of the anus during stool.

Hemorrhoidal tumors swollen, paining < while sitting.

Now these symptoms are found in few remedies, hence valuable. Yet these symptoms are not found in Hering's Condensed. Finally after much searching I found them in Lippe's *Materia Medica* under Thuja, which was given in the 73m and has brought great relief. All praise to the great Hering for his admirable condensation, but here is an instance in which the wrong symptoms were omitted in the condensing.

QUINCY, ILL.

E. A. T.

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—**HÄHNEMANN.**

DIPSOMANIA.—One of our homœopathic physicians, baffled in curing an inveterate drinker, used subcutaneous injection of a solution of Strychnine with the result of promptly dissipating the craving for alcohol in any form. Since his first success, he has used it in a number of cases with equally gratifying and uniform success. Here is further evidence of a similar character, and as *Nux vomica* is one of our best antidotes for both the acute and chronic effects of alcoholism, Strychnine in crude doses may help tide the patient over the present craving and enable us eventually to effect a cure.

Dr. Portugalow, of Samara, reports that he has actually cured 455 cases of dipsomania with hypodermic injections of Strychnine Nitrate. He gives expression to his unbounded confidence in this remedy by saying that he knows "of reliable and specific remedies for two affections only: Strychnine for the various forms of alcoholism, and Quinine for malarial fever."

He prescribes:

Strychnine Nitrate.....0.06 gramme (1 grain.)

Distilled Water.....15 grammes ($\frac{1}{2}$ fl. oz.)

For subcutaneous injection, daily, 1-2 injections—using for each, at first, 0.5 gramme (8 minims); later, 0.25 grammes (4 minims).

Usually 10-16 injections suffice for a complete cure.

Dr. W. N. Jergolski also has published his experience with the Strychnine treatment of dipsomania. His cases—10 in number—include men of most widely different vocations—ministers, merchants, gardeners, farmers, etc.

The results of the treatment were truly surprising. Topers who had been addicted to drink for many years—some even for decades—became endowed, as a result of the Strychnine treatment, with an invincible repugnance for alcohol, and could no longer bear spirituous liquors. One of the author's patients, prior to the treatment, scarcely passed a single day without drinking $\frac{1}{2}$ -1 liter and more of brandy. On the day following the first injection of 0.0015 grammes (1-40 grain) Strychnine Nitrate, he was astounded to find that he had no desire for alcohol, and experienced neither mental uneasiness nor any feeling of pressure in the epigastrium. The injections were continued and the patient was cured.

Another case, of 15 years' standing, complicated with chronic intestinal catarrh and incontinence of urine, was cured by 10 daily injec-

tions of 0.008 gramme (1-20 grain) Strychnine Nitrate, combined with the internal use of Strychnine in pills. Not only was the dipsomania permanently cured, but the intestinal catarrh gradually disappeared, and the bladder again performed its functions normally.

All of Jergolski's cases were completely and permanently cured, save two, in which the patients, after having acquired a thorough distaste for alcohol, became addicted to it again through subsequent medication, in other diseases, by means of alcoholic menstua.

The author, therefore, ascribes a wonderful action to Strychnine, and regards it as a specific for dipsomania.—*Merck's Bulletin*.

Hahnemann has told us that a craving for alcoholic and narcotic stimulation is often an evidence of a psoric miasm or constitutional taint. Hence, if we can, even temporarily allay the craving, destroy the appetite for stimulants by the Strychnine cure, we can then treat the patient with constitutional remedies and by removing the taint by antipsorics prevent a relapse. This holds out much promise of success, because it is treating the patient and not dipsomania, and the brilliant results obtained by Gallavardin in France warrant us in predicting better work in the future.

* * *

THE STUMBLING BLOCK OF HOMŒOPATHY.—In the October issue, page 317, we called attention to Dr. Kidd's inconsistency in claiming to be a homœopath with one patient and an allopath with another; to practice homœopathy or allopathy as the case required. He says: "The allopathic law of *contraria contrariis curantur* I use every day also, finding it as essential to the cure of one disease as the homœopathic to another." The simple fact that no two men can be found who will make the same prescription for a given case demonstrates that there is not the semblance of law, order or principle in *contraria*, and that Hahnemann's definition, "a rule," is the best that can be said for it. Yet we have some men in our ranks who are, as Hahnemann said, "half converted to Homœopathy," that boast of practicing both Homœopathy and Allopathy as they think best, and whose senseless course has been and still is the greatest calamity that has ever befallen our school. They are the great impediments to our progress. How can we, as a profession, expect the people to believe

in similia, if by our preaching and practice we demonstrate our unbelief in its efficacy as a law of nature. They certainly have reason to doubt our sincerity when we give the same remedies, in the same manner and for the same reason that the allopath does. If the people cannot distinguish any difference in the methods of the homœopath and the allopath, they may be excused for believing that the effort of the *N. Y. Times* to mix oil and water is justifiable. And is there not some reason, some justice in the accusation of dishonesty which our allopathic brother brings against our school? Are not those who, like Dr. Kidd, profess to practice both systems, wanting in honesty? Yet the coat we made for Dr. Kidd apparently fitted some of our brethren and Dr. H. M. Paine put it on. In a letter to the publisher, dated Nov. 13, he says:

"I do not take the journal on account of the contributions therein to clinical medicine. I have not the slightest confidence in a large proportion of the statements the journal contains.

"I could not help reflecting on the strangely absurd statements in Dr. Rhees' letter in the last number, and then how tenable, singularly appropriate and in every way worthy of imitation is the rational position set forth in Dr. Kidd's announcement on the 318th page.

"And then, continuing, how *little respect* I am forced to entertain for an editor, who, on the same and the next page, calls me (or such as believe as I do) a "charlatan," claims that I am practicing to "curry popular favor," and that I class myself among "men without principle," and am "either a knave or a fool."

"A writer who can get in such testimony as that regarding his homœopathic associates, must be still in the gaul of bitterness and in the bond of (not iniquity perhaps, but second cousin to it). He must have been hit by something "below the water line," else he would have displayed less gaul and wormwood.

"One who possesses such a spirit, however zealous and disinterested its author may be, will never promote the cause of homœopathic truth."

Fortunately the similar remedy is not dependant upon the "confidence," "faith" or "belief" of Dr. Paine or any one else for its curative action. A natural law is not affected by such things. Dr. Paine's allopathic brother has no "confidence" in Dr. Paine's clinical methods, but that does not affect the results. These therapeutic measures may be verified by any one who will. "Put them to the test and publish the failures" was Hahnemann's challenge, and

it has remained unaccepted. The action of Ipecac. 30 is as easily explained as the action of 10 grs. of Ipec. crude.

The physician of any school who proclaims from the housetop that he is a homœopath and an allopath as occasion requires, must be devoid of principle as a therapeutic guide; and he who carries a homœopathic case in one pocket, and an allopathic one in the other, is either dishonest or he is doing it to curry popular favor with those not versed in the principles or practice of Homœopathy.

But the strangest anomaly is yet to come. Dr. Paine has done and is doing an invaluable work for the homœopathic profession—a work of vital import to the school—in his gallant fight as chairman of the legislative committee for separate State Boards of Medical Examiners. He has been successful in New York, and under his active leadership we hope for similar results in other States. Yet contradictory as it may appear, he supports Dr. Kidd in his alleo-homœopathic practice, a practice which is doing more to disrupt our school and destroy confidence in its methods than all the single State Boards of Examiners that have been or ever will be created. The *Medical Times*, Dr. Paine's therapeutic organ, has hauled down the flag of similia and is laboring with all its power for the amalgamation of all schools of medical belief, and for the single Board of Medical Examiners. This is certainly consistent and on the face honest, however misguided. The backsliding of the *Medical Times* did Homœopathy more harm than all the allopathic journals in the country; but now that we know it is in the allopathic camp it is powerless for harm. It is the enemy in our own camp from which Homœopathy should pray to be delivered.

Comment and Criticism.

Ask yourself if there be any element of right and wrong in a question. **It so take your part with the perfect and abstract right, and trust in God to see that it shall prove expedient.**—WENDELL PHILLIPS.

PHARMACEUTICAL DISHONESTY.

A pharmaceutical firm, situated in the far east, is now engaged in introducing to the notice of the medical profession of Chicago, a preparation of Cod Liver Oil. For this purpose they have engaged agents, who are to visit every physician in the city, leave a sample bottle and dilate upon the wonderful merits of the preparation with such eloquence as they can command. Some thousands of dollars are to be spent in this way and there is no doubt but that the enterprising firm will succeed in inducing the profession to use its preparation to an extent that will make the investment a very profitable one.

In just this way innumerable preparations of Iron, Bismuth, Pepsine, Cod Liver Oil, Salicylic Acid, Quinine, etc., in various convenient and enticing forms have been brought into more or less general use, and sad to say these agents find it nearly as profitable to visit homœopaths as old school physicians.

The large business firms thus do the thinking for the medical profession wholesale, kindly relieving them as much as possible of the tedious analysis of cases, and the wearying search for remedies. All the doctor has to do is to make out some crude sort of a diagnosis, or still easier, let the patient name his disease and then prescribe the nostrum which the wholesale pharmacists recommend for that disease. There is no easier way of cutting the Gordian knot than this, but the respectable custom of thinking will become a lost art if this routine practice is long continued or frequently indulged in.

Business firms being animated only by a desire to make money, and pharmaceutical products being of such a character that the purchaser cannot judge of their quality, but

must trust more or less to the honesty of the manufacturer, it follows that the opportunities for fraud are many and the temptation great.

The preparation of Cod Liver Oil mentioned above excites suspicion in the mind of any one familiar with the qualities of drugs by its pleasant taste and freedom from the persistent fishy odor that clings to this oil in spite of the most skillful disguises. For this reason it was subjected to the following process in order to separate the oil and judge of its character: A quantity of the emulsion was digested with twice its volume of stronger Ether, and occasionally agitated. The ethereal solution on being separated, and evaporated with a gentle heat yielded the oil in a pure state. It proved to be a clear, yellow vegetable oil without a trace of the peculiar properties of Cod Liver Oil. Will it be believed that this firm publishes a long list of most flattering testimonials from physicians?

The agent guarantees the emulsion to contain fifty per cent of pure Cod Liver Oil, and the doctor because it is easier to prescribe an emulsion ready made than it is to write out the ingredients and have one made, will believe the agent and use it on their patients in the most confident manner.

Such is the credulity, not to say verdancy of doctors, and such the duplicity of large pharmaceutical firms.

But surely homœopathic physicians have no interest in the above item. Alas! yes, we number in our ranks many victims to the polite and perfidious agent of nostrums. Too many professed homœopaths, instead of finding out by hard study the single indicated remedy, cut the knot of their difficulty by prescribing somebody's elixir of Peruvian bark and Iron as a tonic or somebody's Salicylic Acid elixir for rheumatism or somebody's Hypophosphite syrup for consumption as the case may be. The above analysis shows upon what rotten sticks such prescribers are leaning, no matter what the school they profess, and should lead at least the homœopathic contingent to a firmer conviction that the only sure foundation for scientific medicine is the rock-rooted law of cure.

J. B. S. K.

NEURALGIA VS. ALLOPATHY.

The Times and Register in a recent number publishes a letter from a correspondent, asking information in regard to the treatment of a severe chronic case of neuralgia. This letter and the editorial answer thereto gives the reader a better idea of the uncertain, inane, unscientific yet conceited condition of old school therapeutics than ten pages of a phillipic.

The writer says that about a year ago the same case was presented to the profession in the *Med. World*, and that he received at least seventy-five answers. "All these are good answers, and are highly appreciated, but somehow or other I fail to get the results that are desired."

The courteous correspondent is constrained by politeness or something else, to call these answers good, but wherein are they good if they did not help his case? They may have been good as short treatises on neuralgia, good as literary compositions or as pyrotechnical displays of therapeutical knowledge, but as answers to his query they could not have been good since they afforded him no help. The seventy-sixth answer is furnished by the editor of the *Times and Register*, and we fear it is no better than the preceding seventy-five. In substance it says that "we have better remedies to break up the paroxysms of neuralgia than any possessed by Anstie when he wrote his celebrated work on neuralgia, i. e., Antipyrine, Acetanilide and Phenacetine. These should be given a trial. Antikamnia should also be tried. As all remedies lose their virtue for the paroxysms when employed too often, they should be alternated with scruple doses of Chloral. During the intervals give Cod Liver Oil and the following:

℞ Phosphori gr. $\frac{1}{60}$
 Strych. Sulph. gr. $\frac{1}{40}$
 Acidi Arseniosi gr. $\frac{1}{20}$
 Pil. Ferri Carb. gr. iii
 Ext. Aloes gr. $\frac{1}{8}$

pt massa

One such pill thrice daily.

In one week drop out the Phosphorus and add a grain of Quinine. If any other ingredient disagree replace it by

Gold, Silver, Hydrastin or Capsicum. Keep this up for months. At the menstrual periods give some uterine stimulant as Viburnum, Cypripedium or Scutellaria. These with careful avoidance of the exciting causes, will succeed in curing any neuralgia that is curable by strictly medical means."

Is this haphazard, whimsical, indiscriminate and unscientific drugging the best that old school therapeutics can show after a colossal experience of two thousand years?

K.

New Publications.

JAHN'S CLINICAL GUIDE, or Pocket Repertory for the treatment of the acute and chronic diseases. By G. H. G. Jahr. Second American revised and enlarged edition from the third German, enriched by the addition of the new remedies. By Samuel Lilienthal, M. D. Pp. 624. Philadelphia: Hahnemann Publishing House, 1891.

The first edition of Jahr's Clinical Guide is to be found, well thumbed, in the libraries of nearly all our older homœopathic physicians. But it has long been out of print and consequently the younger members of the profession have been deprived of the benefits to be derived from its use. Bönninghausen's repertory was the inspiration for Jahr's original work, and it in turn became the foundation on which Lilienthal based his Homœopathic Therapeutics. But the present volume is from the third German edition, revised and enlarged, to which the editor has added the new remedies, bringing it up to date, thus making it a handsome and practical bedside reference work, of which all may avail themselves. It was the last left us by the lamented author, who in this, as in everything else, has done his work well. No homœopath should be without this work for ready clinical reference.

PRACTICAL PHYSIOLOGICAL PHILOSOPHY. By John C. Nottingham, M. D. Bay City, Mich.: W. D. Richardson. Pp. 75.

This little work is the outcome of some thinking by an honest man, intensely earnest in the work of educating the ignorant and warning the venturesome of the dangers which lurk in the pathway of violated laws. Every page is pure and freighted with healthful words to fathers, mothers and guardians, admonishing them to instruct the young under their care to beware of vicious contamination. It is a book from which parents may learn much physiological law, and one which they may safely put into the hands of their children for a similar purpose. Every medical man and woman are cognizant of the vast amount of disease and crime that has its origin in the violation of the laws of physiology, due directly or

indirectly to ignorance of parents or a mistaken delicacy which withholds information vital to self-preservation. But we are thankful that in the last decade there has been a radical change in popular sentiment as well as medical teaching, so that it is no longer regarded as wise or judicious to refrain from instructing young men, especially of the many nameless dangers lurking in every grade of society, which a knowledge of physiological and hygienic laws will prevent. We congratulate the author on the typography and mechanical dress in which his publisher has sent forth his ideas. The book is well bound and well printed, and we trust it may fulfill its mission of saving many the sad experience of those who, "through false modesty, or ignorance, fall into the hands of the unscrupulous advertising quacks."

ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY.

By Geo. M. Beard, M. D., and A. D. Rockwell, M. D.; eighth edition, with over 200 illustrations. Pp. 788, New York. William Wood & Co., 1891.

This was one of the first standard works on the use of electricity in medicine and surgery; and its eighth edition with the necessary changes in matter—expunged because out of date, and necessary additions to keep pace with electrical improvements—still makes it one of the best works to which the practitioner can refer.

"Dosage of Electricity" is one of the new chapters added and will be of especial value to students or those who are commencing the study of electro-therapeutics as at present required in most of our colleges. But the greatest improvement in this edition is the attempt to *individualize* in electrical treatment. The author here states a truth that has been recognized by a few but overlooked by the majority, which has done more to throw doubt upon the efficacy of the treatment than all else combined. In the preface he says: "Now that electricity has become popular in medicine, there is, in some quarters, a temptation to overdo the application, not only in strength but in length and frequency; to treat all cases alike, by routine, mechanical applications, regardless either of the disease or the idiosyncrasies of the patient; hence in cases not few, come results either negative or temporarily injurious, with disappointment on all sides. The Dosage of Electricity is a special study. The difference in result between a very gentle and short application, and a very strong and protracted one being, in some cases, all the difference between agreeable success and painful failure."

This individualization in applying electricity or any other agent in practical therapeutics, is the secret of success. The study of the idiosyncrasy of the patient is a prime factor in the successful application of this agent; and this is one of the first, if not *the first*, work on electricity to sound the note of warning against the indiscriminate, the generalizing methods of using it. Many a benign growth has been converted into a malignant one, by this careless or thoughtless use. Many a functional disturbance of the cord has been rendered organic by this generalization. Hence if you intend to use electricity, learn how to

individualize. Study Beard and Rockwell. The book is well illustrated and like all works coming from this well known publishing firm, all that could be desired in mechanical execution.

SEXUAL HEALTH. By Henry G. Hanchett, M. D.; carefully revised by A. H. Laidlaw, M. D. Third edition. Philadelphia: Hahnemann Publishing House, 1891.

That this small volume on the sexual health of the male and female should have reached its third edition in so short a time, speaks volumes in favor of its popular appreciation by the profession. It is a concise exposition of the author's views, but for popular use there is too much local medication advised to be either judicious or wise.

A COMPEND OF HUMAN PHYSIOLOGY. By A. P. Brubaker, M. D. Sixth edition, revised and improved with new illustrations and a table of Physiological Constants. Philadelphia: P. Blakiston, Son & Co., 1891.

When a well arranged pocket compend on physiology has reached its sixth edition, with additions, revisions and new illustrations in each, there is little left for a reviewer to add. It has won its way to the immense popularity it enjoys with the student world on its intrinsic merit alone; more cannot be said for author and publisher.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. /

The September number closes Vol. XI. and October begins Vol. XII., which contains some very practical papers, among which we note:

The Modern Treatment of the Morphine Habit, by Dr. Fromme.

A Contribution to the Study of the So-called Scarlatina Puerperalis, by Dr. Reuvers.

The Influence of Alcohol Upon the Organism of the Child, by Prof. Demme.

The Diseases of Development, by Dr. Comby.

When making up your list of medical periodicals for 1892, do not fail to examine this excellent series of monographs.

PULMONARY CONSUMPTION A NERVOUS DISEASE. By Thomas J. Mays, M. D. The Physician's Leisure Library. Detroit: Geo. S. Davis. Cloth, 25 cents. 1891.

In the preface the author says: "This essay is an effort to give a rational account of the principal causes and of the nature of pulmonary consumption, and has been written in the belief that no theory of the origin of disease can ever earn the right of permanent existence if it falls short in pointing out the path through which the disease may be prevented or alleviated. It may be pertinently asked whether the bacillus theory of pulmonary consumption, which is so popular at present, has rendered any such service to medical science? Has it lessened the mortality rate of this disease in the past, or does it give any assurance of doing so in the future?"

The author discusses the relation between insanity, hysteria, neu-

ralgia, alcohol, syphilis, epilepsy, diabetes, leprosy, lupus and other affections and consumption. Had he read Vol. I. of Hahnemann's Chronic Diseases, he would find a similar, but much clearer exposition given in the psoric theory. And yet there is much truth in his theory and much force in his reasoning as to cause and effect. It is much better than the bacillus theory and well worth reading.

THE MONIST. A Quarterly Magazine; Chicago. The Open Court Publishing Co.

This is a new candidate for popular favor, in the discussion of the higher problems of ethics, philosophy and sociology. It is edited by Dr. Paul Carus, with E. C. Hegeler and Mary Carus as associates. The October number contains papers from such thinkers as Prof. John Dewey, Bosanquet, Albert H. Post, Hiram M. Stanley and others.

3000 QUESTIONS OF MEDICAL SUBJECTS, FOR SELF EXAMINATIONS. Sent free to Medical Students on receipt of 10c, by P. Blakiston, Son & Co., Philadelphia.

TABLES FOR DOCTOR AND DRUGGIST. By Eli H. Long, M. D. Detroit: Geo. S. Davis. 1891.

The tables in this volume—especially the table of poisons and antidotes, which when wanted should be practical, reliable and of ready reference—are well arranged, and have required much study in compilation. One of the best we have seen.

A SKETCH OF SURGICAL HISTORY. By Dr. John Kund. Chicago: Ed. Ackermann & Co. 1891.

This brief sketch is taken chiefly from Rust and Hecker and dates:

1. From primitive times to Herophilus (1200—300 B. C.)
2. From Herophilus to Antyllus (300 B. C.—280 A. D.)
3. From Antyllus to Pitard (230—1260.)
4. From Pitard to Paré (1269—1551.)
5. From Paré to Severin (1551—1646.)
6. From Severin to Heister (1646—1718.)
7. From Heister to beginning of 19th Century.

"THE BEST OF CHILDREN'S MAGAZINES."—The publishers of *St. Nicholas*, that famous young folks' magazine, are offering to send a sample copy, free of charge, to any father or mother who would like to consider the question of taking a children's magazine during the year to come.

Certainly if that question is up for discussion in any household *St. Nicholas* will be the magazine selected. From its first number, in 1873, the pens of the greatest writers of the English world, and the pencils of the most famous illustrators, have been at its service. Tennyson, Longfellow, Bryant, Thomas Hughes, Whittier, Bret Harte, Bayard Taylor, Mrs. Burnett, Miss Alcott, Donald G. Mitchell, George Macdonald, Mrs. Oliphant, Professor Proctor are a few of the many great names

which have been upon its list of contributors. Mrs. Mary Mapes Dodge is the editor. Everything in it is illustrated.

In 1892 there are to be serial stories by Brander Matthews, Lieutenant Robert H. Fletcher, Laura E. Richards, William O. Stoddard, Charles E. Carryl, and Frances Courtenay Baylor. There will be short stories by Thomas Nelson Page, Mary Hallock Foote, Octave Thanet, and many others. If you are not already familiar with *St. Nicholas*, send a postal card to The Century Co., Union Square, New York, N. Y., and ask to see a sample copy. A year's subscription to *St. Nicholas* makes a splendid Christmas present, for it brings Christmas twelve times a year.

Editor's Table.

CLEVELAND HOMŒOPATHIC COLLEGE. There have been twelve abdominal sections before the class; no deaths. In the last 64 laparotomies only four deaths. This is a good surgical record.

ALL AROUND THE YEAR, 1892. Entirely new design in colors, by J. Pauline Sunter, Boston. Printed on heavy cardboard, gilt edges, with chain, tassels, and ring. Size $4\frac{1}{4}$ by $5\frac{1}{2}$ inches. Boxed.

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This most charming calendar is composed of heavy, gilt-edged cards tastily tied with white silk cord, and a delicate, silvered chain attached, by which they may be hung on the wall or elsewhere, and are so arranged on the rings that they may be turned over as each month shall be needed for reference. An excellent calendar for every counting room or library.

THE SCIENTIFIC AMERICAN. One of our most valued exchanges, has issued a very complete little handbook relating to patents, caveats, designs, trade-marks, copyrights, labels, etc.

THE ALTON SANITARIUM, on the Mississippi river, 25 miles north of St. Louis, is under the charge of homœopathic physicians, and is doing good work. The Drs. Enos who are both physicians and managers have established their reputation by the cures they have made.

S. MILLS FOWLER, M. D., of Gainesville, Texas, has issued a Hahnemannian Consultation Blank. This is intended to facilitate the "taking of a case," for, as the author says: "On the first prescription often depends the success or failure of not only the treatment of the case in hand, but frequently the reputation of the physician." It is designed for the patient's use when prescribing by letter.

THE WOMEN STUDENTS of Hahnemann have congratulated the National in a series of resolutions, for the recognition shown women by making them members of the faculty. A straw shows the direction of the wind.

THE CHICAGO ACADEMY of homœopathic physicians recently discussed Dr. Keeley's cure for dipsomania, in terms more emphatic than complimentary.

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A Monthly Homeopathic Magazine.

"ITS LAW IS PROGRESS; A POINT WHICH YESTERDAY WAS INVISIBLE IS ITS GOAL TO-DAY, AND WILL BE THE STARTING POINT TO-MORROW."

HENRY C. ALLEN, M. D., Editor.

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

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RHEUMATISM.

DIETETIC NOTE.—A fruit and vegetable diet is most favorable for patients with chronic rheumatic troubles.

ALLOWED.—Beef and mutton in moderation, with horseradish as a relish; fish and eggs, green vegetables and fruit, especially lemons. The skimmed milk diet has been advocated by some authors.

AVOID.—Starchy and saccharine food—all malt liquors, wines and coffee.

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All the great triumphs of homœopathy in the past, the brilliant cures of the pioneers, the record which has made homœopathy what it is to-day, have been made by adhering to the law of similars. Patients pronounced incurable by the old school methods have been cured by the well-selected similar remedy, not by going back to allopathic measures. Then why not cultivate pure homœopathy? Why not select one of your homœopathic journals noted for its persistent defense of, and consistent advocacy of, homœopathy as promulgated by Hahnemann? Subscribe for one homœopathic journal in which you will find a large amount of materia medica hints, all the provings of the new remedies, and cases cured by all potencies. Such a journal is

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It advocates the teaching of pure homœopathy to our students, as well as the practice of pure homœopathy at the bedside by our practitioners.

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It insists that the so-called exceptions to the law are to be found in the *doctor* and not in *similia*.

It insists that homœopathy is founded upon truth, which every homœopath acknowledges; that allopathy is founded upon error, which no homœopath denies; if so, how is truth to be made more true by the admixture of falsehood, or how is homœopathy to be made more effective by allopathic palliatives?

That all curable diseases are more safely, easily and quickly cured by the exactly similar remedy than by any other means, and that in euthanasia nothing is so effective in the relief of pain and suffering as pure homœopathic practice. Hence, doctor, it is your duty, and it will pay you, to take one journal that advocates homœopathy and the reading and study of which will help you to be a better homœopath.

There will be published as an appendix, in 1892, a new and improved materia medica, so condensed and arranged that no symptom will be lost, yet you can use it at the bedside as a ready reference. It will be an Analytical Symptomatology, by Drs. Thurston and Kimball of Boston. Read the

EXPLANATORY NOTE.

The need of a materia medica containing two hundred or more remedies complete in their provings, and of convenient size for use at the bedside, must be apparent to every homœopathician.

Of the existing works the larger are altogether impracticable for such a purpose, and the smaller unsuitable, because of their incompleteness. A comparison of the different materia medicas shows that not one contains all the provings of a remedy, and no two present the same complex of symptoms. There is great diversity of expression even when giving symptoms embodying the same idea; this, together with an indiscriminate use of symptoms, has led to much confusion in their interpretation. In the endeavor to overcome the imperfections great care and attention have been given to uniformity of expression, and to the study of synonyms in the present work. One expression will always be used to indicate the same idea.

In analyzing a remedy, each rubric is carefully compared with the same rubric in all of the works consulted;

and the symptoms, shorn of all unnecessary verbiage, are presented in as clear and concise a manner as possible. A materia medica condensed by emasculating provings, is not our intention, but a symptomatology which shall include all the symptoms.

Two grades of symptoms are employed in this work, the higher being in italics. Clinical symptoms are preceded by the sign °.

The rubrics are printed in bold-faced type, the sub-rubrics a little smaller. The aggravations and ameliorations are placed after the rubrics to which they belong.

The punctuation is as follows: Rubrics in bold-faced type are followed by colons (:), symptoms of the rubrics by semi-colons (;), and the last symptoms of the rubrics by a period (.). The symptoms and rubrics of "Mind" and "Generalities" are followed by periods.

The order of the rubrics varies somewhat from the long established rule. They will appear as follows: Mind, Vertigo, Head, Scalp, Ears, Face, Eyes, Nose, (then the respiratory tract) Throat, Larynx, Trachea, Cough, Respiration, Chest, Outerchest, Mammæ, Heart, Pulse, (then) Mouth, Teeth, Gums, Tongue, Taste, Appetite, Thirst, Desires, Aversions, Œsophagus, Hiccoughs, Eructations, Nausea, Vomiting, Stomach, Abdomen, (then, because more intimately connected with the abdomen), Female Organs, Pregnancy, Male Organs, Urinary Organs, Rectum, Anus, Stool, Neck, Back, Upper Extremities, Lower Extremities, Extremities in General, Skin, Sleep, Dreams, Chill, Fever, Sweat, Generalities, Relationship.

The compilation of such a work as the present is necessarily long and tedious; mistakes it is feared will unavoidably appear, but we hope to present a materia medica that will be practical, easily consulted, and thoroughly reliable. The authorities consulted are Hahnemann's Chronic Diseases and Materia Medica Pura, Hering's Guiding Symptoms and Condensed Materia Medica, Lippe's Materia Medica, Hull's Jahr, Gross' Comparative Materia Medica, Allen's Encyclopedia and Hand Book, Guernsey's Key Notes, Farrington's Clinical Materia Medica, Dunham's Lectures, numerous monographs, journals, lectures, etc.

SYNONYMS.

GENERIC TERMS.	SYNONYMS.
Absentmindedness,	absorbed in thought.
Acrid discharge,	biting, burning, corrosive, ex- coriating, smarting dis- charges.
Anger (see also irritability),	fury, rage, wrath.
Anxiety,	restlessness of mind, solici- tude, uneasiness of mind.
Chill with shaking,	rigor.
Chilliness,	shivering.
Contraction,	constriction.
Copious,	profuse.
Cramping pain,	constrictive, contractive, grip- ing pain.
Crawling,	creeping, formication.
Depression (see also hope- lessness, sadness, subru- brics,	dejection, discouragement, disheartenment, gloomi- ness, melancholy, low spir- ited.
Disinclination for work,	aversion to work.
Dissatisfied,	discontented, displeased.

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Continued on page 8.

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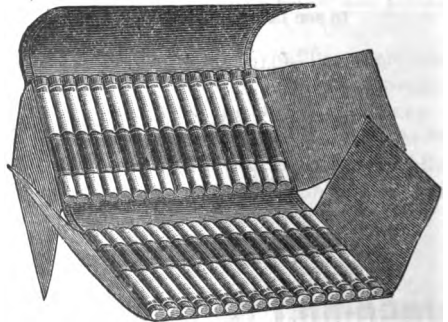
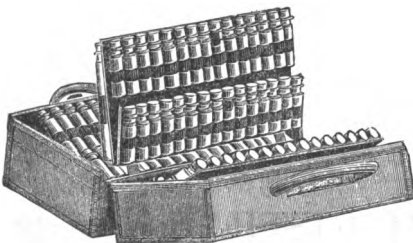
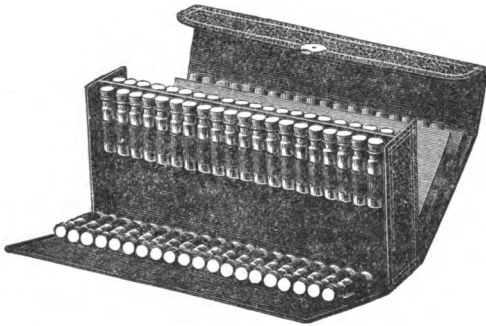
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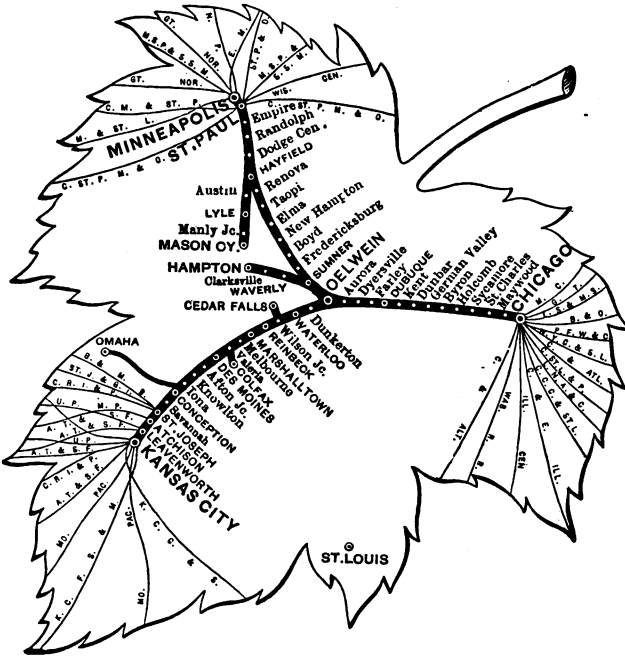
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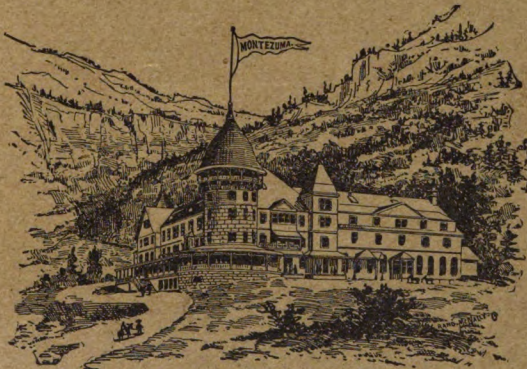
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