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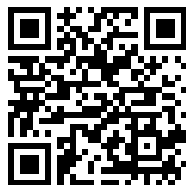
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THE  
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MEDICAL ADVANCE

A MONTHLY MAGAZINE OF  
HOMOEOPATHIC MEDICINE

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

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

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# INDEX.

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- A** BSCESS, Inguinal, 290.  
Adams, E. T., 90.  
Allan, Arthur G., 415.  
Allen, H. C., 194.  
Allen, J. H., 111.  
Allen, John V., 51.  
Allopathic "Ads." in Homœopathic Journals, A. R. Morgan, 157.  
Alternate Action : Organon 115, B. Fincke, 178.  
Alumina, 6.  
Alveolar Abscess: Silica, 343.  
American Institute of Homœopathy, 480.  
Amm. carb. in Eczema, 281.  
Aneurism: Cases from Practice. Edmund Carleton, 135.  
Aneurism, Ignatia in, 136.  
Annual of the Universal Medical Sciences, Sajous, 479.  
Anti-Vaccination League, 446, 465.  
Antidotes, S. Seward, 366.  
Antimonium tart : Pneumonia, 18.  
Apis Mellifica, W. W. Baldwin, 256.  
A Question of Color, Howard Crutcher, 238.  
Are Homœopaths Honest? 304.  
Arnica, 6.  
Arnica Patient, An, H. W. Champlin, 225.  
Arsenic, Aggravation from, 21.  
Arsenicum in Suppressed Eczema, 252.  
Asafoetida, Ulcers cured by, 122.  
Atwood, H. A., 378.
- B** ALDWIN, W. W., 256, 351.  
Ballard, E. A., 373.  
Baylies, B. L'B., 42, 88.  
Beekman, J. H., 159.  
Belding, R. E., 362.  
Berberis, Antidoted by Camphor, 366.  
Berridge, E. W., 28, 181.  
Betonica Aquatica, Provings of, E. W. Berridge, 181.  
Biggar, H. F., 453.  
Bönninghausen, Guernsey's, 388.  
Brownell, S. W., 248.  
Bryonia, 17.  
Bufo in Felon, 95.  
Burchfield, S. E., 297.
- C** ALCAREA Case, 254.  
Cantharis in Malarial Gastralgia, 21.  
Carleton, E., 44, 135.  
Case, E. E., 191.  
Castoria. Poisoning by, 378.  
Central New York Homœopathic Medical Society, 267, 357.  
"Chaff" of Materia Medica Made Useful, J. G. Schmitt, 284.

Champlin, H. W., 225, 376, 451.  
 Chapman, S. E., 388.  
 Chloroform, Bottle for, 108.  
 Cholera, Treatment of by Ingestion of Water, F. W. Champlin, 451.  
 Chronic Eczema : Petroleum, B. L'B. Baylies, 88.  
 Chronic Diarrhoea ; Lycopodium, 453.  
 Chronic Disease Cured, Thos. Skinner, 293.  
 Clark, Geo. H., 45, 55.  
 Clinical Cases: I. Alumni ; II. Arnica, Wm. Cowley, 6.  
 Clinical Cases, A. S. Ironsides, 290.  
 Clinical Items, J. N. Lowe, 20.  
 Cobbler, Stick to Thy Last, J. B. S. King, 308.  
 Coccus in Gonorrhoea, 28.  
 Colocynth 30 and the Faradic Current in Dilatation of the Stomach, 376.  
 Comment and Criticism, 70, 157, 235, 307, 395, 469.  
 Commentaries on the Organon ; Certainty of Homoeopathy. § 121, B. Fincke, 241.  
 Constipation, Sepia in, 41.  
 Constitutional Treatment after Operations, John Hall, 131.  
 Consumption, Phosphorus in, 64.  
 Cornea, Ulceration of, 42.  
 Cowley, Wm., 6.  
 Cranch, E., 109.  
 Crutcher, Howard, 224, 238, 315.  
 Cuprum in Gastralgia, 18.  
 Cuprum-Metallicum, J. T. Kent, 434.  
 Curvature of the Spine, A. M'Neil, 128.  
 Custis, J. B. G., 81.

**D**ARGITZ, J. P., 80.  
 Delivery by Forceps and Subsequent Anasarca, John Hall, 106.  
 Dever, I., 96.  
 Dilatation of the Stomach; Colocynth 30 and the Faradic Current, H. W. Champlin, 376.  
 Dillingham, T. M., 237.  
 Diseases of Women, J. N. Lowe, 100.  
 Double Salpingo : Oophorectomy , H. F. Biggar, 453.  
 Double Vagina and Uterus, E. M. McCeney, 65.  
 Dowling, J. W., 319.  
 Dr. Dudgeon and the High Potencies, 467.  
 Dr. Kidd's Homoeopathy, Thomas Skinner, 307.  
 Dr. Kidd's Ideal, 69.  
 Dudley, Pemberton, 159, 235.

**E**ATON, S. L., 13.  
 Eczema, Amm. Carb. in, 281.  
 Eczema : Psorinum, 473.  
 Editorial, 68, 155, 230, 302, 393, 465.  
 Electricity in Paralysis, 375.  
 Emmons, J., 445.  
 Eneuresis Nocturna, Sepia in, 94.  
 Expulsion of Latent Animal Electricity in Paralysis, W. S. S. Young, 375.  
 Eye Problems, Some, Arthur G. Allan, 415.

**F**ARADIC Current in Dilatation of the Stomach, 376.  
 Farrington, 64.  
 Ferrum Phosphoricum, C. W. Hakes, 451.  
 Fincke, B., 178, 183, 215, 241, 324.

First Hours of Life, G. W. Winterburn, 401.  
 Forceps, Use of, E. Cranch, 109.

**G**ASTRALGIA, Cuprum in, 18.  
 Gastric Ulcer, A Case of, Samuel L. Eaton, 13.  
 "Give Me a Living Reason," H. G. Glover, 311.  
 Glover, H. G., 311.  
 Gonorrhœa, Cured by Coccus, 28.  
 Gray, Thomas J., 337.  
 Gregg, 64.  
 Gregg on Diphtheria, Howard Crutcher, 315.  
 Guernsey, W. J., 142.  
 Guernsey's Bönninghausen, S. E. Chapman, 388.  
 Guiding Symptoms of the Materia Medica, Hering, 478.  
 Guiding Symptoms, The Value of, W. J. Hawkes, 419.

**H**AHNEMANN, 64.  
 Hahnemann and Paracelsus, 324.  
 Hahnemannian Cure, A, E. W. Berridge, 28.  
 Hahnemannian Cure, Comment, 397.  
 Hahnemannian Dost's, J. B. G. Custis, 81.  
 Hahnemann's Three Rules Concerning the Rank of Symptoms, Constantine Hering, 427, 467.  
 Hahnemann, The Homœopathy of, 454.  
 Hakes, C. W., 451.  
 Hall, John, 22, 106, 131.  
 Happy New Year, 68.  
 Hawkes, W. J., 419.  
 Haynes, J. R., 47.  
 Headache, Nux. vom. in, 1.  
 Headache, Silica in, 3.  
 Heath, Alfred, 453.  
 Helmuth, Wm. Tod, 319.  
 Hering, Constantine, 427.  
 Hinsdale, W. B., 380.  
 Hobnail Liver, 277.  
 Holmes, H. P., 1, 24, 70.  
 Homœopathic Examining Board, 444.  
 Homœopathic Journal of Obstetrics, The, 306.  
 Homœopathic Obstetrics, 393.  
 Homœopathic Surgery, T. M. Dillingham, 237.  
 Homœopathy, A Surgical Case Cured by, 134.  
 Homœopathy, No Sects in, J. B. S. King, 475.  
 Homœopathy of Hahnemann, The, A. R. Morgan, 454.  
 Hooker, Frederick, 286, 308, 469.  
 Hyoscyamus, J. T. Kent, 321.  
 Hypericum Symptoms, Verifications of a Few, E. T. Adams, 90.

**I**DIOSYNCRASY, Predisposition and Isopathy, Horace P. Holmes, 24.  
 Ignatia, Alternate Action of, 178.  
 Ignatia in Aneurism, 136.  
 In Memoriam:  
 J. W. Dowling, 319.  
 Wm. O. Jacobi, 400.  
 C. E. Laning, 443.  
 Thomas F. Pomeroy, 399.  
 Wm. Springer, 400.  
 P. P. Wells, 160, 227.  
 Institute, Session of 1892, Pemberton Dudley, 235.

Introduction to the Study of *Materia Medica*. W. B. Hinsdale. 380.  
 Inverted Nipples, A Case of. A. McNeil. 98.  
 Involuntary Proving of *Psorinum*. Thomas Skinner. 395.  
*Ipecacuanha* in Uterine Hemorrhages. J. R. Haynes. 47.  
*Ironsides*. A. S., 290.  
 Is it a Joke? Howard Crutcher. 224.  
 Is Our Practice Guided by Law? W. A. D. Pierce. 447.

**J**OUSSET, P., 70.

**K**ALI BICH: Tonsilitis. 18.  
*Kali Phosphoricum*. B. Fincke. 183.  
 Lansing, Charles Elmer. 443.  
*Kali Phosphoricum*. Clinical Verifications of. E. E. Case. 191.  
*Kali Phosphoricum*. Proving of. H. C. Allen. 194.  
 Kent, J. T., 321, 434.  
 Kimball, S. A., 313.  
 King, J. B. S., 230, 308, 475.  
*Kreosote*, Milton Powel. 287.

**L**AC CANINUM. Proving of by Olfaction. M. Florence Taft, 144.  
 Language of Provers. Discussion on. 213.  
 Laning, Charles Elmer. 443.  
 Leavitt, Sheldon. 394.  
 Ledyard, W. E., 17, 134.  
 Lowe, J. N., 20, 100.  
 Lucky Coincidence or Science. Which? A. R. Morgan. 280.  
*Lupus Cured* by *Rhus Tox*, S. E. Burchfield. 297.  
*Lycopodium* in Chronic Diarrhœa. Alfred Heath, 453.

**M**CCENEY, E. M., 65.  
 McNeil, A., 18, 98, 99, 128.  
 Malarial Gastralgia, *Cantharis* in. 21.  
 Mal-Position. *Pulsatilla* in. 97.  
 Martin, Leslie. 58.  
*Materia Medica*. A New Analytical Symptomatology, Rufus L. Thurston. Samuel A. Kimball. 313.  
*Materia Medica*. Introduction to the Study of, 380.  
*Medorrhinum*, 23.  
 Menstrual Deficiency, *Sanguinaria* in. 249.  
*Mercurius Biniodatus*, Fredk. Hooker. 286.  
*Mercurius Cor.* for Gastric Ulcer, 15.  
*Mercurius*. Peculiar Symptom of, 285.  
 Microbian Doctrine, Translated by H. P. Holmes. P. Jousset, 70.  
 Midwifery, The Relation of Therapeutics to, 145.  
 Mitchell, J. N., 394.  
 Morgan, A. R., 157, 280, 454.  
 Morphine Habit, 369.  
 New Publications, 477.

**N**OSODES. My Experience with a Few, John Hall, 22.  
 Not Narcotic. H. A. Atwood. 378.  
*Nux vomica*, 364, 390, 473.  
*Nux vom.* in Headache, 1.

**O**BSTETRICAL Questions (with answers by THE ADVANCE), George B. Peck, 76.  
 Obstetric Lesson, An, 155.  
 Obsterics; Hahnemannian Don'ts, 81.

Obstetrics, Homœopathic, 393, 401.  
 Olfaction, Proving of Lac. Caninum by, 144.  
 Ophthalmia Neonatorum, George H. Clark, 55.  
 Opium Antidoted by Camphor, 366.  
 Organon, 178, 230.  
 Organon and Materia Medica Society of Philadelphia, 250.  
 Organon and The New Church, J. B. S. King, 230.

**P**AINGLESS Labor, A, A. M'Neil, 99.  
 Paracelsus and Hahnemann, B. Fincke, 324.  
 Paralysis, The Expulsion of Latent Animal Electricity in, 375.  
 Parturient Women, Twenty-four hours with, I. Dever, 96.  
 Patch, Frank W., 161.  
 Pathological Prescribing, G. J. Waggoner, 66.  
 Peck, George B., 76.  
 Petroleum : Chronic Eczema, 88.  
 Phosphorus, 253.  
 Phosphorus in Consumption, Hahnemann, Farrington, Gregg, 64.  
 Pierce, W. A. D., 447.  
 Placenta Prævia, My Sixth Case of, Edmund Carleton, 44.  
 Pneumonia : Antimonium Tart. 18.  
 Pneumonia with Hemorrhage from the Lung, W. E. Ledyard, 17.  
 Pompili, G., 37.  
 Potencies, Personal Experience with, Clarence Edwin Stephens, 472.  
 Powel, Milton, 287.  
 Principles of Surgery, Senn, 477.  
 Psorinum : Eczema, 473.  
 Psorinum in Chronic Disease, A. L. Ruffe, 298.  
 Psorinum, Involuntary Proving of, 395.  
 Psycho—Physical in Similia Similibus Curantur, A Note on,  
 Thomas J. Gray, 337.  
 Pulsatilla, 446.  
 Pulsatilla in Mal-positions, 97.  
 Pyrogen, 446.  
 Pyrogen em, One Dose, J. A. Wakeman, 298.

**R**ATIONAL Treatment of Miscarriage, George H. Clark, 45.  
 Repertories in Prescribing. The Use of, Horace P. Holmes, 1.  
 Ruffe, A. L., 298.  
 Runnels, O. S., 393.  
 Rushmore, Edward, 122.

**S**AC. LAC. Problem, The, 240.  
 Sanguinaria in Menstrual Troubles, 249.  
 Sanicula Aqua, Frank W. Patch, 161.  
 Sarco-Hydrocele. Two Cases of, G. Pompili, 37.  
 Schmitt, J. G., 284.  
 Sepia in Constipation, 41.  
 Sepia in Eneuresis Nocturna, 94.  
 Seward, S., 365.  
 Should Women Practice Medicine? 302.  
 Silica in Headache, 3.  
 Silica : Its Curative Action in the Treatment of Alveolar Abscess,  
 Charles H. Taft, 343.  
 Similar Remedy, Why Do We Give the, W. Warren Baldwin, 350.  
 Similia Similibus Curantur, A Note on the Psycho-physical in, 337.  
 Simillimum ; Potency ; Repetition, J. Emmons, 445.  
 Skinner, Thomas, 293, 307, 395.  
 Some Recent (?) Discoveries, Fredk. Hooker, 308.

- Southwick, J. R., 394.  
 Specious Reasoning No. 2, Frederick Hooker, 469.  
 Specious Reasoning, Retained Placenta, M. W. VanDenburg, 316.  
 Speed of the Remedy, A. McNeil, 18.  
 Stephens, Clarence Edwin, 472.  
 Sticta Pulmon. Surgical Case Cured by, 134.  
 Stow, T. D., 119.  
 Strumous Ophthalmia—Ulceration of the Cornea—Cured by Homœopathy without Local Treatment, B. LeBaron Baylies, 42.  
 Sturtevant, E. J. M., 126.  
 Sulphur, 363.  
 Suppressed Intermittent, 291.  
 Surgery and the Indicated Remedy, J. H. Beekman, 159.  
 Surgery, Homœopathic, 237.  
 Surgical Cases Treated Homœopathically, B. Fincke, 215.  
 Surgical Case Cured by Homœopathy, W. E. Ledyard, 134.  
 Surgical Notes, E. J. M. Sturtevant, 126.  
 Surgical Therapeutics, L. B. Wells, 115.  
 Swan, S., 239.  
 Syphilinum, 23, 362, 446.  
 Syphilinum for Crying Infants, S. Swan, 239.
- T**AFT, Charles H., 343.  
 Taft, M. Florence, 144.  
 Taking the Case Carefully vs. Routine Prescribing, S. W. Brownell, 248.  
 Therapeutics to Midwifery, On the Relation of, G. W. Winterburn, 145.  
 Thurston, R. L., 313.  
 Tobacco Habit, 371.  
 Tomhagen, J. A., 253.  
 Tonsillitis : Kali Bich, 18.  
 Transactions International Congress, Pemberton Dudley, 159.  
 Traumatic Paralysis of the Right Extremities, Blindness and Aphasia, T. D. Stow, 119.  
 Traumatism, A Severe Case of, J. H. Allen, 111.  
 Tuberculinum, 22.  
 Twin Pregnancy, Simulating Fibroid Tumors, Leslie Martin, 58.  
 Two Clinical Cases, J. A. Tomhagen, 253.
- U**LKERATION of Stump, 129.  
 Ulcer of Nine Years Standing Cured, Edward Rushmore, 122.  
 Ulcers Cured by Asafoetida, 122.  
 Ulcers, On Strapping, 124.  
 Urticaria, Repertory of, W. J. Guernsey, 142.  
 Uterine Hemorrhage, 47.  
 Uterine Hemorrhage, Repertory of, John V. Allen, 51.
- V**ANDENBURG, M. W., 316, 469.
- W**AGGONER, G. J., 66.  
 Wakeman, J. A., 298.  
 Wells, L. B., 115, 160, 227, 373.  
 Will Power or Pyrogen? J. P. Dargitz, 80.  
 Winterburn, G. W., 145, 394, 401.  
 Women, Diseases of, 100.

**Y**OUNG, W. S. S., 375.

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**THE USE OF REPERTORIES IN PRESCRIBING.\***

Mrs. X—, aged forty-four, came to me for treatment for a "sick headache." About two years ago she began to have headaches, but they did not take on the "sick" form until a year ago. For the last two months she has had an attack every two weeks, usually an attack just before or after a menstrual period and one midway between. She wakes up in morning with the headache, which increases until noon and gradually grows better and disappears in the evening. There is a heavy, aching pain in the occiput and vertex. The head feels very large and as if it would split open at the vertex on moving about. It is utterly impossible to move about during the entire day, the pain is so severe. She is very irritable with the headaches, goes into a dark room and wants to be left alone. Jarring or footsteps on the floor is very painful to the occiput. The eyes are inflamed, sensitive to the light, and there are flashes of light before the eyes. The scalp is very sensitive to touch, and there is palpitation of the heart as the headache decreases. The pain is always better from wrapping the head up warmly, "just so my nose sticks out," and better with the head medium high. Can not bear the smell of any cooking or food. It is needless to add that she has taken nearly everything for her complaint.

And now, dear off-hand prescriber (as I once thought myself), what is the remedy? My first thought was *Spigelia*. To be certain that I was giving the *simillimum*, I arranged

\*Trans. I. H. A.

the case in twelve rubrics, and then sought the remedy. The rubrics were as follows:

1. Occiput, aching pain in.
2. Vertex, aching in.
3. Splitting pain in vertex.
4. Wakes with headache.
5. Head feels enlarged.
6. Scalp painful to touch.
7. Palpitation of the heart with the headache.
8. Headache relieved by wrapping up.
9. Headache aggravated by stooping.
10. Aggravation from noise.
11. Eyes sensitive to light (photophobia).
12. Smell too sensitive.

To facilitate finding the remedy, I have a sheet on which are printed the remedies occurring in Lippe's Repertory. There is a space after each remedy where I check with a lead pencil every time I find a remedy under a rubric. I use the old Bœnninghausen's Pocket Book (1847), Lippe's Repertory and, last and best of all, Lee's Repertory of the Head Symptoms, in that excellent work he is issuing.

And now for the advantage of the system. Under rubric 1, "Aching in the occiput," there are only 125 remedies indicated, while in the second rubric, "Aching in vertex," there are 124. Surely it would be difficult to jump at the remedy thus far indicated. But, great as the task seems to be, it is soon over, and it pays in the end. When the twelve rubrics are all checked through, an examination of the sheet will show that the remedies occurring in seven or more rubrics are the following and ranking according to the figures: Aconite, 7; Belladonna, 7; Calcarea, 8; Hepar, 7; Nitric Acid, 7; Nux vomica, 12; Pulsatilla, 7; Silicea, 10; Spigelia, 10. Silicea is wanting in the fourth and seventh rubrics, while Spigelia does not appear in the fourth and eighth. As both the fourth and eighth rubrics are peculiar, prominent and uncommon symptoms in this headache, they can not be set aside. Rubric 7, however, does not seem so essential, which gives to Silicea the second place, while Nux vomica runs into the whole twelve.

While it would seem that this is taking a great deal of trouble before making a prescription, it shows two very essen-



tial features: *First*, it proves that an off-hand prescription of *Spigelia* (one that would be given by the average good prescriber) would be wrong; and *second*, that after the indicated remedy has finished its action, the next simillimum has already been found, and the study necessary to treat the case has all been done.

Let me say in closing this record that the patient was very greatly benefited by *Nux vomica* 1000th, and then left me to have a "pile operation" performed by an old school physician, which brought out another very positive indication for the remedy above chosen, and a symptom that was not detailed to me, viz., troubles from hæmorrhoids.

Case II.—Mr. H—, aged fifty, came to me January 24, 1891, to have me prescribe for his "sick headaches." He told me that when he was a boy he would have to go home from school and go to bed with the headaches. The attacks came every two or three weeks. This has been the case all his life, and of late the headaches have occurred as often as twice a week. His father and mother suffered from these headaches.

The typical headache used to come on with pain in the left temple; there was nausea and gagging, but no vomiting. Came on during the day, and he would have to go home and lie down and be perfectly quiet. By the next morning he was all right, as a night's rest usually cured the trouble.

To-day the typical headache is more severe. He gets up in the morning with a dull feeling in the vertex along the sinus. Is chilly. By afternoon the headache is so severe he can not think or reason. The pain passes down to left base of occiput, completely prostrates him, and he has to give up work and go home. The pains are darting, shooting up into vertex along sinus like a knife. Sensation as if the top of the head would split open. Has to sit up with the head leaning backwards—as far backwards as he can draw it. Bandaging the head controls somewhat. Feet get cold to the knees, but are not damp. No nausea. Appetite is good, and, as a rule, eating brings relief, but does not cure. Gets some relief by putting the feet in very hot water and very hot cloths to the head. Must keep the head hotly covered or bandaged. When he gets thoroughly warmed through, he goes to sleep and wakes up all right.

The attacks are brought on by taking cold or getting cold by overwork, either mental or muscular.

Aggravations from noise, thinking, lying down, cold, motion, stooping, cold drafts; dreads cold drinks.

Ameliorations from quiet, sitting up reclined and with the head thrown far back, hot applications, bandaging, wrapping up, general warmth, hot drinks, eating, sleep.

Concomitants: Is cross and irritable; bowels regular; no thirst; pain in kidneys, worse on left side, a steady pain, worse from lifting or much walking; itching of the anus, worse undressing and relieved by hard scratching. A rectal examination showed three irritable papillæ, deep, fissure-like depressions and some small internal piles. I requested the patient to call again, and I would give the case a careful study and have his medicine ready for him.

Being uncertain as to the remedy, I arranged the most prominent symptoms in twelve rubrics, as follows:

1. Pain going from vertex to occiput.
2. Aggravated on lying down.
3. Aggravation from cold.
4. Aggravation from thinking.
5. Aggravation from stooping.
6. Amelioration from sleep.
7. Amelioration on awakening.
8. Amelioration from eating.
9. Amelioration from hot applications.
10. Amelioration from bandaging.
11. Amelioration from wrapping up.
12. Amelioration from bending the head backwards.

A search through the repertories, aided by the checking-list, as before, showed that out of the twelve rubrics *Belladonna* ran into seven, *Nux vomica* into seven and *Silicea* into six. As these three remedies stood the highest I turned to the *Materia Medica* and found that *Belladonna* was not within a mile of the case; *Nux vomica* was closer, but still far away, while *Silicea* seemed to fit the case exactly.

At the next visit of the patient I brought out the following additional symptoms, all of which are characteristic of *Silicea*: Intense religious emotion, or listening to deep lectures or sermons brings on the headaches. Vertigo, whirling sensation; has had falling to the right or forward. Has had

fetid foot-sweat; must wash his feet every day in summer to keep the feet from smelling foul. Blisters the little toe and between the toes when on the feet much. Trembling and weakness of the legs—makes him nervous. Profuse axillary sweat—drops away, bad smelling.

There was now no doubt in my mind as to the remedy. I gave him Silicea 1000th, three doses, to be taken one hour apart, and a vial of no medicine and asked him to report in a week. The patient seemed to gain from the start. In a few days he came to my office saying he was in for one of his "old terrors," and begged me to stop it, if possible, so that he would not have to go home. His head felt as it always did when he was going to have the worst form of attacks. With much misgivings as to the result, I gave him a single powder of the 200th and a vial of no medicine "strong," and he went back to his store and missed his headache. Twice afterwards he received a single dose of the 1000th of Silicea and nothing since the latter part of March.

A report of the case to-day, June 15th, states that he has not had a single attack of sick headache since taking the first dose of medicine in January. Questioned as to the foot-sweat and axillary sweat, he says it hardly troubles him, and up to the present time there has been no blistering of the toes, such as is always present in the summer time. He is a better man physically and can stand up under more pressure and attend to more business than for a long time. Silicea touched the weak spot, and it has made him a strong man, not only by relieving him from the attacks of sick headache, but of the many other symptoms complained of.

These two cases illustrate my manner of using repertories. In the easy cases it is not necessary to go to this trouble, as oftentimes the remedy stands clearly indicated from the symptoms detailed. But there will come these difficult cases where it is impossible to be certain of the remedy. The customary method of giving something or anything, because the simillimum is not known, is bad practice and inexcusable. While this kind of work is laborious and takes considerable time, still it is a time-saver in the end, as after the remedy is once found the case will need no more study for a long time, and when it seems necessary to make the change, the next best indicated remedy has often been suggested.

## CLINICAL CASES.\*

CASE I.—*Alumina*.—Mrs. I——, æt. 25. Nov. 7, 1890. Has never been well since an attack of grippe she had in February, 1890. The cough lasted about a month, but since that left has had pain about heart, aching in joints, headache with dizziness, < taking a misstep or turning suddenly. But the symptom that gives her most trouble is a pain in the right hypochondrium, which she has had since last July. It was first like a stitch in her side, which would come when stooping, so that she could not straighten up. Then for some time the right hypochondrium was very sore to touch. Now it is an almost constant, dull, aching pain; > only when lying down, and mornings on rising. It is made < by motion of any kind: such as sneezing, coughing, laughing, taking a long breath, and sometimes < from every breath while walking. It is also < from having clothing tight in that region.

Sour taste mornings on rising. Potatoes always disagree. They occasion swelling of the stomach and abdomen, and rumbling in the stomach. Butter, fats, beef, pork, veal and mutton all disagree, occasioning sour risings.

Eats very little salt on food, but gets "salt hungry" frequently. Is very fond of pepper and spices, and of all hot things. Is very fond of coffee, and says she has no symptoms from drinking it.

Entire lack of desire for stool. Stools hard, dark, dry, in balls. Straining and pain in rectum during stool. Has used a great many glycerine suppositories, magnesia and senna tea for this constipation. The last occasions palpitation of heart and general weakness.

Last winter, before she had grippe, was subject to mistiness before the eyes whenever she attempted to read, < artificial light.

All her life has been subject to sick headaches, but has had none since the grippe. They would commence in the left temple, and from there spread all through the head, taking about 24 hours to do so. They came suddenly, lasted 48 to 72 hours, and left during sleep. The pain was extremely severe. There was nausea, but no vomiting, and there was

\* Trans. I. H. A.

photophobia, light making the eyeballs ache, as well as the head. The odor of food made her sick.

Scalp sore to the touch. Has had a great deal of dandruff for five or six years. Head itchy and hair too dry. Hair has had a dead feeling ever since the dandruff came. Itching of scalp, < if she does not comb night and morning.

Is very gloomy when away from her husband; even when he is only away at his work between meals.

Teeth decayed as soon as they appeared, were very brittle and seemed to crumble away. They decayed around the fillings. Was subject to a splitting toothache, for which she used oil of cloves and carbolic acid.

Had a spell of gastritis each summer of the years 1881-82-83-84. The first attack came from eating cherries. They would last two weeks, during which she could eat nothing, as eating or drinking would always occasion vomiting. Epigastric region was swollen and very painful; she vomited mucus, and had the above described constipation.

Before menses, is low spirited, stupid and easily irritated, feels smothered, and has pain in small of back, headache, sometimes one of her sick headaches and palpitation of heart. During menses, relief of the above symptoms. Menses are regular as to time and duration. Menstrual blood generally light, but is sometimes dark and contains small clots. When these are present, she feels much <. For a week after menses has leucorrhœa like white of egg. Generally feels quite active after her menses.

Often dreams of falling and awakens with a start. Dreams of high water more when living away from water, of walking in the water, of boats foundering, of dogs of which she is afraid, of snakes and of corpses. Dreams remain with her during the day and sometimes for two or three days.

Itching all over body when undressing.

About six years ago, broke out into large hives all over body, which made her very sick, causing vomiting. She had them a whole winter, off and on. They were red, itched violently, smarted when scratched, and were only relieved by continuous scratching. They were finally suppressed by a preparation of Mercury.

Now her skin is very dry and scaly. Hands chap easily. Cracks about finger nails, with bleeding.

Skin of feet very dry, summer and winter. Every winter, skin of face rough and chapped.

November 8th, 1 p. m.—She received Alumina 200, one dose.

November 10th reports that menses came on the 9th, not due until 23d or 24th. Blood very light, slight flow, which lasted but twenty-four hours. Headache of the usual quality, but more severe than she has ever had. Aching all over.

Eyes have ached and throbbed for the last 24 hours, same quality as she used to have, but more severe. Photophobia, light < throbbing.

On 9th, throbbing in left temple, but to-day merely a dull aching there.

Vertigo on turning head with reeling.

Slept none last night, on account of restlessness and heat. Could find no cool spot on the bed.

Felt low spirited and wanted to cry all day yesterday.

About 5 this morning, felt as if she could not see and then fainted. When she recovered consciousness, felt > mentally, but had nausea, though on attempting to vomit could get up nothing but gas.

Clear, thin, watery, though somewhat stringy discharge from both nostrils < left. The more profuse the discharge the < the headache is.

Eyes feel weak and heavy, lids very heavy. Twitching of right upper lid since yesterday.

On turning around feels pains running up back into head and go all through head, < nape of neck.

Pain in right hypochondrium was much < yesterday, particularly when standing or walking. Has entirely gone to-day.

Aching in back and limbs, soreness of scalp and pain in occiput as in grippe. In fact she calls this attack a repetition of her attack of grippe of February last.

November 29th reports that the aggravation continued until November 12th.

Has been feeling very well ever since. Has a "terrible" appetite. Has eaten three potatoes without any damage. From the time of the < until the last three days has had an aversion to coffee, but since has been very "coffee hungry."

No headache until this evening. Now has one in left temple, but it is not severe and does not spread.

No more pain in right hypochondrium.

Sleeps well.

Eyes give no trouble.

Bowels regular until last two days. Stools for two days have been in dry, hard balls, with straining.

Skin more moist and does not chap.

Hair has changed for the > wonderfully since the Alumina, but yesterday she washed it in Borax water (contrary to my orders) and it has felt dry and rough again to-day.

Scalp not so scaly and less sore to the touch.

Mental symptoms much >. No medicine.

December 8th reported a return of headache, but as she had no other symptom I gave her no medicine. In describing this headache she said it felt as though hair were being pulled. This left in a short time and she had no return until December 30th, when she received a plentiful supply of no medicine.

Felt very well until February 14th, when she reported another headache which was so severe that I was strongly tempted to give her another dose of Alumina in a higher potency. But fortunately I waited and saw this disappear as well as a slight one on February 26th. Up to date of writing (June 15th) says she has been entirely well, can eat anything, sleeps well without dreaming. Menses regular. In this case the violent aggravation would seem to show that the 200th was too low a potency.

CASE II.—*Arnica*.—G. W. T., aet. 51, October 7, 1890. Sprained his back eight weeks ago, and day before yesterday fell and struck his side.

On walking feels as if one leg were shorter than the other; staggers as if drunk.

Can get rest in no position, bed feels too hard; rises mornings tired and sore, as if beaten all over; aching in limbs, especially shoulders.

When a boy was subject to nose-bleed; blood dark, and principally from left nostril.

When thirteen years old was struck over the head by a ladder. Has been subject to nasal catarrh until a few years ago, when it was cured (?) by snuffing up laudanum and water, which occasioned an opening through the cribriform plate, and allowed a profuse discharge, smelling like rotten eggs, to come down.

Used to be troubled with piles, which came whenever he had a muscular strain, but they were cured by an application of lard and laudanum.

When he catches cold feels as though a pin were drawn through head from one ear to the other. Is angry, and can't bear to be spoken to when he coughs.

Arnica, 40m., one dose.

Four days later reports: About 10 o'clock last night had a terrible pain in left ear, as if about to suppurate. Sneezes a great deal, as if he had taken snuff; raw feeling in nostrils, as if he had inhaled dust.

Throat raw and feels scratched.

Hoarseness.

Nose feels clogged up.

Diarrhœa all night, with straining at stool, and feeling as though whole abdominal contents were coming out of rectum.

Pain in bowels, although he had taken a physic > after stool.

Had dysentery for three summers in succession with these symptoms. Was kicked by a horse in the abdomen when eleven years old.

The diarrhœa eased pain in back very much.

October 14th reports that on the night of 11th was so choked up that he could not get his breath flying; had to stand. This lasted about an hour, and he said was very similar to the sensation he had with an attack of croup thirty-eight years ago. After coughing and vomiting phlegm he felt >. This expectoration still continues. It was yellow and thick, but to-day is white, and has a sweetish, sickening taste.

Sharp, cutting, tearing pain in upper chest on hawking; has to hold his head down, as he has very much pain in chest, and feels strangled if the head is held up.

Pain in left side of forehead, as if from a boil, all night last night kept him awake; was relieved about 4 A. M. by a discharge from the left nostril, at first thick and yellow, then very profuse and watery; so profuse that he thought, while in the dark, that his nose was bleeding. This profuse, watery discharge kept up steadily for an hour. It just streamed down; since that it comes only when blowing nose.

Sensation in left eyeball as if he had been cut across it



with a switch. Is a blacksmith, and has many times been injured by sparks in eyes. Integument of forehead feels as if stretched so much that it could not be stretched any further.

Sense of smell entirely gone, but has a brassy taste in mouth which is imparted to his food, making all foods taste alike to him.

Last night had throbbing in left ear and a hissing as of letting off steam.

Can't bear tobacco in any form, though a habitual user of it.

Tongue trembles when protruded and he feels nervous and tremulous all over.

Scalp sore to touch. Feeling of electric shocks on touching hair. Can feel them through each individual hair.

Yesterday when chewing had a pain in the left jaw, as if it were dislocated, which lasted an hour. Micturition which had been frequent ever since injury to back is less.

Soreness and bruised feeling of flesh much  $>$ . Pain in back well.

Diarrhœa gone.

Soreness of throat  $<$ .

For the last three days has had first creeping chills up and down back. Then chilliness all over with shaking like ague, followed by cold, clammy, sticky sweat. Then flashes of heat, followed by heat all over, and then sweat all over of same character as above.

Had intermittent fever for three years, from his tenth to his thirteenth year, and then had occasional attacks until his thirty-ninth year, but has had none since. The attacks were suppressed by Quinine, Chinoidine, Boneset, Whisky and Cloves.

October 18th reports: Pain in head has been transferred to right side of forehead now. Discharge from both nostrils, amber from left, and lighter from right.

Skin of forehead still stretched.

Taste and smell entirely gone.

Eyes feel weak and as if a terrible light were on them all the time.

Teeth felt long and sore yesterday.

On 15th a corn became so sore and tender that he could not bear bed clothes to touch it. It felt like a raw sore.

On the 16th his nose bled about one-half pint for ten or fifteen minutes, after a spell of coughing. The blood was dark and came from the left nostril.

All other symptoms have disappeared, or are much  $>$ . He says he feels stronger than he has felt for many years, but the continuous headache has kept him awake for so many nights that he wants something to relieve it. Therefore, besides the usual "no medicine," I gave him some "no medicine" to commence taking if headache were not better by to-morrow noon.

October 20th reports that he took the "no medicine" yesterday and in one-half hour his head commenced to feel better and is now quite bearable. Yesterday pain over right eye as though he had been hit by a hammer. Felt as though bone were crushed into brain.

Jarring noise in both ears, talking sounds a great distance off. His own speech sounds to him as if he were talking into a barrel.

Sensation in head as though a boil had broken inside and he thinks he can smell the discharge in his nose as from an old sore.

Vertigo with inclination to fall forward.

Says he can see  $>$  without his glasses than with them. Can see things both near and far  $>$  than he has done for years.

Smell returned and taste partly so. Taste in mouth of iron dissolved in vinegar.

Cramps in fingers and all muscles of arms to-day—was formerly subject to them.

October 23d.—Headache  $<$  again, but this gradually wore off, as well as his other symptoms, and reported June 1st that he has remained well ever since.

WILLIAM COWLEY.

PITTSBURGH, PA.

**A CASE OF GASTRIC ULCER.\***

A writer in a recent number of the *Lancet*, speaking of gastric ulcer, says that "diagnosis is liable to error both on the side of excess and defect;" and that the first recognition of the disease is often by means of a *post-mortem* examination. He concludes, therefore, that "when doubt exists it is well to treat the case as one of ulcer." In the following case there was, for a time, considerable doubt as to the diagnosis; which did not, however, hinder a successful treating of the patient.

Mrs. L., aged forty-one, of fair complexion, medium height and weight, the mother of two children, had suffered for years with a weak stomach, dating from a miscarriage several years ago. Vomiting had been frequent and easily excited. During this time she had been under the treatment of an allopathic physician of considerable eminence, who had also given her local uterine treatment, using nitrate of silver.

On the 16th of October, 1890, being then nearly eight months advanced in pregnancy, she was taken with an attack of vomiting more serious than ever before, and sent for me, as her usual medical attendant was ill and out of town. She told me that she had suffered severely from "heart burn" all through her pregnancy, and had made a habit of taking bicarbonate of soda as the only thing which gave relief. During the succeeding four days the character of the vomited matter, which at first was simply ingesta, became steadily worse, and disorganized blood with muco-purulent matter was ejected at shorter intervals until finally the paroxysms came about one hour apart. She received, successively, Bryonia, Arsenic and Phosphorus, without benefit. The patient became steadily weaker; and, on October 19th, the fœtus, which had previously been very active, ceased to manifest any signs of life. On the 20th the case looked very serious, and I commenced feeding by rectal enemata. The lady's husband now came to the conclusion that homœopathic medicine would not take hold in a case so long habituated to old school treatment. I sympathized with his anxiety, but did not accept his deduction, believing that it is never too late for the most hardened allopath to mend. To my surprise, he relinquished his idea of a change of treatment, and

\* Trans. I. H. A.

acceded to my wish for a consultation. Dr. R. L. Thurston, of Boston, was called, and devoted three hours of hard work to the case. At this time the following symptoms presented:

Semi-recumbent position, anxiety, with moaning and thoughts of death.

*Intense burning in stomach*, extending into chest.

*Burning*, soreness and rawness in œsophagus from stomach to throat.

Sensation of a lump in œsophagus.

Retching, and vomiting of coffee ground substances, dark colored flakes, and stringy brown mucus.

Vomiting excited by ingestion of food or drink, and from lying on either side.

Vomiting, preceded by coughing. Epistaxis.

Mouth and throat parched.

Tongue red, dry and hard.

Great thirst. Can not take cold drinks, but sips warm water, which soon excites vomiting.

Hungry, but does not eat.

Respiration short and hurried.

Great soreness and sensitiveness to least pressure over stomach and abdomen.

Pressure over pylorus causes shooting pain through the back.

Aching in limbs, and lower dorsal and sacral regions.

Breath, the odor of ether, scents the room.

Ineffectual belching.

Chilliness, desires to be wrapped.

Bowels costive.

Occasional sharp pain in right upper chest.

Bearing down sensation in uterine region.

Restlessness.

Generally worse after sleeping.

History of "weak stomach," following miscarriage some years ago, and local treatment by nitrate of silver.

The case was evidently one of gastric ulcer or cancer, with preponderance of evidence in favor of the former. Writers diagnosis make the line dividing these two conditions very indistinct, and, at times, almost imperceptible. But, of course, that question, though interesting in itself, had no bearing on the prescription. I will remark in passing, how-

ever, that the regular aggravation of the vomiting by eating or drinking pointed strongly to gastric ulcer. In gastric cancer the vomiting usually occurs at intervals independent of the times when food is taken. The remedy decided upon was *Mercurius cor.*; and we used Fincke's 45m., in water, administering three doses, at intervals of two hours.

October 21.—The vomiting was now every two hours, with a slight amelioration of all the symptoms, excepting the appearance of the tongue, which continued very dry, there being only a slight moisture on the edges. The breath continued very offensive. *Merc. cor.*, cm. (Johnstone) one dose.

October 22.—Vomited only three times in the course of the day. Labor pains in the afternoon, with some show of bloody mucus.

No medicine.

October 23.—No vomiting. Burning in stomach gone. No medicine.

October 24.—Began feeding by mouth. Vomited once in the afternoon. *Merc. cor.* 200, three doses.

October 25.—We again stopped feeding by the mouth. There was no burning in stomach, but considerable soreness in the abdomen. Early in the morning the water broke without pain, while the patient was asleep, and a large amount of amniotic fluid, of an offensive odor, was discharged. Towards evening, labor pains came on again, and continued through the night. A rigid os was quickly relaxed under the influence of one dose of *Belladonna*, dmm. (Swan). The patient endured the labor much better than could have been expected from one in her weakened condition; but, as her strength seemed insufficient for the final expulsive effort, I applied the forceps and gently extracted the child without the use of an anæsthetic. It proved to be a girl, weighing not quite four pounds, and at once commenced to cry, to the astonishment of the attendants. During the day the mother was given a little beef juice, and the white of an egg, by the mouth; but it caused some distress in the stomach, and we had to fall back on an exclusive use of rectal enemata.

There was much prostration, and occasional faint spells, with desire for cool air. She insisted on having a window

opened occasionally, and was not satisfied unless the wind blew directly upon her. It had been evident for several days that the cure so finely commenced by the Merc. cor. would need, for its completion, some deep acting antipsoric remedy, and this evening she received three doses of Carbo veg., cm. (Fincke).

October 27.—All symptoms very much better. Temperature in morning 99.5°. Normal in evening.

October 28.—Doing well. I did not allow her to nurse the baby, on account of her weakened condition. Complains of pain in the breasts, and in the evening has a temperature of 100°. No medicine.

October 29.—No fever. Complains of breasts being hard and painful. A fine rash over neck and chest and extending down the limbs, itching and burning. One dose of Croton tig., dmm. (Swan).

October 30.—Breasts less painful. Rash disappeared. The tongue, which has been gradually improving, is now clean and moist over its whole surface. The patient begins taking food into the stomach without distress.

October 31.—A large and natural evacuation of the bowels. This was the first movement of the bowels for sixteen days. The patient continued to make rapid improvement, without further medication, and in two weeks' time was well and eating as she had not been able to for years. The baby showed some psoric symptoms, but was soon a thriving child.

In this case there was no *post mortem* to clear up the diagnosis; but our *post ludum* reflections were quite satisfactory. The neighbors who had been sure first, that she was dying of cancer; and, secondly, that the doctor ought to take active measures to remove that dead fœtus, were amazed and silenced. It is true that the patient was near to death, and that the doctors thought the fœtus was dead. But Homœopathy saved the mother, and a conservative waiting on nature prevented the loss of the child. An allopathic family was soundly converted, and our efforts were not hampered by any preconceived ideas on the part of the patient, as to what Homœopathy really is. Having never been confused by half way Homœopathy, she the more readily accepted the genuine article.

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**PNEUMONIA WITH HÆMORRHAGE FROM THE LUNG.\***

CASE I.—*Bryonia*. May 31st.—Boy, aged ten years and ten months, subject to nasal catarrh, deafness and nocturnal enuresis. On the above date appetite was ravenous.

June 1st, at 6 A. M., retching and vomiting of a little green mucus. In the evening, much worse; skin hot and very dry; lips and mouth dry; about midnight became very thirsty for cold drinks and craved ice. *Nausea, worse on raising the head*; delirium; talking of little things sticking in his throat; *can't bear to be touched or moved*; constipation; urine was passed several times during the night, of a red color and strong odor.

June 2d.—When I first visited him, pulse 136; wing like motion of *alæ nasi*; cough loose and hacking; moaning constantly; cheeks deeply flushed.

5:30 P. M.—Besides the above symptoms there is expectoration of rusty colored or “prune juice” sputa. Auscultation shows crepitant râles at base of right lung posteriorly. I prescribed *Bryonia*, 200, every half hour, in solution, until an improvement showed itself; then no medicine.

June 3d.—At 9 P. M. yesterday (*i. e.* just three and a half hours after commencing the *Bryonia*) the improvement set in. Pulse down to 120.

11:30 A. M.—Darkly flushed cheeks; white about the mouth; constant moaning; no stool for three days; pain in head and in pit of stomach.

Noon.—Dose of *Bryonia*, 200, dry, then no medicine.

5:30 P. M.—Headache continues. Gave three doses of *Bryonia*, 200, in solution, at intervals of half an hour, then no medicine.

June 4th.—Found my patient so much better that he was sitting up smiling, after a natural sleep. Pulse down to 100. No medicine.

June 5th.—Improvement continues. A slight cough only remaining. Pulse 90, *i. e.* normal. *Bryonia*, 1000, one dose dry. No medicine.

June 6th.—Mother came to office and reported that he was still improving, but with the cough about the same. *Bryonia* 40 m., one dose dry. No medicine.

June 11th.—Nothing further from an anxious mother for

\*Trans. I. H. A.

five days proves the patient to be well. The mother was much pleased with the progress of the case.

CASE II.—TONSILITIS: *Kali Bichromicum*, girl. Aged eleven, dark complexion; brown eyes; stout. Throat sore; tonsils swollen and very red; pain extends from throat to right ear when swallowing; vermilion border of lower lip, very red; tough, greenish mucus, which it is impossible to raise, covers posterior wall of pharynx; ← from swallowing solid food; tenderness of neck.

*Kali bich.* 200, dose at once, dry; repeat night and morning if necessary. Sent six powders in all. In twenty-four hours, the mucus had disappeared from the posterior wall of pharynx, and the throat was much better. She only had to take two doses of the *Kali bi.*

CASE III.—PNEUMONIA: *Antimonium tart.*—Male child, aged two and one-half years. Fair; head large; great irritability, manifested by turning away and crying when looked at, spoken to, or touched. At night, face red; thirsty; respiration short; wakens frightened; cough with rattling on chest and sweat on forehead. Crepitant râles, right lung posteriorly. *Ant. tart.*, 200, one dose, repeat night and morning if necessary. Next morning, the father reported that the child had slept well all night, and was very much better. No further treatment was necessary.

W. E. LEDYARD.

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### THE SPEED OF THE REMEDY.\*

One of the objections that is frequently urged to Homœopathy by the polypath and the allopath is, the homœopathic remedy acts slowly, and that therefore they must resort to crude doses, and in painful cases to opiates. They say their patients will not wait, but will have speedy relief, even if it does not make so thorough a cure. I report this case as an illustration of the fallacy of this assertion:

May 28, 1891, Mrs. G. called on me in the morning, although she was unfit to do so. She was suffering from gastralgia, which had come on suddenly on the evening of the 26th. She is a German, about forty-eight years

\*Trans. I. H. A.



of age; just passed the climacteric; weighs 160 pounds; of medium stature; complexion fresh, but not plethoric. Has suffered from hemorrhoids since the birth of her first child, 26 years ago. They always come if her bowels do not move regularly, which they have not done for all of this time. The pains she can only describe as of the most excruciating character. She formerly kept laudanum to apply as a poultice, but for the last year she has taken senna tea every two or three days and thereby averted them. She is also a victim of headache of a severe type.

The pains extend over the stomach and bowels and down into the left groin. They show no intermission, only a very slight remission. She has taken senna tea since the attack and had a movement therefrom, but without ameliorating the colic. The pains are slightly  $>$  by cold application and  $<$  by eating. They are violent, so that she can not give an intelligent description of her case, and when I questioned her as to her past medical history she cut me off by saying that she did not mind anything but the colic. Most of this I only learned after she was free from pain. Making the best selection I could, I gave Rhus. In the evening was called to see her, as she was suffering such intolerable pain. She said she could submit to any operation that promised relief. Made another prescription without reliable data when half an hour passed without it doing any good. I again questioned her and only learned that she had at the beginning of the second 24 hours of this sickness the most painful cramps in the calves, and that she was in terror of their return. She said she was subject to them for all of the period since child bearing. I prepared a powder of Cuprum met. and looked at my watch as I gave it to her. She soon, of her own volition, said she was better; it was two minutes since the administration of the remedy. She soon began to talk freely, as she was getting comfortable. She then said that when the powder was still in her throat she was relieved, and that as the medicine went down the pains went in the same direction. As she was so much better I went away, leaving a solution of unmedicated pellets to be taken regularly as long as she was doing well. I also prepared three powders of the Cuprum only to be taken in the event of a return of the pains.

Next morning I found that she had had a good night's sleep, as there had been no return of the pains. And to test the cure she ate a good breakfast without any aggravation.

The next morning a like report.

June 1st.—The third morning she called in person, having walked half a mile to do so. She said yesterday morning she had one twinge of pain, being the only one since that wonderful powder. This morning she had a natural and easy movement of the bowels.

Of course, her constipation and piles require time to complete the cure. But the manner in which the colic was cured should encourage the wavering to depend on the indicated remedy, even in the greatest suffering, as it will always give relief in a shorter time than the largest doses of narcotic drugs. True it is not always easy to find it. "Enter ye in at the straight gate."

A. M'NEIL.

SAN FRANCISCO, CAL.

#### CLINICAL ITEMS.\*

CASE I.—Woman, married, aged sixty years. Impressed by malarial cachexia for several years, which superinduced hepatitis, nephritis and occasional very severe gastralgia, and irregular and very tumultuous cardiac action. She suffered much from a more or less constant heat and burning in renal regions, and all of her symptoms were invariably when a paucity of urinary secretion predominated.

This was especially so, in regard to severe palpitations of the heart and gastralgia, which latter was attended by rigors and vomiting. She was very despondent, life really seemed burdensome to her, as she had endured, with short periods of partial remission, these dire culminations of assembled ills for several years.

First she was abandoned by her old school attendant as incurable after she had been dosed for month after month with Sulphate Cinchona, in large capsuled doses, with other of their secundum artem, therapeutical resources. By her friends, her case at this issue was deemed hopeless. My predecessor, a homœopath, then was called to attend her. He succeeded in tiding her over an apparently fatal issue. He continued

\* Trans. I. H. A.

in charge of her case, for about three years, and kept her as comfortable, as it seemed to him, possible to do. Still she would have almost every fortnight, or in less time, a reoccurrence of paroxysms of the old type.

He at length went to a new field of labor. Our friend had made of her a very decided convert to Homœopathy, with the best of reasons, for he had no doubt saved her life when was about to go out.

Thus it was that she came into our care. It seemed to us that this was a case for Arsenicum. We gave it, but it < her symptoms to such a degree, even when given in the 30, 200, and 1m., that she knew at once that this remedy had been given her, and very loudly protested that we should not repeat it, *ever* again.

But we did, in the 1m., but did not succeed in eluding her detective instincts, and again we received a scathing rebuke, and came close to a summary dismissal.

Months thus passed, and we began to think, after trying our best, that we could do no better than her former very worthy attending physician. For thus far, his service had not been equaled, in fair results, by our best and most careful and very studious efforts. Finally on occasion, we were sent for in haste, as she was suffering intensely from chill, gastralgia and vomiting, with apparent suppression of urinary secretion.

We now gave her a powder of Cantharis 200, dry on tongue. This relieved her almost instantly; and she did not receive another dose of this remedy, or of any other, for about four months thereafter. It then became necessary to give her another dose or two of Cantharis 200. About six months have now passed without medicine in her case, and her health is as substantially good as it is possible for one to enjoy who was once driven to the verge of the tomb, more by injudicious drugging than by the natural entanglements of a struggling and impeded life-force.

J. N. LOWE.

MILFORD, N. J.

**MY EXPERIENCE WITH A FEW NOSODES.\***

The few cases which follow along with some others had been withdrawn from the Bureau of Clinical Medicine, as not altogether relevant to that body, which in conformity with the rule of our principles recognizing the Organum of Samuel Hahnemann as the sole and only true guide in therapeutics, and most of these cases having been treated more or less empirically, that is, governed by the mere pathological name of the disease, minus the usual particular symptoms so urgently insisted on by the true Hahnemannians, and ably defended by the I. H. A. as most worthy of being the exponent of such teachings. These cases, as said, having been dealt with more or less empirically, are in that respect unique, deserving our careful consideration; and being, moreover, furnished principally from memory, gives an additional reason why details are not given.

The first case was that of a young girl, aged about twenty-two, living some miles out of Toronto, who called me to see her in 18—, which, as a matter of necessity, I readily complied with, riding out for that purpose. She was living in a house with her mother, surrounded by bad odors, securing a precarious living by her needle. I found at times she was too ill to pursue this avocation, and soon ascertained that she was painfully reduced by phthisis, the night sweats, fever and cough being the principal developments; indeed, there seemed no chance of her recovery, her malady at that stage being beyond the range of medicine, in which I may say that I had more than usual confidence. But, deeming her now as beyond all remedial measures, concluded that hers was a good one on which to try a nosode, and deciding that harm could scarcely be done, gave her one dose Tuberculinum, cm. (Berridge), with plenty of no medicine. In about four weeks she wrote of some improvement and I continued the same no medicine for another month, which was repeated regularly during four months, and at the end of about seven months she came into town to pay her bill, apparently perfectly cured of her tuberculous ailment, plump and rosy and in full health, expressing unbounded gratitude for her recovery, and so far as I know has remained so ever since.

\* Trans. I. H. A.

The next case is that of a young man, who by specific contagion had contracted phagedenic chancres on the prepuce, which, as usual, were rapidly spreading—the usual course in such virulent diseases. The peculiar symptoms have escaped me, though the case has not—being met by Syphilinum cm. (Swan), three doses of which completely cured him in about three weeks. No secondary symptoms that I ever heard of following.

By the way, I may here record my opinion, first expressed by Dr. Preston on this floor, who gave us a terrible case of phagedenic chancre, which he finally succeeded most adroitly in curing—on which he remarks—what some, misinformed, dispute, “that *such* a chancre is as liable to induce secondary symptoms as the hard one,” and though this is often in a very different manner, I fully endorse the statement, which has been unfortunately called in question by the other school, though the more thoughtful among them are thinking otherwise; one may, however, receive both their diagnosis and prognosis with a grain of salt. Take for example their oft repeated sentiment that gonorrhœa never yields constitutional symptoms. Alas, for those so afflicted, and treated by external means; they may as well raise the devil at once.

The one which follows was also a similar case to that just quoted, with phagedenic chancre on the prepuce, treated and cured in two weeks with two doses of Syphilinum cm. (Swan), though no time has yet been allowed whereby to judge of a cure, though some six months have elapsed.

To make the matter brief, there came after these three cases of gonorrhœa—one was a married woman—all treated by Medorrhinum, and all were promptly cured so far as can be judged. Many such might be added, but, being recent, their publication might draw attention to them.

My own conclusion is that where such remedies have been employed they have usually been successful and prompt, though there are cases which refuse to yield, possibly owing to other taints in the system, and I think that Hahnemann somewhere says that in case of any complication *psora* should be cured first.

JOHN HALL.

VICTORIA, B. C.

**IDIOSYNCRASY, PREDISPOSITION AND ISOPATHY.\***

To the pure Hahnemannian there seems to be such an intimate relation existing between Idiosyncrasy, Predisposition and Isopathy, that it would be well to attempt a consideration of these qualities, and of their relation to each other; and of the influence of these relations in the treatment and cure of our patients. Many of the hitherto unknown processes by which disease takes possession of the human body, as well as the manner of action of many of our most important remedial agents, can be explained or more fully understood by this comparison.

Let us first consider the peculiar condition of the system known as an Idiosyncrasy. By this we are to understand "a peculiarity of the constitution, in which one person is affected by an agent, which in numerous others would produce no effect." The more common acceptance of this definition is where certain persons are affected unpleasantly by certain kinds of food or drink which in others would produce no morbid action. The production of an urticaria through the eating of shell-fish is a common illustration, while a non-specific urethritis may be produced in others by equally harmless food or drinks.

If we wish, we can carry this illustration far into the explanation of many of the ills that flesh is heir to. One person can not go away from home, by sea or cars, without suffering atrociously from nausea. Another can not stand the approach of a storm without suffering agonizing neuralgic pains. This action is well understood in the homœopathic treatment of rheumatism. Another person is peculiarly susceptible to thunder storms, and can tell their approach by the inconvenience he experiences, while another person is always better during a thunder storm. One patient craves fresh air and must have the doors and windows open and be fanned all the time, while another must be both sheltered and covered, that he be not exposed to the slightest draft, else his condition will be aggravated. I have a patient, who all his life has suffered extremely from a wind storm, and can foretell the approach of windy weather, be it moist or dry. At times he has been rendered unconscious by the neuralgic pain which anticipates an approaching wind. One of the leading professors of sur-

\*Trans. I. H. A.

gery nearly lost his life from a tiny piece of cheese, secreted in his pie by a practical joker, who insisted that the aggravation from cheese was imagination and not an idiosyncrasy. A former patient of mine would have such spasms of the throat, as to almost asphyxiate her, from eating a small piece of honey. Those persons who are sensitive to the action of the Rhus tox plant are another illustration of an idiosyncrasy. The majority of the conditions known to the followers of our school as "aggravations" and "ameliorations" may be classed under the general head of "idiosyncrasies."

I would like to go a step farther at this point, and state that I believe that a person who has an idiosyncrasy is not a *well* person; in other words, that he needs the action of the similar remedy for the removal of that peculiar state of the constitution. With this point before us, we can go on to the consideration of the other two subjects—Predisposition and Isopathy.

By predisposition we are taught that it is a "constitution or condition of the body which disposes it to the action of disease under the application of an exciting cause." Each person seems to have a weak spot, and whatever acts unfavorably upon the person goes at once to that locality. One person is predisposed to tuberculosis, another to erysipelas. One to cancer, another to rheumatism. In one a slight cold always develops a bronchitis, while in another it is a pharyngitis. A slight excess in one person develops a dyspepsia, while in another it produces a sick headache. And so we might go on with an almost endless enumeration of the varieties of predisposition.

The next step, and the most important one in this paper, is the relation of these two conditions—idiosyncrasy and predisposition. Could we always understand this relationship, or even take it into consideration, many of the diseases we are called upon to treat would assume a different phase, and their treatment would be far more successful. Just where are we to say idiosyncrasy ends and predisposition begins? Very often they are so commingled that it becomes impossible to separate them. Predisposition is often a result of an idiosyncrasy, and the removal of the idiosyncrasy would prevent the predisposition from developing the disease. This may seem a bold statement, and yet it can be easily substantiated.

Take, for example, a person who is predisposed to dyspepsia; back of this predisposition there may be an idiosyncrasy causing a craving for salt, and this agent is taken in a crude state in such quantities as to develop a mild gastritis. Continue this condition, if you will, until the gastritis becomes chronic, and we have this condition of a disease brought on by a predisposition that was in turn induced by an idiosyncrasy. Let us anticipate again and offer the suggestion that if this same patient were to take a dose of *Natrum muriaticum*, in a high potency, the idiosyncrasy would be removed and with it the predisposition and the disease. You have all verified a similar action many times.

Our next subject—Isopathy—is the treatment of a disease by its own morbid product, or by the potency of the same agent that produced it. The accepted illustration of isopathy is the treatment of hydrophobia by the administration of its diluted virus. The treatment of charbon, or malignant pustule, by its own virus was one of the first successful ventures made by a follower of the homœopathic law in the domain of isopathy. This experiment went far to prove that a morbid product of a disease, when reduced to a potency by the Hahnemannian process, became efficacious in the treatment of the same disease. Recent experiment and study, however, have almost fully decided that the process of potentization takes a remedy out of the sphere of isopathics and places it on a plane with other homœopathic remedies. To-day we do not consider *Psorinum* an isopathic remedy, for the potentizing and proving of the remedy makes it as homœopathic to its own case as are *Sulphur* or *Silicea*. And what of the provings of these remedies? It only demonstrates over again that it produces the symptoms of the disease from which it was taken—a series of symptoms which we all knew beforehand.

Illustrations of the isopathic action of remedial agents may be shown in our practice and teachings where *Rhus* poisoning may be prevented or cured by the administration of the same remedy internally, either previous to exposure or after the exhibition of the toxic symptoms. Also, where one has the strawberry idiosyncrasy and can not partake of those luscious berries without being poisoned, the idiosyncrasy may be removed by the administration of a dose of *Fragaria vesca* in



a high potency. The well known action of *Natrum muriaticum* in removing the craving for salt, where there is a daily consumption of the crude material in quantities, is a splendid illustration of isopathic action.

And now for the relation existing between these three conditions. I am as confident that a person who has an idiosyncrasy is not well, or has a weakness, as I am that one is not in sound health who has a predisposition toward a given disease. Between idiosyncrasy and predisposition we find the explanation of many of the irregularities of disease. Take malarial poisoning, for instance. Not all who are subjected to the malarial influence are affected by it. Such persons do not have the predisposition. Again, we may say that certain persons are predisposed to malarial influence, and that, when once under its influence, they exhibit their individual peculiarities or idiosyncrasies. Through the action of an idiosyncrasy one person has a chill every day, another every other day, while a third has a chill every fourth or seventh day. All are predisposed to its action, but none have it the same. This variation is due to idiosyncrasy. This same double action may be carried out by many illustrations. A friend of mine went nearly blind from *Rhus tox* poisoning. Here was a disease brought on by a predisposition induced by an idiosyncrasy. Who can foretell the amount of suffering that would have been saved in such a case by the timely administration of a single dose of *Rhus tox* in the proper potency?

And now as to the action of homœopathic remedies in low and high potency in the removal of disease, based upon the relations of idiosyncrasy, predisposition and isopathic action. I wish to offer the suggestion that we are nearing a solution of the potency question. I believe we will find that there is a vast difference in the curative action of drugs, when we come to consider the possibility of removing, not only the disease, but the predisposition and idiosyncrasy as well. Through the agency of low potencies, or of crude drugs, we may stop the action of a disease, and bring about a convalescence, but we do not remove the tendency toward the disease. We have abridged the action, but the idiosyncrasy and predisposition remain. As an illustration, let me cite that a beginning lung fever may be checked in the very onset by the use of *Veratrum viride* or *Gelsemium* in appreciable doses of

the strong tincture. This may happen even when the remedy is not at all the simillimum. But what is the result? The patient is still as subject to attacks of pneumonia as before. I have a patient who has averaged three attacks of pneumonia a year for several years. I treated her through the last attack, and, my word for it, she will not have three attacks during the next year. And why? Because the treatment last received was directed against the idiosyncrasies and predisposition.

The difference in the action between the low potencies and crude drugs, when contrasted with the higher potencies, applied according to the "peculiar, prominent, uncommon symptoms," will prove to be as follows: The lower potencies may abort the disease, leaving all the original predisposition and idiosyncrasies to threaten the patient with a new downfall at every step; the simillimum, in a high potency, removes not only the disease *per se*, but it at the same time takes away the "why" that made the patient get sick; in other words, it removes the idiosyncrasy and the predisposition. This the crude drug will not do. An idiosyncrasy is a delicate thing to handle. A breath will touch it off, and a remedy to meet such a condition must necessarily be delicate.

HORACE P. HOLMES.

OMAHA, NEB.

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#### A HAHNEMANNIAN CURE.\*

*Coccus cacti*. On April 16, 1887, I was consulted by a homeopathic physician about Mr. W——, one his patients, a man about thirty or thirty-five years of age. The history of the case was as follows:—Twenty-four days ago gonorrhœa appeared, after exposure to contagion five or six days previously. It was his first attack. His physician treated him with low potencies, which relieved the acute symptoms. On April 8th he got chilled during a walk without an overcoat, the weather being cold for him, as he had recently come over from Australia, where he had lived some years. This suppressed the discharge, causing swelling and pain in left testis. On April 15th, as the bowels had not acted for three days, his physician gave him a dose of Castor oil. This operated several times, but caused him to again catch cold when at the closet. Since 8 A. M. this morning he has been in dreadful

\* Trans. I. H. A.

pain. His physician gave him a low potency of Belladonna, which was "like so much water on a duck's back"; so, in the afternoon, he asked me to visit the patient with him. I saw him between 6 and 7 P. M., and found him lying in bed, in the following condition :—

Since 8 A. M.; paroxysms of most intense pain, which have increased in severity till the present time. The paroxysms come on about every ten minutes; the pain is most intense, making him writhe, groan, and weep, and grasp the bed-posts tightly. He was a strong man, and knew what severe pain was (once he had broken his leg), and could bear pain well; but he said he never felt anything like this. The pain begins in left iliac region, and extends to left groin, and half-way down front of left thigh. It is *as if a fluid were forcing its way there*—something like an injection—and it ends in a sudden pain in anterior part of middle of left thigh, as from a jagged knife. Between the paroxysms there is throbbing in different parts of left groin and front of left thigh; left inguinal gland enlarged and tender; left testis swollen; scarcely any urethral discharge. Before these paroxysms came on, he had a dull pain extending from left iliac region to left mid-thigh, with frequent digs in various parts thereof. This pain he has still, but it is nothing in comparison with the paroxysms. Tongue white. Pulse quick.

*Diagnosis of the remedy.*—Taking the most peculiar, and therefore most characteristic pain, as the key-note—"as if fluid were forcing its way"—I found written in my interleaved copy of Lippe's Repertory the following, under "Generalities":—

"Liquid moving in.—Cocc. c. (head, by jerks, very painful); Glon. (head, painful, gradually increasing in force); Op. (left thigh, painless); compare Hell. Salic-ac. and Spigel. for feeling of blood forced by pulsations through contracted vessels in head." Also under "Abdomen" I had added, "Burrowing, inguinal region, Cocc. c."

The Encyclopedia gave the following :—

Opium 1719.—"Sensation as if some liquid were moving up and down in left thigh."

Glonoine 394.—"Gradually increasing pressure from forehead towards vertex, as if a liquid were being pressed upwards from root of nose, and forced at the back through *sinus*

*longitudinalis* with constantly increasing force: this pressure grows so severe that a general perspiration breaks out, with redness of face, and great anxiety."

Coccus cacti 63.—"Violent raging pain extending from right eye along squamous portion of temporal bone on its inner side to occiput: it seems as though a fluid were injected paroxysmally into a small blood vessel."

Helleborus 60.—"Very painful heaviness in head, with tension and pressure as from without inwards in temples, but especially in forehead; with every pulse a pressing, drawing, as if the blood forcibly pressed through head (the whole day, especially during the fever); relieved in open air."

Spigelia 104.—"Pain in occiput, as though an artery were beating against an obstacle."

Salicylic acid 37.—"Buzzing sensation in interior of brain, as if blood were forced violently through a contracted vessel."

Of these six remedies, Op. was contra indicated by the painless character of its symptom, though it agreed with the locality affected. The Glon. symptom was continuously increasing and not paroxysmal, and its concomitants were absent in the patient. The symptoms of Hell., Salic. ac., and Spig. were all rhythmical with the pulsations of the heart, and in this respect did not correspond with the patient's condition. Cocc. c. had the paroxysmal pain in a marked degree; also it has produced, 408, "burrowing, tensile, dragging and drawing pain in hypochondriac, pubic, and inguinal regions." I therefore selected this last remedy as the *simillimum*, dissolved a few pellets of Coccus cacti cm. (Fincke) in a glass of water, gave him a spoonful about 7 p. m., and told him to repeat the dose every hour till decidedly better; then every two hours.

April 17th. We saw him at 11 A. M. He said the action of the medicine was wonderful, though when he saw me dissolve the pellets he felt they could do no good, and that he must have chloroform, allopathic physicians having always told him that in severe pain nothing but Morphia or an anæsthetic can relieve promptly. He informed us that after the first dose the paroxysms continued to increase in severity and frequency for about an hour; then for an hour after the second dose they recurred at longer intervals of about fifteen

minutes. About 9 P. M., after the third dose, the paroxysms ceased, and did not return, except once, about 2:15 A. M. Has only slept from 3 A. M. to 7 A. M. Scarcely any discharge. Has taken the medicine every hour while awake, except that once he waited an hour and a half; but the constant pain (not the paroxysms) began then to increase; and it was also worse after his four hours' sleep, apparently from want of the medicine. He has now occasional acute pain in groin, and dull pain in thigh; inguinal gland less tender; tongue less white; pulse slower. He feels altogether much better, and says he is astonished at the result. So was also my colleague, whose countenance, when I informed him of the potency given, was an interesting study. He paid me the high compliment of asking me to take the case into my own hands. I continued the medicine every three hours.

April 18th, 9 A. M. Says that last night and the night before, as soon as he turned on to his left side, the wind seemed to collect in a ball in left groin, and roll over to right abdomen, and then pass away *per rectum*. Yesterday, after my visit to him, he remained free from severe pain till 6:45 P. M.; he felt generally better in the morning, but had a few twinges of pain in afternoon. Since 6:45 P. M. has had the constant pain, with a varying degree of acuteness; but no paroxysms, except a severe one at 6:45 P. M., and two lesser attacks before 8 P. M. Had had no return of the "fluid" pain, except slightly in the first of these three paroxysms. Has had snatches of sleep during the night. The discharge is returning. The pain is now the same dull pain from left iliac region to mid-thigh, with frequent digs in various spots thereof, just as it was before the paroxysms came on, only less severe; he has suffered thus since 6:45 P. M. He took the medicine every two or three hours till 6:45 P. M., and since then every hour while awake. As an aggravation of the symptoms, from taking the medicine more frequently than ordered, seemed to have commenced, I stopped all medication.

April 19th, 9 A. M. Says the pain remained about the same yesterday morning till about 1 P. M.; then the excitement of some legal business increased it till about 6 P. M., when he again became easier. Had a good night, sleeping about seven hours. To-day he feels wonderfully easier—

“happiness itself,” “can hardly believe it!” This morning he can stretch out the left leg, which he could not before. Discharge rather increased. Left testis still swollen.

April 20th, 9 P. M. Yesterday the excitement of legal business again brought on the dull pain from 6 P. M. till 4 A. M.; but to-day it has not troubled him much. Discharge considerably increased. Testis still swollen. Has had no stool for six days, and has a cough, just as he had the last time he was constipated. I gave him an enema of warm water, which acted very profusely in about fifteen minutes.

April 21st, 9 A. M. Has had a fair night, with very little pain. Discharge ceased. Testis smaller, and no longer tender. Still has pain in groin and thigh, but much less than yesterday.

April 23d. Has slept very well. Only a little pain. For the last two days, at the end of urination, contractive pain all around lower abdomen, groins, and upper thighs, all around in a circle. Scarcely any discharge. Testis smaller, and without tenderness.

April 26th. Says that the pain has not returned since morning of 24th, except a very little while walking. Slight discharge. Scarcely any swelling of testis. Sleeps well.

May 6th. Writes to say he is quite well, and has been at work at his office for the last four days.

*Comments.*—(1) In this case, I hesitated to prescribe on the indications afforded by the Repertory alone, before I had consulted the *Materia Medica*. One of the errors into which the neophyte is apt to fall, especially when he has to treat an acute case, is that he must “do something at once,” whether that “something” is the best that can be done or not. Hence he is tempted to hastily prescribe a remedy, of whose homeopathicity he is not sure, and which may be more or less inappropriate, and then study the case more thoroughly afterwards. Never was there a greater error. Were the action of dynamized remedies absolutely *nil*, except curatively on the symptoms to which they are homeopathic, then the disadvantage of such hurried prescribing would be of negative value only. But as potencies are capable, not only of aggravating the symptoms of the patient when improperly administered, but also of exciting pathogenetic symptoms, both on the diseased and the healthy

tissues of the body, and so tending to thwart the curative action of the remedy, which may be subsequently selected with greater accuracy, it is necessary to be sure that each prescription is made with that mathematical exactitude that Homeopathy postulates. "When you don't know what to play, play trumps," is a rule at whist; so in Homeopathy, when you do not know what to do, *do nothing*—wait and study the case further before prescribing, if the remedy is not clear, and give time for the evolution of the symptoms, if their character is obscure and indefinite—else harm may be done, and the disease complicated by erroneous medication.

(2) The peculiar "fluid" pain occurred in the patient in the abdominal and femoral regions, but was cured by a remedy producing a similar pain in the head. Bönninghausen demonstrated many years ago that when a medicine possesses the power of producing a very peculiar symptom in one part, it will often cure it when occurring in other parts; and this I have frequently\* verified. This is one illustration of the practical value of Hering's Guiding Symptoms, where a special rubric is devoted to the classification of the symptoms of each remedy, according to "sensations." The same feature is to be found in Bönninghausen's Pocket-book, now out of print, but which will be incorporated in "Generalities" chapter of Lee's Repertory of Characteristics.

(3) This case also demonstrates the fallacy of the doctrine that in very severe pain narcotics and anæsthetics must sometimes be administered. *Similia similibus curantur* is not a mere rule of practice, not even only "the method of Hahnemann," but a *law of nature*, and therefore infallible. *Humanum est errare*; we are none of us infallible, and the best of us may sometimes fail to solve the homeopathic equation. But should anyone feel it necessary to resort in an extreme case to allopathic palliatives, let him seriously ask himself whether his failure is not due to an inaccurate selection of

\*Miss S— complained of pain in right side of loin, like an instrument going straight through to right side of abdomen, on the head of which some one knocks; lasting some hours. Had suffered from these attacks at times for months. A few doses of Sulphuric acid cm. (Fincke) permanently cured her, and she has had no return since, now over fifteen years. The characteristic symptom that led me to this remedy is given in the Encyclopedia thus: 80. "Thrust in the right temple, as if a plug were sticking in and constantly pressed deeper,

the remedy rather than to an inherent defect in Homeopathy. It is, of course, proverbially easy to be wise after the event; but, nevertheless, I do not shrink from stating that I have carefully analyzed the records of some of those cases where Allopathy, or Mattheism, or some other equally unscientific treatment, is stated to have succeeded after Homeopathy had failed; and I have invariably found that either the symptoms had been noted with such carelessness that there was no proof that the supposed homeopathic remedy was the *simillimum* at all, or that they clearly pointed to some remedy which had not been prescribed. I do not think I ever saw a man in greater pain than my patient. If ever there was a case where an anæsthetic was a necessity, and where it would have been sheer inhumanity to have withheld it, that case was before me; but I knew that if I did not fail Homeopathy, Homeopathy would not fail me; the administration of the *simillimum* was all-sufficient.

(4) This case also throws some light on the repetition of the dose. Hahnemann's earliest practice was to give one dose, without repetition; his later teaching was that in many cases a repetition of the dose is essential. But when he wrote thus, he was chiefly using the 30th and 60th potencies. It is conceivable that much higher potencies might demand a somewhat different method of administration. Unfortunately, though there is ample historical evidence that Hahnemann used these extremely high potencies, we have not on record a sufficient number of cases from which to deduce his rule as to the repetition or nonrepetition of the dose. In section 276 of the *Organon* there is, however, a statement that an overdose of the homeopathic remedy will do harm, not only in direct proportion to its homeopathicity, but also to the degree to which the dynamization has been carried. From this we may logically deduce the rule that the higher the dynamization the smaller must be the dose; or, in other words, the repetition must be less frequent. Possibly this arises from the fact that the higher potencies act for a longer time, which has been established as a practical rule by the veteran followers of Hahnemann, who all seem to hold that the higher potencies will neither require nor bear such frequent repetition as the lower. But even with the highest dynamizations a repetition is sometimes essential. In this



case improvement did not commence till after the second dose, nor was it marked till after the third. Later, when the patient prolonged the intervals between the doses, the pain began to increase; though, on the other hand, when he repeated the dose more frequently than I had directed, after a marked improvement had set in, it caused an aggravation. Had I given only one dose, and after waiting fifteen minutes concluded that Homœopathy had failed, though the *simillimum* had been selected, and resorted to chloroform, I should have committed a fatal error; and the error would have been nearly as great had I concluded that a lower potency was necessary.

(5) The fatal error of the pathological school also receives some illustration from this case. This school maintains that a pathological similarity is the *ne plus ultra* of scientific therapeutics, and that we should only resort to semeiological indications as a *dernier resort* when our pathological knowledge is incomplete. Hence they naturally regard the objective symptoms as always of more importance than the subjective. But their arguments are refuted by this case. *Coccus cacti* has not yet produced the pathological condition called gonorrhœa; and yet it cured, because it corresponded closely to the subjective symptoms. Doubtless, as it first reproduced, and then cured, the suppressed discharge, it has the power of producing it also on a healthy, sensitive prover; but when we find this objective symptom recorded in the provings of this remedy, shall we be able to prescribe it any more efficaciously, or will that alone distinguish it from other remedies producing the discharge?

(6) The great difference between Homœopathy and Isopathy is that the former individualizes, while the latter generalizes. An isopath would have prescribed the nosode *Medorrhinum*, even though its voluminous provings do not contain the characteristics of the case. *Medorrhinum* has cured gonorrhœa *when the subjective symptoms of the patient corresponded with those of the provers*; but in other cases it has failed. It has been argued by one of the isopaths that "before anyone could select *Syphilinum* with safety and with certainty, he must be first able to recognize syphilis in all its forms, and be able to differentiate between it and psora." In other words, it is argued that *Syphilinum* will cure all cases of

uncomplicated syphilis; but that when complicated, other (anti-psoric) remedies are needed. But, however plausible this may sound in theory, in practice it is found wanting; for to diagnose between complicated and uncomplicated syphilis is often an impossibility; indeed, I very much doubt whether, in the present diseased condition of the human race, any case be absolutely uncomplicated. Be that as it may, if physicians desire to use nosodes (dynamized products of disease) scientifically, the only way is to prove them on healthy persons, and then to administer them to the sick according to the provings, and not according to the name of the disease. If a nosode is indicated by the similarity of the symptoms, it will cure (or, if a cure be impossible, it will relieve), whether the patient be suffering from the "disease" from which the nosode was derived or not; whether the "disease" be complicated or uncomplicated. Always the LAW, *Similia similibus curantur*.

(7) The pain was increased by catching cold at a water closet. This is a frequent cause of mischief in gonorrhœa, and the patient should avoid this risk by wrapping the organs in a cloth on these occasions. (Mercurius has aggravation from taking cold by draughts of air at a water closet, but it did not correspond with the other symptoms of the patient.)

(8) The danger of any suppression of the discharge is shown in this case. Sometimes years of ill health have resulted from such suppression; and when the homœopathic remedy is given, the discharge is temporarily reproduced, while the symptoms resulting from the suppression disappear.

(9) In cases of constipation, purgatives are never necessary. A simple nonmedicinal injection will act mechanically, and so give immediate temporary relief, if needed, until the medicine has time to effect a complete cure. This HAHNEMANN plainly teaches in his Chronic Diseases.

E. W. BERRIDGE.

LONDON, ENGLAND.

**TWO CASES OF SARCO-HYDROCELE.\***

As I am not able to be present at your scientific and useful meetings through which our International Hahnemannian Association is going to be the liberator of the true homœopathic science in the whole world, I take the pleasure of sending you, annually, some clinical cases, according to the Hahnemannian spirit, which, fortunately, our Association has received as a precious inheritance.

This is the palladium of salvation which the so-called homœopaths of little confidence, the materialists, the ones who refuse to work, the mongrels, try to destroy and depress, both in America and in Europe.

For this very reason the honest persons who cultivate and love the science of Homœopathy should co-operate for its integrity and conservation, which are the two indispensable conditions to the future victory of this science. The two cases that I am going to present you are not of a recent date. They happened in the early period of my homœopathic practice in Spoleto, my native city.

The majority of the allopaths judged, and would yet call these cases, ones of a surgical character. But, as you know how spirit must be superior to matter, and how Homœopathy, acting upon the dynamic forces of the organism, subjugates and diminishes the sick making causes, you will be competent in expressing your opinion in a matter of such importance.

CASE I.—Paolo Bencivegna, from Visso, a town in the province of Spoleto, called on me at the end of June, 1854. He was of a nervo lymphatic constitution, about thirty years old. He had once suffered from scabies, which was cured and eliminated by the ordinary dangerous method of the ointments. He had been also affected three times with gonorrhœa and once by syphilitic ulcers.

It is useless to mention the quantity of medicines which allopathy suggested for the treatment of this patient. Pills and powders of every color, ointments, leeches, different injections, mercurial preparations, etc.

We only state that by the latter treatment the patient suffered from excessive salivation, affection of the gums; fol-

\* Trans. I. H. A.

lowing this a complete temporary blindness that made him suffer for two months.

The gonorrhœa, with all its sickly consequences, took the character of orchitis.

So, numerous leeches, ointments, purgatives of Sarsaparilla were again prescribed.

Following this were the swelling and the hardness of the right testicle. This manifestation took such a proportion that a prominent surgeon of a city of Umbria thought the testicle was calcinated and as an extreme remedy advised castration. But, as the patient objected to it, some of his friends suggested to him to try the homœopathic treatment.

This is the ordinary way by which so many patients call on us. They call for help after having been ill treated by the allopathists and finally they use a medicine which they never thought would have been efficacious. Sometimes they are sent to us by the advice of the very person who ill treated them, for the getting rid of a patient whose disease could not be cured.

When I saw and examined the patient, I was extremely struck by the large size of the testicle. It was 17 centimeters in length and 6 in breadth. Its consistence, more than cartilagenous, was ligneous. And besides, the left testicle, being also enlarged, was floating in the water in a state of hydrocele. So, a suspensory to sustain that volume was absolutely required.

The concomitant symptoms were: A feeling of weight in the scrotum with a pain during the change of the weather; arrest of gonorrhœal discharge, with itching in urinating; constriction of the urethra, emitting a thin stream of urine; cracking of the joints and rheumatism in winter; tired expression of the face; skin of a bad earthen color.

When I undertook to treat this poor fellow, I administered at longer or shorter intervals alternately, according to symptoms:

Sulphur 1000; Pulsatilla 200; Silica 24; Mercury 200; Clematis 3; (I had not a high potency at that time) Aurum 200; Rhododendron 1200. I used to give of each medicine only one dose, dissolved in a little water, which the patient took three times a day. All the above mentioned medicines produced their action more or less efficaciously, but Rhododendron acted strongest.

At last, after a treatment of four months, the patient, to the astonishment of his acquaintances, completely recovered.

The hypertrophied testicle, which was thought to be calcinated, so that amputation was judged necessary, had returned to its natural size. All other abnormalities had disappeared, and health was restored. The patient lived for thirty years after, and always enjoyed perfect health.

CASE II.—Andrea Capri, a farmer from Montefalco, a town in the province of Spoleto, more than fifty years old and called on me September 9th, 1859.

Since boyhood he suffered from a swelling of his right testicle, in consequence of a parotitis. But, since the last two years and a half, this swelling had increased to such a proportion as to measure fourteen centimeters in breadth and sixteen centimeters in length. A real monstrosity to look at. For two years he had been treated by several surgeons from Foligno, Montefalco, Torgiano, etc. He also once received two or three prescriptions from a homeopathic physician, but without any good result.

The testicle presented an oval form, although the two extremities offered very little difference from the centre, in regard to the dimension. The whole testicle was very hard and it was of a consistence harder than that of a fleshy mass. The surgeons thought it was a case of hydrocele.

Having been lanced several times, it had poured out each time half a liter of urine-like water. The water occupied the centre of it. It had more the character of a sarco-hydrocele. The patient complained of itching internally in the testicle. To this itching were added now and then some stitches. He also complained of itching in the external part. The weight produced also uneasiness.

I ordered the following prescription: Sulphur 200, five globules, to be dissolved in a small quantity of water, to be taken three times, at equal intervals of five hours, on the next day.

Several months elapsed and I had not received any news of the patient's condition. But, four months after, at the end of January, 1860, I received a letter in which he acknowledged his recovery, asking if he could stop the homeopathic treatment which he had followed ever since.

As a thankfulness of having recovered his health, he

included a poem (not much of a poem; the poor fellow pretended to be a poet) in which he expressed his gratitude. No trace whatever remained of his sickness during his life. He lived till he was eighty years of age.

COMMENTS.

(I.) These cases prove that the powerful remedies can resolve even tumors and hard swelling which have altered the structure of an organ and have destroyed the character of organic normal life.

They prove that tumors and swellings, even if they are of a certain volume, do not constitute the sickness, but are a consequence of the latter which affects the patient's life.

They prove that the medicinal dynamic action upon the diseased dynamic cause has the power of making disappear the material effects.

They prove also how so many surgical operations could be avoided by using Homœopathy. And this is an advantage of great importance, for the reason that, beside the conservation of the limbs, it spares so many pains and expenses. It elevates the mind to a sublimer sphere, inasmuch as it dispenses of means far superior to the surgeon's instrument.

(II.) In the first case we have spoken about alternation of medicine. This alternation, more than being approved, was considered necessary by Hahnemann. An amalgama of two sicknesses was evident—the psoric and the syphilitic. It was therefore necessary that, according to the manifestations and to the different successions, the medicine should be changed, and, after the symptoms cured with Mercury had reappeared, should be treated with Sulphur.

This is the only legitimate alternation, for the reason that it is not at short intervals; it is suggested by the changing of the morbid condition, and also imposed by the exigence of the law.

For which alternation, either in the Organon or in the Chronic Diseases, Hahnemann stated principles and gave wise suggestions. This alternation is the contrary of the one suggested by the mongrels, consisting in administering to the patient a spoonful of either of the one or of the other medicine.

In the second case only one dose of the medicine was sufficient. The treatment practiced with the single medicine and

the single dose constitute the highest ideal of the art of curing. Which, as the celebrated Adolph Lippe said, must be reached by the perfected practice. We think, however, that we will reach it at the realization of the two following conditions.

(I.) When the symptoms of the medicine correspond to those of the sickness most completely and harmoniously.

(II.) When in the sick organism, in case of chronic diseases, there does not exist more than one of the miasms mentioned by Hahnemann. In case two (miasms) exist the psoric and the syphilitic, or the psoric and the sycotic; remedies of the two different classes will be necessarily required. In our second case it was a question of one psoric miasm only. For this one, only one medicine and one dose of it was sufficient.

An important condition that the single medicine and single dose may be successful is that they may have the necessary time required for their action without disturbing this action of nature, nor even repeating the same remedy.

For this very reason so many cures were spoiled. I do not intend to repeat such a truth, as you, dear colleagues, know it well. They have been transmitted and recommended to us by Hahnemann, and I have mentioned them in behalf of those who intend to learn and to practice genuine medicine.

G. POMPILI.

ROME, ITALY.

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**SEPIA:** During constipated stool: pain in rectum extending to perineum and vagina; shooting and tearing in rectum and at anus; prolapse of anus; sense of weight of anus; terrible straining to pass stool, which is covered with mucus; bloody discharge. **Constipation:** Slow and difficult discharge. Even of soft stool; stools hard, knotty, insufficient, scanty, like sheep dung; in pregnancy and in children where manual assistance must be rendered in consequence of excessive straining; obstinate, especially after Nux and Sulphur, though well indicated, have failed.

**STRUMOUS OPHTHALMIA—ULCERATION OF THE  
CORNEA—CURED BY HOMŒOPATHY WITH-  
OUT LOCAL TREATMENT.\***

Marie W., aged four years, a black haired, lymphatic child, with handsome hazel eyes, whose father died of scrofulous sarcoma of the neck, had, when three months old, eczema covering the head and face, and also frequent attacks of bronchitis, from both of which she recovered under *Calcarea phosphorica* administered at intervals of a few days or weeks, as recurring symptoms demanded. The child's health had been generally good for the past year, till about March 10th, when a smooth copper colored patch appeared over each malar prominence. Misled by former experience with her, I gave, March 12th, a dose of *Calcarea phosphorica* 45 m. (F.).

March 14th.—The redness has left the cheeks, but she sleeps all day burying her face in the pillow, avoiding the light; arouses and feels better at about 6:30 in the evening. There seems to have occurred a metastasis from the cheeks to the eyes.

March 16th.—The same condition. Sulphur m. (F.) one dose, dry.

March 19th.—Less sleepy, she awakes and must be taken up daily at eleven A. M.; extreme photophobia, conjunctivæ of a pink color like the former hue of the cheeks. She has been very hilarious each night before midnight for several nights, laughing and talking all the time, says she feels silly, symptoms suggesting to me *Stramonium*. At this stage a consultation was held with Dr. A. R. Morgan, of New York, and *Belladonna* and *Stramonium* were discussed. *Stramonium* 42 m. (F.) one dose at 1 P. M.

March 20th.—“She was in a gale” all yesterday afternoon, and still gives a good humored yell once in a while; puts her feet out of cover, feels hurt by being talked about, rubs her nose, blows it almost constantly, has profuse watery coryza.

March 21st.—She seems better, emotional excitement, hilarity and wakefulness have ceased. She opened her eyes, they were less congested.

March 23d.—Yesterday cross, would not open the eyes, says they hurt, had no lachrymation at any time, nor much

\*Trans. I. H. A.



watery coryza, some redness at verge of the nostrils, quiet before 12 last night, slept well after 12; still buries face in the pillow, profuse sweat on back of the head and neck, will not allow her face to be washed, usually has at 11 P. M. a very offensive, rattling, sometimes hurried passage. Sulphur m. (F.), a dose.

March 26th.—Emaciated and feeble; avoids the light, most the daylight, especially gay at night, mimics the bark of a dog, at times bites, when playful as well as when cross; very affectionate, excitable, and when excited strikes. Stramonium cm. (F.), a dose dry.

March 29th.—More quiet and sleep after the Stramonium, sooner after the cm. than after the 42 m. The eyes carefully examined now; show little congestion or redness, but both corneæ are ulcerated and nebulous; the axes of vision fully obscured. Stramonium cm. (F.), a few pellets dry.

April 11th.—All symptoms exaggerated at night and toward night; the bowels move once or twice from 10 to 12:30 P. M., the stool dark brown, undigested and sour smelling, partly fluid, partly fæcal, preceded by pain. The sour stools of Chamomilla and of Graphites predominate at night; their character and the variable humor of the patient suggest Graphites.

April 11th.—Graphites 45 m. (F.), a single dose.

April 15th.—Eyes are much improved and for the first time tolerant of light; nebulosity continues, also rough cicatricial appearance of the corneæ; she walks, but with uncertain step, does not discern objects well; appetite improved; passages less offensive, more natural. Graphites cm. (F.).

May 8th.—Vision improved, abdomen hard and tumid, urine shows much brick dust sediment. Lycopodium 45m. (F.).

May 21st.—Vision good, she discerns objects and colors well, right eye clear, she looks pale; has profuse oily head sweats. Graphites 45 m. (F.).

June 8th.—The Graphites has in each instance been followed by diminution of the sweat and increased appetite and strength. General health improving, both eyes clear and well.

B. LE BARON BAYLIES.

BROOKLYN, N. Y.

**MY SIXTH CASE OF PLACENTA PRÆVIA.\***

The subject of this sketch was the mother of a number of children. All former pregnancies had been natural and easy. No hæmorrhage occurred before term, in this instance. I was summoned in the evening of April 17, 1891. First discovered blood and clots; then the os dilated about one inch; the placenta covered it, but the examining finger found that the thinnest part extended anteriorly. During pains I carefully pushed my finger up to the thin edge and diagnosed a head presentation. Blood did not come so rapidly but that it mostly clotted. I dissolved Pulsatilla 200th in water, and gave a teaspoonful every ten minutes. Pains came on rapidly and forcibly. As dilatation advanced, I pushed the placenta backwards with my finger, which allowed the head gradually to come down and finally to engage, occiput right anteriorly. Uterine contractions and my pressure did the tamponing, so that hæmorrhage never became alarming; and as soon as the head engaged, bleeding nearly ceased.

When the amniotic fluid escaped, it was with a rush, which brought down an arm beside the head, and in that relation it was born, the child being small. The placenta was delivered soon after. Contractions firm. The whole affair was over in about an hour and a half. Patient not exsanguinated, and got up quickly.

The child (male) appeared to be dead. Persistent artificial respiration, kept up for thirty minutes, with friction and heat, saved his life.

This is my sixth case of placenta prævia, and I hope the last. Five mothers and four children survived. Much has been said and written on the subject and different theories advocated. As the line of conduct indicated in this paper is the one that I have always followed, please to consider it as the exemplification of my views.

EDMUND CARLETON.

NEW YORK, N. Y.

## DISCUSSION.

Dr. H. C. Allen: What were the reasons for giving Pulsatilla? I did not hear any.

Dr. Carleton: The great Trinity: chilliness, thirstlessness, and oppression of the chest.

Dr. McLaren: I have had only one experience with Pla-

\*Trans. I. H. A.

centa Prævia. The placenta was very low, and seemed to fill the upper part of the vagina pretty full. I watched for clear indications and settled on Gelsemium. Pretty soon a child came down right over the placenta and another one after it. The first child was dead and the second one alive.

Dr. Martin: In the first years of my practice, I had a case of this kind, when I knew little or nothing of Homeopathy.

It was a very peculiar case in some respects, one of which was that there were no pains from beginning of labor to the end of it. It was her second child. During gestation, while standing, there was a sudden gush of blood. I gave her Belladonna, which seemed to control the hæmorrhage for that time at least. I prognosticated trouble, but she got through with gestation very well. At the labor there were absolutely no pains; a slight drawing sensation was all she experienced. The hæmorrhage was very profuse. I called in consultation my preceptor, Dr. Pardee of the old school. We gave large doses of Laudanum and tamponed the vagina. It was a complete central implantation of the placenta. We delivered the child by turning, through the rent made in the placenta, but the mother lived only fifteen minutes after. I hope I shall never see another such case.

#### **RATIONAL TREATMENT OF MISCARRIAGE.\***

Given a case of inevitable miscarriage, what is the best method of ending it safely and as quickly as possible?

The treatment of this condition by allopathists is, as is usual with them in the treatment of all affections, very variable.

One advocates active measures for removing the membranes which may not be at first expelled, such as using the finger for their removal, or the curette, or ergot in some form.

Another upholds the plan of doing nothing but tamponing and waiting for the placenta to be forced out by uterine contractions; but all have sepsis before their vision, and use various harmful drugs for its prevention.

For the past nineteen years I have invariably resorted to a simple method in the treatment of this condition, and I have

\*Trans. I. H. A.

not known it to fail in one case. It is simply to tie the cord and wait for the expulsion of the placenta, which usually occurs in from six to twenty-four hours. In cases where gestation has not advanced far enough for the formation of the cord there is usually but little difficulty in treating such with the indicated remedy.

It is, of course, understood that in all cases abnormal symptoms are to be treated in the same way as symptoms in other conditions, by the simillimum.

GEORGE H. CLARK.

PHILADELPHIA, PA.

DISCUSSION.

Dr. Cash: I wish to ask the Doctor what he tied the cord for. I understand that the structure of the placenta is such as to have no direct circulation from the mother.

Dr. Clark: The cord was tied so that the placenta should become engorged, and then it is thrown off more easily. What does he mean by direct circulation?

Dr. Cash: That no blood flows from the mother to the child through the placenta.

Dr. Clark: That question is still *sub judice*. That a fluid flows from the uterus through the placenta is held by the best physiological authorities. That the placenta becomes engorged after the cord is ligated can not be questioned.

Dr. Custis: Dr. Clark's idea of tying the cord, if there is enough of a cord to tie, is a matter of choice entirely. There is not enough blood between the walls of the uterus and the placenta to make any difference either way, and in a miscarriage it is seldom done.

After a normal labor I tie the cord in order that the placenta may have greater bulk from the contained blood, and thus give the uterus something on which to contract. But the main point is letting the patient alone with the indicated remedy. We have always been taught that the most reprehensible thing that a man could do was to leave a patient with the placenta in the uterus. That in that condition she was in danger of flooding to death at any time or being poisoned by septic matter. We used the tampon to relieve ourselves from any charge of criminal neglect, even if we had doubts of its being the proper thing to do. I have found out by experience that if let alone my patient makes a better recovery than if packed full of tampons and troubled with

instrumental interference. There was no elevation of the temperature and no flooding. Since then I put the patient in bed, hunt up her remedy, if any, and keep her there until I am satisfied that the after birth has all been discharged. Soon after the discharge loses all color, I allow them to get up. I have seen no bad effects from miscarriage since I have adopted this treatment. I do not believe that the placenta is apt to cause septicæmia if let alone. It is the instruments of the meddling physician that lacerates the tissues and thus gives entrance to poisonous matter into the system.

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#### IPECACUANHA, IN UTERINE HÆMORRHAGES.\*

CASE I.—Was called to see Mrs. T., aged twenty-two years, light complexion, brown hair, blue eyes, rather small in stature, would weigh about 100 pounds. Married, and mother of one child about two and a half years old; and as near as I could learn, she had a miscarriage about one year before, and had a poor getting up from it; was treated by a “regular,” and thoroughly dosed, or such was the report.

She had been feeling well, had made no complaints; was sitting up with some light sewing in hand, when she was taken suddenly with a severe uterine hæmorrhage; she was placed upon the bed and I was sent for, with the request to come as soon as it was possible.

When I arrived, she had fainted two or three times. I found her pulseless, face pale, and so much exsanguinated that she could not speak, so that all the information that I could get must be obtained from some of the family, and that was but very little.

The hæmorrhage had run through her clothing, through the bed, and a large pool had collected upon the floor.

She was flowing very rapidly; a large stream was gushing from the uterus, so that there was no time to wait; whatever was done must be done at once or death would take place in a few moments.

The flow was of a bright red, purely arterial, the lower limbs were bathed in a cold perspiration, hands were cold

\* Trans. I. H. A.

and damp, over the abdomen felt hot yet damp with perspiration; the flow would come in large gushes, and life was ebbing out very rapidly.

The color of the discharge was of a bright red, and did not coagulate easily, but lay upon the floor in a liquid pool.

I considered that all of the symptoms that I could get pointed to Ipecac; a small dose of Ipecac 10m. was placed in a half-glass of water, and one teaspoonful was given as soon as possible.

It acted like magic, for in less than one minute there was a change for the better; it was repeated in fifteen minutes, when the active hæmorrhage had ceased; I waited for an hour, to see if there would be any return (which there was not), when I left no medicine in water to be given one teaspoonful every hour, and left with the promise that if any alarming symptoms should make their appearance that I should be notified at once. I would not allow even her wet, bloody clothing to be changed, but to slip some dry clothes under her next to the skin, to make her as comfortable as possible. There was a slight oozing of the discharge for two days, when it entirely ceased.

She was very weak and prostrated after the tremendous flow; and for these conditions she was given at intervals three doses of China 10m.; she made a good getting up, and in a week was able to be up and dressed, and in two weeks was able to come down town.

CASE II.—Mrs. L—, aged thirty-one, light complexion, brown hair, blue eyes, medium height, would weigh about 110 pounds; quite active when in health, lively disposition, full of fun, fond of a good joke (especially when upon others); was taken suddenly with a severe uterine hæmorrhage, which came away in gushes, fluid, and of a bright red color; it did not coagulate easily, looked like fresh arterial blood, an oppressed, heavy feeling over the lower abdomen; heavy ache through the small of the back, throbbing sensation through the head, partial illusions before the eyes, upon motion; a fainty nausea, which seemed to come from the stomach; tongue coated white; rather thirsty; quite gloomy; thought that she would bleed to death; somewhat restless (I thought from fright); hands and feet covered with a cold perspiration. Had been told by some old women that she was like

to bleed to death, which had a very depressing effect upon her; felt rigors if the clothing was moved or she stirred; had been well up to this sudden attack, and could not assign any reason for it. Here was another picture of Ipecac; a small dose was placed in water, and one teaspoonful was given, and told to continue it every half hour, until four doses were taken, should the activity of the flow continue; but as soon as there were any symptoms of an improvement, to stop it. A powder of no medicine was left to take its place; the violent hæmorrhage ceased in about an hour, and by the next morning the discharge had entirely ceased, and there was no further trouble.

CASE III.—Mrs. K——, aged 28, light complexion, brown hair, blue eyes, tall and slim; very active; must be in motion; at times very gloomy, and from no apparent cause; would weigh about 100 pounds; and for such a midget was very active; married, and the mother of one child, which is seven years old, and has never been pregnant since the first time; was taken suddenly with active uterine hæmorrhage, which was of a bright red color, would coagulate when cold; had the smell of fresh blood; she had a heavy ache in the lower abdomen; the skin over the abdomen felt hot, and a slight hot perspiration; had to urinate often, in small quantities; the flow would come on with gushes; felt faint, and nauseated; throbbing headache; worse through the forehead; face pale and bloodless, from the loss of blood (I attributed); a sort of sallow look; tongue coated white; some thirst; dead heavy soreness in the throat; mouth clammy; some cough, with sticky mucus in the larynx; felt sore through the whole chest; no appetite; considerable flatulence in the bowels; heavy aching pain in the uterine region; hands and feet cold and clammy; somewhat restless; the flow was worse upon motion, yet was restless, and could not bear to keep quiet; very gloomy, and thought that she was not going to get well again; and what would become of her little girl? That she would never get up again, so that she could attend to her, which was the most that she cared for.

Ipecac 10m. in water, one teaspoonful every hour, and as soon as the flow began to cease to throw it away, and take a powder of no-medicine prepared in the same way; after the third dose the hæmorrhage was so much less that she did not

continue it longer, but had the no medicine prepared, and took that, and by the next morning the hæmorrhage had diminished down to a slight discharge, which continued for about two days longer, and then ceased entirely.

She has had no further trouble in that way now for many months, or I should have heard from her as I see her often.

CASE IV.—Mrs. B—, aged twenty-four, dark complexion, black hair, and eyes; rather chubby built; would weigh about 110 pounds; married, one child, a little girl about two years old; of rather a gloomy disposition, going fully half way to meet trouble; was taken suddenly with uterine hæmorrhage, which was of a bright red color, which came away in gushes, which commenced with a fainty nausea, with some retching; face bloodless; pulse small and quick, 120; feet and hands cold and clammy; abdomen hot; a clammy perspiration on the face; a sickening headache, ache over the whole head; heavy ache through the small of the back, aggravated by motion; sore aching through the front of the chest; spasmodic spells of coughing, which aggravated the hæmorrhage, which would come in gushes; a stuffed up feeling in the head (probably from crying); heavy pressure through the lower abdomen, and before one of the gushes would have a considerable griping in the uterine region; gloomy and despondent, knew that she would bleed to death; thought that she felt the best when she kept perfectly quiet, but could not remain so: flow aggravated by her moving, which would also cause a gush to pass off, and that would make her more gloomy and restless.

Ipecac 10m. in water, one teaspoonful every hour until four doses had been taken; or as soon as the hæmorrhage seemed to get less to throw it away and take a powder of no medicine, prepared in the same way; at the fourth dose the active hæmorrhage ceased and the no medicine was prepared and taken; the next day there was a slight discharge which grew gradually less, and did not entirely cease until the third day, and so far there has been no further trouble in that line.

There are a large number of remedies that have a bright red discharge from the uterus, but so far as I know none of them have the peculiar characteristics of Ipecac. It seems to stand out very prominently in all its characteristics, and can not be easily mistaken for any other remedy; one very peculiar characteristic is that the flow in active hæmorrhage



is the peculiar gushing which could be compared to that of a pump when the handle is vigorously worked, the stream does not cease but at every pulsation of the heart there is a peculiar gush which is not credited to any other remedy so far as I am aware; and then the blood does not easily coagulate, but remains fluid for some time, especially when active uterine hæmorrhage takes place. . . .

J. R. HAYNES.

INDIANAPOLIS, IND

DISCUSSION.

Dr. Sawyer: I have had several cases similar to these. One only a short time ago. I sent one dose of the cm. of Ipecac, which helped the hæmorrhage almost instantly. The characteristics of Ipecac were of course present.

**REPERTORY OF UTERINE HÆMORRHAGE.\***

**HÆMORRHAGE—**

- Acrid: Sulph. Sulph. *sc.*
- Active: Acon. Apis. Arn. Bell. Calc. Cham. China, Cinn. Coff. Croc. Ferr. Ham. Hyos. Ign. Ipec. Phos. Plat. Sec. Ust.
- Anger, from: Cham. Staph.
- Black: Cham. China, Croc. Ferr. Kreos. Plat. Puls. Sec. Sulph.  
and coagulated: Cham. China, Croc. Ferr. Lyc. Puls. Sab.  
liquid: Sec.  
offensive: Cham. Croc. Kreos. Sec.  
stringy: Croc.
- Carcinoma, from: Ars. Ham. Kreos. Hydr. Lach. Phos. Sil. Sulph.
- Coagulated: Apoc. Arn. Bell. Cham. China, Coff. Croc. Cyc. Ferr. Kreos. Lyc. Nux, Plat. Puls. Rhus. Sab. Sec. Stram. Trill.
- dark: Cham. China, Puls. Ust.  
alternating with bloody serum: Plumb.  
emitted in paroxysms: Bell. Puls.
- large: Apoc. Coff.  
black lumps: Coff.  
offensive: Kreos.

\*Trans. I. H. A.

**HÆMORRHAGE—**

Coagulated, mixed with bright red blood: Arn. Bell.  
Sab. Ust.

dark liquid blood: Sec.

Coagulated, mixed with pale, watery blood: China. Sab.  
stringy: Croc.

Concussions from a fall or false step: Arn. Cinn. Puls.  
Rhus, Ruta, Sulph.

Continuous: Apoc. Ham. Hyos. Ipec. Sec. Ust.  
but slow: Ham. Ust.

Debility, from: Alet. Caul. China, Ferr.

Emotions, from violent: Acon. Bell. Bry. Cham. Cocc.  
Croc. Hyos. Phos. Plat. Puls. Sep. Stram. Sulph.

Flow suddenly ceases and as suddenly returns: Bell.

Frequent attacks of; she seems to get almost well when  
the discharge returns: Kreos. Nux, Sulph.

Fright, after: Acon. Bell. Nux, Op.

Gushes, in: Cham. China, Ipec. Puls. Sec. Sab. Ust.

Hot; blood feels hot as it passes: Arn. Bell. Lac can.

Intermittent: Apoc. China, Cham. Kreos. Nux, Phos.  
Puls. Sab. Sec. Sulph. Ust.

Lifting, from over: Cinn.

Loins, from strain of: Cinn.

Menopause, at the: Ant. c. Ars. Calc. Carbo v. Croc.  
Ferr. Kali c. Lach. Lyc. Nux, Plumb. Puls. Sab.  
Sec. Sep. Sulph. Trill. Ust.

when approaching the: Calc. China, Croc. Lach.  
Nux, Sab. Sep.

Miscarriage, after: Acon. Apis. Arn. Bell. Bry. Cham.  
China, Cinn. Croc. Erig. Ferr. Ham. Hyos. Ipec.  
Kali c. Lyc. Nit. ac. Plat. Sab. Sec. Trill. Ust.

at the second or third month: Apis. Kali c. Sab.

third month: Croc. Sab. Sec. Thuja.

fifth month: Sep.

flow bright red: Arn. Cinn. Erig. Ham. Hyos. Ipec.  
Sab.

and not coagulated: Ham.

or dark, with coagula: Sab.

continuous, with nausea and vomiting: Ipec.

dark: Bry. Cham. Sec.

fluid with coagula: Sec.

and stringy: Croc.

## HÆMORRHAGE—

- Miscarriage, flow thick, not coagulated: Plat.  
 gushes, in: Sab. Sec. Ust.  
 paroxysmal: Sab.  
 partly black and coagulated; partly thin and  
 watery: Ferr.  
 from congestion of the uterus: Apis. Canth.  
 exposure to dampness: Dulc.  
 falls or bruises: Arn.  
 false steps or strain in the loins: Cinn. Rhus.  
 fright: Acon. Gels. Opi.  
 thunder-storm: Cinn. Nat. c. Rhod.  
 uterine debility: Caul.  
 threatened: Acon. Apis. Arn. Bell, Cham. Cocc.  
 Croc. Ipec. Kali c. Kreos. Opi. Phos. Plat. Puls.  
 Sab. Sec. Sep. Vib.  
 Miscarriage, with great exhaustion from loss of blood:  
 China.  
 with pains, followed by swooning: Lyc.  
 in the small of the back: Kali c. Trill.  
 as if pelvic contents would be forced out  
 at the vulva: Nit. ac.  
 Motion, < by: Coff. Croc. Erig. Sab. Sec. Ust.  
 Offensive: Bell. Cham. Croc. Kreos. Sab. Sec. Ust.  
 pungent: Kreos.  
 putrid: Cham.  
 Painless: Bov. Calc. Croc. Ham. Mag. c. Sec.  
 Pale: Carbo v. China. Hyos. Merc. Sabs.  
 with coagula: China, Sab.  
 pale lips and face: Ferr.  
 Passive: Alet. Caul. Carbo v. Croc. Ham. Sec. Ust.  
 Placenta, after delivery of: Bell. Cinn. Ipec. Puls. Sec.  
 retention of, with: Bell. Canth. Caul. Puls. Sab.  
 Sec. Sep.  
 Polypus, from: Bell. Calc. Lyc. Phos. Thuja.  
 Pregnancy, during: Cocc. Croc. Kali c. Kreos. Phos  
 Plat. Rhus, Sab. Sep.  
 the second month: Apis. Kali c.  
 third month: Croc. Kali c. Sab.  
 fifth or seventh month: Sep.

**HÆMORRHAGE—**

Profuse: Acon. Apis. Arg. nit. Arn. Bell. Bry. Calc.  
 Caul. Cham. China, Cinn. Croc. Dict. Erig. Ferr.  
 Helon. Ham. Hyos. Kreos. Ipec. Murex, Nux,  
 Sab. Sec. Trill.

and protracted: Phos.

continuous: Hyos. Ipec.

dark and offensive: Kreos.

frequently and freely at intervals: Phos.

from a strain in the loins or a false step, threaten-  
 ing or following a miscarriage: Cinn.

Profuse, in gushes: Sab. Sec. Ust.

sudden: Bell. Cinn.

with nausea and vomiting: Ipec.

pain in the back: Trill.

threatened miscarriage: Cinn.

Quinine, from abuse of: Ferr. Puls.

Strain, from: Arn. Cinn. Rhus.

Stringy: Croc. Ust.

Subinvolution, from: Kali b. Lil. Ust.

Suddenly ceases and suddenly returns: Bell.

Thick: Nux, Plat. Sulph, Trill.

Thin, fluid: Apoc. China, Ferr. Kreos. Lyc. Sab. Sec.

mixed with coagula: China, Ferr. Kreos. Sab. Sec.

foul-smelling coagula: Kreos. Sec.

Uterus, inertia of: Caul. China, Puls. Sab. Sec. Ust.

Viscid: Croc.

Women, in aged: Cham. Hydr. Lach. Merc.

barren: Arg. nit.

cachectic: Sec.

given to reveries: Puls.

mild: Puls.

phlegmatic: Aloe, Calc.

phthisical: Phos.

plethoric: Acon. Bell.

rheumatic: Ant. c. Bry. Caul. Rhus.

sedentary habits of: Nux.

scrawny: Sec.

subject to profuse menses: Calc.

Women, in tall: Phos.

tearful: Puls.

weakly: Ferr.

**HÆMORRHAGE.**

Worse from motion: Calc. Coff. Croc. Erig. Sab. Sec.Ust.  
 but often better from walking: Ferr. Sab.  
 on rising up in bed: Acon.

JOHN V. ALLEN.

PHILADELPHIA, PA.

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**OPHTHALMIA NEONATORUM.\***

In a recent article on this subject, by an English ophthalmic surgeon, it is acknowledged that "a moderate estimate gives 30 per cent. of all cases of blindness as due to this disease alone." The same writer says: "I have kept a record of all children admitted into the Sheffield School for the Blind since its opening. I find that, after excluding three (which were not seen by me, or for some other reason), there is up to the present a total of 116. Of these, no fewer than 46, can the cause of their blindness be traced to the disease of which we are speaking—a percentage of 39.6."

He then argues for the use of sublimate solution and silver nitrate as preventives of the affection. As these substances are in almost general use for this purpose by old school practitioners, we fail to see what benefit is given by using them, taking his own figures as a guide.

We should like to ask whether any Hahnemannian has ever seen blindness follow ophthalmia of the new born treated homœopathically?

If any one has had such a result, we can say from experience that he has not then followed the teachings of Hahnemann in treatment, and we are sure that the conditions in which loss of sight should occur, under genuine homœopathic treatment, must be very extraordinary, indeed. We have repeatedly had aggravated forms of this affection to treat, and in no one case has the result been other than favorable, each case terminating with a clear cornea and perfect vision. We have frequently restored lost vision—lost through such treatment as advised by the above quoted writer—from nebulous cornea, by following Hahnemann's teachings.

As we have often written, it is a great pity that patients of old school practice do not read old school journals, for they would then be better able to form a correct opinion of such

\*Trans. I. H. A.

treatment. In the absence of this, it is incumbent upon us to enlighten them.

GEORGE H. CLARK.

PHILADELPHIA, PA.

DISCUSSION.

Dr. Biegler: As I said yesterday, the cases of eye disease which we are called upon to treat generally come to us from the specialists. I believe the previous treatment is universally to the detriment of the patient, and I feel a special pleasure and satisfaction in curing such cases, as a demonstration of the superiority of Homœopathy. I now have a case that has been in the hands of old school specialists for a year, a child six years old. It was impossible to examine her eyes when I first saw her, so great was the inflammation. The remedy was Euphrasia, one dose, and afterwards a repetition of the *mm.* potency, and, although she had been in bed for some time when I saw her, with her eyes bandaged, she was up and about without anything on her eyes.

I then discovered an opacity on the cornea of one eye in a position which made it probable that it might impair the sight. In this case the specialists, after having treated the child so long, told the mother finally that nothing more could be done for the child, but that she would get well in time—simply a method of relieving themselves of what they considered a hopeless case.

Dr. Cash: I had two cases of this disease which did well under *Cannabis sativa*. The only indication I had for the remedy was the knowledge that the mother had had gonorrhœa. I used the 200th, both locally and internally, and had complete recovery in both cases.

Dr. Custis: Our old school brethren have of late absolutely insisted upon the use of *Argentum nitricum*, locally, upon the eyes of every child born in a public institution, as a preventive. This seems to me both injurious and absurd. I believe that the poison was in the system before the child was born, and not that it is communicated during its passage through the vagina, so that no amount of local treatment would be of avail. It is simply the local expression of an internal contagion—just one of the ways in which gonorrhœa shows itself in the child, and does not come from any local contact whatever. The doctor's use of the remedy as a

lotion is something I was interested in, and I intend to try it. *Argentum nitricum* in the 200th is a good application; at any rate, the eyes should be kept scrupulously clean. I find Lanolin, to anoint the edge of the lids, is less irritating than Vaseline.

Dr. Clark: In the cases cited by Dr. Cash, I should like to know how long before the child was born the mother had gonorrhœa. If the mother had gonorrhœa at the time of the labor, there would be immediate contact with the virus and an attack would be almost immediate; but we could hardly have gonorrhœal ophthalmia in an acute form when the gonorrhœa had been suppressed some time before birth. Of course, the sycotic form would be acute but milder. If set up by direct contact, probably one eye only will be affected; if constitutional, both eyes. I think the subject of sycosis has not been sufficiently emphasized. It should be elaborated as fully as possible.

Dr. Cash: One case developed almost as soon as the child was born; the other was much slower.

Dr. Custis: How long after birth do these cases usually show themselves?

Dr. Clark: That depends upon the conditions present. If gonorrhœa is present when the child is born, it will develop immediately, or almost immediately, after birth. But in the sycotic form the time is entirely uncertain.

Dr. Custis: My observation has been that two days elapse before it appears. One eye first affected, and then it travels to the other side.

Dr. Cash: One of the cases cited may have come from direct contact, but my opinion is that they were both constitutional. To say that a case is sycotic because both eyes are affected, or from direct contagion because only one eye is affected, is an assertion that will not hold water. In both of these cases both eyes were affected.

Dr. Clark: I only gave that as one of the things to be considered in settling the question. I think no one can object to the local applications here spoken of. I believe that Hahnemann used them; certainly Mrs. Hahnemann did. It should be remembered that the term sycotic is used to indicate the condition following an acute sycotic gonorrhœa.

Dr. Kimball: As far as using the same remedy locally as is

given internally goes, Hahnemann does in the preface to the *Chronic Diseases* advise it, but only on healthy parts, and not on the same day as it is given internally.

Dr. Baylies: Was the pus of the same character in the syctic case as in the case supposed to be contracted by direct contagion? Was it apparently as dense and of as deep a color?

Dr. Cash: It was; fully.

Dr. Carleton: The common type of eye specialist fills me with unutterable disgust. I remember a case of infantile ophthalmia about two years ago when the mother was healthy. There was no suspicion of venereal taint. When the baby was four days old both eyes began to get sore and a very severe inflammation rapidly followed. The services of a professedly homœopathic specialist were secured. He took the ground that the eyes were poisoned in transit, and that a strong solution of nitrate of silver must be applied by dropping into the eyes after thorough cleaning. After the patient had been tinkered persistently without good result I was called in. I relied upon giving the indicated remedy and simple cleanliness, and the child got well. There is a considerable responsibility with eye cases. We are obliged sometimes to call in specialists for diagnoses, but as far as possible let us avoid their treatment.

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#### A CASE OF TWIN PREGNANCY SIMULATING FIBROID TUMORS.\*

Mrs. C. O., aet. thirty-five, medium stature, black hair and eyes; weight 112. Menses always regular and normal in color and quantity. Married January 25, 1888, and menses regular until June 4th. About the middle or last of June menses appeared again, and last of June in the morning she began to be dizzy and everything smelled badly all day. She also began to be tired and feeble; there was but very little nausea through the whole period of gestation. About the middle of July the menses appeared about two hours quite profuse, and she called upon me at my office on the 18th. Gave her *Pulsatilla*. On the 21st she had nausea from the cooking and smelling of food. Gave *Colchicum* 21 m., and from

\* *Trans. I. H. A.*



this date to August 2d gave indicated remedies as symptoms arose.

At this period she said there was a bunch near the navel on the right side, and it was then called a tumor or pregnancy. About the middle of August she detected a tumor on the left side low in the groin, and she had a hæmorrhage at this time filling vessel nearly half full, and had two or three other attacks of hæmorrhage afterwards. Had hæmorrhage always after riding or a walk, and had no more hæmorrhages after she quit walking or riding.

About the 20th of September she called upon Dr. Van Derwaker, of Syracuse, experienced as gynæcologist of the old school; upon examination he said that she had a tumor and it was fibroid; also that she was pregnant in his opinion. His advice was, "The only consideration is your safety. I do not care," he said, with a snap of his finger, "for the fœtus, and I am no Catholic, and have no Catholic superstitions," and said that my only safety demanded that he take away the fœtus. I said "I am a Catholic and I do care for the life of the fœtus." I said to him, "Why not take away the tumor?" He said, "I can not take away the tumor without destroying part of the womb, and that would grow up so that the child could not be delivered," and he said the only alternative was then Cæsarian Section.

At this stage he gave her a very formidable prognosis. She called again at his office in about a week and he made another very thorough examination and was confirmed in his opinion, and he advised an immediate removal of the fœtus, under consultation. The next morning she went to Clifton Springs Sanitarium, and was examined by Mrs. Dr. Gault, and she agreed with Dr. Van Derwaker that there was a fibroid tumor with pregnancy. Also that she had a polypus, and the case was so interesting that she wanted the opinion of the faculty in the case. The next morning four of them besides Dr. Gault made the examination, and agreed in the diagnosis, and Mrs. Dr. Gault removed then and there a small-jelly-like mass, and placed it in the palm of her hand and passed it around for inspection, and claimed that it partly obstructed the passage.

She said that she had no more hæmorrhage after this time, and also said that she was very sore all over the abdomen on

account of the examination. She returned again in six weeks for examination and there was no change in their diagnosis and no signs of life; and they advised no meddling and await results. Her very large condition and the prognosis that had been given in her case by the specialists caused her relatives and friends much anxiety.

She being at home on the 10th of September I was called by her husband to give her case a very careful examination and study. I first examined her carefully for sounds of foetal heart with stethoscope, and could plainly hear the heart's sound, also the placental murmur. I then told her I was satisfied that she was pregnant. But with the advice that if she would keep out of the specialists' hands, and wait until she felt life, that would prove my diagnosis. About the last of October she said that she felt life. Prior to October the examinations of the other physicians corroborated my diagnosis. At this date she said that she wished to ask many questions about her condition, and her prospects of a favorable or unfavorable termination. I showed her the large plates of tumors in Martin & Magryer's Atlas of Gynæcology, and explained to her what effect the tumors would have upon the development of the womb, particularly their location, whether internal, external or within the walls of the uterus. She fully decided to wait and see what nature would do for her. At intervals, from September 21st to 28th, she received Pulsatilla 200. From October 22d to 25th symptoms called for Sepia 200. On October 25th for bloating very full after eating, gave Lycopodium 200. October 30th she was attacked with intense itching all over her body, for which she received one dose Psorinum 1 m. The itching recurred November 13th, for which she received one more dose Psorinum 1 m., with no further recurrence of the itching.

December 6th gave her Caulophyllum for aid in labor. February 26th gave her three powders of Pulsatilla 30, as she was nearing time for labor. I kept her steadily upon a vegetable diet. On March 6, 1889, at 11 A. M. was summoned to see Mrs. C. She said that she had some bearing down pain this morning, and about 2 A. M. she felt something pass from her, and she flowed some bright red blood for a short time.

She says for the past week she has discharged a dark mucus, also that the action of the child has not been so

strong, and for the past three or four days her abdomen has been so hard. She also says that she feels well in every respect, and all of the excretions have been normal, and that her right leg was some swollen. She showed me the vessel, and I saw a clot about three inches long, by about one inch in diameter, and perfectly cylindrical, color dark, and firm to break down, and also saw some bright blood on napkin.

I then told her that she had better be examined, and I would try to learn the conditions and relations of the organs and parts. In careful examination upon her back, and left side, also standing, I found the pelvis clear and could readily feel the distended womb against the symphysis pubis, also found the neck of the womb in its normal position pointing towards the point of the coccyx; the neck was soft and flabby and projected like a nipple, my finger readily passed into the os uteri up to the internal os, which was firmly contracted, and on removing my finger it was covered with a thick, bloody, white mucus, no odor, and a very small, dark clot adhered to my hand. On careful palpation and auscultation with the naked ear, I could clearly detect the sound of the foetal heart on the right side of abdomen. On inspection I found the abdomen very large and prominent and not developed equally. There was no central flat space as we usually see in twin pregnancy. There was a tumor as large as the fist projecting from the womb in the left lower region of abdomen, and another hard prominent tumor near fundus of womb, on the right of the mesial line of abdomen, also another, as large as the fist, in the right side of the abdomen, on a line with navel. The rest of the abdominal tumor was smooth and not nodulated, but very hard and unyielding, and on palpation I could detect a weak movement of the child in the fundus of the womb, on the left of the mesial line. The abdominal *tumor* is and has been located centrally during the entire period of gestation.

As I had never seen such a case, I gave as my reason for not examining her earlier, that as she had been examined by such competent specialists, I should rest quietly and wait developments.

March 7.—Messenger came at 2 A. M., saying that Mrs. C. wished my services, as labor was at hand. On examination I

found the os dilating and pains regular, and everything progressing satisfactorily.

At this stage of the labor, I said to the nurse that I would lie down, and when the pains became very active to call me. The nurse called me at 4 A. M., and I found pains regular and labor progressing finely, and at 7 A. M. she was delivered of a living male child, and before I could ligate the cord she says: "Oh, dear! what a sharp pain I have," and I promptly examined her and found another child in utero. This child, a male, was born in about twenty minutes, dead, and showed all the external appearances of having been dead for about a week. The tissues around the eyes, mouth and nose gave full evidence of this. She had severe post-partum hæmorrhage, which was controlled with China 200.

On extracting the placenta and examining her carefully, with one hand in the cavity of the womb and the other external, no tumors could be found, and on examination, after two months had elapsed, no tumors could be found.

She made a very slow recovery; but in a few weeks she began to recover rapidly, and she afterwards nursed her child and became strong and well. I learned from the nurse afterward that the cause of death of the twin was that she had a serious quarrel with her Irish servant, about one week before March 6th, and that on March 6th she showed me the clot, and complained that her abdomen was so hard. The dead child was a perfect counterpart in features of the living one, and just as fully developed, and weighed the same as the living child.

In searching obstetric works carefully for such cases as narrated, we find but very few of those conditions mentioned. Dupaul and one other author, whose name I have forgotten, allude to such cases, and are classed as cases of unequal development of the walls of the uterus. This unequal development of the muscular walls in this case would aid to explain the severe hæmorrhage. In this condition the muscular walls of the uterus could not contract equally.

LESLIE MARTIN.

BALDWINVILLE, N. Y.

#### DISCUSSION.

Dr. Stow: Allow me to cite a very interesting case, showing that the proudest representatives of the old school are not

infallible in their diagnoses and should not claim for themselves all the medical wisdom in the world. Some years ago, in the town in which I live, there was a meeting of the medical society of the county. One of the members made a request that a committee be appointed which should visit a patient of his, afflicted with some peculiar uterine disease, and agree upon a diagnosis. This was done; the committee investigated the patient's condition, and came to the conclusion that she was afflicted with an ovarian disease which required an operation for its cure; but on the day set for the operation, the woman was taken in labor, and was delivered of a child. This and other experiences lead me to think that we are not entirely alone when we fail to make a correct diagnosis. In regard to medical jurisprudence, it would be well to bear such cases in mind and remember as much of the details as possible, so as to use them when needed in defensive actions at law.

Dr. Kennedy: Did I understand the doctor to say that the death of the fœtus was attributed to the dispute which the mother had with the servant? and if so, was direct violence used, or was it simply the excitement?

Dr. Martin: Mental influence alone was thought to be the cause of the child's death.

Dr. Rushmore: I witnessed an operation a few weeks ago in a young woman whom I had treated for some months for abdominal ascites and severe bronchial cough. She had the grippe in 1890, under old school treatment, and the condition I speak of seemed to be a result of that attack. Under homœopathic treatment the cough disappeared and the ascites diminished, but not satisfactorily. She was then taken to New York and placed in the hands of a surgeon of the old school. I was invited to attend an operation upon her, one eminent physician having given the opinion that she had tumor of the ovary. On opening the abdomen nothing was found but an immense amount of water. No cause for the dropsy could be found, except a slight thickening of the peritoneum.

Dr. Carleton: All make mistakes in diagnosis. One of the best gynecologists in the world made a similar error. He opened an abdomen only to find a living child. He just skipped off to Europe and stayed a year until the storm blew

over. The brightest and smartest men in the world make mistakes.

Dr. A. R. Morgan: Under old school management an error in diagnosis is an error in treatment, but with us it makes little or no difference. We treat the existing condition, not a disease by name.

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### PHOSPHORUS IN CONSUMPTION.

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Phosphorus is a most powerful antipsoric, but it can be seldom used with advantage when the genital organs are weak, or when the sexual desire is depressed, or when the menses are delaying, or when the vital powers are weak and exhausted.

HAHNEMANN.

Unless you give this drug cautiously, you precipitate what you would prevent. Be certain that it is the remedy, and do not give it too often or you will hasten the process you are anxious to avoid. I would not advise you to give Phosphorus in well marked tuberculous patients. If tubercles have deposited in the lungs you should hesitate before giving it, unless the picture calling for it is so strong that you can not possibly make a mistake.

FARRINGTON.

“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.

GREGG.

**A DOUBLE VAGINA AND UTERUS.**

Your readers may find some interest in the following case :

October 5th, Miss Viola ——, age twenty-two, applied to me for treatment. She is a domestic, well built, weight about 140 pounds, and used to hard work. Menstruation began quite early, and she has continued to menstruate regularly every *two weeks* with no abnormal symptoms.

But for the past six months she has not been so regular. Six months ago during her period, she assisted in moving, and since that time she has been very irregular. Upon any exertion the flow would appear and continue for a longer or shorter period. At such times she suffered quite severe pains and headache.

Upon examination, I found two vaginal canals and two separate uteri. Both sides were apparently as normal as could be. One canal was shorter than the other, that is, the uterus on the left side was lower than the one on the right. I had some doubts upon my first examination as to the correctness of my diagnosis, but upon a more careful examination I found I was not mistaken. There was the thick membranous partition, and either canal could be easily dilated. I introduced a sound into the left vaginal canal and left uterus, and then into the right canal and uterus and could detect no connection whatever between them. Each were apparently normal, and from the fact that she menstruated regularly every two weeks, they were probably separate and distinct. Gave several remedies without much benefit and finally *Millefolium* relieved. She continued the drug for some days. She now feels quite well, as well as ever, and menstruates as before, every two weeks. Such malformation, for malformation it must be termed, is certainly very rare and I consider this a very interesting case.

E. M. McCENEY.

DUBUQUE, IA.

**PATHOLOGICAL PRESCRIBING.**

I wish to make an earnest request of the pathological prescribers of our school of medicine to select in their practice a "clear cut," well defined case of sickness, a case in which they would give the remedy or remedies according to the name of the disease; and instead of following the above method, to take all the symptoms and give the remedy in accordance with the methods adopted by those they are pleased to call Hahnemaniacs. Give the patient a single dose, and at the same time the benefit of the doubt. Give the medicine in a high potency, say from 200 to cm., and fill up the time with placebo, and wait the results. You may take any plain case, similar, for instance, to some one of those presented by Dr. Chapman, some time since in the *MEDICAL ADVANCE*. I will give you one or two from my own practice, which may serve as an illustration.

In the latter part of September, N. R., a very pretty, delicately constituted little girl of thirteen, all pink and white, had been "ailing" all summer, only being able to be at school a day or two at a time, it made "her head ache so."

Sad, melancholy and weeping by turns.

Headache almost continuously, like hammers hitting; worse in sun and warm room.

Little or no appetite; great and exacting thirst, craving salt and salt food.

High fever; sometimes changing to creeping chills up or down the back.

Great feeling of prostration and languor by times. The mother thinks her age has something to do with it. She received one dose Natrum. cm. with Sac. alb. Reported last of week, perfectly well; had no trouble since the day she took the medicine.

Some time since, a large, robust, healthy looking woman, Mrs. M. S., married, with a numerous progeny, thirty-six or thirty seven years old, came in to say that she could not sleep during first part of night; that soon after falling asleep she would wake up with numbness, tingling, pain and anguish in left arm and hand, and it would take her husband a long time to rub it back to life and ease again,



when she could go to sleep and do very well till morning. This condition of things had occurred every night for many days before I was consulted.

Together with this there was great mental anguish, a sense of wild alarm of some undefined evil, with fear of death. Gave Aconite 1 m., after which there was no more trouble, mental or physical.

In July last was called to see Mrs. C. G., æt. twenty-six or twenty-seven. Saw her in the evening, suffering with sore throat, which had commenced quite early in the day, on the left side, was becoming very painful, especially on empty swallowing, less so when drinking and very little trouble in eating. Had tried to sleep in the afternoon, but on waking she was so much worse that she felt very much discouraged about it. In fine, a clear, typical case of diphtheria.

I gave a dose of Lachesis cm., making appointment to see her in morning. At morning visit I was greatly surprised and disappointed to find her worse in every way.

In this it is not necessary to go into particulars. Suffice it the suffering was most intense and had been all night. I now gave a dose of Lachesis 200, the condition still presenting a perfect picture of that remedy. In the evening, to my great delight, and no less the patients, I found everything changed. All symptoms of disease had disappeared, even the throat encumbrance. She was well and remained so. The Lachesis cm. was a remedy I had then recently obtained and I did not feel sure of it or I might have been disposed to have waited longer on it. But perhaps this distrust of the first prescription saved my patient, as, indeed, the condition was menacing. The Lachesis 200 was one that had triumphed in many a trying ordeal. I leave others to say whether I was right or wrong in this instance. This I know, there was no time to waste.

It should be borne in mind that it makes no difference about pathological distinctions to the true homœopathician. His aim is always to get as perfect a picture as possible of the case—the symptoms—whether common or characteristic. Then select the remedy that corresponds most

nearly to this picture, constituting indeed the simillimum. Where this can be done failures are rare.

When we have decided on the remedy, we must next decide on the potency, being in my estimation of equal importance. Then give a single dose, and if we follow Hahnemann in this all the better—a single globule of smallest size dry on the tongue. When this is done, wait and watch for the changes that follow. If there is an improvement, *wait* till it *ceases* before repeating dose. If aggravation, as a *rule*, it is better not to interfere as it will correct itself, and the cure will go on. If there is no change except the natural disease process, *take the case* again more thoroughly if possible, than before, and commence again. By observing these simple rules, with earnest effort we can cure our patients and they will stay cured. On the other hand, by the palliative and suppressive measures, in so general use; we do not cure our patients, or if we do, we have to cure (?) them again and again. The writer of this paper has been all his life till the past ten years, as arrant a mongrel and humbug as any, and therefore thinks he knows whereof he affirms. Gentlemen, give it a fair trial, and report your triumphs and failures in the ADVANCE.

G. J. WAGGONER.

KANSAS CITY, Kas.

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## Editorial.

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

HAPPY NEW YEAR. In wishing our readers the "compliments of the season," and thanking them for their loyal support during the year that has just closed, we must remind them that "a journal is what its contributors make it." The ADVANCE is prepared to make another advance on the lines of empirical medicine whether in the old school or the new; for the mixing or alternating of remedies, and the liberal use of the palliative measures of the old school in the treatment of the sick, is no less empirical because done by a professed follower of Hahnemann. The best success is ever obtained by a strict compliance with

the law of similars. A follower of Hahneman cannot be too homœopathic. "Faith without works is dead." The best cures you have ever made, and those which have done most for you and for the system you practice—those of which you are proud and of which your friends boast—were made by the single remedy and pure Homœopathy. Then why not practice that which you know to be the best? Let each of our readers do his or her share in supporting and propagating pure Homœopathy during 1892, by sending at least one article for the pages of the *ADVANCE* and one new subscriber for the journal. By a little effort this can be done.

We are happy to announce that by a change of printer, the *ADVANCE* will be issued on the first of the month as of old.

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DR. KIDD'S IDEAL.—In the January issue of the *Archives of Pediatrics*, Lippincott Co., of Philadelphia, Dr. Earle publishes a paper in which he severely condemns the wholesale drugging of a baby, as follows :

"The attending doctor had diagnosed pneumonia, and for this I was summoned. After a few days it began to convalesce, and I left it with the understanding that some restorative medicines, probably the Hypophosphites with a little Pepsin and possibly a minute dose of Tincture of Nux Vomica, was to be administered. In two days I was recalled and was informed that the appetite was poor, the pupils dilated, the head was being thrown from side to side, and the doctor and parents were sure that cerebral congestion, if not meningitis, was present. By actual count that child was taking nine different drugs, hardly one of which was indicated. It was having Bicarbonate of Sodium, Iodide of Potassium, Muriate of Ammonia, Tincture of Aconite, Tincture of Belladonna, Tincture of Camphor and a little Opium, Submuriate of Hydrargyrum, to which should be added Camphorated Oil externally, supplemented and strengthened by a plaster of Belladonna Ointment. Is it any wonder that that child could not eat, that its pupils were dilated? The wonder to me is that it was alive. I solemnly declare that I have been more alarmed for fear that some doctors would kill their little patients with drugs than that the cases would terminate fatally from the disease."

And this is a specimen of what Dr. Kidd would no doubt denominate the "law of *contraria*," which he so often finds indicated. From the description of the case, as no symptoms are given, it is impossible to decide whether the "re-

storative medicines" recommended by Dr. Earle were any better indicated than the drugs, the use of which he so severely condemns. Perhaps this is one of the cases in which Dr. Kidd would have used "the law of Homœopathy?" Be that as it may, it is a fair working example, of which 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." One of the examples in which "one (law) supplies the deficiency of the other." As if a law of nature could have deficiencies. We admit that the man who applies the law to the cure of the sick may be very deficient, both in a knowledge of the *Materia Medica* and in the philosophy of its application, and this is the difficulty under which Dr. Kidd labors.

"O, wad some power the giftie gie us  
To see oursels as ithers see us."

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## Comment and Criticism.

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

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### MICROBIAN DOCTRINE.\*

EDITOR ADVANCE:—In the November number of *L' Art Médical*, the opening article from the pen of Dr. P. Jousset, on the "Microbian Doctrine," contains so many peculiar features that I have attempted a translation, as it seems worthy a place in the pages of the ADVANCE. Personally I can say, that all my scientific studies in regard to therapeutics have only tended to make me the better homœopath and the firmer believer in its superiority over all other methods of treating diseases; and if our best homœopathic journals would give their readers a digest of this scientific work, instead of appearing to dodge the issue, it would serve the double purpose of keeping their readers posted in this line and convincing them of the utter futility of looking beyond Homœopathy for therapeutical help.

A part of Dr. Jousset's article relates very nearly to Dr. Swan's theory. The writer sent a portion of the article to that gentleman and he replied, "Why did he not go a little farther in that paragraph and say 'and cure the patient,' for what would confer immunity would cure. Variolinum confers immunity against small pox, and cures the worst cases. In the next paragraph he comes pretty near it, when he says he thinks 'they contain the most precious therapeutical properties.'" I believe in this regard that Dr. Swan is nearer right than many of his calumniators. I remember that the late Dr. W. S. Gee said, "Swan is fifty years ahead of his time." The statement of Dr. Jousset (being an opinion formed from years of close observation of the work of the so-called scientific school) certainly bears out the statement.

Another thing which seems imminent: there is soon to be a revulsion or revolution in this great microbial study.\* It will come from the European hot bed of such work and microbes will either be dropped from the field of scientific medicine or relegated to a place where they will have very little influence. I do not wish to be considered a prophet, but I feel the day is not far distant when the change will come and Homœopathy will reap the benefit. But in all this it will not do to indifferently say: "We do not believe in microbes," but we must use the scientific grape and shrapnel and clean the field before us. Then we can say with emphasis: "I told you so."

I purpose writing an article giving a digest of the whole field of microbial study with a general view of the position held by them to-day. Our school should be well posted on the question, for "The world do move" as Brother Jasper put it, and we will soon see a storm brewing. What under God's heaven the regular (?) school will do then is a question. It will be better for them to bear the slings and arrows they now have than to fly to others they know not of. But, one thing is certain, our flag is free, and *similia*

\*Since writing this letter, the *Homœopathic World*, for December, has been received and these same ideas are incorporated in an editorial entitled, "How these bacteriologists love one another!" If the scriptural statement that "a house divided against itself cannot stand" be true, then the fact that nearly all the leaders of the microbial study are quarrelling is pretty good evidence that the whole warp and woof of bacteriology will soon be so punctured with holes that not even phagocytosis will patch it up.

*similibus curantur* will not drop its claims for all the microbic bugs and their toxines the scientific school have foisted upon the medical world.

OMAHA, Neb., Dec. 14, 1891.

H. P. HOLMES.

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\*MICROBIAN DOCTRINE—STATE OF THE QUESTION.

From the very beginning the microbial school has put up the pretention of wholly revolutionizing pathology. To-day the more exact and complete knowledge of the subject itself causes a hesitation and brings it back toward the doctrines of traditional medicine.

A few years ago the microbe belonged wholly to etiology. "It was thought that the bacteria once introduced, the evil flashed fatally forth and followed its course." [*Traité de Médecine*, Charcot et Bouchard, page 21.]

At this time the microbe is considered as an immutable being and the absolute cause of a determined disease.

We have always thought that these exaggerations would fall of themselves; confident in the force of truth, we have expected even from the works of the microbial school, a position at this point more exact and more conformed to tradition. It was impossible that an effort as powerful as that to which we have given our assistance for more than twenty years, that so much labor, so much experiment, accomplished with the aid of an instrumentation as perfect as that of this modern technique, might border upon that insanity. All diseases are from external causes and produced by a special microbe, as the itch is produced by the *acarus* and *tenia* by the *trycophyton*.

What are the facts that have thus modified the spirit of the microbial school?

First is the incontestable fact that several diseases of distinct species are produced by the same microbe, as osteo-myelitis and furuncle (Pasteur).

Again, pleurisy is developed sometimes by the pneumococcus, sometimes by the streptococcus, and sometimes by Eberth's bacillus, without the species of microbe always

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\*Translated from *L'Art Medical*, November, 1891.

determining the same form of pleurisy; the streptococcus may produce a sero-fibrinous pleurisy as well as a purulent pleurisy, and Eberth's bacillus determines, sometimes a sanguinolent effusion, and again a fibrinous effusion (*Société Médicale des Hôpitaux*, April 24th, 1891, et compte rendu de cette seance, *Art Médical*, July, 1891); these are observations of granules without Koch's bacilli the diseases produced by nonpathogenetic microbes, the *proteus vulgaris* for example, providing the injection reaches a certain quantity.

But what has especially shaken the primitive microbial doctrine, is the habitual presence, in the natural cavities, of the most dangerous pathogenetic microbes without any trouble to the health. The pneumococcus inhabits the buccal cavity without developing either pneumonia, otitis or infections angina. The microbes of erysipelas and of diphtheria remain in the same latent state and the bacillus coli waits in the intestine the chemical modifications produced by typhoid fever, in order to transform itself into Eberth's bacillus. [1]. The etiological role of the microbe is thus found relegated to second place, since it is impossible for it to attack the healthy organism and that it remains in the latent state up to the moment when the diseased organism permits it to enter upon the scene and to develop the symptoms which are peculiar to it.

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[1]. In the report of the meeting of the *Académie de Médecine* of the 20th of October last we may read a communication from M. Chauveau in the names of MM. Rodet and Roux, of Lyons, which establishes Eberth's bacillus as only the bacillus coli: "it is typhoid organism which, say these authors, by a mechanism still unknown, gives to the bacillus coli the characters of Eberth's bacillus."

In the meeting of the *Société de Brologre* of the 17th of October, M. Dubief, establishes, contrary to the assertions of MM. Chantemesse and Widal, that Eberth's bacillus produces a fermentation of glucose the same as the bacillus coli. M. Dubief recognized that the quantity of lactic acid produced by the fermentation of glucose under the influence of the bacillus coli, is sensibly double that which, under the same circumstances, is produced by Eberth's bacillus; it is to that less quantity of lactic acid produced by Eberth's bacillus that he attributes the absence of coagulation of milk produced by this bacillus, while the bacillus coli coagulates it rapidly; but, adds M. Dubief, these differences are not sufficient to establish an absolute distinction between the two bacilli.

The facts placed in light for more than forty years by our school of immunities following species, races and individuals, have been verified and placed beyond doubt by contemporary experimenters and, in particular, by Prof. Bouchard. On the other side, the common causes, such as cold, heat, dryness, humidity, over-indulgence, abstinence, etc., if in honor in tradition, are accepted to-day by the microbial school as having a great influence upon the development of diseases. Thus, on the one side, the immunity so powerful for annulling the action of the microbes which habitually live in us and, on the other, the habitual necessity of common causes for the development of the pathogenetic action of the microbes brings the bacteriological school back to the former etiology, and I was pleased to read, in a very recent treatise, the most authoritative of the microbic doctrines, the following passage :

" In studying these contributions, the action of common causes, one may see how easy it is to place the old and new etiology in accord ; how the one and the other, far from being contradictory, lend to each other a mutual support. The origination of a number of affections, provoked by germs which habitually live in us and becoming dangerous only when agreeable to the influence of common causes, appears to us to be a sort of a return to the morbid spontaneity, but a spontaneity very differently comprehended." (*Loc. cit.* page 34.)

The morbid spontaneity ! This word produces as much effect upon the microbians as ontology did upon the school of Broussais. The preoccupation of M. Chauveau in his last communication to the *Académie de Médecine*, like that of M. Dubief in his communication to the *Société de Biologie*, à propos of Eberth's bacillus, is of itself a defense of the accusation of a return toward the morbid spontaneity an accusation which MM. Chantemesse and Widal threw in their faces as an injury and a menace.

The authors of *Traité de Médecine* speak (we have seen it) of a return to the morbid spontaneity, but to a spontaneity otherwise comprehended than before their reform (what does that phrase signify?) ; and in which the teachers of the microbial school do they believe that in tradition it was



taught that syphilis and the eruptive fevers, for example, might develop spontaneously and without the action of contagion? Where, in this case, is the difference between the morbid spontaneity as we understand it and that comprehended by our adversaries?

The morbid spontaneity has only a meaning that we may formulate thus: It is the living organism which makes its own disease, sometimes under the influence of common causes alone, and sometimes following a necessary contagion.

Are the authors of *Traité de Médecine* not very near us when they write: "To-day every one agrees upon this point; every one admits the considerable role reserved to the change which passes in the organism in order to allow for the thriving or checking of infections, especially the infections most common and ordinary." (*Loc. cit.* page 6.)

Thus it is necessary to return to the tradition that has so much been disdained, but it will be returned to with all the truths acquired by the new school.

The profound study of the microbes which characterize the lesions, their role in the mechanism of symptoms and in the reproduction of diseases, are of an understanding which illuminates the problems of pathology with an entirely new light and which, when the exaggerations are out of the way, will constitute a precious recourse for public hygiene.

But the much more important point of view is the role of the microbes, or more especially of their toxines, in therapeutics.

Let us render justice to the *Clinique*; for a long time it was taught us that when a syphilitic father begot a syphilitic child without the mother becoming affected, that the mother acquired an immunity to such an extent that she might nurse her child without contracting the disease (law of Colle) and inversely, when the mother contracted syphilis and gave birth to a healthy infant, that child acquired an immunity and would not take syphilis from its mother.

Pasteur has shown us that the bacteria of carbon constituted a vaccine and conferred immunity upon sheep in the same way that the virus of rabies prevents the development of that malady. Chauveau has demonstrated that

the bacteria of symptomatic carbon injected in the veins of cattle confer upon them an immunity against that disease, etc.

From the *ensemble* of these facts, we may formulate the following law: the agent which transmits the disease is the same which, *attenuated*, confers immunity against that disease.

The toxines produced by the microbes not only have the marvelous power of conferring immunity, but we believe they contain the most precious therapeutical properties. If Koch's lymph has not given all that its inventor promised, it is because from the very first the doses advised were dangerous, and also because tuberculosis is a disease but seldom curable.

We recall that at the commencement of the century, Dufresne, of Geneva, cured malignant pustule with the virus of that pustule. Prof. Bouchard was led to apply with success, in the treatment of hæmorrhages, the vaso-constrictive properties of the toxines produced by the pus microbes.

We should not insist farther; it is in the line of prophylaxis and of therapeutics that the microbial school should direct all their efforts; it is upon this ground that it will find the just recompense for all its works, and not in the search for medical antiseptics revived from Raspail.

PARIS.

DR. P. JOUSSET.

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### OBSTETRICAL QUESTIONS.

Geo. B. Peck, M. D., of Providence, R. I., the accomplished obstetric statistician of the American Institute is out with his annual questions. This year he takes up the subject of ordinary cleanliness, asepsis or antiseptics and wants to know which you practice and why you practice it. These questions are well and plainly put, and as many of our readers will not see them we append them with the answers of THE ADVANCE.

PROVIDENCE, R. I., Dec. 15, 1891.

*Dear Doctor:* A reply to the following interrogatories, if only completely negative, is earnestly solicited from each recipient of this circular because of their important bearing on the comparative mortality of

homœopathic and allopathic obstetrics as set forth in a report to the New York State Homœopathic Medical Society, which may be found in its Transactions for 1889, as well as in the *Hahnemannian Monthly* and *Homœopathic Journal of Obstetrics* of the same year. All facts pertaining to our school, however, had appeared from time to time in the *Institute Transactions*, and there were simply arranged conveniently for reference. Before catechising, however, I must explain my use of terms. By *ordinary cleanliness*, I mean that attention to physical purity of person and tools enjoined from time immemorial and secured chiefly by a judicious use of hot water and soap. By *asepsis*, I mean the employment of germicides, of any name or nature, upon any part of the person of the physician or nurse, or of instruments, or material employed at any stage of the confinement. The external application of germicides as a bath to any portion of patient's cuticle, would not exclude the case from this class, but the employment of any douche, ointment or other application containing such a substance to mucous surfaces, would transfer the case to the next class. By *antisepsis*, I mean the application of substances containing germicides to or over the genito-urinary mucous tract, (whatever their name, nature and use, or physical consistence) at any time during the entire period of confinement. Post partum hot water douches are therefore to be considered *aseptic* treatment, save when required by hæmorrhage; should they contain potassium permanganate for example, they would be classed as *antiseptic*. This classification will be found sufficiently sharp to prevent confusion and to establish important principles. *Read the circular carefully before commencing your reply for no question is asked twice.*

[We do not clearly understand how "the comparative mortality of homœopathic and allopathic obstetrics" is to be obtained, if homœopathic treatment is to be abandoned by homœopaths for the aseptic and antiseptic measures of Allopathy. The comparison at best can but be imperfect. —Ed.]

1. Is your *custom* to resort to *any* means in the lying-in chamber with a view to insuring rapid and complete restoration to soundness other than those of *ordinary cleanliness*? Yes or No? If yes, pass to question 2 or 3. If no (a) do you *ever* employ *aseptic* treatment? Yes or No? If yes, under what circumstances and for what reason? (Give details).

Ans. No! Nothing but cleanliness, and the potentized remedy indicated by the constitutional symptoms of the patient. There is no time perhaps in a woman's life in which she is so susceptible to constitutional treatment as during pregnancy. If the patient be made well, by careful homœopathic treatment during pregnancy, there

will be no seeming necessity for asepsis or antiseptics in the lying-in chamber.

If no, (b) do you *ever* employ antiseptic treatment? Yes or No? If yes, under what circumstances and for what reason? (Give details).

Ans. No!

How long is it since you commenced using *aseptic* or antiseptic methods? State why you habitually ignore (more or less as the case may be) *asepsis* and *antiseptics*.

Ans. It is an allopathic practice based on an erroneous theory for which the follower of Hahnemann has no use. We habitually ignore allopathic methods in our practice, hence we ignore the so-called aseptic and antiseptic treatment in obstetrics. Why should the Hahnemannian abandon his law for allopathic fads? Is it to obtain allopathic mortality in the lying-in chamber?

2. Is it your *custom* to employ *asepsis* in the lying-in chamber? Yes or No? If yes, (a) in what manner and to what extent? (Give details.)

Ans. No! No use for it.

If yes, (b) do you *ever* omit it? Yes or No? If yes, under what circumstances and for what reasons?

Ans. Never use it under any circumstances. We keep as far as possible from allopathic methods, so as to avoid the inevitable results of such practice.

If yes (c) do you *ever* employ antiseptics? Yes or No? If yes, under what circumstances and for what reason? (Give details.)

Ans. Never use antiseptics. Oil and water do not readily mix. We have found the similar remedy all-sufficient.

If yes, (d) how long is it since you commenced the above described practice?

State why you habitually resort to *asepsis*.

Ans. Why resort to a doubtful experiment when the law if followed is a safe and practical guide.

3. Is it your *custom* to employ *antiseptics* in the lying-in chamber? Yes or No? If yes, (a) in what manner and to what extent? (Give details specifying germicides employed.)

Ans. No! We have no evidence of the existence of germs in the lying-in chamber, and there is no known germicide universally acknowledged or accepted, hence why should we abandon our law of similars for this will-o-the-wisp of Allopathy.

If yes (b) do you *ever* omit it, observing only *ordinary cleanliness*? Yes or no? If yes under what circumstances and for what reasons?

Ans. Yes, we always omit it and use in all cases "only ordinary cleanliness."

If yes (c) do you *ever* employ simple *asepsis*? Yes or no? If yes, under what circumstances and for what reasons? (Give details.)

Ans. No, we employ neither *asepsis* nor *antisepsis*.

If yes, (d) how long is it since you commenced the practice above indicated?

State why you habitually resort to *antisepsis*.

Ans. We relied upon the *simillimum* before *asepsis* or *antisepsis* was known in the allopathic world and we expect to continue to reject modern fads and depend upon law for the cure of the sick until some practice safer than *similia* is discovered.

4. What in brief are your views as to the compatability or incompatibility of *asepsis* and *antisepsis* with the system of medication detailed in Hahnemann's Organon.

Ans. Aseptic and especially antiseptic preparations of all kinds are medicinal in their action and wholly incompatible with health. They are all capable of producing derangements of health, hence should never be used during pregnancy, parturition or in the lying-in chamber on account of the increased susceptibility of the woman at this time. They are wholly unnecessary, because far better results are obtained without them in obstetrics as well as in surgery and gynæcology. The directions in the Organon are sufficiently explicit for the cure of the sick without resort to the bungling methods of Allopathy.

Doctor: The institute will speak *authoritatively* on the relation of the Germ Theory to Homœopathy at Washington. The *perfect* accuracy of its diction will depend largely upon *your answering the above questions with fidelity*. **THOUGH YOU SHOULD CHANCE TO BE A NONPRACTITIONER OF OBSTETRICS AT PRESENT, YOUR REPLY TO QUESTION FOUR IS EQUALLY IMPORTANT AND DESIRABLE.** A statement as to what you would do if engaged in practice, as outlined in the other questions would be carefully noted, but the fact of present nonpractice should be specified in your reply.

Loyally yours,

GEORGE B. PECK.

**WILL POWER OR PYROGEN ?**

*Editor Advance*:--Referring to November number of the *ADVANCE*, page 368, I wish to call particular attention to a feature of Dr. Dillingham's cure in this case which he has overlooked.

The doctor speaks of giving Belladonna both low and high. Then he says "It was a desperate chance ; but, having with great care prescribed with only temporary and unsatisfactory results, I was determined to make no change in the remedy, dose or habit of life."

Now if the doctor was not successful before he came to this "determination" what made him successful after it? The key to the cure is found in the fact that he knew he was right or at least firmly believed it and his determination was the asserting of his "will power." He says he "determined to give her all possible relief, and constantly declared I was going to *win* the case." Again he failed to see improvement because the woman was opposing his "will" for he says, "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." That is, her opposing *will* being removed or turned to help his *will* a speedy cure followed.

It was *WILL POWER* that cured the patient and the only part that Pyrogen *comm.* played in the cure was that of placebo. Some people are pleased to style this "Mental Science" or "Mental Healing." It was taught by Hahnemann in his *Organon* as clearly as anything else he taught. See my article in Oct. No. *N. W. Journal of Homœopathy*.

J. P. DARGITZ.

[Our correspondent appears to overlook the fact of change of remedy. Also, that Dr. Dillingham is a positive man and exerted his "will power" as much with the Belladonna as with the Pyrogen. No, Doctor, this case does not come under "mental science." Give Pyrogen its due.—ED.]

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**HAHNEMANNIAN DON'TS.\***

Negative forms of teaching have become so popular of late, and so much good can be potentized by using that form of speech, that it has occurred to us to be a convenient form in which to show the difference between the methods of the disciples of Hahnemann and the vacillating modes of procedure of the followers after the uncertainties taught by the accumulated experience of years (?).

My Don'ts are applicable, not alone to obstetrics, but to all branches of medicine, because they are largely founded on observations under our law of cure, which is universal in its application wherever diseased conditions are to be treated, and which furnishes a standard by which we can judge all therapeutic measures, whether of prevention or cure. In fact, no drug or combination of substances is worthy of our notice that can not be used under that law.

To meet all quibbles, I will say that I do not refer to food, positive or negative.

Again, no substance that can not, after assimilation, add to the system, should be introduced without its probable effect being considered under the law of similars.

I am aware that, happily, most of the Don'ts are superfluous, before the members of this Association, but I also know, from the thanks I have received for my elementary paper of last year, that what is said here is carefully read by those outside, and that the eyes of the professional world are upon us.

\* Trans. I. H. A.

With this consciousness (?) and with unbounded faith in the inerrancy (?) of our law, I present these Don'ts.

Don't forget that your law makes you the most independent of all practitioners, because you have the world at your command to use under that law, and need not follow the dictation of Vienna, Paris, or even New York.

Don't forget that labor is a physiological, not a pathological process, and that any deviation from the normal is the result either of deformity of the mother or child; or of violence; or it is of dynamic origin. The last is entirely amenable to remedies at your command, if discovered early enough. The first may require surgical interference, while the effects of violence *may* or may not require mechanical treatment.

Don't think that every case can be treated by the same rules.

Treat the patient, not the condition of pregnancy. Guide the patient safely through the ordeal, and the result will be the best possible under the circumstances.

Don't fail to have yourself, your instruments, your hands and your nurse in an aseptic condition, and then

Don't ever use an antiseptic injection after the third stage of labor; for the only possible excuse for such practice is the consciousness on the part of the operator that he needs disinfection. In fact—

Don't use any injections into the vagina or uterus. There is no analogy in nature that teaches it, and the only exception that I recognize is in the case of severe hæmorrhage, when *hot* water may be used, other means having failed.

Don't think that the fact that there is some odor to the discharge indicates any danger of septic poisoning. It is due generally to the constitutional condition of the patient, which is such that all discharges ferment, and does not indicate injections, but the constitutional remedy, Carbo veg., Carbolic Acid in potency or some other indicated remedy.

Don't fancy that any case of confinement is too trivial to require careful attention.

Don't let any one accuse you, as a Hahnemannian, of following the expectant treatment. You have been taught by the master to consider no symptom trivial, and when all the symptoms have been noted you can form a positive judgment, and are not tempted to let anything go by default.



Don't neglect to make physical examination in all cases of doubt as to the cause of existing abnormal conditions. If they are mechanical, remove them; *i. e.*, if suffering is caused by impacted feces, remove them.

Don't fail to ascertain promptly the source of any hæmorrhage occurring in any case of gestation. Be on the alert for the occurrence of placenta prævia.

Don't expect remedies to relieve hæmorrhage from placenta prævia, and don't be misled by the stoppage of the flow for a time. Hæmorrhages are generally intermittent and will surely return.

Don't fail to examine carefully every case of œdema in the course of pregnancy. It may be caused by disease of the kidneys.

Don't forget, as soon as possible after visiting a case of labor, to see that the axis of the vagina passes through the center of the os; by so doing you will not be troubled by the occipito posterior positions.

Don't expect or wait for any spontaneous evolution on the part of the fœtus after the membranes have been ruptured.

Don't feel bound to be doing something when a case is pursuing a perfectly normal course.

Don't resort to forcible dilatation of the os, excepting in cases where immediate delivery is demanded by the condition of the mother or child.

Belladonna, Gelsemium or Caulophyllum will relieve irritability, rigidity or other abnormal conditions of the os.

Don't be tempted to give Quinine or any other tonic to stimulate uterine contraction; nourishment and the similar remedy will meet all requirements.

Don't forget that forceps in skillful hands are the greatest boon that has ever been offered to woman: so don't wait until the patient is exhausted before using them. Use them as soon as you have made up your mind that they may be necessary.

Don't forget that, before applying the forceps, it is essential that the membranes be ruptured and that the cervix be well dilated.

Don't forget that you are to follow the curves of the pelvis and make traction in the lines that the handles point.

Don't forget that the forceps have been successfully applied to the breech.

Don't fail to use chloroform when the operation is a high one, but don't give it until the forceps have been applied.

Don't use an anæsthetic simply to relieve pain. If any abnormal pains appear, or the patient is abnormally sensitive, your remedies will be all sufficient.

Don't give chloroform because a patient wants it. No anæsthetic can be administered without some danger.

Don't hesitate to use chloroform in case of convulsions. You can then more readily use the forceps.

Don't be in haste to deliver the placenta in the absence of hæmorrhage.

Don't forget to examine the placenta carefully to be certain that you "have it all." We don't believe that if allowed to remain quietly it will cause septic poisoning, but it will cause pain, and possibly hæmorrhage.

Don't forget to see that the uterus is firmly contracted after the placenta has been delivered. Don't leave the bedside until it is, and if clots remain expel them.

Don't fail to examine, immediately after delivery, the vagina and perineum for possible laceration, and if found to repair it at once.

Don't rest satisfied until you have found a satisfactory reason for any pulse beating over one hundred a minute. Unless you have administered chloroform it means that something is wrong. I have found that the after effect of chloroform is to accelerate the pulse.

Don't forget that the first symptom of approaching hæmorrhage is a quickening of the pulse.

Don't become excited by a post-partum hæmorrhage. Treat your patient, not the hæmorrhage, and treat her just as you would if this hæmorrhage occurred under any other circumstances. There is neither necessity nor excuse for going outside of your legitimate remedies, but be rational; lift the bed; never allow a patient to die from hæmorrhage with the head elevated; it would not look well. First grasp the uterus to stimulate contraction, and force out clots. If the hæmorrhage continues you may give injections of hot water; some will be absorbed as a general stimulant.

Don't use ice on the abdomen or in the uterus. If you should by that means stop the hæmorrhage you are pretty sure to have peritonitis or metritis.

Don't forget that this is the place for stimulants, brandy, perhaps, either by the mouth or hypodermically. Beef juice and brandy alternately is my practice.

Don't go to the lying-in chamber without Guernsey's Key Notes for uterine hæmorrhage in your head, and don't hesitate to change remedies as the Key Note is changed. Act quietly, quickly, and with decision, and you will not lose patients from post-partum hæmorrhage.

Don't fail to deliver the child as soon as possible after the mother has had two or more convulsions, and there is 20 per cent. or more of albumen in the urine, and she has passed the seventh month. Before that time you have a little more chance, for then the convulsions come in groups, and we must give the child all possible chances.

Don't forget that puerperal fever is a specific disease, and can not be prevented by injections any more than scarlet fever can be prevented by washing the child after exposure to the contagion. Puerperal fever presents more constitutional than local symptoms.

Don't fail to warn the nurse to let the patient's bowels have a rest; but if they are not moved after a week, and there is a disposition but seeming lack of strength to effect a movement, I have found an enema of warm panoline to be of great assistance.

Don't cut the cord until pulsation ceases, excepting in cases complicated by hæmorrhage, which is not likely to occur.

Don't think that you can control the condition of the child before birth by limiting the diet of the mother. If you do not furnish what it requires the mother herself will be robbed to meet the deficiency.

Don't fancy that colic will be relieved by remedies alone. Infantile colic is caused by error in the quality or quantity of food.

Don't forget that the best time to begin constitutional treatment is immediately after birth, or as soon as you receive a hint that it is necessary.

Don't allow any disinfectants about the navel. The tender skin of the infant will readily absorb anything.

Don't think that you can prevent specific disease of the conjunctiva by the external use of nitrate of silver. No specific disease is purely local, excepting in its manifestations.

Don't forget to caution against Camphor or Belladonna applied locally to the breast to dry up the milk.

Heat, drawing off the excess of milk, and compression will be all that is necessary, either in case of miscarriage, or the death or weaning of the infant.

Don't lay the blame for gathered breasts upon bacteria. It has been from neglect on the part of yourself or the nurse.

Don't consider eczema of the nipples to be a local condition. Nipples may be sore from the nursing, but such will yield to the treatment applicable to bruises, while those that do not yield to that will need constitutional treatment, as it indicates a constitutional weakness or dyscrasy.

As I have occupied my full measure of time, I will close with the menace that more will follow in the near future.

NOTE.—I acknowledge my obligation for suggestions received from "Obstetrical Don'ts," by T. Ridgway Barker, M. D., of Philadelphia.

J. B. GREGG CUSTIS.

WASHINGTON, D. C.

#### DISCUSSION.

Dr. Biegler: I like the paper very much and think the doctor has covered a good deal of ground, and given wise direction for the management of obstetrical cases. One or two things impressed me as unnecessary, however. One was, the brandy in post partum hæmorrhage. I have had a good many cases of hæmorrhage of all kinds and I have learned to forbid alcoholic stimulants in those cases, chiefly because our remedies are all sufficient in my experience, and, second, because of the transient effect and the reaction that takes place after stimulation. In place of brandy I rely upon small doses of extract of meat, either mutton or beef.

Dr. Kent: I am glad that Dr. Biegler has, in a mild way, offered protest against stimulants. I had intended to say what he said. Another point I wished to protest against was the assertion or suggestion that it might be advisable, after several days, to give an injection to move the bowels, although he speaks of it cautiously. I think it is one of the important points in prescribing, and the one that most frequently calls for the use of medicine. It is quite natural that the bowels should rest several days after labor, and at the time they should act and don't is the very time that

symptoms are most likely to come up. Thus guided, you may find the constitutional remedy that the mother needs, but unload the bowels by mechanical means and you have lost the guide posts to your remedy. I say wait and continue to wait until symptoms of a decisive nature arise. It is one of the greatest dangers to move the bowels at that time by injection. Look out for those devilish injections that remove the symptoms which we need to know to find the mother's constitutional remedy. I will not say it should never be done, but I say be very cautious about it.

Dr. Cowley: I have had a case just in the line of the doctor's remarks. It was a case of constipation after labor. The patient and her friends begged for an injection on the fourth, fifth and sixth days, but I refused to give it. On the seventh day I saw indications for *Natrum carbonicum*, which removed not only the constipation, but also all the symptoms of which the patient complained.

Dr. Custis: First as to stimulants: I look upon stimulants as belonging to what physiologists call negative foods. These foods do in my opinion decrease waste of tissue, and this is to be considered not in the line of therapeutics, but in the line of dietetics, under the head of secondary or negative foods. I said in my paper, after waiting a week, use an injection. If constitutional symptoms are going to arise, they will have become apparent by that time. I often get patients, and we all do, who have been using cathartic medicine for a long time, or who have contracted the habit of using injections before or during pregnancy. In such case we have a weak or relaxed condition of every part of the bowels, especially the rectum. After labor in such cases we are sure to get an immense accumulation of fecal matter; constitutional symptoms are more apt to arise in these cases than others, and this large accumulation becomes an imminent danger; the patients have not the physical strength to force it out, nor could it get out without local damage. You would, if successful, have to keep the patient in bed a week longer to repair the damaged rectum. These are the cases in which, with all due caution, I recommend the use of injection.

**CHRONIC ECZEMA: PETROLEUM.\***

1886, July 28th.—Miss H. L.—, a blonde, hair red, temperament *nervo-sanguine*, age eighteen, has a chronic itching exanthem predominantly squamous, somewhat vesicular, with scattered papules and co-extensive erythema. The chest and body are very scaly; the cutis beneath the white, scaly patches bright red and inflamed. This eruption first appeared seven or eight years ago, and in its present aggravated form about three years ago. She had a week ago a fever paroxysm, preceded and accompanied by headache, chiefly of the forehead and vertex, < by the least jar or motion, with drowsy and stupid condition, and exceeding irritability, without thirst. She is fatigued by the least exertion, has soreness and drawing pain in the lower portion of the left side of the chest, causing her to bend to that side; < lying on it, with shortened breath and gasping when awaking in the fore part of the night. The pain is sometimes absent for two or three days, always developed by fatigue; > by stretching, pressing the affected part with the hand, and walking in the open air. After a hearty meal, she has faintness at the epigastrium and nausea, continuing about half an hour; feels worse in stormy weather; disposition sad and despondent or excitable. *Rhus tox m.* (F.), one dose dry.

August 8th.—The fever paroxysm has not returned. No other change; pain undiminished. *Petroleum* 200, solution in four portions, one every three hours.

August 18th.—Within two days after this medicine, the pain in the left side of the chest ceased, eruption diminishing on the face, temper more cheerful and hopeful. No medicine.

August 31st.—Improving. No medicine.

September 8th.—No medicine.

September 14th.—*Petroleum* 50 m. (F.), one dose dry. Within two hours after this dose came intense erythema of the whole neck, which continued a day, then subsided and was followed by a general abatement of eruption on the face, neck and body.

September 21st.—The skin has become smoother and less red and scaly, especially on the chest and between the shoulders.

\* *Trans. I. H. A.*

October 8th.—No medicine.

November 7th.—Improvement continued. Eruption has left the body; a little has appeared on the legs; occasional flushing of the face and hot, full feeling of the head, with stupefaction and blurred vision while in church. Petroleum cm. (F.)

November 20th.—No medicine.

December 9th.—No medicine.

December 22d.—Feels well. Slight reappearance of eruption on the body. No medicine.

1887, January 18th.—Petroleum 2 cm. (F.), one dose.

January 29th.—Cheerful and improving. Eruption again diminishing. No medicine.

February 11th.—Petroleum 2 cm. (F.), a dose.

March 27th.—Petroleum 200.

April 9th.—The same.

May 24th.—No medicine.

June 30th.—Psorinum 200 (Lehrmann), once dry.

July 11th.—Well. I have no account of the special indications for the dose of Psorinum. Improvement under Petroleum was continuous, except occasional exacerbations liable to occur in chronic cutaneous disease, caused probably by physiological disturbances and by errors in adaptation of the dose.

June, 1891.—She, however, still rejoices in the cure.

B. LE BARON BAYLIES.

BROOKLYN, N. Y.

#### DISCUSSION.

Dr. McLaren: A great many of these cases of skin disease come to us filled up with Arsenic from the old school, and present an additional difficulty in the treatment.

Dr. J. V. Allen: From the character of the symptoms that Dr. Baylies described, I think that a dose of Psorinum in the first place would have shortened the cure.

Dr. Baylies: The characteristic pressive headache with vertigo and the kinky or contractive pain in left side, aggravated by movement, led me to the first remedy, and for the greater time it acted very well, evidently. The Petroleum 50th caused an immediate aggravation of the eruption followed by improvement. There was also improvement when I gave Stramonium which was probably adapted to her condition at that time.

It may have been essential to the cure. The preparations were Fincke's and Lehrman's.

Dr. Clark: In regard to a point of which I was speaking this afternoon, I recall a conversation with Dr. Fellger in which he expressed surprise when I informed him that Hering in his condensed *Materia Medica* said that Mercurius was contra-indicated in typhoid fever, because, he said, he thought that Dr. Hering had been convinced to the contrary by a case in which he had been called in consultation by Dr. Lippe. Both agreed that Mercurius was indicated, but hesitated to give it on account of this idea that it was contra-indicated in typhoid fever. Dr. Fellger was then called in and saw the case and heard the conclusion of the two. He said, "What under heaven are you to give if not the indicated remedy?" It was given with good result, and that was why he expressed surprise that Hering should continue in the same opinion. Dr. Fellger was a member of this Association, and had been a surgeon in the German army. He was a learned man and his opinion was of more value to me than any physician I have ever known. The arguments that have been advanced on the contrary side seem to me to be the old fallacious *post hoc ergo propter hoc*.

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**VERIFICATIONS OF A FEW HYPERICUM SYMPTOMS.  
AND REPORTS OF (1) GANGRENE OF TOES,  
FOLLOWING TYPHOID FEVER, CURED BY  
ARSENICUM ALB. M. AND CM., AND (2) A  
FIBROID TUMOR OF THE UTERUS  
WITH PROFUSE FLOODINGS,  
CURED BY LILIUM TIG.  
200, AND CM.\***

I had prepared for presentation at our meeting of a year ago, a few verifications of two or three characteristic symptoms of *Hypericum*; but from some cause they were not presented.

However, as verifications, like wine, are improved by age, I venture to make this delayed presentation.

CASE I.—My comparatively limited experience in the use of this remedy bears out the assertion of its usefulness in

\* *Trans. J. H. A.*



urinary affections of women, who have been abused and maltreated by the ordinary treatment of so-called "diseases of females," especially to the ill-effects resulting from the prolonged use of pessaries.

Miss W., aged thirty-seven, and a perfect wreck of womanhood, mentally and physically, had constant trouble with her bladder; was afraid to go into a place of amusement, the desire to urinate was so frequent and uncontrollable. Could not take a short walk, but was forced to call at one or more houses to ask the privilege of relieving her bladder, with bearing down, fulness, a constant sense of discomfort and pain—all general symptoms and common to many remedies—but, in addition, she said: "The water passage feels hard, like a rubber tube, and is so sore, tender and sensitive." On the general history of the woman, the general condition and symptoms, together with this most odd or peculiar symptom, I gave her *Hypericum* 200. In less than a week the urinary trouble was greatly relieved, and, in a month, the hard, rubber-like condition of the urethra was nearly gone, together with the excessive sore sensitiveness.

Her general health was also better, and she could take some interest in living—a year ago I wrote—though so much better she is not yet a well woman, and after the lapse of another year I have still to report that she, though gaining in health and strength, is not perfectly healthful and never will be—existing as a living monument of the crude and cruel practice of the truly scientific(?) regular medicine.

As she said, in reply to my inquiries, a couple of weeks ago: "A dose of the medicine relieves me speedily from any urinary trouble, and though my past sufferings, the broken down nervous system, and the extensive utero-vaginal adhesions of which you tell me, forbid my expecting ever to be entirely well, yet the relief I have obtained, the strength I have gained, the change from hopeless despondency (almost as great as from dark to light) to a thankful cheerfulness, are sufficient to make me a medical missionary who preaches the truth, beauty and power of pure Homeopathy at every opportunity and wherever I can secure a listener.

CASE II.—A child of nine years, afflicted with enuresis nocturna, complains of pain in small of back, difficulty in passing urine by day, often and easily excoriated about geni-

tals. Urine offensive and quickly becomes thick and slimy. During examination, the mother remarked "that she would have a chill at night before urinating, at others would wet the bed without her knowledge." On the symptom "Shuddering over the whole body, with desire to urinate," she received three doses Hypericum 200 and a month later the child was to all appearances well. A year and a month have now passed, and a few days ago I was informed that she continued well and hearty, with no return of any of above symptoms.

CASE III.—Mrs. D., about fifty years of age, not yet exhibiting signs of the approach of her climacteric, has for many years suffered with many affections of the uterus and ovaries. Had worn pessaries (in one instance until the ring had become imbedded in the surrounding tissues) and been cauterized by every method and cautery, except the *actual*. Complained among almost a legion of other troubles of great difficulty in making water—the desire frequent, worse at night, the quantity small and often offensive—would try every position to relieve herself, but could only succeed when standing. I prescribed a number of remedies without much relief, until on one occasion she accidentally mentioned "the hardness of her water passage, as though it was turning to bone," which led me to prescribe Hypericum 200, which, within a few days, wrought a great change in the urinary trouble, so that she was able to urinate in an ordinary position and find great relief as to all these urinary symptoms.

In other respects she continued to suffer, which aggravated or induced a return of urinary symptoms, so that she had to repeat the Hypericum as necessary, but always with  $>$ . About this period she was laid up with a severe attack of metritis, extending to ovaries and adjacent parts; with this condition she now had profuse hæmorrhages, and these would recur every three weeks and last a full week. She became more despondent, lost all interest in life, became irritable, impossible to please her, feared that she would become crazy, with which fear, all having to do with her coincided. On making a thorough examination I diagnosed a fibroid tumor of uterus, which diagnosis was confirmed by Dr. Ogden Jones, of our city. The patient and family being greatly alarmed, two prominent old school specialists were consulted on the quiet,

but kept so quiet that I knew nothing of it until a short time ago. However, in each case, their opinion confirmed our diagnosis, and each, independently of the other, gave the assurance that an operation was necessary.

*Lilium tig.* covered many of her symptoms, and close study increased the number. So, without reference to the tumor, *Lilium 200* was given, a dose daily for a week—this was just after the cessation of an attack of flooding. Under its action she made general improvement, and she missed one attack of flooding. But, in the weeks following, she again became nervous and despondent, the pain in uterine region and left ovary became  $<$  and she generally  $<$ . During this time *Lilium 200* was repeated, but without much relief—not lasting anyway, and a serious return of flooding proved that she was on the down grade again. This attack was both so profuse and continuous, that I did not wait its cessation, but gave her *Lilium cm.* (*Tyr.*) in water, a dose every two hours, until relieved, or hæmorrhage checked. This was at my night visit, about ten o'clock. In the morning I found her much easier from pain and flooding greatly abated, when I substituted a placebo. During the next two weeks she continued to show signs of improvement, especially in the mental condition and in relief of pain. But fearing a return of the flooding, she received three doses of the *cm.* of *Lilium*, two or three days before the time when she expected a return of the flooding. The flow returned, but was much less severe than the previous attack, and of shorter duration. To hasten: Under continued treatment she continued to improve, her ability to walk returned, her strength increased, the mental depression ceased, pains abated, ability to urinate naturally became permanent, the floodings disappeared to give place to her ordinary monthly period, lasting about three days, and accompanied by no more pain than she had always been accustomed to, but returning every 3 weeks, as had been the rule for years past. She became her old, energetic self, walked out daily to attend to her business, until, when I last heard from her, about one month ago, she wrote that she had been out all day, walking through London streets, on both business and pleasure, and not then either tired out or fatigued unduly.

CASE IV.—A child, suffering from *eneuresis nocturna*, was

cured of this distressing habit, and at the same time of an eruption about genitals—great itching and irritation, particularly in vagina—by the use of Sepia 200, and after two months of Sepia 6 m. In her case, wetting the bed always occurred in her first sleep. This symptom is strongly characteristic of Sepia, and, with the eruption and itching, chiefly led to the selection of Sepia.

I noticed in our late *Journal of Homœopathics* two cases of chronic Tonsillitis cured by Sepia, which was selected largely on this symptom, "Wetting the bed in first sleep."

Many times have I verified the adaptability of Calcarea to backache, caused by overlifting, reaching too high, a jar from a false step, and this most frequently in the case of delicate girls.

CASE V.—My paper is becoming too long, but I wish to report a cure which made a number of converts to our faith.

Mrs. C., fat, fair and forty, had had an attack of typhoid fever, from which she did not recover well. Some three or four weeks after leaving her bed, she began to suffer with pains in her shoulders and limbs, and especially in the feet and toes.

Following this, the second and third toes of each foot, but especially the right, became numb, swollen, a deep purple color, shading off to a red, and running up into the foot.

The whole feet became sore and tender, soles puffed so that she could only hobble a few steps on the sides of her feet, and finally was confined to her bed. Three prominent allopathic physicians were in attendance, but all they could do was diagnose the trouble as gangrene of the toes, following the typhoid fever—more likely following drugs then given. I have neglected to mention the fearful burning pain in toes and adjoining part of feet, and the intense aggravation which came on regularly at midnight, from which hour till towards morning she tossed about in agony. By daylight she had eased down comparatively, and in this state continued till the following midnight. For a week before I was called, her friends sat up with a lb. bottle of D. and P's, chloroform, and with it kept douching her toes and feet, but even from this she got no rest and had given up hope of recovery, or, what was worse to her, that if she lived she would be a helpless cripple. I was called in as a dernier resort on the fourth

of November, 1890, and found her in the above described condition, and, in addition, that the only ease she had obtained was from the application of heat, and only while the heat continued intense; as soon as the application cooled off at all the suffering became intensely aggravated.

On the 5th of November she received three powders of Arsenicum 1 m. followed by no medicine q. s. The following night she was somewhat eased, and this improvement gradually continued to increase, until, after eight nights, she had a good night, and was, as she said, in Heaven. The toes and feet changed more slowly, i. e., the swelling, discoloration, etc., and it was over two weeks before she felt safe in attempting to walk; her ability to do so with comfort returned very gradually, but surely. All this time she complained more or less of the pains in shoulders, especially the right, and down that arm to the hand, so that she could not lie on that side. However, as she said these pains were so slight in comparison to her old sufferings, and as there was general and continuous improvement, I let well enough alone, and the middle of December she was free from pain and considered herself well.

The toes retained a slight discolored appearance < towards the ends.

All the medicine she had had was the three doses of Arsenicum 1 m., but on the 14th of January, 1891, I was again sent for, as she complained of severe pain, tearing and jerking < in right shoulder, but also in fingers, hand and arm of that side, and very severe at the insertion of deltoid, was < after midnight for a few hours, still feet did not trouble her. She received one dose of Arsenicum cm., and next day telephoned me that she was better and I need not call. On the 30th she called at my office and reported herself free from pain and well, and that she had so continued and was feeling better than, for years past, I was assured, when I called to make inquiries a few days ago.

CASE VI.—In closing, a few words to report that Bufones 10 m. aborted a felon on the left thumb of a man who had already lost two nights' sleep, and was suffering intensely; swelling, heat, throbbing, splinter-like pricking and pain running up to shoulder, all present, and, in addition, a blue-black half ring about root of nail, which was the peculiar symptom on which I gave it.

TORONTO, ONTARIO.

E. T. ADAMS.

**TWENTY-FOUR HOURS WITH PARTURIENT  
WOMEN.\***

*Dear Doctor:* Your letter of a late date reminds me that while at Watch Hill last June, I did promise you a paper for your Obstetrical Bureau, to be presented at our meeting, June, 1891. Now, if twenty-four hours obstetrical practice will satisfy the demand for a longer period of time in the service, I will herewith present that amount of experience with parturient women. I do this more especially as it is in line with the subject so ably presented and defended by yourself at our last meeting.

I must confess that, notwithstanding our literature is not wanting in reports of cases where Pulsatilla has produced a change in mal-presentations, I was a little in doubt, and attributed the speedy change wholly to causes other than that of the remedy prescribed. I thought the physician may have been mistaken in his diagnosis. The change might have been due to the inherent vital force which strives to convert mal-presentations into natural ones, or it might have been a heavy draw on the physician's credulity, which had so depleted his knowledge of the changes which take place during the parturient state that he had the temerity to report such cases, which were not in any way influenced by the remedy.

January 11th, I was called in haste to visit a woman whom the messenger reported as having an abortion. On my arrival I found a child, fully matured, but the mother demanded my prompt attention, as the placenta had not been removed and she was in a fainting condition. I at once removed it, not without some difficulty, however, as it was adhered to a considerable extent. At this stage of the case the symptoms became alarming; she was sick at the stomach, her hands and feet were cold, the hemorrhage was fluid blood with large clots. She complained of a severe pain in the occiput, extending over the whole head, with slight ringing in the ears. One dose of China 200 settled this case in favor of a speedy return to a normal condition.

January 11th, 2 P. M., was called to see Mrs. A., a strong, healthy woman, who is the mother of six children. Has always had hard but speedy delivery. I found her in bed, suffering with hard forcing pains, which, to use her own words, "should have brought the baby before you got here;

\* Trans. I. H. A.

but, Doctor, I think there must be something wrong, as my pains do not move it one bit." An examination revealed a breech presentation, and, to make sure doubly sure, I examined with great care, but there it was, sure enough. I could, and did, enter my finger into the child's rectum. I could make the presentation out, and no mistake. But I had Pulsatilla 200 and quite a good deal of time, so I retired to a room where I could rest. An attendant followed me in and inquired whether all was right. I told her the woman could be delivered, but it would be tedious, as it was a breech presentation. After resting two hours, I went to the bedside of my patient, and what was my surprise to find the vertex presenting at the vulva, and I soon handed the nurse the child. I attended to my other duties and left her no other medicines, as I wanted the Pulsatilla to act well its part. Called the next day but one and found the woman was not only doing well, but had done her washing.

Did the Pulsatilla have anything to do with the change of presentation, or was I mistaken in my diagnosis?

I. DEVER.

CLINTON, N. Y.

#### DISCUSSION.

Dr. Hastings: I saw a case in a Vienna hospital where Pulsatilla was not used, and yet where a complete turning of the fœtus was effected by nature in a very short time. In these clinics, where the midwives are instructed, the rules are very strict. If anything but a strictly normal presentation occurs, the head midwife is called, and if the presentation is very unusual she must send for the physician in charge. In the case in question, we, all of us, made examinations and easily made out a breech presentation, for we could pass the finger into the rectum of the child with ease. There was no room for any doubt about it. The physician was sent for, according to the rules of the institution, but by the time he got there it was a head presentation. He had a good laugh at us, but, nevertheless, we all knew the facts of the case. No Pulsatilla was given, and the version was very rapid.

Dr. Kimball: I would like to ask if, in the case when alarming symptoms followed the forcible removal of the placenta, this manipulation was the cause, or was there no connection between them?

Dr. Custis: The rule is, that if the placenta is wholly detached, no symptoms follow; but, if partly detached, look out for hæmorrhage.

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#### A CASE OF INVERTED NIPPLES.\*

Thanksgiving Day, 1890, I was attending a case of labor, which was an ordinary one. After it was over, and I was about to take my departure, my attention was called to the patient's nipples. In the places they should be there were holes half an inch deep. She had had a non-viable birth before, and nothing had been done. I carefully inquired into her medical history. I could find no evidence of disease of the ovaries, nor any symptoms pointing to any remedy. She said they had always been so, both before and after puberty. I requested that a breast pump should be obtained, and asked the nurse to employ it frequently, but to avoid causing any soreness or erosion by too persistent manipulations. On my next visit I gave a dose of Silicea 200, without any satisfactory indications, because Eggert, in his valuable work, *Uterine and Vaginal Discharges*, mentions Apis and Silicea, and it seemed more like the latter, although I could not say why. In three days no improvement was discernible and I gave up the fight. But the nurse was more persevering, so that in ten days one of the nipples was useful. About that time the patient left the city for a time, and she persisted so that the other was also brought out, so that nursing could be accomplished tolerably well.

Although Silicea was administered, I confess that I attribute to the persevering efforts of the nurse the improvement of this rare condition, and not to my skill, principally to the lack of symptoms indicating the remedy.

A. M'NEIL.

SAN FRANCISCO, CAL.

#### DISCUSSION.

Dr. Stow: The best method of managing such cases is truly a puzzle. In retracted nipples, after using all sorts of expedients to get the nipple so the child can take hold of it, we generally fail. I have bandaged the breasts, and even put them into clamps, without producing the desired effect. The dairymen, when they have a cow with a short teat, use a sil-

\*Trans. I. H. A.



ver tube, which they insert into the duct of the nipple, and then milk her by simply pressing the udder. This is claimed to meet with success. Perhaps a slender gold or silver tube might be devised for the purpose in women. I would like to know if any better means are known by others?

Dr. J. V. Allen: I think the indicated remedy is better than that. I have had cases in which the nipple came out nicely under *Lachesis*, *Lac Caninum*, *Silicea* and *Sarsaparilla*, according to symptoms.

Dr. Custis: I have never seen remedies do any good in these cases. I have used glass nipple shields with success. If you succeed in getting the baby to take hold once, it generally helps the nipple out, so that nothing more is necessary.

Dr. Stow: I have tried breast pumps, nipple shields, etc., but have not met with flattering success.

Dr. H. C. Allen: Dr. Lippe said that *Sarsaparilla* was often indicated in retracted nipples, when characteristic symptoms were absent. It has helped me several times in such cases.

Dr. Powel: I remember one case in which *Asterias Rubens* effected a cure.

Dr. Sawyer: I have had a good deal of trouble with such cases and after long treatment succeeded only partially. I should be glad to hear of a better way.

Dr. J. V. Allen: These umbilicated nipples are unnatural and hence are amenable to the homœopathic remedy.

Dr. Fisher: It is a wise precaution to begin treating the case before the child is born. Have the nipples ready before that event, and everything will be well.

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#### A PAINLESS LABOR.\*

December 24, 1890, I was called to see Miss W., who was in labor. She was a primipara, 24 years old, plump and ruddy. I made an examination and found her in labor. The os was partially dilated, nothing abnormal in the parts. She was having pains of ordinary severity, and three or four minutes apart. I settled down for several hours waiting. I soon found that she would frequently sit on the chamber. I inquired why. She said that every time she had a pain she

\* Trans. I. H. A.

felt as if she would have a stool. I gave her a powder of Nux vom. 200. She very soon stopped making complaints, and on examination I found the head coming down. I kept my seat at the bedside, and, with my finger on the presenting part, found labor advancing rapidly. As the head was pressing through the open vulva, she kept asking me as to the progress of the labor. She was making no outcries, but I attributed it to the fact that the birth had not been preceded by ceremonies required by society, and she wished to keep as quiet as possible. In a short time I presented to the astonished grandmother, while she was gossiping with a neighbor, a bouncing boy. The afterbirth soon followed and she made a happy recovery. She told me that the reason she questioned me as to the progress of the child was that she did not feel it, even when the head was going through the vulva.

Skeptics will say this powder birth was a coincidence with the administration of the small dose of nothing. I wish I could have all my obstetrical cases such Sam Weller coincidences.

A. M'NEIL.

SAN FRANCISCO, CAL.

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#### DISEASES OF WOMEN.\*

It should surprise us more than it usually does to hear a constant din in our medical society meetings, and medical and surgical journals, for and against certain theories, principles and practices of the treatment of the diseases of women.

One might, if unwary, suppose that all women were born with inherent maladies—inalienable, peculiar to their sex.

Of late years—and it seems to grow increasingly worse—many women are doomed, so soon as they enter the natural sphere of maternity.

Are such, in all of these pitiable instances, naturally unfitted for this office?

Something is wrong. Upon what causes, more than other causes, does this painful evil repose?

Who, or what, subverts the normal functions of a beneficent nature.

It is claimed that at this day the physician, the obstetrician and the gynecologist know very much, vastly more than our

\*FRANK F. H. A.

fathers, in medicine. If they are so much wiser than the fathers, why, then, do these scorpion scourges of women grow and increase so painfully and despairingly in the very face and teeth of this superior wisdom.

Between what is called science, and good common sense, there is a better essence of philosophy in the latter, and we should prefer it every time.

We should be mindful that women are not a *corpus sine pectone*, and that they have souls, and of the very highest order at that; that they are cosmic jewels, and that they correspond with the harmonious anthems of nature's universal laws of "likes" as to natural environments.

If nature can justly be accused of partiality in the bestowment of her highest and best prerogatives as to inheritance, in perpetuity, she has, in this, favored women. She is born endowed with the graces of two worlds; naturally the best of earthly companions—in the sphere of her legitimate associations—but graciously dependent, in a sense, upon the affection, the love and the honor of the magnanimous character of the opposite sex.

If there is any individual in this world who should wisely and carefully guard the physical and the intellectual welfare of women, it is that physician whom they employ and trust with their confidence. Very largely, then, is the family physician responsible to his client. It is not alone his duty to visit families and prescribe when called, but it is imperiously his further duty to keep up a due observation of what is going right or wrong as to healthy and unhealthy environments, and conditions affecting his employers.

This is exceptionally of the very greatest use and importance throughout the whole course of maternal gestation.

The physician should invariably attend to a due connection of all of the abnormal phases which may appear throughout the whole period of gestation. Pure Homœopathy alone can enable him successfully to do this. If this matter is thus wisely attended to, and the true similars are, as they may be needed, administered in the lying-in-room, very rarely indeed, if ever at all, will there be any casuality, or ill consequence of any nature.

We now believe that we have thus given the true key, which will unlock the mysteries and, if used, will result in

banishing these everlasting futile discussions as to the best way to recover the horse after it has been stolen.

We have yet to see the first woman who has had entailed upon her the least trouble from labor, who had had this sort of provision. Of course, there are surgical forms of dystocia, malformations of pelvis, etc., which fall to obstetrical surgery. But even in some of these difficult cases, surprising assistance can be rendered by giving the simillimum.

Many years ago, we lost a child by a tedious and protracted labor, which we afterwards were convinced that Arnica, given to the mother, should have easily saved.

We once knew a circumstance which occurred to a friend of the opposite school of practice.

It was a bad case, a terribly painful, difficult labor, which wound up with rupture of the uterus. From what we heard of the symptoms of this sad case, it was out and out a true Arnica case, and if this remedy (the true simillimum) had been used, is it at all inconsistent to suppose that a good termination might have ensued?

If an infinitesimal dose of Pulsatilla will aid nature to correct a malposition, which it certainly will do, why will not the true similitudes of correspondence do as much relatively in relaxing vitally muscular rigidity, allay irritability and impart tone and action to the excito-motor nerves of the uterus, and thus overcome inertia and atony, and withal impart an ease and a comfort to the parturient woman, which no artificial palliative, narcotic, stimulant, or repressive can ever do?

If these just and lawful rules are carried out in the lying-in-room, how many, or what per cent., of torn cervices and ruptured perineums shall we have?

In the absence of dystocia, surgical, it's doubtful, indeed, if we have one per cent., granting that competent provision has been exercised in the period of gestation.

This sublime art of meeting with exactness the true therapeutical similitudes of correspondences is not a free gift from Heaven. We should labor, as if for our lives, to attain it—for the wonderful glory there is in it, and the amazing power of its illimitable benefactions.

The corresponding similars of nature are a constellation of Bethlehem stars, which shall only lead wise men forward to

a world's physical and mental redemption. They open to our view, to our understanding, a straight and narrow road which can only lead to a true interpretation of natural ordinances, while broad is the way of sceptical errors, which lead to death. Wide is the gate, and, oh! how many go in thereat!

We should never use anæsthetics during labor, unless it be in surgical cases. Such deadening influences of the life force are always hazardous, and always bad, if not in immediate, then in ulterior, consequences, in more ways than are usually appreciated.

These influences, we believe, are never used in the light of their being either positive or supposed similitudes, but as repressives to pain and convulsions, etc., and hence deaden, almost to a point of dissolution, those vital and reactive absorbent bonds which unite mind to matter. When such measures can be avoided, nay, vastly bettered by true philosophical proceedings, is it right to thus trifle with the sacred confidences of our patients? Is it for their true interests? No. Never!!

The deadening shocks to brain and nervous system given by anæsthetics, as sometimes administered, are never afterwards wholly physiologically and psychologically compensated. They benumb the reactive, dynamical powers of the *vis conservatrix naturæ* and open new avenues, vital to numerous pathological aggressions.

Relatively the same may be said of Ergot, given in too massive and crude doses.

We once followed the steps of a friend of the opposite school, who was called to a case of labor, in our absence from home, as the family was ours.

He had given the poor woman so much of Secale that she became a victim to Ergotism, and eventually died, a thoroughly demented wreck, poisoned by Ergot.

Oh, yes, leave conscience at home, rush a patient in labor under the deadly power of Chloroform, apply the forceps, give a big dose of Secale, Morphine, Opium, or any other sort of a shameful palliative and repressive drug, and get away from a woman made wretched, a wreck and ruin, as soon as possible, and make a dive for more victims, more lucre, stab the affections of friends, the cry of the infant, and the wails of the orphan. Should not such scenes not only make angels

weep, but are they not enough to wring repentance even from devils?

Pile up professional fees upon the anguished and sweating brow of an affectionate husband, in the behalf of a wife and mother made miserable, perchance, for the rest of her life, by professional neglect and ignorance. Oh! what a sin! What a shame!

In the face of all this, stand up in blissful innocence and ignorance, and discuss the best scientific methods of operating on lacerated perineums and torn cervices, and all of the other surgical finesse of lacerated and mutilated mothers, in this age of advanced medical progress, of which the fathers in medicine knew so little, but, nevertheless, got along very well without being guilty of any such shameful results in waiting on the parturient maters. Go to Berlin, to Paris, to London, and learn better how to pare and suture, but never mind paying any attention to the righteous prophylaxis of these evils. For is there not more glory in the manipulation of the ultima rules of the material arts and sciences, than in the practice of God's appointed means, to guard his children and to cure them?

We are not deaf to the very many trying ordeals presented to the accoucheur in the lying-in-room. If he is not fully prepared to enter it, he has no business to be there. He should know, and be versatile and *au fait*, in legitimate resources. "Always expect the worst," is not an unsafe maxim; always to be ready to meet the worst that may happen, is a better rule.

Nothing is easier, or more uncharitable, than to denounce and criticise the best efforts of our rivals. This is wrong; this is ungenerous, unmanly, not to say mean, and, least of all, ethical.

If we know a better way, let us be helpful to our brother, rather than to weaken him by our sharp criticisms. It makes no difference if he even be our bitterest opponent. We shall lose nothing by it. God will bless our best endeavors to help on humanity's cause, and when we can save bodily pain and death, we should always do so, as He gives us opportunity so to do.

It was the pride of the ancients to impart to their children robust constitutions and enduring health, and, could a

mother of those sensible times again visit the earth, look upon the present condition of society, and witness its effects upon women of the present generation, she would indeed think that human nature had nearly run its course. She would search in vain in our gay cities for those who would remind her of her own ruddy and vigorous daughters, and from the fullness of her heart she would drop a tear over poor, degenerate humanity.

This changed condition is largely owing to changes of modes of life and education, and to the increase of nervous excitement, the immediate effects of these changes.

While we would not desire to see the females of the present day subjected to the severe training imposed upon the young girls among the ancient Greeks, yet useful lessons might be derived therefrom.

History informs us that the Lacedæmonian father required of his daughter to support the weight of arms, and encounter the labors of war, until the time of her marriage; and Hippocrates observes that the girls of Scythia were not permitted to marry until they had killed three men! In those days, it is asserted that hysteria and other nervous derangements were not of frequent occurrence.

Woman, from her infancy to old age, is an object of constant interest; and is it not strange that a being so tender, and yet so full of endearments, should have called forth the admiration of the philosopher, and the fervid praises of the poet? Her history is but the narrative of good deeds. In health she is our pride, in disease our solace, and in the faithful discharge of her duties to society she is the idol of all hearts. Like a ministering angel, she soothes us in affliction, and under the depressing influences of adversity she inspires hope and incites to renewed effort. Who has not felt the cheering influence of her smiles, and the encouragement of her eloquence in the dark hour of despondency?

Abandoned by friends, and left to the cold charities of a selfish world, the husband of her bosom then knows how to appreciate the depths of her love and the sincerity of her vows.

“ There, drink my tears while yet they fall;  
Would that my bosom's blood were balm,  
And well thou knowest I'd shed it all  
To give thy brow one minute's calm.

Nay, turn not from me that dear face,  
 Am I not thine—thy own loved bride,  
 The one, the chosen one, whose place  
 In life or death is by thy side?"

Is it, therefore, not due to this self-sacrificing being that we, who know so well how to value her excellence, should labor assiduously to diminish the sufferings and assuage the sorrows incident to her sex?

J. N. LOWE.

MILFORD, N. J.

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**DELIVERY BY FORCEPS AND SUBSEQUENT  
 ANASARCA, WITH ALLUSION TO  
 TWO OTHER CASES.\***

The writer was called suddenly one morning in 1890 to see a woman in labor, which had continued all night, and seemed to be ceasing from exhaustion. I had given up attending such cases on coming here, and with them all my instruments, excepting a pair of forceps; but—the patient and her husband being old friends of mine in Toronto—I at once took them in my hands and hastened some two miles with the messenger to his place.

I found the poor woman much exhausted and almost hopeless, pains scanty and insufficient, presentation normal, parts well dilated, while the face looked very yellow. The use of a remedy came immediately into mind. Unfortunately, the nurses and neighbors were violently opposed to anything I could do, and fearing that my medicine might not speedily act, and that I might, in consequence, be hung to the nearest tree as an impostor, without more ado I at once brought the invalid around in her bed, and, warming and oiling the forceps, proceeded to deliver her. These at first slipped; but, readjusting and allowing them to *make their own axis*, waiting for pains, soon delivered her of a fine child—fortunately for me, as the hostility continued, whatever might be done; and other doctors, in very doubtful report lived in Victoria, some three miles distant. The patient made a fair recovery for a time, but developed afterwards anasarca, great tenderness and shootings in the right

\*Trans. I. H. A.



ypochondrium; face deep yellow and puffed, especially the upper eyelids, which were much swollen. These symptoms, with the difficulty she had experienced in taking a walk, soon tiring—a condition, with the hepatic congestion, she had felt all through her pregnancy—pointed very clearly to Kali carb., which was administered in high potencies of 10 m. and 19 m. (F.) and cm. (S.) in rare doses, and only when the previous one had ceased acting, the disease giving way to



MODEL OF THE VIAL MADE OF GLASS  $\frac{1}{4}$  INCH IN THICKNESS.

- A—The inhaling mouthpiece, which the patient is allowed to apply to her lips, breathing through the sponge, she being shown how to use it.  
 B—Sponge saturated moderately with chloroform and refilled occasionally, but not enough to run down on the lips.  
 C—Hole at the bottom of the vial, about half an inch or less in diameter, for allowing the air to pass through.

a great desire for air, which, with other symptoms, led to Pulsatilla, it being given high in only one dose, completing the cure in about six weeks, during all which time she managed to keep on nursing, and made a perfect recovery, the mother of five children.

I may be allowed here, without taking time to record the whole case, and fully agreeing with Dr. Campbell that we

have many sickly women to deal with—such too often falling to our lot and demanding from us the tenderest dealing, as being often the innocent and ignorant causes of their own complaints. To such I have not seldom resorted to forceps, giving or not giving chloroform from a bottle—which the dentists formerly used, but, failing to answer their purpose in not allowing enough to flow, was thrown aside as useless for them, but of very great service to us, as a long experience of its use will testify. The vial or bottle I refer to was something like illustration, p. 283, both in shape and size. This the patient or woman in labor is allowed to take into her own hand, freely inhaling as the pain is coming on, she *never taking more than enough from such a vessel in all such cases*, using thereby very much less Chloroform, none escaping into the room, and requiring no second assistant to administer. The use of Ether should be entirely discontinued in the lying-in-room as unsafe, owing to the readiness with which its vapor inflames or takes fire. The only two objections urged against chloroform are its possibility of retarding, in some women, the labor, and of making the medical treatment rather doubtful; but the writer has not met with any other difficulty, such as danger in *these cases*, and is not disposed to think that they can occur, such being the power of the vital force expended against Chloroform during labor.

I may also introduce briefly another case of the employment of forceps, which terminated fatally; though, when wisely resorted to, such instruments are usually of great benefit both to the mother and the child.

Being called to attend a lady just beginning labor, and having been there say an hour, and the process partly advanced, the husband thought that we had better send for Dr. — (then living), that he might assist us in any emergency. This proposal I warmly assented to, though seeing no necessity for it. The M. D. soon after arrived—a very skillful and thoroughly educated surgeon, but rather hasty and imperative. He at once examined the patient, giving his opinion that she could soon be delivered—a sentiment I rather objected to as somewhat premature, labor going on satisfactorily. However, the forceps were introduced, and well adjusted, but slipped on the first attempt at delivery,

and this occurred again and again, till exhausted by these unsuccessful attempts. I tried my own instruments with like results; the skull of the infant to be born of a strumous mother gave way to the effort to bring it into the world, affording no ground to do so by these means; and labor ceasing and exhaustion setting in, the craniotomy forceps were sent for, to further aid in delivery: but while these were coming, the patient died undelivered.

My own conclusions from this unhappy termination were (though evidence of their truth was not at hand) that traction had been made by the forceps, when the womb was not making expulsive efforts; which, with the somewhat soft cranium of the child, could not be born with safety, terminating in this sad disaster.

The case is, however, merely thrown out to our men, that they may never experience such a reverse. Indeed, so far as my own practice is concerned, I have profited by the warning, being especially careful to avoid such a result, by insisting that the nurse shall place her hand on the patient's abdomen, announcing when a pain or firm contraction comes on and goes, otherwise waiting patiently till it shows itself—a proceeding as necessary as that of the administering of chloroform.

JOHN HALL.

VICTORIA, B. C.

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#### USE OF FORCEPS.\*

The above title does not have the definite article, because it is not proposed to give an exhaustive treatise on the subject, but, accepting the standard indications for the use of forceps, such as impaction, unusual delay, certain malpositions, and so forth, as given in modern text-books, it is now proposed to give a few details of indication for the use of forceps, that have presented themselves to the writer in his twenty years of practice.

A frequently met condition is this: labor progressing fairly, in best vertex position, but waiting in the excavation, without apparent cause. First, be sure that the position of the head is normal, a very important point; then, if delay shows

\* Trans. I. H. A.

only increasing elongation of the head, with no apparent progress in at least an hour, on applying the forceps, which is easily done in the excavation, one or other of two conditions will be found to have been most often the retarding cause: wrapping of the cord about the neck, or the presence of a hand alongside the face. This last condition, though frequently met with, does not appear to have been attended to by writers.

Mention was made of the importance of locating the exact position of the head. In early practice it was thought enough to know that the head was presenting, to make it proper to apply the forceps, if delay occurred, without careful exploration: resulting in frequent scarring of the face in transverse positions, laceration of ears and mother's perineum, if the vertex was posterior, and fruitless efforts at extraction, with subsequent disastrous resort to version, in cases with the hand preceding the head, or in face presentations, in most of their positions.

Now it is deemed best, on the slightest doubt in locating the head, to wait long enough to be sure there is delay, then proceed, with anæsthetics, if necessary, to locate the head, finding the parietal protuberances or the ear, and tipping or rotating the body till the head presents properly, or proceeding at once to perform version, if the head does not come to time.

One of the most useful expedients, whose original author is not just now remembered, is the tilting of the head by one, or, better, two fingers on the crown, well toward the mother's back, when the vertex is forward, but, flexion being delayed, the regular descent has not taken place.

The writer has been called in consultation, and has performed this little sleight-of-hand, to the great surprise of the attendant, and the satisfactorily speedy delivery of the mother. The manœuvre sometimes has to be repeated at the inferior strait, with good results. In general, it is the writer's belief that the use of forceps should not be too long delayed, nor should they be used through the final exit, if the labor pains are abundantly strong, though here is a nice field for the exercise of judgment in individual cases.

We should not be too afraid of laceration or the perineum, and a preliminary incision may guide the laceration when it appears inevitable.

The appearance of laceration is not always an evidence of the previous use of forceps, as some professors have asserted, nor is it always an evidence of their ignorant or clumsy use, as others have urged. Much, doubtless, depends on the shape of forceps employed. They should not be too thick, nor the shanks too widely separated; on the other hand, they must not be slender enough to bend and slip off, nor narrow enough to exercise injurious compression.

Much erroneous opinion is extant as to the speed that should attend delivery with forceps; it can not be fixed, but must vary with circumstances, as must the amount of force to be used.

A thorough knowledge of, and due reflection on, the anatomy of the parts, and their ascertained degree of rigidity, will prevent recklessness and insure success, where success is possible.

In abnormal positions of the head, especially if low down, it is often better that the forceps should be applied, even with some risk, than that the graver risk of version should be undertaken.

It is a good rule never to go to a case without the forceps, one or two pairs, in hand or in easy reach, for thereby much annoyance and risk will be averted.

E. CRANCH.

ERIE, PA.

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#### A SEVERE CASE OF TRAUMATISM.\*

Mr. S. S., age 58, dark complexion, dark hair and eyes; height, 5 ft. 8 in.; weight, about 150 pounds in health, has a strong rigid fibre, quick, active, and of a lively disposition.

While engaged in driving a fractious span of large farm horses attached to a heavy farm wagon, to some part of the farm, stopped to close a gate, when they became frightened and began to run away. The reins had fallen on the ground in front of the wagon, and as he was reaching to attain them was drawn violently under the wheels, both of which passed over him. They must have passed over him while on his side, as the discoloration and bruised flesh began about the centre of the left innominate bone, and extended entirely across the body, crushing the scrotum and penis and tissues

\* *Trans. I. H. A.*

of the perineum, rupturing the urethra at the neck of bladder, and also about two inches anteriorly, then passing over the anterior spines of the right pelvic bone. The bones fractured were the floating ribs of the left side, the ninth two inches from its spinal attachment, the right ischium cracked about its centre. The family physician (allopathic) was called, who gave a very discouraging prognosis. He maintained that the penis, scrotum, perineum and the adjacent tissues would slough; the fractured bones were given no attention, as they expected the patient would die at any hour; eight hours after the injury the bladder began to pain very severely, when morphine was given and consultation called for of two other physicians, who only verified his prognosis and advised the use of the trocar through the perineum; the attempt was made, but they failed to pass it any farther than the prostate, when it was abandoned, and the bladder tapped high up in the left abdominal region, as it was very much distended by this time and the urine pumped out. Such was the case when I was called on the morning of the fourth day.

May 21.—I neglected to state that they had persistently tried to pass the catheter by way of the natural channel previous to the operations. Traumatic septicæmia had already set in, the wound made by the trocar in the perineum was discharging a dark inky looking fluid mixed with broken down tissue, degenerated clots, infiltrated urine, pus and fat globules, in abundance. The thermometer, 103; pulse, 130; severe pain in the region of the bladder, sharp stitching pain in the region of the fractured ribs on inspiration, also pain in buttocks, spine, sacrum and lumbar region. He could not be moved a particle, so sore was the whole muscular system, with a feeling as if the bed was as hard as a stone; respiration forty, had slept only when under the influence of opiates. No thirst; has been fanned for sixty hours. No medicine was given but whisky and water, which he draws through a syphon.

**TREATMENT:** Attempted to pass the catheter by natural channel, but failed; prescribed Arnica cm. and bandaged ribs, using straw board starch bandage with the assistance of adhesive strips, injections of warm water into the wound made by trocar.

May 22.—Pulse, 130; temperature, 103½; rests some better,

but thinks it is due to bandaging; no pain until the bladder fills up, when the pain is intense. Sleep troubled with frightful dreams, has the power to think. He says head feels too heavy and a sensation as if scattered, cheeks red and burn, tongue coated brown, bed no softer, flesh not so sore, has an abscess on right wrist where morphine was injected. Can draw limbs up a little, and has an operation from the bowels by aid of an enema, still pump the urine through the abdominal puncture, odor from wound carrion-like, and discharge no better. Baptisia 6 in water every two hours.

May 23.—Temperature, 100; pulse, 90; discharge lessened to one-half, odor better, though it was almost unbearable during the night.

Had a sinking spell, when stimulants had to be given after pumping the urine; discoloration leaving the tissues, and parts assuming their natural appearance again; succeeded in passing the catheter this morning by natural channel by careful manipulation to prevent it from passing down into the scrotum; profuse hæmorrhage followed for a few moments, but soon ceased. A silver catheter was used, and which was left in.

May 26.—Continues to improve, and no change was made, except the cm. potency of Baptisia was given. Would have given it in the first place, but did not have it.

May 28.—Has lain on the right side to-day for twenty minutes, which was the first time he has been moved since his injury. An abscess has formed in the abdominal puncture, but the pus is laudable, though profuse. Temperature a little subnormal at 10 A. M., and rises to 101 at midnight; feet cold, and has a desire to have them bathed in hot water often; appetite good, though he has received no solid food as yet. Continued Baptisia.

May 30.—Ears feel stuffed, with the sound of thunder in them. Temperature still subnormal at 10 A. M., and rises to the same height at midnight; still wants to put his feet in hot water; pain in hips until fever rises, when it passes away. China sulph. cm., one powder every three hours until three are taken, followed by no medicine every two hours.

June 1.—Slept like a baby, he says, all night, though he feels exhausted from the sound sleep; feet do not trouble him now. Temperature 99 at 10 A. M., and 100½ at the highest point.

June 4.—Temperature normal; eats anything, almost; silver catheter causes pain, and it is changed to a soft rubber one, when the pain ceases.

June 10.—Is improving right along, sits up for two hours each day. Gave Hepar cm., one powder (Johnstone).

In five days the discharge of pus has entirely ceased, and wounds are healing kindly; the rupture in the urethra is closing up, but still use the catheter for fear of infiltration of urine into scrotum.

Hope to discharge my patient cured in ten days more.

J. H. ALLEN.

PHILADELPHIA, PA.

#### DISCUSSION.

Dr. E. Carleton: This paper illustrates the astonishing amount of vitality possessed by some people and the wonderful results that can be achieved by homœopathic prescribing.

Dr. Sawyer: In this report the doctor speaks of the temperature being sub-normal. I come from the same State, and I have noticed that for about a year there have been a great many cases in that section of the country in which the emperature has been sub-normal. When in such cases crude quinine is given, we have heart failure, but Cinchona sulph. in high potency, cures them every time.

Dr. Stow: How far below normal was the temperature?

Dr. J. H. Allen: About one-half degree.

Dr. Carr: The paper reminds me of a case that I recently had. A young man was stabbed on a line midway between the left nipple and the umbilicus near the cartilages of the short ribs. It bled profusely, and to all appearances the incision went into the stomach. Directly after having drawn the wound together the patient vomited copiously of fluid blood. The vomiting of fresh blood strengthened my conviction that the stomach had been penetrated. It occurred at midnight; I had no instruments with me except a pocket case, and I had to do the best I could with them. At the end of twelve hours I found him perfectly comfortable, and concluded to let him rest under the homœopathic remedy. For this action, or rather lack of action, I was taken to task by the legal counsel that had been retained by the assailant. They claimed that I had not made a proper examination of the case. But the case proceeded favorably, and all I had



to do finally was to remove the stitches. The food was a small quantity of diluted milk. The remedy was Arnica and one dose of Belladonna on the third day. They were in the cm. potency. My idea is that if a scientific probing and examination of the wound had been made, it would have been worse for the patient.

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### SURGICAL THERAPEUTICS.\*

An important reform in the homœopathic profession has commenced, both by practitioners and some of the medical journals, in relation to the medical treatment of surgical cases. Frequently cases which should have been cured by medical treatment have been passed over to the surgeons, possibly of the allopathic school, and only local treatment or the knife has been the resort, entirely ignoring the general morbid condition of which the local disease is only its manifestation. This is especially the case in diseases of the eye.

This is almost entirely in the hands of specialists, who treat their patients almost exclusively by local applications. We have to regret the fact that many who call themselves homœopathic physicians are following the same line of practice. A careful study of Hahnemann's *Chronic Diseases* gives us more true knowledge of the nature of chronic diseases than all previous writings combined.

All diseases of the eye, not caused by local injury, are only the external manifestation of an internal morbid condition requiring the administration of internal remedies. Neglect of this will account for the great want of success, patients often continuing years under treatment.

As the nitrate of silver is one of the common applications, how often we see patients with a permanent discoloration of the coats of the eye and the disease and the sight no better than when the treatment commenced. Where the simillimum is found in accordance with the general symptoms we may be assured of a favorable response.

With the so-called oculists there is a perfect furor for an excuse for an important operation, which, by the aid of the journal reporter, becomes a cheap mode of advertisement. Within the last few months three cases of excision of an eye

\* *Trans. I. H. A.*

have been reported in this city, which was doubtless very pleasing to the operator, but a disgrace to the art of healing. One was a case of cataract in an old lady as a preventive of the same development in the other eye. Another was the case of a boy ten years of age with acute inflammation of one eye, which was removed to prevent inflammation in the other. How completely this would have been cured by the infinitesimal dose of the simillimum.

Two cases from my note book not before reported.

A gentleman thirty-two years of age came to the office with a bandaged eye, which was in a high degree of inflammation, with a fungus excrescence covering the whole pupil, protruding a full eight of an inch. Aconite was given to allay the inflammation and for the pain remaining *Spigelia* was given with relief. Then Phosphorus was the last remedy given, and the eye was restored.

Another was the case of an old lady ninety years of age, with a soft cataract of the right eye, pupil enlarged and as far as could be seen the lens was covered by a whitish-gray coat. Sight of that eye entirely obscured. She had *Calcarea* 200, and afterwards *Sulphur* 200. In about two months the deposit was removed and the sight restored. With the disappearance of the cataract an intense itching was developed on all the external parts of the body.

The writer, during forty years of homœopathic practice, has treated many cases of eye disease, and during that period has not made medicinal application, as is the common practice, relying entirely upon the similar remedy internally.

L. B. WELLS.

UTICA, N. Y.

#### DISCUSSION.

The President: We should like to hear from Dr. A. G. Allan on this subject.

Dr. A. G. Allan: I am not sure it is fair to call on me for remarks, for I just this moment entered the room. However, as far as I heard the paper, it was very interesting on account of a cure of such an intractable trouble as cataract. I have always felt that it was a condition which it was impossible to remove with the homœopathic remedy, because we have a degeneration of the structure of the lens, with deposit of lime, fat, etc., which seemed to me to be beyond restoration.

I have never had many cases of cataract to treat medicinally, but in several I have succeeded in clearing up a haziness of the lens, but never in removing the rays which usually run through it. They remain after the general haziness has been cleared up.

Dr. Howard: I have had some experience with cataract, but I hardly feel certain that I have cured any, although, like Dr. Allan, I have seen great improvement.

Dr. A. G. Allan: I treated a lady who came to me with incipient cataract, dark rays ran through the lens in different directions, while, in addition, there was a general haziness. Vision in one eye was  $\frac{2}{8}$  and in the other  $\frac{1}{10}$ . She received two remedies, Sulphur and Silicea; of course, not both at the same time. After several months had elapsed the lens, in the interspaces between the rays, cleared up entirely. The vision was improved to  $\frac{3}{8}$  and  $\frac{4}{8}$ , respectively. The case might easily have been reported as a cure, as she can read and attend to all her household duties without difficulty. This treatment was four years ago, but the rays are still visible in the lens.

Dr. Fincke: Dr. Fitch reminds me of a case of cataract which was cured by Dr. Boskowitz. It was a complete cure, because the man was brought to the hospital before and also after treatment to see if anything remained of it, and nothing was left.

Dr. Fitch: It was about twenty years ago. I was in the hospital and had charge of the eye and ear dispensary. The case had been under Dr. Agnew and an operation advised. The remedy was Phosphorus, and after the treatment we examined with the ophthalmoscope and pronounced it entirely normal.

Dr. H. C. Allen: A few years ago the widow of a homœopathic physician called upon me for some acute trouble. A few days after, she told me she was troubled with double cataract, and wanted a prescription. Her eyes had been examined by Dr. G. S. Norton, of New York, and cataract in both eyes pronounced as the diagnosis. He had prescribed Causticum 30, night and morning, for a long time, and it was taken for six weeks. It was about a year after this prescription that I prescribed for her. Previous to her going to New York, Dr. Allen, of Omaha, had found cataract in both

eyes. I prescribed Sulphur, and afterwards Silica. More than a year after, I received a letter from Dr. Allen, of Omaha, saying that he had re-examined the lady's eyes and found them practically cured. The sight of one eye was  $\frac{2}{8}$ , the other  $\frac{1}{8}$ . He wrote to find out what I had given her, and considered it a great improvement, if not a complete cure.

Dr. W. L. Morgan : Eight years ago in Lynchburg, Va., a lady who had been totally blind in one eye for several years came to me with the complaint that her sight was getting dim in the other eye. I could see an opacity through the pupil, but not being an oculist I paid very little attention to it. I found, however, that she had a Causticum headache, and I gave her Causticum 200, one dose a week for several weeks. After three months she received Sulphur for some new symptoms. An examination at that time showed very plainly that the opacity was smaller. In course of time it became invisible, sight good, and she was free from headache as well.

Dr. A. G. Allan : I would like to say one word in regard to the cure of cataract. There is a difference between improvement of vision and the cure of a cataract. The first I freely admit, the latter I have never seen. By cure, I understand the restoration of the lens to the condition it was in before any alteration started. Now, with this degeneration of the lens there is a cloudiness throughout, sometimes great in amount, sometimes slight. When a very great cloudiness is there, with comparatively few rays of degeneration, the patient may be very nearly blind, and yet the remedy will remove this cloudiness and make the blind see, but the rays remain. I have never seen them removed ; unless the lens is examined with an ophthalmoscope, we have no means of knowing whether it is a complete cure or only an improvement. The restoration of vision does not prove that the parts have been restored to absolute integrity. The patient will not be conscious of the rays unless they happen to pass through the axis of vision. The case may be practically cured, but not actually. I had a case about four years ago of a man, with complete cataract in one eye and a partial one in the other. He received Phosphorus 30 and 200. It cleared up the one almost completely, but had not a particle of effect upon the other.

Dr. Carleton : I have adopted the plan of sending the

patient to a specialist to get a written diagnosis, and then I have helped or cured the patient with pure Homœopathy. The specialist can not go back on his own diagnosis.

Dr. Stow : In regard to this question of curing cataract, we should make a distinction between the lenticular and capsular. As I understand it, there is a great difference in their curability.

#### **A RARE CASE—TRAUMATIC PARALYSIS OF THE RIGHT EXTREMITIES, BLINDNESS AND APHASIA.\***

March 18th, 1890, I was called to see one Geo. B—, a short, thickset farmer, some forty-five or fifty years old, who was hit in the left eye with a bit of sponge somewhat charged with water, playfully thrown by a lady member of his family. At the time he did not experience much uneasiness beyond an ache, the shock, and some lachrymation. Two days afterward he became blind in the left eye, the sclerotic vessels became congested and burning, smarting, aching; photophobia began to loom up. All these phenomena increased in severity, with added pain, soreness, heat and pressure in the entire left parietal region. At first he had severe paroxysms of sharp, cutting, agonizing pain in the orbit and left hemisphere of brain—or meninges—occurring between 9 P. M. and 3 A. M. for some five or seven nights; that each and every time was entirely relieved by a dose or two of Aconite 300. At first, during the day, I gave him Arnica 300, as the fact that the eye was hurt by a blow; was not free from aching; the tutamina were somewhat ecchymosed seemed to indicate.

Later, as the sclerotic vessels became more congested, chemosis developed, and he complained of stitching, stabbing pain in the ball of the eye running back into brain; pressure of orbit outward; profuse lachrymation. I gave Spigelia 300, with much diminution of the subjective symptoms, but no material change in the objective. He had to be in as nearly total darkness as it were possible. At this time the season was cold, wet and changeable, thus tending to retard, if not prevent lasting relief.

This condition continued with intervals of improvement until June 14th, when they hurriedly summoned me. Right

\*Trans. I. H. A.

here it will be proper to state that, in my view at that time, sooner or later the eye would have to be enucleated or some other operation performed to permanently relieve him, and so I told his wife. On reaching the gentleman's home I found his right arm and right leg paralyzed in their entire length—paralysis of motion and to a great extent of sensation—with aphasia.

Right sight was clear; his reason intact; mind clear. What was the pathological condition? I would say that when I first saw him an ophthalmoscopic inspection revealed nothing, because no light could be transmitted into the posterior chamber of the eye. There seemed to be but one conclusion, and that, that a blood vessel had burst and hæmorrhage had taken place into the posterior chamber, probably from the arteria centralis retinae or some other small branch of the ophthalmic; I say small because the slow development of paralysis and aphasia warrants the statement.

That sharp congestion of the meninges took place as a result of the very near disturbance of the eye is warranted by the sharp pain, soreness and pressure in the parietal region; while the aphasia and paralysis seem to have been the result of such congestion and subsequent pressure upon the anterior lobes or some portion of the pons. It is likewise possible that emboli deposited in the central and middle frontal convolutions for the area for the upper limb; the upper portion of the two central, the superior parietal and the base of the superior frontal convolutions, and the paracentral lobule for the area for the lower limb produced the rightsided paralysis. The aphasia present, coupled with the patient's ability to understand questions and to take an intelligent view of the situation, would indicate disturbance of the third frontal convolution. That the series of phenomena present were due to quite active congestion or to embolism or to the pressure of extravasation there is but little doubt, the sequel pointing rather to the latter view, for, after months of sickness, the paralysis has much diminished, and the patient can incoherently articulate many words. He is still blind in the left eye, and is very irritable and unable to work.

But to go back a little. At the time I found him in this deplorable condition my advice to his wife was, to operate

without delay, by enucleation of the eye or by trephining on the line of the fissure of Rolando and the fissure of Sylvius. To this she would not listen, but called allopathic counsel, who advised a blister on the left temple and venesection. The case went from my hands, and the man, though living and getting about, is a wreck!

I cite this case on account of its rarity, the interest it should excite, and to call out discussion as to the advisability of operating in the manner and on the lines indicated in this case and in future similar ones.

T. D. Stow.

MEXICO, N. Y.

DISCUSSION.

Dr. Carleton: This is a capital report, and the doctor was thoroughly right in the course he pursued. The accident was a very peculiar one. It strikes me as almost unique, that a right-sided paralysis should arise from such a cause.

Dr. Stow: When I left the case I made up my mind that either enucleation or trephining had to be done. I sat up all night on the case, and engaged a couple of physicians to be on hand in case I wanted them in the morning. It was 4 o'clock when I went to bed. I was awakened by a messenger, who told me I need not call until I was sent for. The case was taken out of my hands.

Dr. Taft: Dr. Lippe said that Arnica was of no use in traumatic injuries to the eye, and that for these *Symphytum* took its place. I have had two cases more severe in the beginning than that of Dr. Stow's, which came out well under *Symphytum*. One case was an injury to the eye from a splinter cutting it, while working in a carpenter shop. I thought I was going to have a severe case. I gave *Symphytum*, kept the eye bandaged, and it cleared right up.

Dr. Biegler: I do not know that I can add anything to the paper read by Dr. Stow, but I heard of the rightsided paralysis, and it reminded me of a case of chronic Bright's disease that I have had under my care for the past five years. In all, the patient has had two hundred uremic convulsions, and she is still living. During the spring just passed she was taken with twelve successive convulsions, and when these stopped there was the characteristic symptom of pitching to the right, and, finally, a rightsided hemiplegia. I gave her

Stramonium, and she has recovered the use of the paralyzed side, and is able to sit up in a chair. She had delusions that she was lying crosswise in the bed, and that her feet were higher than her head.

Dr. A. G. Allan: I wish to indorse Dr. Taft's remarks on the value of *Symphytum* in eye injuries. It is of the greatest value for the pains that come later, some time after the injury—not so much for the immediate effects.

Dr. Custis: *Rhus* is good for nearly the same set of symptoms. When an eye injury sets up a meningitis, you almost always find a *Rhus* tongue. *Rhus* is very frequently called for after *Arnica*; hence you can almost anticipate that *Rhus* will be needed in certain conditions, and watch for the first symptom that calls for it, and give it immediately.

Dr. Stow: I am glad that we have skilled oculists among us. It should be a matter of duty on their part to keep a record of cases, and when called on to go into court give testimony that will sustain their own brethren, when there is occasion for it.

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#### ULCER OF NINE YEARS' STANDING, CURED.\*

Near the first of April, 1889, I was asked to see Mrs. H., who was suffering from an ulcer across the front of the left leg a little below the middle. I learned that twelve years previously she suffered from what they called "rotting ulcers" on the face, trunk and limbs, of which the deep scars remain. Then she had abscesses about the ankle of the left leg, which healed; and then nine years ago came the present ulcer. When I first saw it, it was about six inches in length, an inch and a half wide at one end and about an inch at the other; a little narrower in the middle. It had at times been extremely painful, and cold water applied was the only thing found to relieve. There was much swelling of the leg, and the skin for several inches around the ulcer, but more so below it, was highly inflamed, presenting a watery oozing surface. The edges of the ulcer were red and deep, the discharge scanty and watery, and the pain stinging, but not now very frequent nor severe.

She received *Silicea*, 45m. (F.), one dose, dry, on the tongue.

\*Trans. I. H. A.



On May 3, about a month later, my note is, "improved some." Gave Silicea 45m. (F.), three doses in water.

A month later, June 3d.—Ulcer almost closed in middle; stinging pain in it yesterday.

Silicea, 45m. (F.); one dose dry.

July 20th.—Healing slowly advancing. Ulcer watery, and edges a little red.

Silicea, cm., (F.); one dose, dry.

October 3d.—The ulcer is healed, throughout most of its length. There is a red, itching, watery spot below it.

Silicea, 45m. (F.), in water, night and morning, two days.

October 31st.—Healing progressing. No medicine.

November 7.—No apparent progress in ulcer. Much inflamed redness below it. When asked to describe the pain in it, she said: "painful, like a finger, you know; like a painful finger; it's not the leg itself, but the thing that's on it."

Silicea, 45m., night and morning, four days in water.

About December 1.—Leg has been much better; now swollen and red, with itching in one spot.

Silicea cm. (F.) night and morning, two days, dry.

December 23.—Less swelling; ulcer the same.

Silicea, cm. (F.), night and morning in water, two days.

February 7, 1890.—Lower end of ulcer now scabbed over.

No medicine.

March 25th.—Not quite healed. She has desire for acids.

Hepar., 45m. (F.), one dose, dry.

April 16.—The lowest point once closed, by scab is open. No itching or other sensation in leg. Backache for two days, worse on stooping.

Carbo. veg., 900 (F.), one dose, dry.

May 23.—The ulcer still has high edges.

Asafoetida, 200, one dose, dry.

June 10.—The ulcer smaller and edges lower. She has walked in the street for the first time.

Asafoetida, 200, night and morning, two days, dry.

July 3.—Ulcer almost closed; better than ever and improving every day. No medicine.

The ulcer soon healed entirely and remains so at the present time; the inflammation and swelling of leg have gone, it has a natural healthy color, and it is once more a useful member of the body.

There seem to have been several unnecessary repetitions of the remedies. The promptness with which *Asafœtida* completed the cure suggested to me that an earlier comparison of symptoms, instead of trusting so long to the remedy, which had begun the cure, might have led sooner to the use of *Asafœtida* and an earlier cure of the patient.

An infinitesimal potency placed on the tongue heals a large sore of nine years standing in a distant part of the body. There is nothing new to Homœopathy in that. But what does it not tell us of the fineness and sensitivity of our frame; what of a mighty beneficence which we can handle, but which we can not weigh, committed to our care; what, at last, in common with all real cures, does it not tell us of the manifold goodness of the Lord!

EDWARD RUSHMORE.

PLAINFIELD, N. J.

#### DISCUSSION.

Dr. Custis: As this is in the surgical bureau, let me ask, would not the time of healing have been shortened if that ulcer had been strapped? Would there have been anything in the strapping contrary to our principles, seeing that the strapping is simply to prevent the action of the muscles around it, which action interferes with healing? I always strap such ulcers and succeed in curing them in a very short time. I use rubber adhesive plaster. I think strapping in such cases increases the speed of their healing.

Dr. Carleton: Yes; strapping would no doubt have healed it a little sooner, but it would not have stayed healed so well. The old rounders go to the hospital clinic and have their ulcers healed in that way, but I call it "suppressed," for they promptly break out again as soon as the patient is discharged as cured. When under the sole influence of the indicated remedy cicatrization is seen to be going on in the *entire circumference of the ulcer* and granulation is making rapid progress and the pus is in a healthy condition, then it is all right to use a skin graft. That makes a little oozis from which the skin can spread. I never allow it to be done unless there is some good reason for it. If the patient at the same time is cured with the remedy, he will stay cured.

Dr. Rushmore: Rest was enforced in this case by the inability of the patient to use the limb.

Dr. Adams: I had a clinical verification of Bufo in my practice. One dose of Bufo 10m. aborted a felon that was coming on the thumb. Indications—"swelling, blue black around nail"—"pains run in streaks up arm." I saw him three days afterwards, when he informed me that the pain had disappeared; that night he slept and went to work the next day. The felon never appeared.

Dr. Biegler: I wish to ask a question of Dr. Fincke in regard to the repetition of the dose. I find all through Dr. Fincke's reports to this Association that he prescribes the high potencies in repeated doses as often as every two hours at the first. Most of us are in the habit of prescribing the remedy in a single dose and then awaiting its action before repeating, and I wish to obtain Dr. Fincke's judgment in this question before separating.

Dr. Fincke: The question of repeating is one of the unsettled questions. When I first studied Hahnemann I can not say I was very successful with the single dose. But I saw one dose of Thuja 103m. (F.) cure a terrific case of sycosis. Then the question came to me, do we get better results by repeating or not repeating, and when should we repeat? These are questions that come up very often in practice, and we sometimes fail because we can not decide it. It is impossible to decide it in our present state of knowledge. I am seeking for more knowledge. I have reported these cases of repetition for the purpose of furnishing data and of showing that they were not spoiled by repetition. I have found sometimes that the first dose or two acts and the following doses do not act at all as if they were only no medicine. Very frequently I think we must repeat to get the best results. I do not think we can lay down a law at present for all to follow; it depends upon the individual ability of the physician. Perhaps we may be able to formulate something on the line of homœopathic aggravation. Many have doubted the existence of this at all, but the best observers agree upon its frequent occurrence. I think that almost every case treated homœopathically presents such symptoms as point to aggravation from the remedy. Hahnemann says that in acute disease there will generally be an aggravation, in the first few hours, after which the case will progress favorably, and that in chronic disease in the first or second week there will be an aggravation and that this is a favorable sign.

However, I do not pretend to lay down a rule, I am simply experimenting in the hopes of finding one.

Dr. Biegler: This answer is satisfactory, and about what I expected.

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#### SURGICAL NOTES.\*

I.—Mrs. C., aged about thirty, sent by a colleague to hospital for operation upon lacerated cervix and perineum. Found stellate laceration. Uterus was bound high in pelvis by adhesion of fundus. Used douche of hot water to render parts anæmic, and then produced anæsthesia with Ether. Upon denuding cicatricial tissue at seat of laceration, found considerable ceptic degeneration. All scar tissue was carefully removed and hæmorrhage checked by sponges squeezed from a solution of Calendula and hot water.

After the usual dose of *Nux vomica*, to antidote effects of Ether, patient was left on *Calendula* 200. This operation was performed midway between the periods; patient having left a family of small children at home, was exceedingly anxious to have second operation performed soon as possible and without leaving hospital, so immediately after next menstruation repaired the perineum, but found a mistake had been made in yielding to patient's wishes. In less than twenty-four hours a persistent passive hæmorrhage set in. A member of the staff prescribed *China* tincture without relief. A dose of the same remedy 200 in water had the desired effect.

Removal of sutures in cervix was rather difficult, owing to adhesion of uterus and parts not being relaxed as when under the anæsthetic, but after the operations were completed patient made a good recovery.

II.—Mrs. A. C., aged twenty-four, mother of one child. August 11, 1890, complained of severe bearing down toward the vulva, with desire to press with the hand for support. Peculiar feeling at symphysis pubes, "as if bones open and shut." Examination revealed bilateral laceration of cervix uteri. Prescribed *Lilium* 30. After one month, bearing down was relieved, but movement at symphysis was so annoying that patient consented to operation upon cervix, as she

\**Trans. I. H. A.*

was compelled to earn her bread and her child's by using a sewing machine from morning till night.

September 17.—Operated at hospital. On account of impoverished condition of patient, she remained under hospital care for three weeks and left feeling well and happy. Has had no return of her old annoying symptoms.

III.—Baby N., five weeks old, a typical *Calcareo* phos. patient. Remedy acted favorably, except upon urinary symptoms. Patient was very restless, both before and during urination; also strained considerably at the time of urinating. Found a long, narrow prepuce with small orifice. Removed portion of prepuce, and upon slitting up the mucous membrane found it adherent to the glans and covering numerous chalky concretions. These were removed, then snipped off corners of mucous membrane, united mucous membrane and skin with silk sutures.

At end of four days, stitches were removed and patient showed marked improvement of both local and general symptoms.

IV.—Baby B., eight months, generally a bright, healthy boy, but very restless at night. Remedies did not relieve. A physician, a member of the family, requested operation for phimosis. Upon examination found several symptoms of that condition. After removing portion of the prepuce and cutting open the mucous membrane, saw a complete ring of encapsulated secretion at base of glans. This was opened and all contents carefully washed away. In this case also used the four silk sutures, which were removed at end of fourth day, when patient rested comfortably through the night and was in apparently perfect health.

In all these operations Ether was employed as anæsthetic, wound was sponged during operation with solution of *Calendula* and hot water, and afterwards same remedy was given internally, unless symptoms called for other remedy. Simple dressings are used exclusively, and last, but by no means least, perfect asepsis is the rule throughout.

E. J. MYERS STURTEVANT.

NEW YORK.

**CURVATURE OF THE SPINE.\***

November 30, 1890.—I. G., three years and nine months old, was carried out of a carriage into my office. He was on his way home to Marysville, after a residence of eleven months at the Children's Hospital, of this city. During all of that time he had been kept on his back. They had diagnosed antero-posterior curvature, situated at the upper dorsal vertebræ. This position was imposed on him instead of the plaster of Paris jacket. One of the physicians had said that he would be better dead. On examination I confirmed the diagnosis, as I found a slight curvature at the above mentioned point.

He was fair and emaciated. His father could tell me but little about him, but on December 5th I received a letter, in which his mother, speaking both of his symptoms before going to the hospital and since his return, said that he sweat about the head when asleep, he was slow in talking, etc. These symptoms pointed, but not very clearly, to Silica, which I sent in the 30th, one powder.

I gave directions not to interfere with his sitting up as soon as his muscles, weakened by long inaction, should permit him to do so, and that when he wished to walk to let him try, beginning gradually and increasing as his strength, as manifested by desire, showed his ability to do so.

January 14, 1891.—He improved till the last few days. Silica 200, one dose.

February 9.—Is having, after considerable improvement, some febrile manifestations, picking his nose, bluish white on the upper lip. Cina 500, one powder.

February 29.—He received a powder of Cina m. in one dose as the improvement had ceased.

March 11.—Received a letter, saying that he had been attacked by the grippe, with high fever; rapid breath and other symptoms pointing to pneumonia as a complication. Fanlike motion of the alæ nasi was clearly perceptible. I telegraphed to give him Lycopodium 200, one dose, dry.

Improvement set in immediately, strength increased, appetite returned, so that at the present time, May 10th, he runs about outside, and is like a healthy child. I received a diagram of his spine. The curvature is only such that, when dressed, the only deformity perceptible is a shortness of the

\* Trans. I. H. A.

neck. But when stripped the curvature is, as near as can be estimated, the same as when he was first brought to me.

The question may arise, why I permitted my patient to sit up and put no apparatus on him to keep the spinal column straight. My reasons are: the curvature arose because the muscles maintaining the spine in equilibrium became weakened, so that the stronger ones pull it over. By the recumbent position, as apparatus, by taking off all work from those muscles, weakens them still further. If this weakening is, as presumable occurs to an equal extent to both classes (?) of muscles, the equilibrium is still more destroyed. To illustrate: take two unequal numbers, say 6 and 4, take 2 from each of these numbers = 4 and 2, so that the ratio has been changed from 50 per cent. greater to 100 per cent. greater.

I believe that Swedish movements, directed to strengthening the weakened muscles, would do much to obviate such weakness and restore the equilibrium, but as I only saw my patient once I could not direct them successfully.

#### ULCERATION OF STUMP.

June 24, 1890.—J. B. H., æt. 35, Irish, inclined to corpulence, color fresh, dark hair and blue eyes, tailor's apprentice; had always been healthy, being the only patient I ever examined carefully without finding any trace of constitutional taint. Three years ago had both legs amputated after compound fracture at the middle third. The right one was re-amputated some time after, and then a healthy stump was obtained. The left one, however, has never been sound, and a reputable physician advised re-amputation as the only resort. But my patient did not wish to add any more to his experience in that line. He had had pieces of bone snipped off of the left stump without benefit.

There is now an ulcer covering the end of the fibula, of such a size, shape and depth that a large bean divided longitudinally would have filled the cavity. Pus very scanty and of a brown color, as if venous blood had been mixed with it and stirred as to be perfectly homogeneous. At 4 or 5 every morning violent cutting pains set in, which continue till he rises. The rest of the time no pain to speak of. The most persistent cross-questioning failed to elicit another symptom, owing to his perfect health. The character of the pains,

which he described as jagging and stitching, and the time of their coming, appearing to correspond to Kali carb., I gave it in the 200th, two powders at an interval of three hours.

June 29.—His pains are all gone. No medicine.

July 6.—Not so well. Feels as if a spicula of bone was jagging him in the ulcer. Kali carb. 500, one dose.

July 13.—Not doing well as on the last two nights. Pain came on at 11 P. M. and continued till 1 A. M.; restless, changing position continually, which relieves. Rhus 200, two powders.

August 3.—No improvement; can find no satisfactory indications. Fluoric ac. 30, one dose.

August 17.—Is improving; the pains are as if a splinter were in the sore. No medicine.

September 7.—Cutting, jagging pains. Kali carb. 40m., one dose, from which he improved till October 14, when the ulcer seemed almost healed, so that it looked like a crack, as if the healing had proceeded from both sides, but they had not become adherent. Last week during two days the same pain. Kali carb. cm., one dose.

November 24.—Is not so well. Kali carb. mm., one dose.

December 6.—Ulcer healed; pains all gone; cured.

And at this date, May 12, 1891, he still remains so.

I do not think it is incumbent on me to demonstrate that this is a cure, the result of the medicine administered, more particularly as no medicinal applications whatever were applied; only dry rags were used.

From the history and symptoms of this case I believe that irregular, if not sharp, edges or spiculæ of bone projected from the tibia, and that nature, incited by the similar remedy, absorbed them so that they became rounded off. We know that she does such things, by observing the history of neglected fractures, as they, when motion is extensive, may even form rude joints.

A. M'NEIL.

SAN FRANCISCO, CAL.



**ON THE CONTINUANCE OF CONSTITUTIONAL TREATMENT AFTER OPERATIONS.\***

The writer has no desire to detract from the knowledge and skill of those who have performed operations, whether successfully or not, for under any circumstances such abilities then required are only possessed and perfected by a long and very painstaking study, with the possession of talents—which only few are the owners of—so that, under any result, when an operation is required the men who perform it deserve our cordial support. The point which does not always secure the attentive consideration which it ought is, that *after* excision has been performed, whereby a tumor or any morbid growth has been removed, the *subsequent* treatment has often been allowed to cease under the improved condition so gained; the surgeon frequently concluding that all disease so treated has been removed; the absence of pain, etc., for a longer or shorter time being the principal element is forming such deductions. But the records of the various hospitals in this or any other country reveal a different result—the patient only too often succumbing sooner or later to other diseases, or a reformation of the original malady, which proves abortive to all remedial measures, though discharged apparently cured at the time; of course, allopathic cures are mainly meant, and those under their subsequent constitutional treatment—often no better than a system of guessing—yielding the patient no curative results; the question being, are our own cases always more wisely dealt with, and so yielding better results? There are certain operations, but seldom attempted by thoughtful men, such men and no others—so certainly discovering that evil effects follow, after a mere temporary good. Take for example cancer, which may be allowed this allusion, though not fully relevant to the subject, but referred to in order to bring the remarks which follow more manifestly before our school—rather to restate what we all believe, certainly not to present any rare disease, every one of long practice meeting with plenty of similar ones—much less to call in question the proceedings of others among us. Every one no doubt using his best judgment in every case—but simply as before said, to *re-state principles which we all receive*—though *their application* trusting that

\*Trans. I. H. A.

our pure minds be occasionally stirred up, by way of remembrance.

The patent to be alluded to—by way of illustration—was that of a lady who called me in to give a diagnosis of her disease. She was apparently robust, dark hair, about 60 years of age, full of humor, and unmarried, giving me some trouble to find the existence of any disease at all, but on examining her breasts, I discovered on one a tumor—hard in its texture, adherent to the ribs, and subject to occasional twinges of severe shooting pains—from which, after due consideration, I told her freely that she had a scirrhus, which would eventually open and become a running sore, thereby proving a cancer; but she, being doubtful of this diagnosis, was advised to see other doctors, especially of the other school, and get their opinion, which I found had been done to three, all expressing the same opinion I had given her. She then asked me whether medical treatment might benefit such a malady; on which she was informed that the writer would not take such a case alone, as the men of another faith would affirm that I had killed her by the treatment, in the event of that proving unsuccessful, but that I would put her under the most skillful men in Philadelphia, medical and surgical, and give her the encouragement which might be returned. She at once consented, and I sat down to make my report, the first question being: What had she suffered from hitherto, or before the scirrhus developed? To which she promptly answered: Nothing; that she never ailed anything, having had good health all her life. By this answer she came into collision with my own experience: that a malady of such a nature never came without some preceding ill health, and that often for a long time. She, however, affirmed the truth of what she had said, until her sister, from an opposite side, overhearing our colloquy, called her attention by the remark: “Why, Bessie, what are you talking about? You know that nearly all your life you have suffered from headaches, which have frequently been so severe that they have sent you to bed almost weekly!” “Oh,” she replied, “these have long since yielded to the treatment they received, and have permanently gone.” “How long,” was asked, “have they disappeared?” “Some nine months,” was answered. “How long,” I continued “since the tumor had revealed itself?” “Some eight

months," was the reply. I rejoined, emphatically: "Do you not see that one disease—so called—has been stopped up or suppressed to make way for another?" At which she was at once serious, and suffered me to go on with my report.

This was made out and sent to the late Dr. A. Lippe and Dr. —, still living, and practising as a surgeon. The answer by Dr. Lippe was that he had just treated and cured a schirrhous in a fashionable lady, which made even him a little nervous, but the dreadful thing was cured; though, alas! who will believe it? However, to go on with my report, it received the answer that she need not come down, but go on with the remedies at home, and some encouragement given of a cure. I immediately proceeded to her house with my message and medicine, and was met at the door by her sister, who observed that Dr. —, then living, had heard that I had given her some encouragement (not true), and urged the excision of the mammæ without delay as the only means of averting a speedy death. This operation had been effected, the patient said to be doing splendidly. The query was then asked, whether she (Miss —) wished me to speak my mind on this point, which was promptly answered in the affirmative. I replied, "Your sister will not be alive twelve months hence;" sure enough, she died some nine months afterward, of an incurable pulmonary disease.

Such cases are in the memory of all old practitioners, and this has been rather dragged in here as a means of making some remarks, which, as *self-evident truths* in our school (though sometimes overlooked), need hardly be discussed.

1. That the removal of this breast by surgical procedure was (as so well said by Dr. Bell) a very doubtful expedient.

2. That an operation on any morbid growth, so long as such growth does not interfere with the action of vital organs, should never be attempted, however many friends may urge the contrary.

3. That such growths, tumors, etc., are almost always the results of nature's efforts for the sufferer's relief, to be treated accordingly; but previously only too often misunderstood, suppressed or erroneously mismanaged.

4. That where surgical aid is needed in their removal, the *constitutional treatment should especially be carried on till every vestige of dyscrasia is, if possible, removed.*

5. That where such morbid developments are discharged as the results of treatment, or of the *vis vita ovarian tumors*, etc., the relief obtained thereby should always be suspected, as not fully exhausting the *dyscrasia*, and remedies continued till health be established.

6. That these considerations be wisely made known to the patient and friends.

JOHN HALL.

VICTORIA, B. C.

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**A SURGICAL CASE CURED BY HOMŒOPATHY.\***

November 4th, 1879.—A woman aged forty, single, tall, and of dark complexion.

Seven weeks previous to the above date, *fell on the left knee*, while carrying a child in her arms.

For ten days, the knee had presented a large fluctuating swelling over the patella, with considerable pain in the leg.

Had been around to all the allopathic hospitals and dispensaries, and was advised to have it "operated" on, *i. e.*, injected with Iodine, Carbolic acid or something of a like nature, adding that she would have to lie on the back for some weeks, with a splint back of the affected knee.

*Sticta pulmonaria* 30, night and morning.

November 15th.—The pains have disappeared, but the swelling continues as before. *Sticta pulmon.* 200, night, for a week.

November 25th.—Reports that the swelling *began to subside* on the 19th, and by the 21st had altogether disappeared. The patient was on her feet during the treatment.

Compare this with rest, lotions, pressure, blisters, long incisions, fomentations, poultices, stimulating injections, and even excision, of the Old School.

W. E. LEDYARD.

SAN FRANCISCO, CAL.

\* *Trans. I. H. A.*

**ANEURISM: CASES FROM PRACTICE.\***

The subject of aneurism has been one of peculiar interest to our profession for a long time. It has presented difficulties not easy to be overcome. The medical and surgical wings of the old school have devoted their best thoughts and experiments to the cause. The former has accomplished a little in the line of contraria; opium has retarded the blood current and facilitated local stasis in a very few instances; gallic acid and iron have thickened the blood, and in that way helped to the formation of a clot in the sac, successfully in enough cases to overbalance the harm done in others; and that is about all.

I well recollect a case of aneurism of the arch of the aorta, in 1873 or thereabouts, which attracted considerable attention at the time. The subject of it was a middle aged gentleman, who had been active in mercantile life while living for a number of years in a tropical climate. He returned to this country in a disabled condition. His physician advised with a well known professor of surgery, and together they decided to try the iron and acid treatment. The patient was kept on his back, had little of food or drink, and swallowed enormous doses of medicine. When the constitutional symptoms resulting therefrom became alarming, the doses were reduced, to be again brought to a maximum as soon as audacious prudence permitted. After a number of weeks had elapsed, the local trouble abated; and finally a recovery was announced, with great publicity and display. The poor fellow was nearly used up by the treatment, however, and never rallied from it. I doubt if any considerable number of the physicians and students, who heard of the case and its recovery, ever became aware of the fact that the man perished very soon after from congestion of the lungs. To my mind, drugs were responsible for the congestion.

I have not presented this history to find fault with it, but merely to show how inadequate is the contrary method of prescribing. Other cases of cure with iron and acid have been reported. There are no means at hand of verifying them, but presumably recovery was permanent. Due credit should be given for every real cure of such a formidable disease.

The surgical wing of the profession presents a better

\* *Trans. I. H. A.*

record. The Hunterian method of ligation has often proved successful. Inapplicable, of course, to such a case as the one just alluded to, it nevertheless stands as a monument to its illustrious originator, and as one of the legitimate means for selection by the practiser of the art of healing. Whether knowledge of more drugs will in future render ligation superfluous is a matter of speculation. Compression, in its various modifications, has worked well sometimes. From the forcible flexion of an extremity to the digital compression of the femoral artery by a relay of students, though sometimes accompanied with dramatic incidents, and, perhaps, newspaper notoriety, may be found the range of a mechanical process which has stood the crucial test of experience. Acupuncture and the chemical and electrical methods have not shown so good results. The latest plan is to fortify the weak wall of the blood vessel by the formation of a white thrombus, starting at the inner surface of the sac. In an address on aneurism, delivered before the Midland Medical Society last year, by William Macewen, M. D., of Glasgow, the physiology of the formation is set forth in detail. The main thing used is a delicate steel pin, which is also strong, and long enough to pass through the blood vessel and irritate its opposite wall. The blood current, as it pulsates, causes the point of the pin to scratch the inner coat of the artery. This scheme, being the result of mature thought and of experiment by an able and experienced surgeon, is worthy of attention. He reports four cases treated by his method, with flattering results.

But the well balanced homœopath is enabled to prescribe the best medicine for the individual, according to the law of cure, and to supplement it with such operative measures, as the case may require. Who in this assembly can doubt the superiority of the new method of practice over the other? The following cases are cited to illustrate my views:

Ten years ago, Mrs. D., aged 50, complained of a throbbing, choking sensation, at the base of the neck and behind the sternum, worse when exerting muscular strength or when excited. The examining finger in the supra-sternal fossa, clearly defined the lesion. It was an aneurism of the arch of the aorta. Later on, it became so large, that a person sitting upon the opposite side of the room could easily discover a

bulging, palpitating part just above the sternum. At that time she was much troubled with dizziness, pain in temples, timidity, sighing and sadness. Those who wish to account for symptoms will be interested to hear that she naturally would have been sorrowful, by reason of repeated family afflictions. Her husband and all but one of her numerous children had died in quick succession. She never was informed of the nature of her malady, but advised not to make any great exertion. The symptoms called for Ignatia, and that was the remedy she received, in the 200th potency. The frequency of its administration depended upon the violence of the symptoms; when very bad, she took a teaspoonful of watery solution every few hours; at other times, only morning and night, or omitted a number of days together.

The aneurism continued to grow, slowly, for months after I began to give Ignatia. I had no expectation of curing that, but did hope to make the patient tolerably comfortable. She felt and acted better, ate and slept more, and improved in flesh. Some months later, it became evident that the tumor had ceased to grow, and then it slowly and steadily diminished in size. Strength returned. She took up the active occupation of nursing and has continued at it since. It was my desire to have you examine her at this meeting, but a patient who is particularly fond of her, objected to being left alone, and the plan failed; but an interview can be arranged for those of you who are sufficiently interested to visit her. You will find the arch somewhat enlarged and solidified. This case has been shown to other physicians, at different times, by me. The diagnosis and recovery have not yet been questioned. Nevertheless, if this paper comes to the notice of the Old School statistician, he probably will add one more to his tally of "spontaneous recoveries." But to-day you are the jury, and I am content to abide by your verdict.

A case of popliteal aneurism came under my observation last winter at Ward's Island, during my term of attendance, Wm. B. Breck, M. D., and, later, L. E. Poole, M. D., house-surgeons. G. T. Stewart, M. D., chief of the house staff, kindly furnishes the history.

A. B., aged 32, born in Canada, single, waiter, admitted January 5, 1891. Good family history. Had diseases incident to childhood. Hard drinker. Has had gonorrhœa repeatedly. Eczema three years. Subject to epistaxis.

About six weeks before admission first noticed a tumor in left popliteal space, about the size of a hickory nut. At first it did not throb. Then it began to throb intermittently; pains not constant but paroxysmal, every two or three hours. Tumor increased very rapidly in size—pain became constant, night and day, shooting down to heel, so excruciating that it almost caused fainting; cold sweat accompanied it.

Physical examination disclosed a hard tumor in popliteal space, the size of a walnut, painful to pressure; heart sound heard over same; pulsation in tumor ceased and it became softer, on compressing femoral artery in Scarpa's triangle. Leg œdematous; ulcer on lower third; limb semi-flexed; extension impossible; patient said that "hamstrings seemed as if grown together." Temperature 100 to 101.

On the 14th of January I decided to try the method of compression devised by Dr. Walter Reid, of the British Army. This consists in applying an Esmarch bandage from the toes up to the aneurism, passing the latter without compressing it, by making a diagonal turn up alongside the knee-joint, and then continuing the bandage far enough up the thigh to make sure of a good place for the rubber tubing, which is fastened tightly around the limb, and the bandage then removed. This method has been reported successful in numerous cases. Interest in it and the case in hand brought physicians and students to witness the trial, which was made under ether. The apparatus remained in place three hours and a half. Few of us could wait to learn the result, but Dr. Breck wrote to me that night the following particulars:

"I am sorry to inform you of the unfavorable result of the attempt to cure the aneurism this afternoon. At 7 P. M., the Chief of Staff being present, I gradually loosened the Esmarch. At first there was no pulsation, but before the last coils were removed it came back with almost as much strength as before the application. Digital compression was immediately applied, though causing the patient extreme pain, and before anything could be done to relieve it his pulse commenced to fail rapidly, finally becoming imperceptible at the wrist; the patient seemed to be going into collapse. Stimulants were given and he rallied nicely, but further manipulations seemed to be contra-indicated, so nothing more was done. At present, 11 P. M., the patient is resting without



narcotics, though still suffering much pain, mostly at the point where the bandage was fastened."

I resolved to make further trial of compression, and this time with the aneurism tourniquet. By January 23 the patient had rallied sufficiently to permit the operation, which was then performed at Scarpa's triangle with the large tourniquet. This is Dr. Breck's report: "At 11.30 A. M. applied the tourniquet. Comparatively little pressure caused the pulsation in the tumor to almost cease, and we left the patient quiet and comfortable, with the instrument in place. About two hours afterward was called to see him, and found him nearly frantic with pain. Measures were taken to relieve him, but he insisted on the removal of the tourniquet, saying he would prefer to have his leg off and be done with it at once. This is now the second unsuccessful attempt, and the tumor seems to be gradually growing in size."

Another unsuccessful attempt was made on January 26th, causing dangerous symptoms. Mr. B. had now become resigned to any plan which promised relief, even amputation. The swelling seemed as large as an infant's head. Every heart's beat caused a pulsation in the limb, which could be easily seen across the room. After due consideration, it was decided to perform the Hunterian operation next, and to apply the ligature to the femoral artery in the middle of the thigh, thinking thus to offer a safer retreat in case of disaster, necessitating amputation, than if the ligature were in Scarpa's space.

This plan was carried into execution, in the presence of physicians and students, January 29th, with the aid of ether and the Esmarch apparatus. Our antiseptic friends would probably not approve of the course that was followed, as we relied upon simple cleanliness, as usual, all through the operation, it being in a large, full hospital. The artery was found in the sheath with the vein, and *in front of the vein instead of behind it*. This anomaly is unique, so far as I can learn. Well waxed, braided silk, No. 5 size, was tied tightly around the artery, and one end left hanging outside the wound, the other cut short. Were the operation to be repeated by me today, both ends would be cut short. The wound was carefully rinsed with diluted Calendula, then dried, the sides approximated with ordinary, interrupted

sutures, and dry cotton (unmedicated) bound over the incision. The hospital record of what followed reads thus: "Patient rallied, but in the evening, about 7 o'clock, he suffered excruciating pain. Doctor gave him seven-eighths of a grain of morphine, and other drugs, but the pain kept increasing. At 11 P. M., he could stand the pain no longer, and upon consultation of Staff, an amputation was deemed necessary. So, Doctors Breck and Miller went to the city for Dr. Carleton's consent to operate. But Dr. Carleton, after getting the patient's symptoms from the doctors, decided to prescribe instead of amputate, and said if pain did not cease he would amputate in the morning. He sent Coffea 200, a few pellets, to be put upon the tongue every fifteen minutes until pain should abate, and then stop. After receiving two doses of medicine the pain abated and patient slept soundly. When he awoke the pain was nearly all gone, and he was feeling well in all respects. Dr. Carleton was notified in the morning of good recovery, and he did not deem it necessary to come over. The temperature at 11 P. M., when the doctors went to the city, was 104; at 4 A. M., January 30th, it was 102; at 8 A. M., 101.3. January 31st, temperature was 101.3 in A. M., 102 in P. M.; patient doing nicely. February 1st, A. M., 100.3; P. M., 101. February 2d, A. M., 101; P. M., 99. February 3d, A. M., 99; P. M., 101.4.

Bowels were constipated and patient was very restless all day, but was quiet at night and slept most of the night.

February 4, A. M.,	99	P. M.,	100.
" 5, "	100	"	100.3.
" 6, "	100.2	"	100.4.
" 7, "	99	"	99.2.
" 8, "	99.2	"	99.3.
" 9, "	99.2	"	99.4.

Temperature ranged from 99.4 down to normal, and stayed there. Wound healed by granulation. Very little pain at times; recovery was all that could be looked for.

The hospital narrative may be amplified a little. The seven-eighths of a grain of morphine had been followed by a huge dose of bromides, and that by a large dose of chloral, and that by three ounces of whisky. None of these made any apparent impression upon the case. The patient screamed

and tossed, and wanted to throw himself out of the window. The symptoms that led me to select Coffea were, "pains seemed insupportable, driving to despair;" "great nervous agitation and restlessness." These tally exactly with Hering's *Materia Medica*. Besides, patient complained of "arterial tension, twisting and wrenching, where the ligature had been applied, and running thence up to the heart and brain", which corresponds pretty fairly with Hering's symptom, "strong, quick palpitation of the heart with extreme nervousness, sleeplessness and cerebral erethism". It is my present belief, that Coffea was his remedy from the start. Do not understand me as expressing the opinion, that Coffea would have cured the aneurism; nor that it would not; but it would have done good if given sooner than it was. The great fact to which your attention is called, is that the similar remedy will produce euthanasia better than the contrary can. We all know that it will *cure* better.

The stitches came away with a little pus. The ligature came away March 11th, the fortieth day after its application. Artificial heat was applied to the entire extremity, immediately after the operation, of course, and as a matter of precaution maintained a number of days; but the leg never became cold nor pale, showing that the collateral circulation had become somewhat established before the artery was tied. Pulsation has not yet been detected anywhere below the ligature. The ulcer healed gradually. There was, for a number of days, occasional pain in calf of leg and toes—non-characteristic and not very distressing. The limb was numb, weak and clumsy for some time. Patient can not yet make complete extension, and walks mostly upon the toes and ball of foot. The tumor steadily decreased in size. It can yet be felt in the popliteal space, round, hard and tough. Although a few of the objective symptoms remain in slight degree, yet they are nearly gone and are going. Practically the man is cured. He left the hospital the second week in May.

EDMUND CARLETON.

NEW YORK.

## REPERTORY OF URTICARIA.\*

## REMEDIES IN GENERAL.

<i>Acon.</i>	<i>Bry.</i>	<i>Cocc.</i>	<i>Kali c.</i>	<i>Petr.</i>	Spong.
<i>Alnus</i>	<i>Calad.</i>	<i>Con.</i>	<i>Kali i.</i>	<i>Phos.</i>	Stann.
<i>Aloe</i>	<i>CALC. c.</i>	<i>Cop.</i>	<i>Kars.</i>	<i>Phos ac.</i>	Straph.
<i>Am. c.</i>	<i>Canc. fl.</i>	<i>Cub.</i>	<i>Kreos.</i>	<i>Pin. s.</i>	Stram.
<i>Am. m.</i>	<i>Can s.</i>	<i>CULEX M.</i>	<i>Lach.</i>	<i>Pip. m.</i>	<i>Sulph.</i>
<i>Amyg.</i>	<i>Carbo a.</i>	<i>Cund.</i>	<i>Led.</i>	<i>Pod.</i>	<i>Tarax.</i>
<i>Anac.</i>	<i>Carbo. v.</i>	<i>Cup.</i>	<i>Lyc.</i>	<i>Puls.</i>	<i>Tereb.</i>
<i>Ant. c.</i>	<i>Card. b.</i>	<i>DULC.</i>	<i>Lycopus</i>	<i>RHUS.</i>	<i>Tetradymite</i>
<i>Ant. t.</i>	<i>CAUST.</i>	<i>Fagop.</i>	<i>Mag. c.</i>	<i>Rhus. v.</i>	<i>Thuja.</i>
<i>APIS.</i>	<i>Cepa.</i>	<i>Fer. iod.</i>	<i>Mag. s.</i>	<i>Rob.</i>	<i>URT. U.</i>
<i>Arn.</i>	<i>Cham.</i>	<i>Frag.</i>	<i>Merc.</i>	<i>Ruta.</i>	<i>Ust.</i>
<i>Ars.</i>	<i>China.</i>	<i>Gas.</i>	<i>Mez.</i>	<i>Sarr.</i>	<i>Verat.</i>
<i>Astac. fl.</i>	<i>China s.</i>	<i>Graph.</i>	<i>Nat c.</i>	<i>Sant.</i>	<i>Vesp.</i>
<i>Aur.</i>	<i>Chloral.</i>	<i>Guar.</i>	<i>Nat. m.</i>	<i>Sars.</i>	<i>Viol. tr</i>
<i>Bartf.</i>	<i>Chlor.</i>	<i>Hep.</i>	<i>Nat. ph.</i>	<i>Sec.</i>	<i>Vös.</i>
<i>Bary c.</i>	<i>Cic.</i>	<i>Hip.</i>	<i>Nat. salic.</i>	<i>Sel.</i>	<i>Wiesb.</i>
<i>Bell.</i>	<i>Cim.</i>	<i>Hyper.</i>	<i>Nat. s.</i>	<i>Sep.</i>	<i>Zinc.</i>
<i>Berb.</i>	<i>Cina.</i>	<i>Ign.</i>	<i>Nit. ac.</i>	<i>Sil.</i>	
<i>Bor.</i>	<i>Clem.</i>	<i>Ind.</i>	<i>Nux. v.</i>	<i>Sol. a.</i>	
<i>Bov.</i>	<i>Cocoa</i>	<i>Ipec.</i>	<i>Pal.</i>	<i>Spig.</i>	

## SUBJECTIVE SYMPTOMS. †

BURNING.—*Apis. Ars. Bart. Berb. Cepa. Cocc. Dulc. Rhus*  
*Rob. Sars. Wiesb.*

CORROSIVE.—*Calad.*

STINGING.—*Apis.*

COLD.—Sensation in skin (with) *Berb.*

CRAWLING.—*Hyper.*

STINGING.—*Apis. Bart. Berb. Cepa.*

ITCHING.—*Fagop. Zinc.*

STITCH.—(One at a time) *Con.*

TENDERNESS.—*Bell.*

## OBJECTIVE SYMPTOMS.

ANNUAL.—*URT. u.*

BRIGHT RED.—*Cop. Nat. m.*

CHRONIC.—*Ant. cr. Astac. fl. Calc. c. Caust. Chloral. Cund.*  
*Hep. Lyc. Sep. Sulph.*

DIRTY LOOKING.—*Aur.*

FEBRILIS.—*Amyg. Chlor. Cub.*

PALE.—*Cop.*

YELLOWISH.—*Aur.*

Trans\* *I. H. A.*

(†Itching is omitted for obvious reasons.)

## REGION.

GENERAL (all over).—Cina. Cop. Dulc. Grap. Nat. m. Sulph.

HEAD.—Ant. c. Calc. c.

SCALP.—Puls. n.

FACE.—Ant. c. Apis. Ars. China. Cocoa. Hep. Rob. Sep.  
Tetradymite.

BEGINNING on.—Cop.

CHEEKS.—Ant. c. Cham.

LEFT.—Viol. tr.

FOREHEAD.—Cop.

BEGINNING on.—Cop. (Ip.)

LIPS.—Coca.

NOSE BEGINNING on.—Cina.

CHEST.—Calad. Can. s. China. Merc. Sep. Tarax.

ABDOMEN.—Merc. Nat. c. Nat. sal.

NECK.—Ars. Fagop. Nat. m. Nat. p.

NAPE.—Apis. Hep. Sil.

BACK.—Canc. fl. Lach. Lyc.

DORSAL region.—Sil.

LUMBAR region.—Hip.

NATES.—Lyc.

RIGHT.—Hip.

EXTREMITIES.—Ant. c. Apis. Cocc. Lyc.

JOINTS.—Ant. c. Verat.

EXTREMITIES—

UPPER ARMS.—Berb. Canc. fl. China s. Chloral.

Dulc. Nat. m. Pod. Sep.

LEFT.—Berb.

RIGHT.—Berb.

ELBOWS, BENDS OF.—Zinc.

FINGERS.—Hep. Urt. u. Thuja.

DORSA.—Cocc.

FOREARMS—Calad. China. Clem. Sil.

LEFT.—Am. c. Lycopus, Lyc.

RIGHT.—Hip. Lyc.

HANDS.—Apis. Berb. China. Euphorb.

Hep. Hyper. Nat. c. Nat. m.

Nat. s. Sep. Sulph.

DORSA.—Acon. Apis. Cop.

Hyper. Ind. Sulph.

Thuja.

LEFT.—Berb.

PALMS.—Rhus v.  
 RIGHT.—Apis.  
 SHOULDERS.—Berb. Fagop.  
 WRISTS.—Cocc. Stann.  
 LOWER.—Spig.  
 CALVES.—Aur. Graph. Hip.  
 FEET.—Calc. c. Sulph.  
 HIPS.—Sulph.  
 KNEES.—Canc. fl.  
 BENDS OF.—Zinc.  
 LEGS.—Aur. Cv. Chloral. Lach. Lyc.  
 Nat. s.  
 RIGHT.—Lycopus.  
 THIGHS.—Caust. Ceba. Clem. Dulc.  
 Merc. Zinc.  
 INNER SIDE—Merc.  
 KNEES (JUST ABOVE).—Caust.  
 SEXUAL PARTS.—Merc. Tart.  
 WM. JEFFERSON GUERNSEY.

PHILADELPHIA.

#### PROVING OF LAC CANINUM BY OLFACTION.\*

Prover, a man about 28 years of age, organist by profession, and of a highly sensitive, nervous organization.

The day after smelling of the cm. had the feeling as of a warm sponge in throat.

One week after, inhaled the 40m. (F.) four times with each nostril.

The second day after had vertigo. Tried to walk straight, but would find himself walking sideways toward the left. This was followed by indigestion for several days. Immediately after dinner a feeling of nausea. His usual after dinner smoke failed to relieve. Lying down increased the nausea. This lasted three-quarters of an hour, and then would leave as suddenly as it came on. This caused profuse, warm perspiration on forehead and lower face.

The next symptom was of catarrh. A horrible filling up of phlegm from back of nose down into throat and discharged through mouth with difficulty. Afterwards discharge of thick, yellow mucus from left nostril, then from right. Alternating from left to right and never from both at same time. A constant feeling of phlegm in throat.

WATERBURY, CONN.

M. FLORENCE TAFT.

\* TRANS. I. H. A.

**ON THE RELATION OF THERAPEUTICS TO MIDWIFERY.\***

To bear children is the biological destiny of woman ; and in that act, and the subsequent rearing of her young, she fulfills the natural condition of womanhood. More than that, to bear children is a physical necessity to woman if the highest form of health is to be maintained ; the woman who fails of motherhood never reaches the fullness of physical development. The fact that so many women are broken down by child-bearing is nothing to the point ; it is the contiguous circumstances which break her down, not the child-bearing. If, then, it is the duty, the necessity and privilege of every woman to become a mother in order to fulfill the rounded life which is her natural birth-right, then it is the privilege, and the duty, and a necessity laid upon the medical profession to carefully inquire by what means she may be helped to fulfill her destiny with the greatest ease and safety to herself.

It is customary to look upon midwifery as merely the delivering a woman of a child ; but the scope of this thesis would enlarge this inquiry to include all that pertains to a successful outcome of a pregnancy. It is not enough to merely separate mother and child from each other in a mechanical way, but so to manage the whole procedure *ab initio* that both mother and child shall have the best possible chance for life and happiness. Therefore the relation of the physician to child-bearing does not begin with the act of parturition, but extends to all the circumstances of woman's life, physiological, psychological, pathological, sociological. This is a much wider view than that ordinarily entertained by the community at large, by the pregnant woman herself, or by the medical attendant. It is nevertheless the true one, as a moderate amount of clear thinking will demonstrate.

This brings us to the question to be discussed : Has therapeutics anything to say to midwifery ? The word therapeutics has been variously defined ; let us then in the first place clearly understand in what sense it is used in

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\*Presidential address delivered before the American Obstetrical Society at the annual meeting, New York, December 15, 1891.

this thesis. In its generic sense it means to nurse, to serve, to cure; and in a general way it is used broadly to include any agency pertaining to the healing art. `But we would restrict the definition here somewhat, and in this connection would define therapeutics as the art of using drug effects in such a manner as to insure normal labor. A normal labor is one that could be safely accomplished without any extraneous assistance.

If, then, midwifery cases are to be managed in such a way as to secure the best results for mother and child, the obstetrician cannot be a specialist in any narrow sense of the word; the whole domain of medicine is his, but especially must he be well versed in general pathology and in *materia medica*; capable of detecting morbid states even in their incipiency, and of correcting them through the resources of drug action. The obstetrician who practices midwifery without therapeutics reduces his work to mere manual labor.

The purpose for which medicine, as an art, exists is the eradication of disease; and it falls far short of its opportunity if it fails to do this. To eradicate is to pull up by the roots, and Whitlock says that an eradivative is a medicine that affects a radical (*i. e.*, a root) cure, that extirpates, that cures thoroughly. Most doctors are satisfied if they can obliterate the evidence of morbid action, and to such the somnolence of morphia, or the sweeping action of a saline purgative, is praiseworthy therapeutics. To many of us this seems like very shallow practice. How many of us, however, fully recognize the existence of what may be called the latent powers of the *materia medica*? Disease is the expression of faulty action, and in many instances of faulty construction; indeed the line of demarcation between functional and organic disease is a shifting and indeterminate one. Still, in a rough way, we separate morbidity into functional and organic, and too many of us are content to limit the action of therapeutics to remedying the effects of faulty action, not realizing that they are just as capable of remedying faulty construction.

There has been an evolution of disease *concurrently* with the evolution of animal forms, and in consequence of the



mode of development, by which parts are readapted to uses other than that for which they were intended originally, as, for instance, the use of a section of intestine as the central support of the spinal cord, whence arise tendencies to disease not inherent to neural tissue, or in consequence of the suppression of parts, leaving rudimentary, functionless organs, which, like the idle boy at school, are constantly getting into mischief, nearly all so-called organic diseases arise. Embryology is eloquent in furnishing evidence that the ancestors of the human race were aquatic in their habits, and that many structural peculiarities in man result from the transformation of an aquatic into a terrestrial animal. From these and other reasons there exist many vestigial parts, in varying degrees of undevelopment, which being useless tend to escape from the control of the central nervous system, and to assume independent growth. It is from this source that most tumors and cysts arise, and many other forms of disease that we class as organic. But the central nervous system is very jealous of its authority. As soon as one of these vestigial organs shows a tendency to develop on its own account, the central nervous system sounds a warning through the length and breadth of the system. If it receives the proper reinforcement, which experience has shown to be this or that drug, it is enabled to overcome the vagrant vital force residing in the vestigial part, and suppress it. But if this help be not forthcoming the abnormal growth continues, and the whole system suffers.

Disease is controlled by the same laws which regulate biological processes in general, and thus pathology is only a department of biology. It is important to bear this in mind if we wish to study successfully the origin of disease. And whether this correlation of distressing or painful sensations which we call disease be functional aberration or textural alteration, the borderland between disease and health is very uncertain and little explored territory. The process of menstruation as a concomitant of potential fertility is clearly a physiologically normal one, though it evidently lies on the borders of pathological change, as is evidenced not only by the pain which so frequently accom-

panies it, and the local and constitutional disorders which so frequently arise in this connection, but by the general systemic disturbance and local histological changes of which the discharge is merely the outward expression and result. Whichever of the theories of menstruation we accept, whether we view it as a kind of surgical freshening of the uterus for the reception of the ovum, whereby the latter during the healing process can be attached securely to the uterine wall, or if we regard the proliferation and thickening of the mucous coat before the commencement of the flow as a preparation for the reception of an ovum if duly fertilized, and the menstrual process itself as the expression of the failure of these preparations as a consequence of the nonoccurrence of pregnancy, it is evident that if we are to have a normal outcome of pregnancy the uterus must have been in a healthy state prior to pregnancy; successful midwifery antedating conception. It is here that therapeutics has a large field for usefulness. Uterine therapeutics, as evidenced and enforced in Minton's handbook on that subject, is the vestibule to successful midwifery, and should be the *vade mecum* of every one who essays the obstetric art. For it is in the prevention of troubles whose incipient shadow is alone visible that the worthiest triumphs of our art consist.

We all more or less practice preventive medicine. We know if a person has been exposed to the influences of a dry, cold wind and has caught, as we say, a cold, that Camphor, in proper dosage, will prevent that local accumulation of blood which we call congestion, and that all the untoward symptoms of which the person will be aware are the initiatory chill and then an ephemeral feverishness—the natural reaction. If, however, several hours have elapsed and congestion has been established, let us say, in the pleura or the lungs, the proper and prompt administration of Aconite will cut short the attack of pleurisy or pneumonia. Or, if there has been even greater carelessness and delay, and the first stage is merging into the second, that even then the symptoms, taken in their subjective and objective entirety, will clearly point out the drug which will prevent further disorganization of tissue.

We know that we can thus cut short some diseases, and that the measure of our success in so doing is in proportion to our skill in anamnesis and our intimate acquaintance with drug action. We know also that though such knowledge is open to all it sometimes happens that advantage is not taken of it, and diseases are allowed to run on, under the eye of the physician, from the preliminary to the fatal stage.

Applying these principals to child bearing we perceive at once their application; and on looking yet closer into the matter it will be seen how imperatively necessary it is, in dealing with conditions of the reproductive organs, to apply this principle of prevention. It is more important here than in dealing with any other portion of the human economy, for primitively reproduction and death are nearly akin; and it is certain that the deadly tendency of reproduction will be most felt in the organs involved. Therefore when these are stirred to physiological activity we have all the elements of a tragedy at hand.

Goethe says: "It is not death that makes reproduction necessary, but reproduction has death as its inevitable consequence." The aloe lives its cycle of twelve or fifteen years and dies in efflorescence. And so all through the physical realm organizations die because they have to reproduce. This fact is not so evident in *homo* as in less complex bodies, but the seed germ of dissolution is there just the same, though overlaid by other conditions of his complex structure.

That peculiar liability of uterine and mammary tissue to disease, which furnishes the most tragic possibilities of the life of woman, becomes less mysterious in the light of the above facts. We may also remember that this necrotic tendency is vividly displayed in the normal secretions from the female organs, menstruation and lactation, both of which are katabolic, involving cellular disruption and death. And going one step further, and viewing the effect of modern life on woman, we can understand quite readily the association of uterine and ovarian disease, as complicating midwifery practice, with much of what we are pleased to generalize as civilization, and look out hopefully toward

panies it, and the local and constitutional disorders which so frequently arise in this connection, but by the general systemic disturbance and local histological changes of which the discharge is merely the outward expression and result. Whichever of the theories of menstruation we accept, whether we view it as a kind of surgical freshening of the uterus for the reception of the ovum, whereby the latter during the healing process can be attached securely to the uterine wall, or if we regard the proliferation and thickening of the mucous coat before the commencement of the flow as a preparation for the reception of an ovum if duly fertilized, and the menstrual process itself as the expression of the failure of these preparations as a consequence of the nonoccurrence of pregnancy, it is evident that if we are to have a normal outcome of pregnancy the uterus must have been in a healthy state prior to pregnancy; successful midwifery antedating conception. It is here that therapeutics has a large field for usefulness. Uterine therapeutics, as evidenced and enforced in Minton's handbook on that subject, is the vestibule to successful midwifery, and should be the *vade mecum* of every one who essays the obstetric art. For it is in the prevention of troubles whose incipient shadow is alone visible that the worthiest triumphs of our art consist.

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ordinary diseases of their sex; that the evolution at puberty is effected without that great physical and psychical disturbance which wrecks the future years for so many of their less fortunate sisters; that pregnancies are more nearly normal than in the average woman; and that the menopause is unencumbered with the distresses that make life a burden for several years to very many women. But more than this, tumors, both cystic and fibroid, are of such rare occurrence as to be practically unknown. If any one wants the evidence of this I refer him to an honored member of this Society, Prof. Betts, of Philadelphia.

Now this does not seem to me unnatural nor exaggerated. I have seen too often the power of medicine to eradicate organic changes—in the cure of fistulæ, in the effacement of scars, in the melting down of organic stricture, in the removal of corneal opacities, of warts and of other growths, all of which were palpable or visible—not to have that confidence which necessarily follows as the outcome of successful experience. Thus, to make the application of this to midwifery, we can do more for the mothers of the next generation than we can for those of this, by carefully applying therapeutic agencies to the female infants at whose birth we have the privilege to assist; giving them a better start in life than their mothers had. This will sound ludicrous to many, but it does not seem so to me. As our genial *confrère*, Dr. Oliver Wendell Holmes, says, "a boy's education should begin a hundred years before he was born," so we should begin to prepare a woman for maternity while yet she is in her mother's womb; and if she should turn out to be a boy, why—all the better.

Failing this, the best of all opportunities, we have the long period of adolescence preceding marriage. That much may be done through the growing years to secure easy maternity those know who have had the faith and patience to observe and experiment. Failing even this opportunity much can be done for a woman after she becomes pregnant, especially in first pregnancies. As I have said elsewhere: A first pregnancy brings to the surface many latent ills, whose evidence may be so indeterminately expressed as to escape attention; but we ought to be on the watch

for these, mindful of the frailties of human nature.\* But it is not alone in first pregnancies that a careful watchfulness will prevent the so-called accidents of labor.

However, we do not, as a rule, have control of our cases thus, as we might wish, during childhood and youth, or even during the first months of pregnancy. While, as I have said, the main element in successful midwifery is timeliness of effort—this is not appreciated by the laity, and until women are educated to know that the real help that the doctor can give them is not when the pain has set in, but during the preceding nine months—the profession has failed in its greatest duty to motherhood. I speak here from experience; an experience to be sure too limited to command the respect of anybody but myself; but it has satisfied me that nature always gives warning of coming mischief, if we have only the sense to appreciate her message. This experience, extending over a period of seventeen years, embraces 651 cases, in which I have been able to give more or less preparatory treatment to about 400. A large majority of these opportunities to watch the case for a variable period extending from eight to one month before confinement I secured by offering free treatment during that period, *i. e.*, making the total charge only what it would be for ordinary attendance; because, as a rule, women take no stock in such theories. Some of these experiences I have mentioned in “Commonplace Midwifery,” and I could fill many pages with others, if it seemed desirable. But enough has been said to indicate the thought I would convey.

There is an unfortunate tendency among our brothers of the bistoury to sneer at therapeutics. Doubtless much more and much less is in turn claimed for it than is warranted by the facts. Extraordinary cures are reported which never existed save in the undisciplined mind of the reporter; and on the other hand, a remedy, for like reason, often does more than it gets credit for. No one sees that except for which he is looking, nor more than his natural aptitude and his previous experience fits him to see. The

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\* “Commonplace Midwifery,” page 15.

system of the patient may be crying out for Belladonna, or Conium, or Lycopodium, but the unwatchful doctor will not hear the appeal. In a case recently reported by an esteemed colleague, of a vaginal thrombus occurring during parturition, in which the symptoms during the formative stage called so loudly for Belladonna that no student of materia medica could fail to hear the cry, the reporter airily said: "I do not believe that any drug would have had the slightest effect on this condition." Evidently he had never read Burnett on "Diseases of the Veins," or if he had read that valuable little brochure he had certainly failed to imbibe its wisdom. In making this criticism I do not wish to be considered personal. The practitioner in question is one I esteem, and he certainly managed his case cleverly from a surgical point of view. But the case well illustrates the point I wish to make, that nature always gives a warning, and that in therapeutics the stitch in time not only saves nine, but it often saves a life.

Could I add anything to the forcefulness of the thought by dilating further upon it? A hint to the wise does not require to be enforced by a crowbar, and the otherwise might be stunned by that forceful adjunct to argument, but a return to consciousness would find them of the same opinion still. I have no desire to talk anybody to death.

The point of view, as assumed in this thesis, may seem to some like the vain vaporings of one but recently arrived from Utopia, and whose tale though fascinating in its absurdity could never find fulfillment in this workaday world. But I am inclined to believe that in medicine as in the ordinary affairs of life the last word has not been said. We are assured by eminent scientists that man will soon be able to ride the air as safely and far more swiftly than he now navigates the water, there is an assured belief among metallurgists that presently some one will revolutionize most of the mechanic arts by discovering an inexpensive method of loosing aluminium from its clayey bonds; and there exists among even the most prosaic students of engineering the idea that before many more decades have rolled away a new motor will be at man's disposal which will even supersede electricity as now produced, and forever do away

with that fearful waste of stored force which has gone on through the centuries in the burning of wood and coal.

These are but samples of the triumphs over adverse circumstances which man sees already almost within his grasp; but none of these will ever become practical human property except as the result of toilsome, brain wearying work. Man might have crossed the Atlantic in five days centuries ago if he had only known how to do it. The natural conditions have not changed since the times of Cabot and Columbus. It is only that man grasps those conditions and makes them yield to his necessities. So it is in therapeutics. No advance will be made except through the labors of those who have faith to believe that beyond the untried seas there is a haven of refuge, that the evolution of scientific therapeutics will yet evolve a practice so nicely adjusted to man's needs that every physical accident will have its antidote, and man live out and enjoy all the possibilities of life.

What these possibilities are we have not time, nor is this the place, to enter upon more fully, but as lovers of humanity, as all true physicians must be, we may rejoice that though deprived of being ourselves partakers in their fulfillment we may by our labors hasten on the day of their coming. The whole purpose of this paper is fulfilled if I have conveyed the thought that in therapeutics we have the basis of perfected midwifery. That it is in the *materia medica* we may find not only multiform resource in times of difficulty, but also the greatest possible help in the *prevention* of difficulty and disaster.

NEW YORK.

G. W. WINTERBURN.



## 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.**

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AN OBSTETRIC LESSON.—On another page will be found the able, thoughtful and logical address of Dr. Winterburn, President of the American Obstetrical Society, for which we bespeak not only a careful perusal but the profound consideration of our readers. Not that either the principle or practice advocated by President Winterburn is new or unheard of, for it is fully expounded in the *Organon and Chronic Diseases*; was taught and practiced by Guernsey, as well as many others; in fact is distinctly Hahnemannian in all its essential features. But this exalted ideal of the obstetric art, this highest privilege of the true follower of Hahnemann so graphically portrayed by the President of the American Obstetrical Society, is to the great majority of the homœopathic profession a lost art. Perhaps it would be more correct to say an unknown art, for the text-books of our colleges and the works of reference of our practitioners are, and have been, those which deal with the mechanics of obstetrics, and the therapeutic measures are the crude palliatives of Allopathy; constitutional treatment is almost unknown. The result of such work is thus summed up by Dr. Winterburn:

Most doctors book their obstetrical engagements and then wait for the patient to send for them; and even think it quite a waste of time if obliged to sit around the house during two or three hours of the first stage. The doctor who manages his cases on that plan will have plenty of surgical work to do.

The greatest need of our school at this juncture is the practitioner who can and will practice true Homœopathy as expounded by the Master. The system of Hahnemann is a system of dynamics; the dynamic disturbance of the vital force being the cause of most abnormal conditions, and it must be met by a similar dynamic force in order to restore health. There is no time in the life of woman when latent constitutional affections are more prone to develop or when she is so susceptible to the action of the true simil-

limum as during pregnancy. Every abnormal sensation of the pregnant woman is a cry of nature for relief which the skilled therapist can easily detect and as readily give; and every abnormal sensation thus removed, removes a defect from the unborn babe. A healthy pregnancy is the first step toward a healthy child. If our obstetrical cases were managed in this way, surgical interference would be almost unknown. The occupation of the gynæcologist like Othello's, might be gone, but womankind would not be the complainants. No words more brave or true were ever written than the following from the address :

The best time to prevent midwifery accidents is in infancy. It has been averred that women who have been under proper therapeutic care, and by this I mean genuinely homœopathic, from infancy, are not prone to the ordinary diseases of their sex ; that the evolution at puberty is effected without that great physical and psychical disturbance which wrecks the future years for so many of their less fortunate sisters ; that pregnancies are more nearly normal than in the average woman ; and the menopause is unencumbered with the diseases that make life a burden for several years to very many women. But more than this, tumors, both cystic and fibroid are of such rare occurrence as to be practically unknown.

In an address delivered a few years ago before the New York County Society by Dr. J. S. Mitchell, of this city, he said :

Homœopathy has wiped out all symptoms of syphilis, save the lightest, and absolutely shorn the disease of its ancient terrors. It has shown that persons who have been reared under its benign influence are rarely subject to inflammatory rheumatism at any period of life. It has almost obliterated puerperal fever from the families of our adherents.

And how much more, and how much better "genuinely homœopathic" treatment—the treatment of Hahnemann—can do, only those who have tried it know. In behalf of the readers of the *ADVANCE* we thank Dr. Winterburn for the brave stand he has taken. Here is a broad, uncultivated field for earnest, honest work, which only the true homœopathist can do,

For the cause that needs assistance  
 For the wrong that needs resistance,  
 For the haven in the distance,  
 And the good that we may do !

## Comment and Criticism.

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

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### ALLOPATHIC "ADS" IN HOMŒOPATHIC JOURNALS.

*Editor Advance:* I cannot afford to do without THE MEDICAL ADVANCE, and in renewing my subscription to the publisher, permit me to add a word to the editor.

We have nothing but commendation for the literary department of your excellent journal; its "Editorials," its "Comment and Criticism," are able thoughts fitly spoken; its articles from contributors are interesting and instructive.

The transactions of the I. H. A. published by you make THE ADVANCE especially valuable to the Hahnemannian practitioner and to every one who desires to ride on the incoming flood tide which is now regenerating our school of medical practice; but it is a pity and a humiliation to permit its clear pages to be soiled by advertising allopathic nostrums.

Plainly, the object and intent of such "ads" is to mislead the novice, to tempt the unwary, to entice and divert the incompetent or indolent practitioner from his fidelity to our principles, to aid the unscrupulous who may be found masquerading under our colors.

These advertisements appearing in a magazine devoted *exclusively* to disseminating the principles of Homœopathy, pure and undefiled, lay us open, at least in the estimation of our jealous opponents, to the charge of encouraging a duplicity which we denounce and profess to despise.

This objectionable feature belongs, of course, entirely to the publisher's department, and the bribe of so many dollars per page for unfilled space is an important item, a terrible temptation to one who has to look after the finances of such a publication, particularly when that item may make all the difference between a paying and losing business enterprise. Yet it is an indisputable fact that such

advertisements should no more be tolerated in a strictly homœopathic periodical than meretricious "ads." in a religious paper.

We have been prompted to speak out upon this disagreeable subject after reading the sound and trenchant article by your able associate editor, J. B. S. King, entitled, "Pharmaceutical Dishonesty," (see Dec., '91, p. 474).

"Consistency thou art a jewel." Respectfully,

NEW YORK.

A. R. MORGAN.

[We plead guilty and have no doubt the editor of every homœopathic journal in our school will join us in the plea. But as not one in ten of the readers of homœopathic journals care what kind of advertisements fill its advertising pages, and so many subscribers, after reading a journal for a few years, forget to pay their subscriptions, it appears to be the only way at present by which the publisher can make both ends meet. If all subscribers would pay promptly, journals might be run without "ads."—ED.]

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#### SURGERY AND THE INDICATED REMEDY.

John B., a Swede, 27 years old, while stalling a bull was turned upon and gored in the chest between the fifth and sixth ribs. The rent followed the ribs to the sternum, then entered the thoracic cavity and through the mediastinum. This wound was five and a half inches long, not very deep until it reached the sternum; the opening here was as large as a half dollar, from which the air was jumping in and out upon each respiration. Empyema was also present; the right pleural cavity was filling. I washed the wound with an antiseptic solution (of carbolic acid) and sewed the edges together tightly as giving the patient the best chance. The temp. rose to  $104\frac{1}{2}^{\circ}$ , respir. 60, pulse 130. Head hot, body cold, bruised feeling; the bed seemed too hard, kept trying to change position constantly, groaned before coughing, right side chest symptoms, bruised sore feeling with bloody expectoration. Gave one powder of Arnica 30 in water. The following day at same time, temp. 103, pulse 120, resp. 50. The family called a surgeon in consultation, and they got but little encouragement from

him. He said everything had been done that could be done; recommended five grs. of Quinine every two hours, and departed.

Finding improvement in Arnica it was allowed to work undisturbed; improvement went on nicely for three days, no symptoms of blood poisoning. I made an examination again at end of that time and found the right chest solid, also right pleural cavity, and a large spot of effusion on the left side which had passed through the punctured mediastinum. Said he had no chill but felt cold during the night. He was breathing hard. Temp. 105, pulse 128, respir 40. I looked for the indicated remedy now and found that the totality of symptoms gave Sulphur; so gave one powder of 30 in water. The following day seemed a little better. Gave placebo, improvement went on; in a day the effusion on the left side was gone; in another day the solidification of the right lung was reducing nicely. Empyema gone, no coldness, sleeps well, appetite coming back. In one week's time the solidification was greatly decreased, and only half the amount in the pleural cavity. I let the Sulphur do its work, giving from time to time placebo. The ten stitches of cat gut were removed on the seventh day as suppuration was threatening. A punctured wound in the thigh eight inches long received at same time, forming a sinus, also healed with suppuration. One month from the day of accident patient well and at work. So much for the homœopathic remedy in surgery.

SAYERVILLE, N. J.

J. H. BEEKMAN.

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#### TRANSACTIONS INTERNATIONAL CONGRESS.

*Editor Advance:*—The transactions of the fourth International Homœopathic Congress and of the forty-fourth session of the American Institute of Homœopathy will be issued about the first of February, in a single volume of some 1150 pages, handsomely bound in cloth, similar to the recent publications of the Institute. The delay in issuing the work was due to the unusual amount of editorial and mechanical labor involved. Copies will be promptly mailed to all the members of the institute not in arrears,

and to all foreign homœopathic physicians who contributed in any way to the success of the Congress; besides which, the usual copies will be sent to homœopathic journals and colleges, and to the public libraries designated by the Institute. It is requested that any homœopathic journal in the world failing to receive a copy will notify the undersigned.

After retaining copies sufficient to supply the Institute membership, etc., there will be some twenty-five or fifty copies left over. These the Executive Committee will offer for sale at seven dollars each. Purchasers will please remit the amount to the Treasurer, Dr. T. Franklin Smith, 264 Lenox Ave., New York City, and the book will be forwarded by mail, postage free. PEMBERTON DUDLEY,

General Secretary, A. I. H.

15th and Master Sts., Philadelphia.

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### IN MEMORIAM.

P. P. WELLS, M. D.

At the meeting of New York Homœopathic Union held Dec. 17, 1891, the following resolutions were adopted:

WHEREAS: Dr. P. P. Wells, of Brooklyn, N. Y., departed this life Nov. 23d and in his 84th year, and with him one of our best members and originators of the New York Homœopathic Union has been removed, therefore:

*Resolved,* That we acknowledge with pride and gratitude the great worth of his scientific and practical labors in the homœopathic cause.

*Resolved,* That we lose in him a beloved and revered teacher and leader whose name will go down to the latest generations as one of the pioneers of Homœopathics in America.

*Resolved,* That in honor of his memory, these resolutions be placed on the records of the Homœopathic Union and published in the Homœopathic journals.

*Resolved,* That a copy of these resolutions be presented to the family of our deceased member as a token of our sympathy and respect.

# THE MEDICAL ADVANCE.

A HOMEOPATHIC MAGAZINE.

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VOL. XXVIII.

MARCH, 1892.

No. 3.

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## SANICULA AQUA.\*†

Sanicula Mineral Spring Water of Ottawa, Ill. Provings by Gundlach and nine fellow provers. By Sherbino. See Transactions of I. H. A., 1887.

Clinical Authorities: Gundlach, *Medical Advance*, Vol XXIII, page 380. Vol. XXIX, page 97. Sherbino, *Medical Advance*, Vol. XX, page 353. Vol. XXVI, page 129, 133; *Journal of Homœopathics*, Vol. II, page 219, 264; *Homœopathic Physician*, Vol. XI, page 71. Trans. I. H. A., 1887, page 152, 154. Chase, *Medical Advance*, Vol. XXIV, page 336. Guernsey, *Medical Advance*, Vol. XXIII, page 382. Morrow, *Medical Advance*, Vol. XXIV, page 47. Berridge, *Homœopathic Physician*, Vol. VIII, page 185. Evarts, Transactions I. H. A., 1887, page 155.

Symptoms marked ° are clinical.

### 1. MIND.—Instability of purpose.

Depression of spirits. Mind wanders from one subject to another, even while engaged in conversation.

Constantly changing his occupation.

Nervous irritability.

\* The following analysis is by Prof. Benj. Silliman, of Yale College, in grains per U. S. Standard gallon of 231 cubic inches:

Sodium chloride.....	.92.7995	Iron bicarbonate.....	.0979
Calcium chloride.....	23.5699	Potassium sulphate.....	5.1246
Magnesium chloride.....	23.2687	Calcium sulphate.....	9.6236
Sodium bromide.....	3220	Sodium phosphate.....	.0045
Sodium iodide.....	.0826	Borax.....	trace
Lithium bicarbonate.....	trace	Alumina.....	.0117
Sodium bicarbonate.....	.9776	Silica.....	.5394
Calcium bicarbonate.....	14.3494	Organic matter.....	trace

† Trans. I. H. A.

Misconstrues the actions of others.

Want of energy.

Melancholy, sadness.

Forgetfulness.

Child headstrong and obstinate, crying and kicking, particularly between nine and twelve P. M.

Headstrong, crossness, quickly alternating with laughter and playfulness, in children.

Intense depression with feeling that no one admires her, every one hates her, she wants nothing to do with anyone, the most trifling cares are unbearable.

Fear of impending misfortune.

Restless desire to go from place to place. Great aversion to darkness or to remaining in a dark room.

Feels that some one is sneaking behind her when walking in the dark.

Constant, irresistible desire to look behind her.

°Child wants to be in constant motion night and day.

°Child does not want to be touched.

°Restlessness, without relief from moving.

°Easily "upset" by slight word or action.

°Forgets the most common details of recent occupation.

°Dread of work on account of weakness and exhaustion.

Feels like cursing. (Intermittent.)

2. SENSORIUM. Queer, misty, crazy feeling in head.

Vertigo: on rising from stooping; while sitting at table or desk; after eating; with nausea, must lean head against something to keep from falling.

Giddiness while kneading bread or making similar motions, with rush of blood to head and desire for cool air.

Faint, smothering sensation with great desire for open air.

Sensation as though white cloud passed over the eyes, with loss of sight and faintness.

Seasick sensation after riding horseback in the dark.

Nervous, drunken sensation.

°Blindness and dizziness when walking.

°Downward motion of elevator produces feeling that every thing is giving way under him and as if top of head would fly off.

3. INNER HEAD. Dull, heavy feeling in head.

Sensation on waking in morning as of having lain on a board or other hard substance.



Dull feeling coming from lower part of nape, extending over to forehead and eyes.

Dull frontal headache with sharp, shooting pains from right side of occiput to front part of head and eye of that side, ending in a sensation that the eye was clutched and pulled backward for a moment.

Dull frontal headache, worse from leaning head forward, as in reading or writing, or in a warm, close room; better when leaning head backward and in cool open air.

Headache changing from right to left side. Wakes in morning with dull pain under the occiput, going forward to forehead and one or both eyes.

Pain in head worse from draft of air, especially if cold.

Sensation that the head was open and the wind went through it.

Dull headache, worse from heat of stove; better from rest and when away from drafts.

Sometimes wraps the head up, even in summer, to protect it from wind.

Headache worse when lying down.

Headache better when riding in open air.

Dull, constant ache in frontal bone, worse over left eye.

Pain shifts from forehead to back of head.

Cold feeling in brain.

Sensation of a cold cloth around brain.

°Headache every week, lasting two or three days, with nausea and vomiting.

°Headache from vertex downward to occiput.

°Pain from upper portion of spine around under the jaws to throat, with constricted feeling, worse on right side and from swallowing.

°Neuralgic pains about head and face after exposure to warm or cold winds.

°Pain from back of head to face, at times from as far down as shoulders, worse on right side.

°Can not bear light or noise with headache.

°Neuralgic pains over right eye.

4. OUTER HEAD.—Sensation as if the scalp was contracted from the back and fore part of head to vertex. Contraction of the skin of forehead as in frowning, causing desire to elevate the eyebrows and lean the head back; worse

toward noon and better in evening; worse from motion, leaning head forward, noise, jar or mis-step; better from rest, lying down and sleep.

Occiput sensitive to pressure.

Great accumulation of dandruff on top of head, with itching on getting head warm. Can not endure cold wind about back of head or neck.

Child sweats profusely about the back of head and neck during sleep, wetting the pillow all around.

Hair thin, scanty, dry and lustreless. Hair seems electrified, making a crackling sound when combed.

°Falling out of hair.

°Small boils on head that do not mature.

5. EYES.—Sight dim, sometimes sees double, or objects run together.

Eyes feel weak and sore on waking in morning, light painful at first.

Eyelids burn, exuding a sticky fluid, which in a few hours dries on the margins of lids forming white scales.

Burning and smarting of canthi.

Eyelids red and inflamed.

Small, reddish ulcers on lower lid of right eye, which burn after removal of the yellow scabs.

Ulceration of the margins of lid, also extending over half of right upper lid, with photophobia, itching and burning.

Awakes with dryness of the whole eye, and sensation that the eyeball is sticking to the lid.

Catarrhal ophthalmia, with profuse yellow discharge, first the left eye, then right.

Lids agglutinated in the morning.

Eyes sore on motion.

Great photophobia.

Ulceration of cornea.

Nightly aggravation of eye troubles.

Catarrhal conjunctivitis, with swelling of lids and redness of eyeballs.

°Chronic sore eyes.

°Scrofulous ophthalmia.

°Child rubs its eyes with hand on awakening.

°Amelioration of eye symptoms in morning, aggravation at noon, increasing as the day advances.

°Lachrymation while in the wind, in cool air or from cool application.

°Great swelling of eyelids, effort required to keep them open.

6. EARS AND HEARING.—Eustachian catarrh.

Stuffed feeling in left ear.

Eustachian tube so swollen that no air can be forced into middle ear.

°Soreness behind ears with discharge of white, gluey, sticky substance.

7. NOSE AND SMELL.—Nose sore and stuffed with yellow scabs.

Discharge from nose: thin, acrid drops; thick, yellowish, green, profuse; thick, honey-like scabs; white, so tenacious that it must be removed with fingers, stringy; of clots of black blood; °bloody ichor; copious yellow, worse indoors and after eating.

Sneezing, and itching of nose.

Soreness, tenderness or ulceration of *alæ nasi*.

Squeaking from before backward after blowing nose.

8. FACE.—Small red pimples, mostly on left cheek.

Constant dull pain along superior maxillary bone, extending to left temple, better from warmth, worse from cold.

Dull ache in upper right jaw on becoming cool after running.

Constant, dull pain on side of face and temple; drawing of muscles.

Face ache of right side, in upper jaw and teeth, pain extending to temple; worse from cold or hot drinks and the least wind about head or face.

Acne about the eye and cheek.

Excoriation of upper lip.

°Profuse, scaly dandruff in eyebrows.

°Large scabs on upper lip, constantly picking them till they bleed.

LOWER FACE.—Itching eruptions in beard, especially under the chin; worse when warm.

Vesicular eruption on lips and chin.

°Profuse scaly dandruff in the beard.

10. TEETH AND GUMS.—Teeth sensitive to cold air, as if they were very thin.

Gums sore and painful; worse from eating.

Gum boils.

°Teeth feel too long.

°Pain in dental nerve of right side, extending to head and neck; feels that if she could pick the teeth out and cause bleeding they would improve; worse at night and from lying down; must sit up and walk about; momentary improvement from tightly closing the jaws.

11. TASTE AND TONGUE.—On awakening in morning a dark brown streak down center of the tongue, which is furred and dry, like leather.

Sides of tongue turn up.

Tongue adheres to roof of mouth.

Thick, yellow coating on back part of tongue.

Disagreeable, pappy taste in mouth in morning.

Under surface of tongue a mass of painful ulcers.

Bread tastes dry and flat.

°Tongue large, flabby.

°Burning of tongue; must protrude it to keep it cool.

°Ringworm on tongue.

12. INNER MOUTH.—Roof of mouth feels raw; worse from warm or hot drinks, food, etc.

Large, painful ulcer on center of roof of mouth.

Mouth and inside of lips a mass of painful ulcers; child can take no food.

Great dryness of mouth and throat, without thirst.

Swelling of sub-lingual glands, with occasional discharge of a teaspoonful of salt liquid.

Offensive breath.

°White apthæ on the lips and in mouth, which can be scraped off with the finger.

°Scurvy, with profuse salivation in daytime; worse at night.

°Profuse flow of white, clear, transparent, stringy saliva when cutting teeth; worse when awake and in day; better when asleep and in night.

°Burning in mouth; better from cold water or drawing in cool air.

°Sore mouth of children, with atrophy, white appearance like curdled milk.

13. THROAT—Ulcers, with yellowish base on tonsils.

Soreness on both sides of uvula, passing up posterior nares, with pains on swallowing.

Throat and posterior wall of pharynx of a purple color.

Gray exudate on posterior wall of pharynx.

Coughing out of large clinkers in the morning, that had clogged the posterior nares for forty-eight hours; tough, like boiled cartilage streaked with blood.

Fluent catarrh from posterior nares during day, dry at night.

Grayish catarrhal secretion, worse in morning after eating, must leave the table to clear the throat.

Cold sensation in throat, as though a piece of ice had been held there.

Throat feels too large.

Hoarseness following sore throat; must clear throat before speaking.

Dryness of throat; better from swallowing saliva or water.

Dryness and roughness after sleeping in a draft; constant desire to swallow and moisten the parts, but can not.

Can swallow solid better than fluid.

°Sensation in pharynx and uvula as though he had inhaled peppermint.

°Choking sensation in throat as from a bread crumb.

14. APPETITE, THIRST, DESIRES, AVERSIONS.—Great longing for the spring water.

Child wants to nurse all the time, yet loses flesh.

Child craves meat, fat bacon, etc., which aggravate.

Craving for salt.

Loss of desire for bread, unless fresh baked.

Splendid appetite; gets very hungry before meal time.

No appetite for breakfast.

Child frantic when it sees the glass of water; drinks large quantities greedily.

°Thirst for small quantity very often, which is vomited almost as soon as it reaches the stomach.

°Loss of appetite, no desire for anything but water.

15. EATING AND DRINKING.—Feels better after eating.

Bloating of stomach on beginning to eat.

Feels terribly stuffed after a meal.

Shortly after nursing, food all comes up with a gush and child drops into a stupid sleep.

Fullness and bloating of stomach soon after eating, especially supper, or after taking acids; must loosen clothing.

16. HICCOUGH, BELCHING, NAUSEA AND VOMITING.—Can taste food for hours after eating.

Food turns sour and rancid, with burning desire for water, which relieves for short time only, then aggravates.

Eructations, sour, rancid, burning, worse after smoking, of tasteless gas, which give some relief.

Nausea after eating with sick feeling, better from smoking.

Sudden nausea while eating, vomits all the food taken.

Vomiting relieves.

Child vomits milk looking like schmierkaese.

Vomiting of large, tough curds, like the white of a hard boiled egg.

Vomiting of milk soon after nursing.

Child vomits after drinking cold water.

\*Nausea and vomiting, from riding in cars or close carriage, with desire for open air.

17. SCROBICULUM AND STOMACH.—Nausea and cramp in stomach on awaking at night or in morning, or after rising in morning, like "morning sickness"; better after breakfast.

Bloating of stomach on beginning to eat.

Sensation of a lump in stomach.

\*Soreness through stomach, sensitive to pressure and jar, can not laugh without holding his stomach and bowels, worse when stomach is empty.

18. HYPOCHONDRIA.—Gurgling in left hypochondrium, passing down the descending colon; worse before meals. Sore, sensitive pain beginning at left of umbilicus, going around to spine in three days; worse from touch; at point where pain ceased, appearance of a vesicular eruption which gradually worked back to umbilicus, with burning and stinging. °Soreness through hepatic region.

\*Enlargement of liver, sensitive to pressure and jar.

19. ABDOMEN.—Rumbling in left side of abdomen at 9 P. M.

Gurgling like distant thunder along course of large intestine.

Bowels bloated as if they would burst.

Sore pains in groins beneath Poupart's ligaments, after walking.

°Rumbling in bowels before meals; better after eating.

°Pot-bellied children, abdomen is the largest part of them.

20. STOOL AND RECTUM.—No desire for stool for three or four days.

After intense straining, the stool, which was nearly evacuated, recedes.

Even soft stool requires great effort to expel.

Large evacuation of small, dry, gray balls; must be removed by fingers, lest it rupture the sphincter.

Great pain in perineum while at stool as though it would burst; whole perineum sore and burning for some hours after stool.

Slim, yellow stool at least ten inches long, not requiring much effort.

Stool feels full of jagged particles, very painful, lacerating the anus and causing soreness and bleeding.

Stools small and infrequent, first part hard and dry, latter part soft.

Constipation, with ineffectual urging.

Impossible to evacuate the stool, which is of grayish-white balls, like burnt lime, hard and crumbling, with odor of rotten cheese; it must be removed mechanically.

Yellow, soft, wedge-shaped stool, like an almond nut, without power to expel.

Stool of large lumps of undigestible caseine, ragged or shaggy, smelling like rotten or limburger cheese.

Stool resembling scrambled eggs.

Thin portion of stool frothy and of a grass-green color; whole mass turns green after standing.

Stools green, frothy, watery, like the scum of a frog pond.

°Child's stools changeable; watery, yellow, green.

At 9.30 P. M. copious diarrhœa with urging and haste; stool yellow and fetid as after eating onions.

Soft, sticky, mushy stool twice each day.

Stools as often as food is taken, must hurry from table after each meal.

Cramping pain in colon and rectum.

Urging from flatus, must cross legs to prevent stool from escaping.

°Persistent odor somewhat resembling that of decaying cheese, about the child, not removed by bathing. (Diarrhœa.)

°Pain before stool, some relief after it.

°Pain during stool.

°“Not done” sensation after stools.

°Stool becomes pale on standing.

Stool square as if carved with a knife.

°Excoriation of skin about anus extending out on each side of nates, genital organs and groins; skin very raw, like beef, with watery discharge.

°No control over sphincter, often soils himself while standing, running, at play or even at night.

°Stool escapes when passing flatus.

21. URINARY ORGANS.—Frequent desire for urination with profuse discharge, comes suddenly with sensation that the urine was at meatus.

Great effort necessary to retain urine, at times impossible, yet if the desire is resisted the urging ceases.

Cramp-like pain along the course of left ureter, when trying to retain urine, compelling him to stand although he can not stand erect on account of the pains.

Sensation that a hard body like a lead-pencil were being forced upward and backward from bladder to kidney; it gradually passes away some fifteen minutes after urination.

Voids large quantities of pale urine of low specific gravity.

Urgent calls to urinate as if bladder would burst.

Child strains to urinate while at stool.

Urine of child scanty, voided at long intervals.

Child cries before urinating.

Urine stains diaper red.

22. MALE SEXUAL ORGANS.—Increased sexual desire at first, then much decreased.

Discharge of semen too early with little sensation.

A few hours after intercourse an odor of fish brine about the glans, sometimes lasting a day or two.

Child's parts smell of fish brine even after bathing.

Scrotum relaxed, clammy sweat about parts.

°Fig wart on glans penis, syccosis, with discharge from its surface smelling like fish brine.

°Copper-colored, syphilitic sores.

FEMALE SEXUAL ORGANS.—A few hours after intercourse appearance of a slight watery discharge from vagina with odor of fish brine, lasting about twenty-four hours; not removed by bathing.



Leucorrhœa with strong odor of fish brine.

Menses irregular.

Menstrual blood first pale-red, thin and watery, then dark and clotted.

Cramp-like pains like "after pains" in uterine region before menses; ceasing after flow.

Pain just above sacrum, worse before the flow and from motion; better from rest.

Weakness in lower part of abdomen with bearing down as if contents would escape; worse from walking, motion, mis-step or jar; better from rest and lying down.

Desire to support the relaxed parts by placing the hand against vulva.

Soreness of womb.

Menses suppressed with morning sickness.

Vagina feels large.

Can not stop menstruation.

°Leucorrhœa profuse, changeable in color; milky; yellow, etc., worse during stool.

24. PREGNANCY, PARTURITION, LACTATION.—Swelling of lower limbs at three months; worse in evening.

Swelling and stiffness of hands and feet, particularly of left side.

Feet pit on pressure.

Sad, tearful disposition.

After standing, sensation that the os uteri is opening or dilating, with drawing at inside of thighs.

Os uteri dilated to size of half dollar, three weeks before labor.

Child's head hard and compact when born, with no sign of suture or posterior fontanelle.

Milk thin, bluish, watery, acid reaction.

25. VOICE, LARYNX, TRACHEA AND BRONCHIA.—Larynx sensitive to pressure, particularly the left side, with dry, tickling cough.

Stuffed feeling on awaking in the morning; unable to speak for a time.

Hoarseness.

°Complete aphonia, must speak in a whisper.

°Raw feeling in trachea, relieved after expectoration of large clumps of mucus.

° Sensation in trachea on swallowing, as though a hard substance were present, like a stone.

26. RESPIRATION.—Asthmatic breathing, worse after supper.

Wheezing, rattling under sternum, worse during or after eating.

27. COUGH.—Deep, hollow cough, with loud rattling, caused by tickling under sternum.

Tickling cough on lying down at night, and on awaking.

The irritation to cough is felt worst at the right of middle chest.

Rattling cough, child gags and vomits a mouthful of tough stringy matter.

Cough from laughing or talking; worse in warm room; in morning; better in open air.

Cough causes bursting feeling in vertex.

Expectoration: yellow; sweet; of large cheesy masses that sink in water; profuse, in morning and after meals; of shaggy lumps; loose and lasting all day.

28. INNER CHEST AND LUNGS.—Great soreness of upper chest, when coughing must hold it with hands.

° Burning from throat to lungs.

29. HEART, PULSE, CIRCULATION.—Sudden attack of a terrible sensation of a burden on chest; for a few moments it seems as if she would burst, gradually followed by an intense depression of spirits.

30. OUTER CHEST.—Eruption on chest over the ensiform appendix, size of a silver quarter, with intense itching.

31. NECK AND BACK.—Small, painful boil on left side of back of neck, not inclined to suppurate.

Neck so weak and emaciated that child can not hold its head up.

Muscles of the back of neck seem too short. Weakness and all-gone sensation in small of back.

Dull, aching pains between scapulæ on awaking in the morning, as if he had lain in a cramped position all night.

Deep-seated pain in muscles of spine, especially toward left side.

Soreness and stiffness in back, which is not affected by breathing; better from motion.

Pain worse from moving shoulders or lifting arms up; can not place arms on head or behind body.

Sharp pain from least turning; must hold himself stiff and turn whole body in order to look around.

Inclines head forward to ease pain in muscles at back of neck.

Sharp pain at inner angle of left scapula on putting head back.

Left scapular region very sore.

Weak, tired, broken sensation in lumbar region, coming on just after rising in morning, and gradually increasing till noon, then decreasing till its disappearance, about 6 or 7 P. M.

When walking or standing desire to support back with hands or some hard substance.

Back very painful at noon.

Sensation that the back is in two pieces.

Sensation in lower lumbar region that the vertebræ were gliding past each other, felt especially when rocking in a chair.

Back becomes tired and weak from walking over snow.

Region of coccyx sore, as if excoriated.

Backache, with burning sensation across lumbar and sacral regions; better from gentle exercise or lying flat on back; worse when sitting.

Coldness along spine; worse on going into cool air or when sitting still; better from external warmth and motion.

A dislocated sensation in last lumbar vertebra.

Catch in back on reaching or straining.

Goose flesh on back.

°Rheumatic pains in shoulders, especially the left, the only relief is from heat, patient sits with back to the fire.

°Small boils on back that do not mature.

°After a strain, lameness and stiffness of back in the morning; better after moving about.

°Skin about neck wrinkles and hangs in folds.

32. UPPER LIMBS.—Sore, bruised feeling on outer side of left forearm and hand; slight pressure aggravates more than hard.

Constant pain in right shoulder joint; worse from motion.

Drawing pain on outside of upper arm to elbow on lifting

arm ; worse on rising in morning and from a change to damp weather.

Constant dull pain in right arm and shoulder, with a sense of coldness from elbow up.

Can not raise the arm or put it behind him on account of sharp pains.

Boils on wrist that do not mature, hard and painful, but not very red ; pain extends to axilla.

Profuse sweat in axilla.

Excoriation in axilla.

Burning of palms.

Goose flesh on arms.

Hands swollen and stiff on awaking in morning.

Eczematous eruption appearing on the outside of first joint of thumb on left hand, spreading by new pustules over ball of thumb, back of hand and wrist, also to back of right hand.

Itching eruption on hands.

Eruption on hands of small vesicles exuding a watery, sticky fluid.

Cracks on hands exuding blood and watery fluid and forming crusts.

Burning, smarting, soreness with deep angry, ragged cracks of hands ; worse in cold weather.

Knuckles of fingers crack and leak.

Hands as cold as though handling ice.

On putting hands together they sweat until it drops from them.

Large oval spot on ulnar side of left arm, of dusky color attended with itching ; it turns red after scratching.

°Hang nails.

33. LOWER LIMBS.—Rheumatic pains in left hip joint; worse from motion and cold, yet not relieved by rest.

Rheumatic pains in knee joints.

Sharp pains in left knee joint, come on suddenly, causing him to cry out.

Reddish pimples on inside of thighs with itching, particularly the left; worse on undressing at night.

Tingling sensation in one or the other lower limb, like an electric current, ending with a twitch, worse on first going to bed.

Sore, bruised sensation on front of right thigh, worse from light pressure.

Tiredness of knees.

Sore pain whole length of lower limbs; especially in upper portion.

Severe pain in hollow of right foot; foot swollen, causing restless wakefulness.

After walking, pain begins under Poupart's ligament on right side, extends along course of anterior crural nerve to the inside of joint, then to front, causing limping; better from rest.

Bruised pain in left ischium.

Tired, dull, heavy feeling in lower limbs, with inclination to change position, no position is comfortable.

Sore, sprained feeling in left foot; worse from bending.

Burning of feet, especially soles, wants to put them in cool place, in water or uncover them.

Child kicks off clothing even in coldest weather.

Child's legs emaciated.

Child can not walk or stand alone at sixteen months of age.

Cold, clammy feet.

Sweat on soles as though he had stepped in cold water.

Sweat between toes, making them sore, with foul odor.

Cramp in feet in bed at night, they are so cold.

Stockings feel sticky.

Sore, bruised feeling on inside of both knees; worse from light pressure.

34. LIMBS IN GENERAL.—Restlessness with pains in joints. Stiffness and pain in limbs when rising in morning; worse on first beginning to move.

Cold, clammy sweat on limbs.

°Numb feeling in limbs.

35. REST, POSITION, MOTION.—°Wants to lie on something hard.

Motion; °1, 4, 23, 31, 32, 33, 36. Running; 8. Rising from stooping; 2. Sitting; 10, 2, 31. Crossing legs; 20. Kneading bread; 2. Stand; 21. Rest; 33. Riding horse-back; 2. Walking; 2, 10, 23, 31, 33. Turning; 31. Support the parts; 23, 28, 31. Lifting arms; 31, 32. Arms behind body; 31, 32. Lying; 3, 4, 10, 23, 27, 31, 36. Leaning forward; 3, 4, 31. Gliding; 31. Leaning backward; 3,

31. Rocking; 31. Riding in open air; 3. Gentle exercise; 31. Jar or misstep; 4, 23. Reaching; 31. Straining; 31. Light pressure; 32, 33. Hands together; 32. Limping; 33. Change position; 33. Bending; 33. Beginning to move; 34. Arms under head; 37. Lie close or touch; 37.

36. NERVES.—Dread of usual work on account of weakness and exhaustion, with irresistible desire to lie down.

Restlessness; hard to remain long in one position; better from motion.

No rest, day or night; always worse from 9 P. M. till after midnight.

37. SLEEP.—Awakes at night with arms under head.

Frequent waking in night.

Restless, uneasy sleep. Awakens at 3.30 A. M.

Awakes soon after going to sleep with a start and twitch.

Child is restless during sleep and awakes cross and crying.

Lascivious dreams.

Dreams of robbers and can not sleep till the whole house is searched.

Dreams of murder and remorse.

On waking, child rubs eyes and nose with its fist.

She awakens her companion to search for a tramp in her room, gets up and looks under the bed for him.

Can not bear any one to lie close to or touch him.

38. TIME.—Morning 3, 5, 11, 13, 17, 31, 32, 34, °40.

Noon; 4, 5, 31.

Day; 1, 13, 27, 36, 40.

Evening; 4, 19, 20, 24, 31. 9 to 12 P. M.: 1, 36.

Night; 1, 10, 12, 13, 17, 27, 33, 36, 37, °40, 46.

39. TEMPERATURE, WEATHER.—Better in open air; worse in close, warm room.

°Better from warmth; must wear fur or heavy cap even in summer.

Open air; 2, 3, °16. Cool air; 2, 3, 10, 12, 33, 40. Draft; Heat of stove; 3. Summer; 3. Cold; 3, 8, 31, 32, 33, 34. Cold wind; 3, 4. Warmth; 8, 9. Cold drinks; 8, 12, 16. Hot drinks; 8, 12. Wind; 8. Ice; 13. Damp weather; 32. Cold weather; 32. Warm room; 40. Covered; 40. Cool part of bed; 40. Hot at night; 46.

40. FEVER.—Chilliness all day; worse in warm room.

The cold air chills him.

- Sensation that chills are coming on.  
 Chill every day at same hour.  
 Chill begins in lower extremities.  
 Thirst during chill, none during heat or sweat.  
 Sweat most where limbs cross each other, or next the bed.  
 Begins to sweat as soon as covered.  
 Sweats on first falling asleep, mostly about neck, wetting clothing through.  
 Cold, clammy sweat on occiput and neck, those parts feel like a wet stone.  
 Sweat from above downward over whole body.  
 Hungry during sweat; water tastes bitter.  
 °Chill at 8.30 A. M.  
 °Chill at 5 P. M.  
 °Chill postponing two hours.  
 Chill every other day; fever lasting all night.  
 °Drinks before chill.  
 °Wants to move to a cool part of bed.  
 °Sweats on side lain on.  
 °Chill every night lasting an hour, beginning between shoulders, thence extending to arms, fingers and whole body. (Intermittent, three weeks after labor.)  
 °High fever every night with sleeplessness.
41. **ATTACKS, PERIODICITY.**—Crossness, alternating with laughter; 1.  
 °Every week; 3. Swelling of limbs; 24. Asthmatic breathing; 26. °Chills; 40. While kneading bread; 2.
42. **LOCALITY, DIRECTION.**—Right; 3, 5, 8, °10, 27, 32, 33. Around; 3, 18, 32. Right to left; 3. Left; 5, 8, 18, 19, 24, 25, 31, 32, 33. Upward backward; 21. Above downward; 40. °Side lain on; 40.
43. **SENSATIONS.**—Great soreness.  
 Stiffness and lameness of parts.
44. **TISSUES.**—Child emaciated.  
 °Child looks old, dirty, greasy and brownish.  
 °Progressive emaciation.
45. **TOUCH, PASSIVE MOTION, INJURIES.**—Touch; 1, 18, 37, 40. Pressure; 4, °17, 18, 25. Light pressure; 32, 33. Must loosen clothing; 15. Burden on chest; 29. °After a strain; 31. Lacerating the anus; 20. °Riding in cars or carriage; 16. °Riding in elevator; 2.

46. SKIN.—Skin dry and flabby.  
 Itching aggravated by scratching.  
 Soreness and burning of eruptions after scratching.  
 Whole body feels too hot at night.  
 Skin covered with fine rash all over.  
 Body attended with severe itching at night.

47. STAGES, STATES, ETC.

48. RELATIONS.—Closely related to many of the great antipsorics, Alumina, Borax, Silicea, Natrum mur. Calcareo, etc., etc.

Antidotes bee stings.

FRANK W. PATCH.

SOUTH FRAMINGHAM, MASS.

#### ALTERNATE ACTION: ORGANON. § 115.\*

After taking medicine in health, certain symptoms are observed and, provided no other noxious influence is at hand, these symptoms are attributed to the action of the medicine. But now opposite symptoms appear simultaneously or alternately, as, *e.g.* in Ignatia; external heat and redness without internal heat. Heat of single parts with coldness of others. Deep, sound sleep, with relaxation on waking up. Uncommonly fast sleep, but without refreshing. Lascivity with impotence. Lascivity with prominent clitoris, with weakness and relaxation of the other genital parts. To this symptom Hahnemann remarks: "complete lack of sexual appetite, this alternate state I have seen lasting a long time as an after-action." But this is a strong argument against his idea (§§ 63,64), that the after-action is owing entirely to the re-action of the life-force as a sign of its rising to manhood, because that rise would be the lack of sexual appetite.

What, then, do these contradictory symptoms mean? Nothing else than that the life-force under the attack of the noxious pathopoetic force helps itself as well as it can. We can not well argue, that the impotence is an after-action of lascivity, because it occurs simultaneously with it. But the latter relates more to the innervation from the center while the impotence seems to be the consequence of a wanting innervation in the parts. Just so with the external without internal heat, with heat of some and coldness of other parts, with

\*Trans. I. H. A.



sleep without refreshing. These are all contrasts which the medicine produces already in its first-action. Why should it now be different with the symptoms which in their sequence stand in opposition? The sleeplessness which follows upon the sleepiness of opium is just such a makeshift of the life-force as the simultaneous contrasts.

Of Ignatia, we have further the amelioration of the chill by external heat and the reverse, the amelioration of the heat by uncovering. Incredible variability of disposition, now he jests and jokes, and then he is inclined to weeping, alternating every three or four hours. A few hours after wrathfulness, jocularity takes place. He lays his head forward upon the table, and by bending forward the headache is increased. Music produces uncommonly agreeable sensations, alternating with insensibility to music. The pupils are first contracted alternating with: the pupils are more apt to dilate, than to contract, and they are easier to dilate, and finally, the pupils are just as dilatable as contractable. This is still more significant for the understanding of the alternating contrasts and they seem to lose much of the importance imputed to them. The anterior half of the tongue is like numb when speaking, and on eating it is like burnt and sore. Hahnemann further says that Ignatia, as a characteristic, produces stinging in throat only on not swallowing, not on swallowing. Therefore the contrast is not the indispensable consequence upon the first-action. Hahnemann here remarks that, if ever a stinging in throat on swallowing should be observed as alternate, it would be of little service in healing. But such symptoms are indeed observed, *e.g.*, pain in swallowing food and drink. It stings in throat without swallowing; on swallowing it is as if one swallowed over a bone, with a noise (after three hours); stinging on swallowing, deep in throat, which disappears after further swallowing and returns when not swallowing. Sore throat: it stings in it without swallowing, also somewhat during swallowing, and the more he swallows, the more it decreases; when he had swallowed something solid, like bread, it was as if the stinging was gone entirely. From these and more symptoms it follows that the symptoms when swallowing may be just as useful for healing when contained in the complex of symptoms as when not swallowing. Furthermore, aversion to fruit and desire for it; when aversion, the fruit

disagrees; when desired, it agrees. Before taking the medicine, hunger, after it satiety without having eaten. When he wants to eat with an appetite, he feels already satisfied.

Diminished and increased appetite. Here we find given as after-action, or healing action: good appetite, food and drink taste good (after four hours) upon previous want of appetite. Should not, then, the good appetite be as good a first-action as the opposite want of appetite? Why should it not induce and increase the relish of food and drink which otherwise was as ordinary? For the following symptom is: strong appetite, which, in the note, is called, "*Heisshunger*," *i. e.*, ravenous, canine appetite, inaptly. It is one of positive symptoms which appear in the midst of the pathopoëtic motion, but, nevertheless, can not be called health, because the life-force is under the influence of the medicine. In one word, this medicine, Ignatia, presents in its pathopoësis a conglomerate of contrasts of opposite symptoms. What, then, follows from the instances given? That the like can be observed also in the other provings, and that during the proving of a medicine three kinds of symptoms appear:

- (1) Simple direct.
- (2) Opposite and alternating.
- (3) Hygienic or hygiopoëtic.

In relation to the last, it is remarkable, that when in health we have no sensation of it. We are unconscious of its existence in the full exercise of our powers. And so these hygiopoëtic symptoms may be ascribed to the medicine which possesses the capability of bringing this sensation of well being to our consciousness. It seems that the Hahnemannian explanation of the origin of these various symptoms (§§ 63, 64) is not sufficient, and occasions contradictions which should be disentangled if we want to understand our *Materia Medica* well.

But it must, nevertheless, be acknowledged that Hahnemann, in spite of his explanations in other places, had conceived the correct idea when, in our paragraph 115, he says: "*Among these first actions there are not a few of some medicines which in part, or in certain accessory circumstances, are contrary to other symptoms partly appearing before, partly afterward, which, however, are not properly to be considered as after action or mere reaction of the life-force, but only*

*compose the alternate condition of the various paroxysms of action of the first-action. These are termed alternate-actions."*

Consequently, the alternate opposite symptoms are just as well, owing to the primary action of the medicine, as the symptoms which he denominates as first-action, and therefore, the opposite actions are not necessarily always after-action, and not owing to the roused energy of the life-force as maintained in §§ 63, 64.

Seen in this light, the after-action which follows large doses of crude medicine, or in great sensitivity small doses of potentiated medicine, and which is opposite to the first-action, might be considered simply as alternate action of the medicine administered, and better be termed its inverse action.

B. FINCKE.

BROOKLYN, N. Y.

#### DISCUSSION.

THE PRESIDENT: I regard that paper in form as one of the best I have heard. It was written with an object, and the object appears throughout. Many papers supposed to be written with an object are so obscurely treated that when they are read the object fails to appear. This one is a model for all of us to follow.

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#### PROVINGS OF BETONICA AQUATICA.\*

More than two years ago I asked the homœopathic profession to prove Mattei's so-called "electro-homœopathic" remedies, the constituents of which I had discovered and made public. By this means alone is it possible to overthrow this empirical system, and enable physicians to use scientifically remedies of great power. My request has hitherto met with no response; but I hope, now that Schussler's remedies are all proved, the I. H. A. will turn its attention to Mattei.

As a small contribution to this work, I send a brief proving of *Betonica Aquatica*, the far-famed "Scrofuloso" of Mattei.

PROVING 1.—January 12, 1890, at 10:30 A. M., took a dose of *Betonica Aquatica* dmm. (Swan), repeating the dose several times daily. About 9 P. M., soon after a slight meal, unusually sleepy till nearly 10 P. M. 9:55 P. M., nearly forgot to lower the gas on leaving a room.

\* Trans. I. H. A.

January 13th, evening.—Again nearly forgot what I was about to do.

January 14th, 3:25 p. m.—On waking, after a short sleep in easy chair, left foot felt asleep, also both hands; worse on the ulner side. 4 p. m., when going upstairs, the right foot caught in the step.

January 15th.—Took last dose.

January 25th.—When walking out of doors, sudden pain in left foot, which made walking painful; but after continuing to walk, it ceased. Yesterday had a similar pain, first in left foot, then in right. The pain was in dorsum of foot.

January 26th.—Woke from a siesta with hands asleep as before, but to a less degree; the same symptom had occurred on a previous day, which I omitted to record.

February 1st.—Numbness of hands and right foot as before.

February 4th.—For three days the first joint of left great toe (which is rather enlarged and has a corn on it) has been painful; shooting pain in it at times, and tenderness. Last night it was painful when lying on left side, not on right. This morning, ball of left foot tender on walking.

July 19th.—The numbness of hands returned in a marked degree, on waking from a sleep after dinner.

PROVING 2.—S. Swan, M. D., took 200th potency. First it produced chills, fever and sweat—a dry fever, light sweat, but no thirst in any stage. Next, a bronchial cough, with sensation of a very small spot on posterior surface of trachea, back of upper end of sternum, causing constant desire to cough.

PROVING 3.—Dr. Swan gave 200th potency to Mr. F., a dose every night. He had scurfy eruption on head and in whiskers; that is, an accumulation of white scales which adhere firmly, and when removed leave a red spot, slightly moist. If scratched hard, the moisture is increased and is yellowish. After taking six doses the head became worse; scurf spread more evenly over scalp, extending down to forehead, behind ears and in whiskers; throat slightly sore and red.

PROVING 4.—Dr. Swan gave cm. potency to Mrs. P.—, suffering from pain in back. The first dose was taken at noon. Pain in back was very much aggravated, so much so

that she feared to take a second dose. The pain was across sacral region. About 9 P. M. throat became very sore, of a bright red; tonsils swollen; creeps of cold all over every time she moved, with *cutis anserina*.

These last three provings were made in 1883.

E. W. BERRIDGE.

LONDON, ENGLAND.

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### KALI PHOSPHORICUM.\*

The following proving of Kali phosphoricum cm. (F.) was obtained by an extremely sensitive young lady. Her sensitivity led to a different administration of the proving remedy than generally is preferred. The occasion when it was revealed occurred about a year ago, when the girl's father suddenly fell dead from his chair. She was so frightened, that immediately menstruation (the 3d day) was suppressed. Faintness in evening, better in open air. Vomiting continually, especially on rising, but not when lying down. In spite of this she could eat with appetite, but immediately had to throw up the food, which tasted sour. Taste sour. Pressure in pit of stomach with dyspnoea. Took Pulsatilla cm. without avail, then Opium 900 (F.) in half a tumbler of water, a teaspoonful every two hours. After that she felt better, but had a desire to sleep all the time, says she could sleep thirty-six hours. Accumulation of mucus in throat. She could eat, but retain the food only when quiet. As soon as she rises and moves she must vomit. Inclination to faintness. On going down stairs vertigo. Depression. Generally worse in morning.

Bryonia 45m. (F.) in half a tumbler of water, a teaspoonful every two hours.

She took only two or three doses, when she was well. But after each dose her teeth became loose, and she discontinued the medicine for fear of losing them. Bryonia M. (million) in a powder of milk sugar, held between thumb and forefinger, soon fastened her teeth again. But while holding the powder, she had a sensation in her hands as if she were holding the poles of an electric battery. It started in the fingers, went up the whole hand and then the arm. A year before

\*Trans. I. H. A.

she took hold of the handles of an electric battery, and remembers the sensation from it well, because it made her quite nervous the next day. She is now very shy of homœopathic medicine, and classes it with the common allopathic drugs.

The pathopoëtic symptoms: great sleepiness from Opium 900 and looseness of the teeth from Bryonia 45m., and the disappearance of the latter symptom after holding a powder with a few pellets of Bryonia M. between the fingers, as well as the electrical thrill from it, shows what a sensitive piece of humanity that girl is.

PROVING.

Miss E. S., twenty-four years old, plump and short, light brown eyes and dark hair, perfectly well and cheerful, and menstruating regularly, was willing to make a proving after I had given the necessary instruction. She had of course no idea what the remedy was.

1891, Feb. 24.—After lunch took a powder of milk sugar containing a few pellets of Kali phosphoricum em. (F.) between her left thumb and index finger at 1 P. M., for five minutes and observed the following symptoms.

1:15 P. M.—Digging in the roots of the teeth all along the left lower jaw.

Sensation of swelling of left submaxillary glands with slight swelling and painful to touch.

2 P. M.—Dull frontal headache and nausea with dizziness, under disappearance of the toothache.

3 P. M.—Toothache as above.

4 P. M.—The same.

The finger tips of both hands are as if asleep.

6–9 P. M.—Dull frontal headache and nausea. As soon as she lays down to sleep, she is free from pain, and sleeps through the night soundly.

The symptoms described above repeat themselves off and on for three days. Every morning after rising, the same frontal headache and digging in left lower jaw, appears in alternation till 10–11 A. M.

From the first day she is morose, irritable, disposed to weep, dislikes to be talked to, everything is too much.

Depression.

February 28.—Felt exceedingly well and thought she would try again.

5 P. M.—Took the powder as before for ten minutes, but felt nothing from it.

After that she was perfectly well.

March 3.—After having eaten.

10 A. M.—Took the powder again as before for ten minutes.

11 A. M.—Digging in the roots of the teeth along the left lower jaw, lasting half an hour.

Sensation of swelling of the left submaxillary glands with some swelling, painful to touch.

1 P. M.—The same and frontal headache.

2 P. M.—Toothache as above.

3 P. M.—Frontal headache with nausea.

4 P. M.—Stitches: in the middle of the back at the end of the dorsal vertebræ; toward the front of the chest, with dyspnœa, so that she could not sit, and walking made it worse, better when leaning against something.

5 P. M.—Frontal headache, with nausea.

6 P. M.—Backache worse than before, the stitches extending to the sternum.

7 P. M.—Toothache as above.

8 P. M.—Frontal headache.

9 P. M.—Toothache.

10. P. M.—Toothache and backache as above. On going to bed, she could not lie on her back on account of the stitches and dyspnœa. She must sit up for an hour before she can sleep.

These symptoms lasted for three days alternating with each other. The depression commenced again as soon as she took hold of the powder, but it was more from irritability; she did not want to be talked to, did not want to answer. After three days she was herself again.

March 11.—Menstruation, which was to come on five days later, appears, preceded the day before by sense of fatigue and violent tearing in the forehead, better on lying down; as soon as she raised the head, she could not endure the pain. With the appearance of the menses, the headache disappeared. Menses lasted two days, scanty with the digging pain in the left lower jaw as before.

After that she was well till April 13, when the menses appeared, one week later, lasting for five days, with a natural flow as usual.

Sense of fatigue before the menses.

After that she was well again till May 3. Menses came five days too soon with the toothache as before, this time with a sense of looseness of the teeth for which she took a powder of Bryonia 45m., left from a former prescription, between thumb and finger, with good effect.

May 13.—In the morning, after rising, much mucus in throat, causing nausea.

After eating choking effort to vomit, but without effect.

Very tired all day.

June 6. Menstruation came two days earlier and lasted four days, but otherwise normal.

The left small toe looks red and swollen, with a flat corn on top, itching and smarting when the weather changes.

She never had anything like it before, no corns, nor had she ever frozen her toes.

It remains to be seen whether this symptom will disappear without medicine.

Aggravation: after eating; on touch; after rising in morning; lying on painful part; sitting and walking; moving.

Amelioration: after lying down; leaning against something; sitting up.

II.—Mr. C. G. S., aged 25: chemist, unmarried, dark complexion, slender, marked by smallpox.

1891, Feb. 2, 8 P. M.

Kali phosphoricum cm. (F.) one powder dry on tongue.

8:30 P. M.—Severe itching of the skin, of the whole body, especially of chest and under arms for one hour.

Feb. 3, 9–10 A. M.—The same itching as yesterday, but lasting not so long.

Ever since 7:30 A. M.—Severe pain in throat on swallowing, with a sensation as of small blisters, of which, however, nothing is to be seen, lasting four hours.

#### COMMENT.

The mode of administration in the foregoing proving is extraordinary; it is what Dr. Buchmann, as early as 1864, called *Induction* (Hom. Vierteljahrschrift, Vol. XV, p. 301).



He made several provings of live quicksilver, sealed up in a strong bottle, by the provers taking hold of the bottle for five minutes to one hour. The symptoms resulting from such inductions were so marked, and in some provers so severe, that Buchmann was induced to comment upon them as follows:

“The wonder and incomprehensibility of the action of high potencies disappears in view of these experiments, which have been instituted with that precaution that, according to our present knowledge and conception of the properties of matter, absolutely nothing of it could have entered the organism except the emanations from the mercury through the walls of the sealed bottle. The scoffers at the homœopathic nothings must bow down before the greatness of our Master. Men of their stamp also once never thought it possible that the earth could revolve upon its own axis, that we could move along by steam, that we could draw by light and write by electricity. Soon the time will come when the physician may deem it better in some cases to administer the medicines to the patient by placing the bottle containing it in his hand than by letting him imbibe it from the bottle. They will find the action of medicine through glass as natural as that the sun shines through the window and the fire heats the room through the stove.”

This first experiment by induction with a crude medicinal substance was followed in the course of time by similar provings with high potencies, which have been published in the *Allgemeine Homœopathische Zeitung*, in the *Homœopathic Physician* and *MEDICAL ADVANCE*; and two instances have been mentioned in the transactions of the International Hahnemannian Association, 1886, p. 30, and 1888, p. 110; all of them constitute valuable additions to the *Materia Medica Pura*.

Buchmann ingeniously tried to reconcile the new experience with the molecular theory by the hypothesis: “that the dynamical properties of the medicinal substance depend upon the qualitative condition of the imponderable atomic ether, which, similar to the ether of light and heat, has the physical property of emanating from the atoms and penetrating into solid bodies” (*ibid.*, p. 320). But after the experience of late years, when provings were

obtained with potencies as high as 9 M. (9 million), the hypothetical ether and the physico chemical conception of the action of medicines upon the organism must indeed prove insufficient, and we are compelled to assume that every substance, instead of being the source and origin of physico chemical properties, is endowed with specific forces, which are the source and origin of these properties. Thus matter appears to be the carrier or the inert vehicle, serving, in a similar manner as in the homœopathic potentiation, as the receptacle and transference medium of the forces entrusted to it. This view leaves the molecular theory of physico-chemicals intact and sufficient for its own domain. But it can not apply to the domain of physiology, which differs from it in this: that the latter is the especial department and doctrine of organic life animating and regulating the organism through a distinct dynamic agent, the life forces (Organon, § 9).

Of after-action, in the sense of the Organon, § 64, considered as reaction of the life-force exclusively, nothing can be found in the symptoms observed. They are the simple result of the mutual action of the medicine and life-force, and legitimate actions of the remedy applied, available for healing purposes.

The term "induction" for the administration of the remedy by contact with the skin is good enough, as far as it goes, but the application by tongue, nose and stomach, and even by injection under the skin, are also kinds of induction, because their actions are induced to the life-force through the parts mentioned, and in this sense the term for our present mode of administration is too general. Hence more determinative appellations for the different modes are desirable which might be found to be lingual, nasal, digital, articular, subcuticular induction.

The foregoing proving claims acceptance for the *Materia Medica Pura*, because it was made by a person in perfect health at the time, and generally healthy all her life. After the dose had completed its work, the healthy state of the organism returned. The symptoms repeated themselves twice after the administration after eating, with addition of new symptoms after the last dose. The fact that no symptoms appeared after the second dose, when it was taken on the empty stomach, shows the aggravation after eating.

After the third dose the action was stronger than after the first, perhaps because she was nearer to menstruation than before.

The depression was not so much sadness as produced by grief, but had more the character of suppressed anger without cause. It is remarkable that it ceased from the time that the first menstruation set in.

The prover assured me that all the pains she suffered were very severe, especially those in her back which took her breath away. So also the toe was so painful that once when out in the street she could hardly get home, and had afterward to leave off her shoes. From the fact that she generally wears easy shoes, and never had any corns before, the resulting corn must be laid to the action of the medicine.

The prover has good teeth and never needed a dentist, only now and then she formerly had little ulcers at the gums. She had been vaccinated when small three times, and it always had taken well. She had never been seriously ill except seven years ago, with a stomach trouble, which had been cured homœopathically, and when her father died a year ago, as stated above.

The idea that provings with high potencies should be rejected indiscriminately is not justified by scientific experience, because it is based upon a prejudice which, though powerfully sustained now by some reformers of the *Materia Medica Pura*, must give way to the increasing testimony of the action of high potencies in health and disease. These objectors will have to learn that the experiment upon a healthy sensitive person with high potencies is worth as much and more than the experiments upon non-sensitives with crude substances and low potencies in large doses, because their symptoms are more exactly defined, and of greater variety and number. They have yet to learn that the most interesting part of humanity, perhaps one-half of it, are those individuals endowed with greater sensitivity than the other half. This quality is not confined to the high or low in rank, to the strong or weak, to the professional or workingman, to the rich or poor; it is not an accompaniment of sickness called hysteria, or owing to a freak of nature called idiosyncrasy, but it depends upon a natural organization which in some people is higher and finer than in others, especially in

regard to the nervous system. Reichenbach, on his visit to Berlin, found not one sensitive among the celebrated professors of natural sciences, to whom he wanted to show his experiments, and this circumstance defeated his object. Judging from this instance it may be said that the whole physico-chemical school comprises a great majority of non-sensitives. In this want of sensitivity may also be found the reason for the fact, that allopathic medicine still continues, as at Hahnemann's time, to give large doses of crude and poisonous substances, which accounts for the enormous mortality in epidemic and other diseases. They do not prove their medicines upon the healthy with all possible care, but apply it at once upon the sick; and the people, trusting to superior knowledge of the learned professor and to the wisdom of their family physician, suffer from a murderous system which will not learn from experience. Nay, many of them must pay the penalty of their infatuation with an early and painful death of themselves or their relations, as is seen daily.

How strange that, in comparison to the enormous progress in physics and chemistry which even begins to shake the molecular theory, old physic sticks to its time honored mode of applying crude substances as medicine in large doses not only *ab usu in morbis*, but upon one sided indications, and still finds in pathological anatomy a basis of the healing art, the pinnacle of its ambition. Surely, they are like the Bourbons, who never forget nor learn from experience in the healing art and science, because, *a priori*, they reject the Hahnemannian teaching of homœopathics.

Finally, this little proving furnishes a new testimony to the dynamical character of Homœopathy as propounded by Hahnemann in his immortal work, the Organon of the Healing Art. *Ceterum censeo macrodosiam esse detendam.*

B. FINCKE.

BROOKLYN, N. Y.

#### DISCUSSION.

Dr. Kimball: After a second dose of Kali phos. she took a dose of Bryonia, by holding it between the fingers. Did that affect the further proving?

Dr. Fincke: I think not, and I observed the symptoms

very closely. I do not think that I have got any Bryonia symptoms in it; but you can judge yourself. I have given all the points.

Dr. Kennedy: I was about to ask that very question. I do not understand why the Bryonia was given.

Dr. Kimball: She had it at home, and took it without Dr. Fincke's knowledge.

#### CLINICAL VERIFICATIONS OF KALI PHOSPHORICUM.\*

Dr. J. H. A. attempted to prove the 30th, but reported no symptoms. An inveterate catarrh, however, to which he was subject was greatly relieved after the proving.

Mr. C. E. ——— aged 43.

November 24, 1890.—Thick yellow discharge from the nares, < in morning.

Nares obstructed at night.

Teeth sore and painful in their sockets.

Cough from irritation in trachea just below the larynx.

Expectoration scanty, thick, yellowish-white. 6 P. M., one dose Kali phos. 40m. (F.).

More clear during the night; well in two days.

Wm. C. F. ———, painter, aged 58.

June 19, 1890.—Membrane of mouth swollen throughout, that on the hard palate lying in ridges.

Offensive odor from the mouth. Four doses Kali phos. 1m. (Tyrrell), at intervals of 4 hours.

On the next day the mouth was well excepting two canker sores, which soon passed away.

Hattie V. L. ——— aged 6.

April 25, 1891.—Evening temperature 102°. Pain in forehead.

Foul odor from the mouth.

Saliva profuse.

Tongue white.

Tonsils large with white deposit beginning to show; suspect diphtheria.

Pain in back and extremities. Four doses Kali phos. 200 (B. and T.), at intervals of 2 hours.

\* Trans. I. H. A.

April 26.—The deposit increased during the night, but became nearly clear during the day under no medicine.

April 27, 1891.—Felt very well. No medicine.

April 28, 1891.—Traces of white deposit reappeared on the tonsils this morning, soon disappeared under four doses Kali phos. 200, two hours.

“All well” next day.

Fanny W. L——, sister of preceding, aged 2.

April 29, 1891.—Evening. High fever, headache, acts weak and sick.

White coated tongue.

Foul odor from the mouth.

Tonsils swollen and red.

A trace of white deposit on left tonsil. Four doses Kali phos. 200, one every 2 hours.

April 30.—Deposit in throat increased, fever gone.

May 1.—Felt well and found her playing on the floor as usual.

Arthur J. W——, book-keeper, aged 26.

April 6, 1891.—Catarrhal cold for a week.

Bland, watery coryza < in the morning.

Sneezing, < in the open air.

Pain through the base of the brain between the eyes and the occiput, < at night, > after eating, > from gentle motion. Four doses Kali phos. 1m.; two hours.

He reported that the trouble soon passed away.

Mrs. H. F. S——age 41.

Menstrual headache which begins before the flow and continues until the flow is entirely over every month. Patient very obese. Menses painless, scanty, nothing peculiar otherwise.

Pain in occiput and over the right eye, extending through the base of the brain between those points; > by hot applications, by pressure, by lying down, always hungry with the headache and > by eating, > by gentle motion; < by noise, it seems as if the sound hurt the brain.

April 1, 1890.—Relieved by Kali phos. 200, two doses.

January 27, 1891.—Been pretty comfortable with the menses until last month.

Now the pain is quite severe. Two doses Kali phos. 50m. (T.).

This relieved quickly. February menses painless.

March 3, 1891.—Has been coughing for a week from irritation in the trachea.

No expectoration. Last two nights has awakened at 2 and 2:30 A. M. coughing and the cough hurts the trachea and bronchi.

Nasal discharge thick and yellow.

Urine quite yellow, reddish sandy sediment. Three doses Kali phos. cm. (F.)

She recovered quickly and fully—no headache with menses in March or April.

May 18.—Menses have come on and the head aches a little but not severely. One dose Kali phos. cm. (F.) after menstrual period.

E. E. CASE.

HARTFORD, CONN.

#### DISCUSSION.

Dr. H. C. Allen: This Association should be very grateful to Dr. Case for his efforts to increase our knowledge of this drug. A vien of Kalium peculiarities runs through this proving, as, for instance, the early morning wakening, the peculiar mouth, the severe action upon the skin in many of the provers. The pronounced action of the remedy on the nervous system is evident. It bids fair to be very useful in menstrual headaches, coming on before, during and at close of the period, and for the condition known as neurasthenia, such cases as have heretofore required Zincum, Gelsemium or *Actea racemosa*. One fact that has been developed clinically is the characteristic color of the excretions. The pus is of a peculiar golden or orange-yellow color. The urine is also very yellow. A case which I intend to report shows its action on an old discharge. Given empirically for sleeplessness, it cured an old ovarian abscess which was discharging per rectum and per vagina.

Dr. Sawyer: I think I have found by this proving a remedy I have been looking for for a long time. It will be found useful in a numerous class of cases.

## PROVING OF KALI PHOSPHORICUM.†

The provers engaged in the work were The Provers' Union of Chicago, students of Hahnemann College, H. C. Allen, E. E. Case, E. V. N. Hall, A. L. Monroe, J. C. Nottingham, P. W. Poulson, Hubert Stratten, H. D. K. Rider, E. Rushmore, F. G. Wieland, G. L. Barber, A. L. Burdick, P. P. Duket, T. H. Winans, F. O. Pease, M. F. Taft, Mrs. H. D. K. Rider, Mrs. E. V. N. Hall, C. A. Canfield, Miss E. S., Mrs. H. F. S., Hattie V. L., Fannie W. L., Mrs. S. A. J., C. G. S., J. H. A., C. E., Arthur J. W., E. F., J. T. O., C. G., G. L. B., A. S. P. and Miss L. R.

**MIND.**—Morose, irritable; disposed to weep; dislikes to be talked to; everything is too much. Depression.

Does not want to be talked to; does not want to answer.

*Lethargy; indisposition to meet or talk with people.*

*Great despondency* about pecuniary affairs; about business.

Can not recall well known names, or find words easily to express thoughts. Mind sluggish, but will act if aroused.

*Extreme lassitude and depression;* a feeling as though some dreadful thing was about to happen. Could not divest his mind of that idea.

*Loss of memory;* uses wrong words; omits letters or words in writing.

Mental sluggishness, difficult to throw off.

Exhaustion after moderate mental effort.

Ill natured and captious.

Feels as if he was losing control of his mind. Can not decide anything for himself.

Starts to do something, then drops it to try something else; then returns to first task.

\*Irritability increases; he flies into a passion and can hardly articulate; at such times the tongue seems too thick for the mouth.

\*Restless; can not stay in one place any length of time.

\*Symptoms thus marked were developed after giving up tobacco. Had always given up tobacco during lent, but it never affected him before and he attributed it to the remedy, which he could not be induced to repeat. His wife, another prover, presented similar symptoms and did not "give up tobacco."

†Trans. I. H. A.



\*Mental occupation seems to drive him crazy, owing to the impotence of his mind.

\*Very much depressed at night; irresolute.

\*Awakes very cross.

\**Very nervous; starts at the slightest sound.*

\*During day sudden fits of elation and freedom from care, followed by severe depression and weariness.

Feels tired and indolent.

Mental sluggishness, difficult to throw off.

Very irritable; has taken a terrible dislike to her husband, whom she usually adores.

*Indifferent and captious; would prefer getting away from him and everybody else.*

Can not say or do anything mean enough to her husband; sulky.

*Irritability; taciturnity.*

Very nervous, cries easily.

Impatient with her baby; even cruel to it.

*Melancholy, depressed, irritable, frightened, petulant; lassitude, indolence. Will not work.*

Hopeful, then sudden despair in succession.

*Can not find words; confusion of ideas.*

† Dislikes to move after being seated.

° Dull, heavy headache, with no ambition; completely tired out.

° Unable to pay attention to lectures; the lightest labor seems a heavy task.

SENSORIUM.—Giddiness when out of doors, especially when facing the sun.

\*Seasick without nausea.

Vertigo, especially on stooping.

Absent minded; can not concentrate her mind.

Vertigo, with pressure on brain.

INNER HEAD.—*Occipital headache* lasting all night, frequent waking with the pain, better after rising.

*Awoke with pains in occiput and lumbar region, better by lying on back, passed off after arising (nineteenth to twenty-first day).*

\* Severe, sharp, transitory pains in left temple.

\* Pain goes from left eye to head, making him wretchedly ill; no better after dozing.

† Symptoms thus marked were cured during proving.

*Dull headache across eyes, better outdoors.*

*Dull headache across eyes, most on left side; left eyelid droops.*

Sharp pains through the temples.

Dull frontal headache and nausea, with dizziness, better from lying down.

Preceding menstruation violent tearing in forehead and sense of fatigue, relieved on lying down, and on menses appearing.

° *Pain through base of brain, between the eyes and occiput, worse at night, relieved after eating, and from gentle motion.*

° *Menstrual headache, beginning before and lasting through the flow. The pain is in the occiput and over right eye, running between those points through base of brain; relieved by hot applications, by pressure, by lying down, by eating, by gentle motion; aggravated by noise; it seems as if sound hurt the brain; always hungry, with the headache.*

Dull aching in occiput, better while eating dinner.

Severe aching from occiput through base of brain.

Burning in forehead while bowels are moving.

Heavy pressure in forehead.

Intense headache from emotions and physical effort.

Headache in the morning on awakening.

Headache with vomiting of sour phlegm.

Pain across the forehead and into both temples.

Neuralgic pain at the base of brain and upper part of spine.

Headache which makes the eyes unable to bear light.

Severe headache lasting one day, followed by nausea lasting four days.

Sensation of a band around forehead just above eyes.

Heavy, dull pain over eyes, as if brain would expand were it not for cranial bones.

Sharp, darting pain over left orbit.

Neuralgic pain in right parietal eminence.

° *An aching nervous sensation in the cerebellum and upper cervical region and a tenderness over or just posterior to the mastoid processes, which when aggravated seems to spread over the entire head or brain.*

**OUTER HEAD.**—Intense itching on scalp, worse in morning after awaking.

Soreness in back of head, can not bear pressure on it.

Back of head very sore, as if some one was pulling her hair, then as if hair pins were sticking into her head.

*Severe sharp pain in left mastoid process* frequently returning and continuing for days.

*Severe neuralgic pain in left mastoid*, aggravated by motion and in open air.

Itching of the scalp; baldness and dryness of the scalp.

**EYES.**—Conjunctivæ inflamed.

Watery secretion from the eyes.

*Sensation of sticks in the eyes.*

Eyelids swollen.

Eyes full of mucus; must frequently wipe them in order to see in evening.

Aching and soreness in eyeballs, hurts to turn them.

Lids agglutinated in morning.

*Sensation of sand in eyes.*

Sharp pain from right eyeball to temple in morning.

Pains darting from eyes to temples, relieved by pressing on temples.

*Eyes feel sore round edges of lids, and burn as though they had been full of smoke.*

Eyes feel sore, and as if he had been crying hard. \*Awoke with severe pain through left eye; seemed to throb and increase in the sunlight; went to head at 11:30 A. M., becoming intense and making him wretchedly ill; dozed about an hour and awoke feeling no better.

Sty on left eye, lower lid; lids adhered in morning.

Eyes feel as after hard crying; left eye droops, almost closed.

Soreness of left eye-ball, worse from pressure.

Eyes easily tire when reading.

Sudden, dark mist before eyes, in forenoon.

Eyes twitch a great deal, feel as if they had been strained by fine work. Print becomes blurred after reading a few minutes.

Eyes unable to bear light, with the headache.

*Heavy motion of the eyelids. Dry sensation in eyes. Burning in eyes; sensation of sand in eyes.*

Swelling of lids. Eyes inflamed.

Eyes can not bear light.

Black spots moving before eyes.

Pricking and smarting as if eyes were full of sand ; light aggravated.

**EARS.**—Itching in the auditory canals. Sore pimple on upper margin of meatus of left ear. Pustule inside of left tragus. °Furuncles.

Hearing supersensitive; can not bear noise.

Deep seated pain in ears—stinging, itching ; worse by lying down.

Fulness, singing and ringing in ears.

Sharp pain in left ear and down left cheek.

**NOSE.**—° An inveterate catarrh was greatly relieved after proving the 30th.

° Thick yellow discharge from nares worse in morning.

° Nares obstructed at night.

° Bland watery coryza worse in morning.

° Sneezing worse in open air.

° Nasal discharge thick and yellow.

Both nostrils stopped up with discharge of clear, stringy mucus.

*Nose obstructed; sneeze from slightest exposure to the air on awaking at 2 A. M. Sneezing in morning; fluent watery coryza*

Sneezing occasionally, with constant desire to do so.

Coryza with sneezing at 5 P. M.

Sores inside nares with yellow crusts, continuing about two weeks.

Yellow crusts blown from nose, followed by epistaxis of dark blood.

Offensive yellow crusts from nose.

*Violent sneezing with symptoms of a fresh cold.*

Stoppage of right nostril, like catarrh.

Scanty discharge from right nostril.

\* Much sneezing and fulness in nose.

Stoppage of left nostril and headache.

*Symptoms of cold in head with mild headache, then a soft discharge from nose.*

*Soft green or white discharge from nose; right nostril more affected than left.*

- Frequent sneezing.
- Small growth, very sensitive, at opening of left nostril, lasting two weeks.
- Dry crusts; bleeding; very sensitive smell or lack of smell.
- Nostrils obstructed; thick *mucus* hawked from post nares.
- Yellow, green or brown discharge; at times, clear as water.
- Ulcers of the Schneiderian membrane.
- Hard, greenish yellow scabs formed in left nostril; on being picked out they leave a sore spot.
- FACE.**—Itching of face under beard.
- Itching on right cheek and temple.
- Itching pimples on face.
- Itching pimples on forehead, suppurating next day.
- A brown patch from edge of hair to eyebrows, three inches wide, lasting three months.
- Neuralgic stitches, especially from upper teeth to left ear, and from temple forward to a point just above right eye, aggravated from cold air (while driving), relieved by warmth of hand.
- A vesicle, like a cold sore on upper lip, right corner; lip feels swollen and itchy. Group of sore hydroa on lips.
- Soreness and swelling of the parotid glands, and of the axillary glands.
- Red, hot, burning face and forehead, at other times pale or yellow.
- Pimples and sore crusts on lips. Peeling of skin.
- Sickly, pale, dirty complexion.
- Pain in maxillary bones with stinging and aching, ameliorated after eating, speaking, walking and by touch.
- Warm feeling, as if a candle were held near left cheek.
- TEETH AND GUMS.**—Teeth feel sore.
- Grinding teeth when sleeping, and mumbling in sleep.
- Pain in teeth after every cold.
- Aching with much secretion of saliva.
- Swelling of gums and upper lip*; aching of teeth all night and forenoon.
- Blister of the gums, secreting pus.
- Digging in the roots of the teeth all along the left lower jaw.
- Dull frontal headache and nausea with dizziness under disappearance of the toothache.

Every morning after rising the same frontal headache and digging in left lower jaw alternately appear till 10-11

A. M.

° Teeth sore and painful in sockets.

A dead tooth (with fistulous opening) is ulcerating—the surrounding gum is much swollen.

*Gums pale, swollen, soft and bleed easily.*

A watery swelling back of left wisdom tooth, in the angle of the lower and upper gums, not sore but troublesome on account of its size.

Sharp pain in second bicuspid and first molar lower teeth, both sides; in teeth that had been filled, especially when taking anything hot or cold in mouth.

Several provers were compelled to abandon the proving owing to severe pains in decayed teeth or teeth that had been filled.

**MOUTH AND TONGUE.**—Sensation of swelling of left sub-maxillary gland with slight swelling and painfulness to touch.

° Membrane of mouth swollen throughout, that on hard palate lying in ridges.

° *Offensive odor from mouth.*

° Saliva profuse.

° *Tongue white.*

*White coated tongue.*

*White, slimy tongue.*

Tongue coated white with yellow streaks. Upper surface of tongue stiff. Edges of tongue red and sore.

*Putrid, bitter and sour taste.*

Tongue coated greenish-yellow.

*Bitter taste in morning.* Red edges and transverse cracks.

Roof of mouth swollen, lying in ridges.

Saliva profuse, thick and salty, mouth tastes badly.

Roof of mouth feels as though it was lined with grease.

Dry lips and tongue.

*Stinking breath, mornings,* like rotten cheese.

Soreness of the fauces.

Dry tongue.

**THROAT.**—Tonsils large and sore, especially the left; dry sensation in throat as if from husks of grain.

In morning both tonsils have distinct white solid deposits like diphtheritic membrane; traces of same on pillars of the fauces.

Severe shooting pain from left tonsil to inner ear, while dining in the forenoon.

Hoarseness (no cough) a little thick salty mucus raised from throat (larynx).

Slight feeling of soreness in throat, like a hot marble, near palate.

Tonsils equally swollen, feel as though some one had clutched her by the throat (third day); left tonsil most swollen (fourth day); *throat very dry*; desire to swallow all the time (fifth day).

Severe pain in right tonsil aggravated by swallowing.

In the morning after arising, much mucus in throat causing nausea.

Severe pains in throat on swallowing, with sensation of small blisters.

°Tonsils enlarged with white deposit.

°White deposit on left tonsil.

Full sensation in throat relieved by belching gas.

*Dryness in evening*; sensation as if throat was swollen full  
Dry sensation on the right of larynx, as if a grain husk were there, in morning.

Sensation in throat, as if several grain husks were lodged there, in morning.

Soreness in throat, and a lame feeling on right side, near larynx, in evening.

Salty mucus raised from throat.

A constriction in the left side of neck just above clavicle.

Soreness of fauces.

*Burning soreness and dryness of throat.*

Copious secretion of phlegm.

Pressure and pain on swallowing.

Hoarseness and loss of voice.

**HUNGER AND THIRST.**—Very thirsty, thirst not easily satisfied.

\*No appetite for dinner.

\*Felt hungry until he saw food which took away all appetite without creating nausea.

Very thirsty for ice-cold water, a quantity at a time (third day).

No appetite except for sweet things.

Desire for vinegar.

**NAUSEA AND VOMITING.**—After eating, choking effort to vomit.

Headache with vomiting of sour phlegm, and nausea.

Nausea after eating, afterwards drowsiness.

Belching, vomiting of sour and bitter food and of blood.

Vomiting of blood with palpitation of the heart.

**STOMACH.**—Gaseous eructations worse after eating.

Qualmishness relieved by belching gas.

Appetite increased (second to fourth day).

Appetite lost (fifth day to end of proving, 30 days).

Empty gnawing sensation in stomach, relieved for a short time only after eating. Empty eructations, with stitches in right ear.

Nausea from stomach to throat relieved by belching gas.

Sour liquid eructations after breakfast.

Gnawing, nauseated sensation in stomach, relieved for a short time only after eating dinner.

Foul tasting eructations with nausea after dinner.

Gaseous eructation with nausea after breakfast.

Stomach growls during menses.

Stomach sore as though it had been pounded.

Awaken at 5 A. M. with gnawing in the stomach.

Tenderness of stomach to touch.

Fulness of and burning in stomach.

°Constant pain in epigastrium, at times very severe, in so small and well defined a spot that it could be covered by the end of thumb.

°Belching of gas and eructations of undigested food tasting both bitter and sour.

**HYPPOCHONDRIA.**—Region of liver sensitive to pressure.

Stinging and catching in the spleen, worse from motion.

Awoke with extreme soreness of back and sides, sneezing occasionally, with constant desire to do so.

Seems as though sides would break (they are so sore) when sneezing.

**ABDOMEN.**—Distended with gas.

Colic pain in hypogastrium, with ineffectual urging to stool; after breakfast; at 12 M. Severe flatulent colic pain, relieved by bending double.

Borborygmus, through the afternoon. Sensation of fermentation in evening. Soreness (from pressure of gas) in morning.



Sharp, cutting pain right side, lasting about five minutes. Bearing down pains, want to sit doubled up; worse on left side near groin; worse after drinking water.

Constant rumbling in bowels.

Flatulence. Gripping colic pains in small intestines, worse while eating.

Cutting pain in abdomen.

° Pain and soreness extending across abdomen to right side; attended with rigors and spasms of all the muscles of the body.

**STOOL AND ANUS.**—Clay colored, watery stool, with imperative call, with much putrid flatus, followed by tenesmus, after breakfast.

Uneasy urging as though diarrhœa would come on; much flatus is passed, with a feeling of insecurity yet no stool in the evening.

Light colored, pasty, offensive, unsatisfactory stools after breakfast and dinner.

Colic pains in hypogastrium relieved by passing flatus, with ineffectual urging to stool.

Imperative call to stool as if diarrhœa was coming on, but the stool was pasty and unsatisfactory, after dinner.

Uneasy urging to stool without result in the evening; with colic pains in the hypogastrium after breakfast.

Noisy flatus. Offensive flatus.

Profuse, painless, offensive stool before 6 A. M.; imperative. Stool: offensive, undigested, loose, dark colored, followed by uneasy urging as though not all was expelled; after breakfast; after breakfast and supper; after dinner; after breakfast and dinner. *Diarrhoea while eating; sudden, imperative.*

Urging to stool after breakfast, but circumstances preventing the yielding to it, colic pains in the colon resulted.

In the evening a hard stool was forced, followed by urging. Hard, dark colored stool, with urging after breakfast; after dinner; after breakfast and dinner.

Constipation; no stool.

Large, hard stool after breakfast.

Light colored, pasty stool, followed by unsatisfied urging, after every meal.

Aching in the shoulders and anus, relieved by motion, in the evening (sixth day).

Gripping pains in bowels, one natural movement, then three movements within two hours, of a very dark brown color.

Much pain before each movement. Rectum burns and feels sore after each movement.

When the mind is employed these bowel symptoms cease (first day). No movement for several days after.

Bowels constipated; stools dark brown, streaked with yellowish green mucus.

Frequent desire for stool, passing a small quantity covered with mucus.

Soft stool with pain in abdomen.

Burning in forehead, with movement of bowels; afterwards a slight chill from below up the back.

Hemorrhoids protruding at anus, with swelling and burning pain.

Hemorrhoids, sore, painful and itching.

° Constipation, no desire for stool.

° After four or five days small passage of hard, dry, crumbling stool, after great straining. ° Stool came in lumps.

For the parietic conditions of the rectum and colon which follow operations for removal of hemorrhoids.

URINE.—° *Urine quite yellow, reddish sandy sediment.*

Scanty, sluggish stream, a few drops are retained and moisten the linen.

After micturition burning in urethra.

After micturition smarting in urethra.

*Urine red; urine saffron yellow.*

Urine very dark and profuse.

Frequent urination with sluggish flow, especially during night. Urine scanty and very dark.

Cutting pain in bladder and urethra.

Urine with dark red sediment.

General sensation of stitching in the bladder and urethra.

MALE SEXUAL ORGANS.—Sexual passion increased, priapism in the morning (fourth day).

Sexual instinct depressed (fifth day and through the proving, much of the time entirely dormant even to complete impotency from eighteenth to the twentieth day).

Intense sexual desire with strong erections and disposition to urinate frequently in mornings, followed by impotence and painful seminal emissions at night.

Utter prostration and weak vision after coitus.

Nightly emissions without erections.

**FEMALE SEXUAL ORGANS.**—Menses five days early, scanty, with digging pain in left lower jaw.

Sense of fatigue before the menses.

Menses irregular, scanty, dark red, almost black, and the first day thick.

Dull headache during menses, as though it would burst; backache, pain in left leg and groin; very tired and sleepy; stomach growls and heartburn at night.

Stomach growls and legs ache as if about to become unwell.

Stitching all through the pelvis and in the womb.

Menses too early, lasting from seven to nine days.

Pain in the left side and in the ovaries.

Intense pain across the sacrum.

Yellow, greenish, blistering leucorrhœa with too short menses.

Swelling and suppuration of breasts during nursing.

° An abscess of eight years' standing, discharging from time to time a *copious orange colored fluid* through vagina and rectum.

° Pain and soreness extending across the abdomen to right side, attended with rigors, spasms of all the muscles of the body and entire sleeplessness.

Intense sexual desire for four or five days after cessation of menstrual flow for two consecutive periods, in a married woman who had borne children, and was an entirely new experience.

Menstrual period two days too soon, otherwise normal.

Menses delayed seventeen days with profuse, bright red flow gushing out with every movement, with chill of whole body lasting about an hour; no pain. Next day flow less profuse but severe pain in region of uterus and ovaries, resemble after pains. Hard ache coming on every fifteen minutes and lasting one or two minutes.

Pain aggravated by motion; continued six days, no clots, flow lighter and offensive towards last. Flow continued ten days, gradually decreasing in quantity and color. Subsequent period ten days late, flow profuse first day, normal next day when it stopped. Menstrual periods have hitherto been regular, normal and with few ex-

ceptions so nearly on time that they would appear every fourth Friday, 5 P. M.

During menses: sharp bearing down pain; sensation of being bloated to bursting; restlessness relieved by moving and lying on abdomen; sharp pain through left ovary relieved by lying on back; pain in left ovary relieved by bending double.

**PREGNANCY.**—Bloody discharge during pregnancy.

Feeling as of a heavy weight on pelvis pressing down and backwards.

Night pains during pregnancy.

**COUGH.**—°Cough from irritation in trachea, just below larynx, with scanty, thick, yellowish white expectoration.

°Cough, without expectoration, from irritation in trachea.

Awakened at 2.00 and 2.30 A. M. coughing; the cough hurts the trachea and bronchia.

Hoarseness with cough from irritation in trachea, which feels sore and is hurt by the cough. A little thick, white mucus is expectorated.

Sudden, unexpected coughing spell preceded by a pressure in throat.

Dry cough and scratching, pressing feeling on both sides of throat, after dinner.

Night cough from tickling in the throat.

Sputa tasting salt, fetid or sweet.

Rattling or whistling cough; green expectoration or like soap suds.

°Thick, yellow discharge in phthisis.

**CHEST.**—Intensely sharp, cutting, transitory pains on right side, under breast, and also near waist line, catching the breath.

Chest painful; stinging in the chest and sides.

Chest very sore to touch.

Aching pain in left pectoral region, extending through to shoulder blades, worse from moving and from pressure, prover called it a "cold pain."

**HEART.**—Dull, throbbing pain in left side, seems to stop heart beating.

Slight pain at heart.

Vomiting of blood with palpitation of the heart.

Palpitation of heart from slightest mental emotion or from walking up stairs.

**BACK AND NECK.**—Stitches: severe, in the middle of back; toward the front of chest with dyspnoea; better leaning against something, worse lying on back and sitting or walking.

°Pain in back and extremities (with white deposit on tonsils).

Lymphatic glands on back of neck swollen (fifth day).

Drawing pain through knees and lumbar region (third day).

Dull aching in lumbar region, worse by lying on back, in the morning (sixth day); weak, tired sensation, with pain in the legs and back aggravated by gentle motion (eleventh to eighteenth day).

Awoke with pains in occiput and lumbar region, relieved by lying on back, passed off after arising (nineteenth to twenty-first day).

Stiffness of neck from swelling of the glands.

Creeping sensation and intense pain along the spine relieving the headache at intervals.

Back lame as from a fall.

Back sore from the shoulders down.

Neck lame, and tender to touch.

Aching across the loins relieved by walking.

On second day after taking the drug awoke with extreme soreness of back and sides.

Seems as though my sides would break (they are so sore) when sneezing, which I have a constant desire to do.

Aching between the scapulæ.

**UPPER EXTREMITIES.**—The finger tips of both hands as if asleep.

Aching in the shoulders and arms relieved by motion, in the evening (sixth day).

Itching inside the hands, where the skin is thickest (fifth to ninth day).

\*Severe pain in both shoulder blades; only felt when awakening in the morning; had to sit up in bed in order to turn over.

\*Pain left right shoulder blade and settled in the left (after second day) leaving me at 10 A. M. somewhat sore.

Rheumatic pains in the right hand more across back of hand and middle fingers worse from touching anything.

Soreness and swelling of the axillary and parotid glands.

Pain around the shoulder joints, worse at night.

Pains in arms from raising them.

Numbness in right arm and hand; itching and pimples.

No feeling in finger ends, or in hand. Twitching of muscles of arms and fingers.

**LOWER EXTREMITIES.**—Left little toe red and swollen, with a flat corn on top, itching and smarting when the weather changes.

Drawing pain through knees and lumbar region (third day).

Weak, tired sensation, with pain in legs and back, relieved by gentle motion (eleventh to eighteenth day).

Itching in the bottom of the feet where the skin is thickest (fifth to ninth day).

Drawing pain from the knees to the feet (fifth day).

Drawing aching from the soles of the feet to the knees (seventeenth day).

Severe pain in right groin (throbbing regularly) lasting five or six minutes.

Right foot feels as though it had been frost bitten and swollen.

The first four or five steps after sitting, are painful.

Pain in great toe of right foot and across the instep; no relief from taking off shoe.

Pain in left groin.

Awaken at 5 A. M. with rheumatic pains in the right leg and both arms.

Itching of legs at night in bed, with numbness and weakness.

Thighs lame; pain in thigh bones.

Swelling of legs, with sensation as if they were going to sleep.

Cold feet; cold perspiration of feet.

Swelling of feet; cracking of heels.

Burning of the toes and soles of feet.

Stinging in soles of feet.

Corns painful, making it difficult to walk.

Blue and red spots on calves of legs, with tendency to ulcerate.

Cramps in knee joints and toes.

Sharp darting pain in left knee from above downwards.

After an hours' sleep awakened, with a feeling of paralysis in left great toe.

° Nervous, restless; a fidgety feeling in the feet; trembling sensation in the muscles of the legs, especially the gastrocnemii.

**EXTREMITIES IN GENERAL.**—Drawing pains in back and extremities, especially from soles of the feet to the knees, and from the shoulders to the hands, relieved by warmth, also temporarily by moving the parts.

Constant pain in back and extremities, relieved by motion (eighteenth to twentieth day).

Awaken at 5 A. M. with rheumatic pains in right leg and both arms, passes away at 10 A. M.

**AGGRAVATIONS.**—After eating; after rising in morning; lying on painful part; sitting and walking.

< of pain, and itching from 3 to 5 A. M.

< of stomach and bowel troubles after eating.

< of neuralgic pains from exposure to cold.

< from continued motion.

< of lumbar pains from lying on back.  
of giddiness out of doors.

< of giddiness facing the sun.

< of pain in left eye in sunlight.

< of bearing down pains after drinking water.

< of many symptoms in early morning.

< of stinging pain in ears by lying down.

< of pains in maxillæ after eating.

° Pain in epigastrium < after eating < while lying down.

**AMELIORATIONS.**—After lying down; leaning against something; sitting up.

From belching gas.

> of pain from warmth.

> of pain from motion if slight and of short continuance.

> of occipital headache from eating.

> of hot, nervous, restless, startled condition after daylight.

< of dull headache across eyes when out of doors.

**NERVOUS SYSTEM.**—Nervous, hot, restless, easily startled.

\* Feels cold and heart beats at any unusual sound.

\* Scan dark corners, expecting to see burglars.

Trembling of hands from nervousness.

Can not keep still, am moving around all day, but become quiet in evening before bedtime.

- ° Very restless, turning from side to side all night.
- ° Symptoms of nervous exhaustion during convalescence from acute diseases.
- ° Neurasthenia, especially from sexual excesses, characterized by severe spinal irritation.

**SLEEP AND DREAMS.**—Awoke very early in the morning, exceedingly nervous, hot and restless (no perspiration), expecting to see burglar enter door.

Mumbling and grinding teeth during sleep.

Sleepy and yawning before 7 P. M.

Sleepy after violent exercise in the open air.

Sleepy early in the evening, about 7 P. M.; seemed impossible to keep the eyes open; passed away after lying down a few minutes.

Very hard to awake, eyes hurt, they feel so sleepy, yawn a great deal.

She talks in her sleep.

Sleepy during the day, sleepless during the night; fearful dreams; prostrated and drowsy in the morning.

Scarcely able to walk for drowsiness.

Pains frequently change location and keep him awake; from 2 to 4 A. M. (seventeenth day); from 3 to 4 A. M. (eighteenth day); less severe toward morning (nineteenth day).

Dreamed he was in a public assembly partially clothed, and endeavoring, unsuccessfully, to find a secluded place in which to complete his toilet (third day).

A vivid dream that the house in which his family were living was carried away by a flood; was awakened by the crash when it was wrecked (fourth day).

A tendency developed to sleep upon the back; a position which was very uncomfortable before the proving was begun (nineteenth day, and through the proving.).

Sleeplessness between 12 and 4 A. M.

No desire to rise in morning; drowsiness during the day, disappearing in the evening.

Lascivious dreams, with emission of semen, awake angry and cross.

- ° Sleepless in latter part of night, cured during the proving.



- ° Restless, tossing all night.
- ° Unrefreshing sleep; disturbing dreams every night.
- ° The moment she closed her eyes every muscle in her body began to move.
- ° The instant she fell into a doze she was aroused by violent spasms in region of left ovary.
- ° Violent shaking all over the moment she shut her eyes.

Insomnia occurring during the course of chronic diseases with emaciation more or less marked; with evidences of nerve waste of the sympathetic system.

*Night terrors in children: awakening from sound sleep screaming with fright; somnambulism.*

Sleeplessness: from excessive mental exertion; after worry over business troubles; from nervous exhaustion. Simple wakefulness without pain.

FEVER.—° Evening temperature 102°. Pain in forehead.

Chills ran up the spine in the evening, continued after retiring, could scarcely get warm in bed (fifteenth day).

Temperature 101½°; pulse 96 at 10 A. M.

Temperature 101, pulse 88, at 10 P. M. (nineteenth day).

Morning temperature 100°; evening 99° (twentieth day).

Chills; cold all day; heat during the night, with strong inclination to eat.

Dry lips and tongue, quick pulse, night sweats and thirst.

Return of offensive axillary sweat (that had been cured months before with Lachesis).

Axillary sweat of the odor of onions.

SENSATIONS.—Very tired all day.

Muscular prostration; feel scarcely able to get about.

The muscles feel sore if moved, yet exercise seems to overcome it.

Feels weaker than he is in reality (nineteenth day).

TISSUES.—° Losing flesh all the time. One prover lost ten pounds during the proving.

Persons who suffer from suppressed sexual instinct or exercise sexual indulgence.

The discharges or excretions—stool, perspiration, urine—have a carrion-like odor.

SKIN.—Severe itching of skin of whole body, worse on chest and under arms.

Itching here and there in spots most severe on top of left foot in the evening (fourth day).

Itching all over in the night, most severe on the scalp and under the beard, also on inside of hands and feet where skin is thickest relieved temporarily by scratching (fifth day); more intense, kept him awake from 3 to 5 A. M. (sixth day).

General itching (fifth day continuing through the proving worse from sixteenth to twentieth days).

Skin dry, little or no perspiration.

Pimples, small boils and itching.

Itching all over lower limbs in bed during the night with numbness and weakness of the legs.

Pricking in skin of abdomen like as from a pin. Had frequently to examine clothing in search of pin.

CHICAGO.

H. C. ALLEN.

#### DISCUSSION.

Dr. Fincke: I should like to know whether in Dr. Taft's case the prover took the medicine in one dose or dissolved it in water and at stated intervals.

Dr. Taft: A dose was dissolved in water and taken every two hours.

Dr. Fincke: How could there be "seasickness without nausea?"

Dr. Taft: It is a kind of vertigo or swimming in the head without nausea.

Dr. Carleton: Would it not be well for those who superintended the proving to cross examine the provers and find better words to express their ideas?

Dr. Butler: I think it is a good idea for the chief to cross examine the provers with the view of getting explicit and exact expressions of their ideas, but still the words of the provers should be retained.

Dr. A. R. Morgan: I was much interested in the mental symptoms of Mr. Rider, but think, perhaps, they may not be entirely due to the action of the drug, for I have passed through quite a similar ordeal on stopping tobacco.

Dr. Taft: He always stopped tobacco during Lent, without such an experience, and most of them were duplicated in the case of Mrs. Rider, who, of course, used no tobacco.

Dr. Sawyer: It is extremely important to retain the exact language of the provers. I have been astonished to notice

how people, even totally illiterate, use these same expressions in describing their symptoms.

Dr. Kimball: I also think it is necessary to keep on record the language of provers, but not always to retain it in books of reference. Suppose, for instance, the prover comes with this symptom, "sea sickness without nausea;" his language should be retained in the record of the proving, but in the works of reference you can not keep the exact language. It must be varied according to the judgment of the one having charge of the proving, because different people will give expression to the same symptoms in different ways, and hence unless the proving is made intelligible we can not find what we want, nor know under what head to look for it. "Sea sickness without nausea" probably would be expressed by most people as "vertigo," and should be placed under "vertigo."

Dr. Fincke: Dr. Kimball refers to repertories, I suppose, when he says works of reference. I suggest that we reprint the provings with the exact expressions that the prover used. Then, of course, those who make the repertories must substitute some general expression that will cover the meaning of all the various synonyms used by the different provers.

Dr. Kimball: That is what I mean exactly.

Dr. W. L. Morgan: Only about three weeks ago I had the very expression of "sea sickness without nausea" given me by an important patient, and I can see now that Kali phos. was the remedy. When I asked him what he meant by "sea sickness without nausea," he said he was sick all over without any desire to vomit.

Dr. Butler: I do not think we have a right to assume that this expression is equivalent to vertigo.

Dr. Carleton: I understand I have started a discussion on a line that I did not intend to. I did not mean to find fault nor did I intend that those having charge of the proving should substitute any expressions of their own in the place of those used by provers. But I meant, when the provers' expressions were vague or their meaning obscure, that he should skillfully question them in order to arrive at their exact meaning. People are not accustomed to analyzing their sensations and few are in the habit of using exact language to describe their feelings. Hahnemann was in the habit of cross questioning the prover, and he endeavored to

get the prover himself to adopt a phrase or a term that would be exactly right and forever understood by all scientific men.

Dr. H. C. Allen: The rule should be not to change the phraseology any further than sufficient to make it correct in English or correct in some other way. I should like to have Dr. Taft on her return find out just what some of these expressions mean.

Dr. Fincke: It is a religious matter to take down the very words of the prover. There are symptoms which we can not understand in the *Materia Medica*, but as they have been recorded in the proving they must stand. We base our experiments on pure experience, and they are matters of record which should not be changed at all. Of course the prover is expected to talk over and explain his symptoms, but we must be very careful not to make any changes merely for the sake of science. Ours is a pure *Materia Medica*, the fruit of observation. If anything seems uncertain the matter should be talked over and made clear, but that is all.

Dr. H. C. Allen: Dr. Fincke misunderstands my idea entirely. Suppose a prover writes down "headache"? Of what use is that? We want to know where, when, what made it better and what made it worse. With these questions skillfully asked the general term headache, in itself almost useless, will become of great value. Pain in the back is a general phrase that many provers might use, but, if that is all they record, it is of little use. By asking when, where, under what conditions, and so forth, the proving is rendered highly exact and useful.

Dr. Fincke: We are all perfectly agreed about that.

Dr. Taft: Ameliorations and aggravations were all carefully noted in this proving, in accordance with instructions, given at the time.

Dr. Sawyer: I have had sea sickness with nausea for a week at a time. I have also had "sea sickness without nausea," and know what it means, and if I had had this proving in the language of the prover, I could have found my remedy.

Dr. Fincke: I should like it if Dr. Morgan would tell us the later effects in his tobacco provings. Was there any symptom like "sea sickness without nausea"? The first effects are almost an exact picture of sea sickness.

Dr. A. R. Morgan : All the later effects I am able to recall are a good deal of satisfaction to my wife. I have been at sea or a year at a time, and never was sea sick. The nearest to it was a little malaise and headache. I never had the sensation of nausea, nor lost my appetite. I have had slight dizziness, but never associated the feeling with the idea of sea sickness. Perhaps the prover had never been sea sick, and hence had vague ideas about the matter. During my life, at different times, I have, as ship surgeon, had the care of many hundreds of passengers, but never yet saw a case of "sea sickness without nausea," nor do I believe in such a thing.

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#### SURGICAL CASES TREATED HOMŒOPATHICALLY.\*

I.—*Carbuncle*.—Mr. F. R., merchant, aged forty-seven, tall and slender.

January 10, 1891.—A carbuncle is coming since yesterday on the back of the neck, not very painful, with a white head the size of a pin's head,  $1\frac{1}{4}$  inch in diameter at the base.

*Lycopodium* cm. (F.)

January 22.—The soreness left at once, and it gradually dried up, leaving nothing but a little speck.

March 4.—Another carbuncle appeared several weeks after on the neck, which subsided rapidly after another dose of *Lycop.* cm. (F.)

II.—*Abscess*.—Bartholomew C——, twenty-seven years, car driver, short and robust.

January 29, 1889.—On getting down from his truck patient hurt himself three weeks ago with a rusty nail, at the left side of his head, which is sore yet, and below and behind the left ear a large boil formed, which now looks purple, and is fluctuating as if ready to burst; exceedingly painful, so that he was near fainting when they came for me. It was poulticed, without any relief, and a so-called homœopath had given medicine which did no good. The poultice was removed, and nothing allowed to come in contact with the sore but a clean old linen rag, *Lachesis* 10m. (F.) in half a tumbler of water, one teaspoonful every two hours.

January 31.—Saw patient at his house and found the tumor at the left side of the neck like a half round ball, two-

\* Trans. I. H. A.

inches in diameter, dark, red, middling soft, not ready yet to break, burning like quicklime; sometimes shooting up to the head with an intense burning pain; sometimes chilly. Pulse about normal; very weak. Arsenicum 45m. (F.) in water as before, a teaspoonful every two hours.

February 3.—The abscess broke night before last at midnight, and is oozing since with yellow matter. Copious perspiration last night. Patient is otherwise in good condition. Hepar 45m. (F.) in water as before, a teaspoonful every two hours.

February 19.—On the 11th inst. the boil broke again after severe pain, and ran copiously. Now there is a blue, soft tumor left, under which a ragged cavity like a crater surrounded by little lumps like glandular swellings can be felt. The sterno-cleido-mastoid muscle above it is still sore, hard and stiff. Very copious discharge of yellowish matter which runs like water. Patient eats, drinks and sleeps quite well. No more pain. Silicea 45m. (F.) in water as before. After that the skin healed up without a scratch.

III.—*Panaritium*.—Mrs. B. K.—, about forty years, 1882.—Had a felon at the left index finger, first treated with a pulp of bicarbonate of soda without relief, and then lanced by a surgeon which made it bleed a little, but no pus came. Patient thinks it came from making artificial flowers. Since the operation most violent burning pains day and night. Worn out from the want of rest.

Arsenicum, 900 (F.), in half a tumbler of water, a teaspoonful every two hours. After two days patient returned. There was no change. The swelling, redness and ulceration went down to the root of the index finger, with incessant hammering and burning pain. But, with all that, she looks better.

January 8.—Hepar 10 m. (F.). Since she lived at a distance in the country, I gave her a number of powders, with pellets of the medicine, and told her to put one at a time in a bottle holding about two or three ounces of water, and, after shaking it up, to take a little swallow once in two hours.

This acted miraculously. Patient could not sleep enough not only in the night, but also in the day time. She thought I had given her a soporific. All the pains were gone, and she felt only an urging toward the finger tip. All her friends

marveled at the effect, being very much opposed to Homœopathy. Would any allopathic sporific have had such a happy effect? Continue.

January 15.—In the evening of the 11th the ulcer broke, at first only discharging a little blood and water, then, ever since, copious purulent matter. At the same time she had no pain whatever. Only, after each dose, the medicine seemed to go into all the finger tips of the sick hand, mostly into the effected index finger, a feeling as if it would draw the sickness together, and draw it out by the ends of the fingers. After half an hour this subsided, but after each dose the same symptom repeated itself. Patient eats, sleeps and looks well, and has no pains whatever. A veterinary surgeon, who saw the sore at this stage, said it should be lanced, to give to the pus free exit, or else it would be absorbed into the circulation and she must die of blood poisoning. But patient knew better and did not allow him to touch her.

The same evening the ulcer broke again, without pain. Now the whole extent of the ulceration along the inside of the finger as far as the metacarpal joint appears. At the latter part it stings a little, toward the wrist. Sometimes a sharp stitch in the finger tips. Continue.

January 22.—The appearance of the finger is now much better. In the middle of it a piece of proud flesh projects, which bled a little on pressure. There is a continuous discharge of pus from that place. The end of the finger shows extensive ulceration. From exertion by carrying a child, some pain under the nail. Patient looks well and feels well. Constipation.

Nux vom. 10m. (F.) now, and then continue Hepar as before.

January 28.—No stool, but no trouble from it. Menses appeared. Had them for the last time in July last past from excitement, but none for three months before that time. Is irregular for the last two years, but has nothing to complain of in this respect.

Jan. 29.—The suppuration continues, but draws toward the upper end of the finger. Not much pain, except the urging toward the tip and drawing down after each dose.

All inflammation is gone. The whole hand has grown smaller, and the skin scales off. Stool normal. Continue.

Feb. 20.—The ulceration receded higher up to the finger tip, under continual discharge of pus, which now escapes a quarter of an inch from the end of the finger. Menstruation was regular. Continue.

March 4.—Still discharging pus copiously, without any pain whatever. Continue.

After that the ulcer dried up and the finger looked as well as ever, except at the place where it was lanced. There is an irregular cicatrix.

IV.—*Loose body in the knee joint.*

Albert G. S., 20 years, short and stout, very sensitive.

1860, Sept. 3.—Stiffness of the right knee, originally caused by a strain. He fell off a bridge and doubled the leg under him. At first it felt like a cramp in swimming. A year after, a body as hard as a bone began to be felt under the knee pan, in the synovial capsule, which is now of a rounded, triangular shape, about three-fourths of an inch long and half an inch thick, tapering to half an inch toward the end. It slips under the patella and raises it up. The patella is unusually moveable, so that on getting up from sitting he must first drive out the body from under it. Below the patella is a soft swelling, hanging down like a sack. In walking it gives a twitch in the joint from out to inside, and renders the leg stiff. He took *Rhus 3d* and 200 (L.), and applied Pond's Extract of *Hamamelis* externally, without relief. *Rhus*, 6-10. m. (F).

Sept. 11.—After a few days the swelling diminished, but after walking much more stiffness. Same, 2-10 m. (F.).

Sept. 18.—Could walk without a cane, because the knee felt easier and gave less pain. No medicine.

Oct. 2.—Can walk very well now. When it is damp, a catch in the knee. The twitch is gone since two weeks. The mouse is there. *Silicea*, 6-14 m. (F.).

Oct. 10.—All the next day aching pain in the knee, going down the side of the leg into the center of the foot, between the first and second metatarsal bone. Since then it pained more or less, though not so far down, but only to about the middle of the leg. But he can walk well up and down stairs. No medicine.



1862, Sept. 19.—Patient walks quite straight now. The loose body, he thinks, has not increased. The knee is considerably swollen since day before yesterday, probably from over exertion. He can also keep his leg straight in standing without the bone interfering. Silicea, 6-14 m. (F.).

Sept. 27.—Feels very well. Swelling still considerable, but the loose bone is as large as a pigeon's egg, and longer. Sulphur, 6-20 m. (F.).

1863, Feb. 9.—The leg is less swollen. The bone seems to be flatter, the knuckle pretty much gone. Knee smaller. There is less fluid in the joint. Pimples at the forehead. Otherwise well. Silicea, 6-14 m.

April 29.—About six weeks ago patient fell and hurt himself. A swelling formed over the knee pan, like cords twisted, as big as a fist. He applied Pond's Extract of Witch hazel externally, and it went down the second day. The bone is unchanged; only in moist, warm weather he feels some inconvenience from it. Hamstrings at each side, painful on straightening. Forehead clear; feels better generally. Rhododendron, 6-16 30.

May 18.—Twisted the knee four days ago, and was weak the day after. Since yesterday pain on raising and straightening the knee. Rhus, 6-10 m. (F.).

After that he went through the Gettysburg campaign against Lee, and stood the marching and fatigue well.

1865, Jan. 4.—Patient tells me he had never had any more trouble with his knee, though the loose body is there yet.

V.—*Spontaneous subluxation of the humerus.*—William S—, twenty-four years.

April 1, 1860.—Complains of voluntary dislocation of his right humerus, behind the tendon of the pectoral muscle, with much pain. This has happened already seven times before. Rhus 3, 10 m. (F.)

April 4.—The second day the pain subsided, and he is now able to move the arm free in any direction. It usually took him a week to get over it.

1864.—The head of the humerus never came out again since that one dose, even when he tried hard to dislocate it in order to get leave from his service in the army. It was never displaced again, up to date.

In a similar case, of an old maiden lady who had this spontaneous luxation of the left head of the humerus, a dose of Rhus high had the same happy effect of drawing the bone into its place.

VI.—*Lymphangitis*.—Mr. J——, barber, thirty odd years, short, stout, of dark complexion.

June 3, 1858.—Injured himself when cutting his corns at the left small toe, then tore the wound and later strained it. After soap spirits applied externally; the pain in the foot subsided yesterday. But now a bright red streak runs from the injured part, at the root of which it is thickest, up to the middle of the tibia, with swelling. At the fascia cribriformis, a flat, round swelling  $1\frac{1}{2}$  inches in diameter and a similar swelling above the inguinal glands, with continual pains, like burning and scorching, drawing violent and then milder, but worst on touch. Pulse 76. Last night some fever. Little appetite. Bitter taste. Rhus 30 (F.), in half a tumbler of water, a teaspoonful every two hours.

June 5.—The inflammation at the foot is less. The red streak now extends only to the half of the foot. The wound discharged yellowish matter from a blister an inch long. No more pain in the foot. But the swelling at the cribriforme fascia is pretty much the same, only less painful. The pain which now is stinging, spreads over the left part of the pubes and the upper part of the left buttock, and is painful to touch. Angry and depressed. No appetite. Bitter taste. In the night continued erection and a seminal emission the last two nights. Seven years ago patient had a chancre and bubo, which broke and was cured allopathically. Merc. viv. 2, 6c., in water, as before; a teaspoonful every two hours.

June 20.—Patient went to work next day. After a few days, pain in the toe returned, and the sore discharged again, after which it healed up without further trouble.

#### COMMENT.

Ad. I. This case was caught in the beginning of its development and yielded immediately to the beneficent action of the here almost specific *Lycopodium*. That it would have developed without it, seems to be probable, because another boil came after several weeks, when the action of *Lycopodium* was exhausted. Such cases are a confirmation

of the old adage, that an ounce of prevention is better than a pound of cure, and our high potencies are able to furnish such prevention if properly applied at the right time. So many diseases may be prevented by giving the right remedy when the first morbid symptoms appear. Many a pleuritis with subsequent pneumonia may be prevented if at the first stitch in the chest a dose of Bryonia high is given. And smallpox may be prevented by giving the homœopathic Variolin high as a prophylactic, so also many a felon can be prevented by giving at the first appearance of the peculiar pain the homœopathic potency, generally Silicea.

Ad. II. This case happened at a time when General Hancock not long before had gone to his doom, stricken by a similar complaint, and it naturally made the people very anxious on account of the unfortunate termination of the latter case. But they faithfully submitted to the advice of their physician and were rewarded by a favorable result. Fancy what would have happened if the customary crucial incision had been made in this case? It is the better practice to leave well enough alone, not to disturb the developing tumor by outward application of poultices, ice, water, liniments or cutting and slashing, but allow nature to ripen that strange fruit of the sick organism till it is ready to burst and discharge its contents of its own accord. And when the opening takes place, do not press it out, because you think it favors the healing. By no means; it hinders it, because by the rude pressure the tender parts are injured, so that in addition to the natural sore you have to deal with an artificial wound which under the trying circumstances will make a most unwelcome complication. It is wonderful how the life-force knows much better to heal than learned men do with all their wisdom acquired in the schools and even from careful practice and long experience. We can only assist nature successfully by faithful adherence to the principles and rules given us by Hahnemann in applying the remedies in appropriate high potencies according to symptoms-similarity. Nobody need be afraid of blood poisoning when proceeding in this way, because experience and reason shows it to be the right way. What ugly cicatrices are shown by the people who had large glandular swellings and abscesses at the lower jaw disfiguring the neck as

the lasting evidence of the mutilating allopathic practice of cutting and slashing! Most such affections heal without any cicatrices at all in homœopathic hands, and if any result, they are only a small seam or a spot which hardly is to be seen. The same holds good in felons. Do never cut them and the patients affected with them will bless you, if you know how to treat them strictly homœopathically. The worst cases get well without any loss of bone, or flesh or joint. I have in my possession a shell of a first finger joint with the nail attached, which came off whole, after the discharge had stopped and the rest of the sore had dried up. Underneath was the healthy skin, with a new nail attached to it. Nothing but homœopathic potencies internally given was applied.

Ad. III. This is a case of felon, which was at first maltreated by a surgeon who did not know any better than to cut it. The premature lancing aggravated the pain very much; upon the presumption that the green in artificial flowers might have contained Arsenic, this remedy was given in a high potency as an antidote; but it had only a very general effect. After Hepar, a most wonderful effect followed. While patient had been restless day and night under incessant, severe pain, now all at once a sound sleep set in, not only in the night but also in the day time. The 10m. of Hepar proved a veritable soporific without the deleterious after-effects of such palliatives in allopathic doses. Not that alone, which in itself was a glorious action of Hepar, but it took away also all pain when she woke up again and so it continued with one slight exception till the felon was healed up. The opinion of the veterinary physician that if the ulcer were not opened freely and the pus let out, it would be absorbed into the circulation and the patient would surely die of blood poisoning, did not find its verification in the sequel. For shortly after this wise saw, and the same evening, the sore broke without pain and discharged freely. How many victims have been sacrificed to this moloch of blood poisoning which in allopathic hands almost always proves fatal! There is always the old infatuation of the necessity of local medication by cauterisation, burning, cutting and slashing, and the result is almost invariably the same, the very absorption of the poison which by their inadequate means they want to

prevent. They do not know, and alas! they do not want to know the power of the Hahnemannian infinitesimals, which alone are capable of coping with this dreadful enemy of the life-force of the organism. In a long practice I have not seen one case of blood poisoning resulting in death, if it was treated faithfully and strictly according to the Hahnemannian principles of Homœopathy, in time. And how many of the most able men have in the course of their experiments fallen victims to the local treatment, in such cases under the mistaken notion that the first step of poisoning is only a local affair, and that there is no such thing as a life-force in the human body! The first experience I had was upon myself, when in 1853 I was dissecting an old subject in the dissecting rooms and brought some of the septic fluid into a wound of my finger. I was badly scared, but took immediately Arsenicum 30, which I carried in my pocket and nothing further happened. Dr. Hering told me once how he also, in Dresden, wounded himself when dissecting, I think, in the thumb. It swelled and looked purple and ugly. When showing it to his præceptor, this worthy wanted to amputate immediately. But Hering declined, and went to his friend Helbig, who, by homœopathic treatment, saved the thumb, and, who knows, perhaps the man who was destined to be the standard bearer of Hahnemannian Homœopathy for over half a century. The bite of a viper and the unmistakable blood poisoning resulting from it was completely cured by Dr. Thorer, who could not see it before the third day, with three doses of Lachesis 30. A case of hydrophobia, when the rage was at its height, was cured by Dr. Bönninghausen with one drop of Hyoscyamus 12 cent. None of these homœopaths used any local means, but trusted to the ever healing power of the homœopathic high potency.

Ad. IV. Patient did not want an operation which is always a serious matter, and was content to be relieved of the unpleasant symptoms arising from loose body jammed between the bones composing the knee joint. This object was gained to entire satisfaction and furnishes a proof of the dynamic action of medicine upon mechanical disturbances of parts of the organism.

Ad. V. A similar proof is in the two cases reported,

where the head of the humerus was dislocated spontaneously. If this can happen, why should not the reduction likewise be effected spontaneously by the proper homœopathic potency? And, indeed, this indication was satisfied by an experience during the preparation of the 10m. cent. potency of Rhus, on the Korsakoffian method, which furnished the proving symptom: *Sensation as if the head of the left humerus were out of the socket.*

B. FINCKE.

BROOKLYN, N. Y.

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#### IS IT A JOKE?

In the current issue of *The Medical Current* is a paper which the caption informs the reader was presented at a meeting of the Wisconsin State *Homœopathic* Medical Society. Surely there must be some mistake about this. The man who begins a case on Aconite and Phenacetine and winds it up with a mixture of Chloral Hydrate, Bromide of Potash, Hyoscyamus and Digitaline, the two former in 15 gr. doses, the two latter in 1 quarter gr. doses, could not in the first place get into a homœopathic society (!) and after getting in, the presentation of such a paper would result in his expulsion. Moreover, no homœopathic journal would willingly publish such stuff. My own belief is that *The Current* printed the article as a huge joke. The article was, I believe, written by one of my old, very old school neighbors at Auburn Park, for it gives precisely the method of procedure in vogue in that beautiful town. I do not, however, recommend the Auburn Park method to outsiders, for it has resulted in seventy funerals to two for *another method* which it would be useless to describe to men who give Aconite and Phenacetine in alteration.

HOWARD CRUTCHER.

CHICAGO, January, 1892.

**AN ARNICA PATIENT.**

In December, 1889 a case came into my hands that afforded me some valuable experience. Mr. James T. had been sick about one year. His first disability was rheumatism. He had been under treatment of five different physicians, and between the disease and the doctors he was in a serious condition when I found him. His temperature ran up to 101 or 102 every afternoon. He had night sweats and a bad cough, appetite poor and bowels obstinately constipated. Physical examination revealed valvular disease of heart with compensating hypertrophy. I could not detect any organic lung disease. There were neither tubercular deposits nor cavities. He had in my opinion a purulent bronchitis and had been thoroughly poisoned with drugs. Many samples of the heterogeneous mass of medicines prescribed for him were still on hand. Electricity had also been used and a reckless application of the galvanic current had burned a hole in his back. Mr. T. was a man of powerful physique—as perfect a type of robust manhood as could be found on our streets. Had the disease been allowed to take a natural course it would probably have terminated in perfect recovery. Instead, the treatment made him a physical and mental wreck. Could Homœopathy have done better? I believe that it could. My first prescription was wide of the mark, but at my next examination I learned that his face and head were always hot even when the rest of the body was cool.

This put me on track of Arnica. I also learned of other symptoms that favored the selection of that remedy, but as I am reporting this from memory I cannot give them now. His work had been that of handling large rolls of leather in a shoe factory; some of these rolls weighed two hundred pounds he told me. This was also a good indication for Arnica which I gave in the thirtieth potency. Marked improvement commenced at once. The response to the remedy was so prompt that I anticipated an entire recovery and gave my prognosis accordingly.

After some weeks of satisfactory improvement on Arnica the progress became slower and even seemed to be at a standstill. Neither *Sac. lac.* nor Arnica seemed to do

any further good. Bryonia, Phosphorus, Rhus and Arsenic were tried with slight improvement of the case.

At one of my visits to the patient I discovered a bottle of Morphia sulph., and that my patient was in the habit of taking the drug daily. This habit had been fixed by his allopathic attendants. The patient thought that he could do without it now and promised to abandon it. His wife also agreed that he should have no more of it. While Mr. T. was gaining so nicely on Arnica he often spoke reproachfully of the five physicians who had failed to think of so wonderful a remedy.

Later in the treatment the patient gave me another good indication for Arnica and this without any leading questions or knowing that I was looking for any such cause for his symptoms. He said that he had not been as well as usual since the following experience: One Sunday with some companions out for a stroll, they came to a boat or sled used for sliding logs down the mountain. Of course they got onto it to try the thing, when it started away with its load. At the bottom it was suddenly stopped with fearful concussion to its human freight. This was another evidence to me that Arnica was the curative remedy.

The remedy benefited the case greatly but it did not remove the pathological condition present when I took charge of the case. I admit that the failure may have been in my prescribing; a higher potency might have done more or an antipsoric might have been needed, but I could not see the indications.

The patient got out during the summer and worked a little in the factory, and from that time to the following March I knew nothing of him. At that time I was called to see him a few days before he passed away. The cause of death was rheumatic endocarditis with valvular insufficiency and hypertrophy followed by degeneration and weakness of heart. This condition resulted from the failure to have curative treatment during the attack of rheumatism. Some might claim that the hypertrophy pre-existed on account of his muscular development and violent exercise, but I cannot occupy valuable space to discuss the pathology of the case.



I learned at the time of his death that he had not discontinued the Morphine as I supposed. This may have hindered the action of the curative remedy. However from an extended experience in the treating morphine habitues, I believe that I got about as good results from the homœopathic remedy as in any cases. In fact in serious cases I do not care to have the patient give up any long fixed habit of drugging unless the symptoms are caused by the drug.

I believe that my homœopathic readers will agree with me that this was an Arnica case and that the remedy would have cured the patient before the serious organic changes occurred under the allopathic treatment.

TOWANDA, PA.

H. W. CHAMPLIN.

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#### IN MEMORIAM.

Dr. Phineas Parkhurst Wells was born in Hopkinton, N. H., July 8, 1808, and continued to live here with his parents, his father being a practicing physician in the place, until his sixteenth year, going to the district school regularly until his twelfth year of age, and from now on to his sixteenth working upon his father's farm in the summer and attending school only for a few weeks in the winter season.

His father opposed his studying medicine, considering the life of a physician that of a drudge; as a result the boy left home and entered the printing office of a weekly journal in Concord, N. H., where he learned the trade of typesetting.

From here he went to Boston as a printer and remained several years until called to Newport, N. H., by his future brother-in-law, a publisher, who wished his assistance with an issue of Legislative reports which had to be out within a short space of time. While here, in the company of his friends, his future was considered, and as he had always had a strong inclination to study medicine it was decided that he should there and then begin under the guidance of Dr. McGregory, a local physician, and in his leisure time or when they were unusually busy, he was to work in the printing office. On more than one occasion the doctor has told me that it was his custom now to rise at 4 o'clock every morning, study diligently until 12, stopping only for a light breakfast, and then after dinner he would shoulder his gun and wander out over the hills for several hours.

This mode of life was continued until he left for the medical school of Dartmouth (The New Hampshire Medical Institution). His early education after leaving home at sixteen, up to the time he entered college was largely acquired by imbibing the substance of the articles over which he worked when setting up type; besides this he was an omnivorous reader and possessed a remarkable memory, indeed he was ac-

customed to say, that before his attack of typhoid fever in 1836, he never forgot anything, but after this, he did occasionally. While at medical college he found he could not well do without other than the English language, so he went to work and studied Latin, Greek and French, in the last becoming very proficient, even in speaking.

He was graduated in 1833, and very soon thereafter settled at Roxbury, Mass., practicing old school medicine until 1840.

His health now failing, he gave up practice and went to Cincinnati, where with two other gentlemen a partnership was formed in the drug business, which continued about a year.

His health at the end of this time having sufficiently improved and the business not resulting successfully he moved with his wife (having married in 1838) to Providence and started out *again* to practice, though not so successful with old school methods this time, as it was here that he was converted to Homœopathy, and after a two years' sojourn came to Brooklyn in 1843, living first on State street, and in 1850, buying the house in which he ended his days.

With the growth of our homœopathic institutions in Brooklyn and some in New York, Dr. Wells' name was intimately associated, and in two or three instances he was one of their founders: thus the Maternity; the Homœopathic Dispensary on Atlantic Ave., from which grew the Homœopathic Hospital; and the Kings Co. Hom. Med. Society, have all more or less felt his influence as an adviser, though with none of them I believe did he continue an associate very long after their origin, save, this Society, and many present to-night are thoroughly conversant with the papers which he was accustomed to read to us and the advice which he used to give us until three and a half or four years ago when the infirmities of age caused him to remain within doors at night.

Dr. Wells was also one of the founders of the American Institute of Homœopathy and afterward of the International Hahnemannian Association. In his last speech to the latter organization he said concerning them both: "I was not in favor originally of the formation of this Association. I thought my mission was rather in the old Institute, which I helped to create and thought that there I should strive to bring it into a state of life and truthful activity, from which it has departed.

I have changed my mind. I have given my whole interest and affection to this Association, &c., &c."

During his very early life in Brooklyn, (1845) Dr. Wells associated with Drs. Kirby and Quinn of New York, started a dispensary on the corner of Broadway and Lispenard Streets.

During the autumn and winter of '67 and '68 he delivered a course of lectures on the Practice of Medicine, before the New York Homœopathic Medical College and so highly were they prized by the students that the class in a body petitioned him to have them issued in book form.

This, however, was never done, but instead they went to enrich journal literature, and Wells' Rheumatism, Scarlet Fever, Diarrhœa,

Dysentary and Intermittent Fever were thus spread far and wide over the country.

Up to the time of the doctor's visit to Europe in '58 for his health, he had the largest homœopathic practice in Brooklyn, and had it not been for several unfortunate speculations at about this time, would have been the possessor of a handsome income independent of practice in his later years.

On returning from Europe the practice had scattered, and though many of his old families came back to him and stood true to the end, yet it never reached its former proportions again.

Dr. Wells was a profound thinker and as a writer of English was unexcelled, certainly not on medical topics; his language being very correct and lucid, each phrase being clean cut, oftentimes elegant and generally very forcible. As a critic he stood alone, though here, and especially when defending the law he held so sacred, his expressions were apt to become more or less dogmatic.

Let him who will learn the depth and purity of the mind and teaching of that old giant, as we like to call him, carefully read several of the list of twenty articles, whose titles are published in the February number of the *Homœopath Physician* for 1891, and then say if such expressions of confidence in our law and in medicine are not exhilarating in the face of the many doubts and discouragements which are bound to come at times to most men.

Just that effect too resulted from our social chats with him, and very seldom did one leave his presence without feeling better for the talk.

Though the doctor had been in active practice for several years past, yet for several years too his practice has not been so very active, and it is probably this circumstance we can thank, that the elucidation of our beautiful law has been the greater work of his life, rather than the development of our *Materia Medica*, as was the case with Bönninghausen, Hering, Lippe and Dunham.

With us as one family with whom he came in frequent contact at our society meetings, his dwelling on the law and trying to show its application on every possible occasion, when the arguments in its support were repeated again and again, certainly did at times become monotonous; but this can readily be excused in our old friend, when we consider the purity of the teaching and the intense earnestness of the man. Those who have been pained by his attacks either verbal or through the journals will, we venture to say, be found among that large class who are conscious of having wandered either as a result of ignorance or a misunderstanding or else voluntarily from what *should* be the only beaten track distinguishing the homœopath from the old school therapist.

The young practitioner found in Dr. Wells, the truest and best of friends, always ready with his advice or information concerning a case and in a way too that would best teach the young man how to help himself. The doctor was a worker and believed in making each person do his own share, and doubtless many here to-night remember how, after citing all the symptoms of a case from his practice before the society,

he would not tell us the remedy, but suggest our looking it up, as he had done. We have omitted thus far to say that at the time of the doctor's conversion to Homœopathy the translations from the German were very meager, and in consequence he added this language to his list very soon after his change of schools, and Bönninghausen's Pocket-book and Jahr's Manual were his most constant works of reference.

To be esteemed master by *this* man, as were Bönninghausen's and Hering's great good fortune, was more than fell to the lot of many, and here we are reminded of the only time that he ever saw Bönninghausen in '59. He had been suffering for a long while with a set of symptoms which had baffled Dr. Dunham and perhaps others. Bönninghausen took them, wrote out a long list of drugs, then another short, and another still shorter, until finally one remedy was left, and this was accordingly given with the most happy result in a short space of time.

Dr. Wells' abstemious habits regarding tobacco must have prepared him for quite a shock when he observed how freely Bönninghausen used the weed; in a corner of the room there were bunched together a dozen or more pipes having long stems and large bowls; every morning these were filled by a servant, and the next morning they were all standing there empty. Hering's treatment of our friend at his first visit and when yet living in Providence and about to make the change in Schools was very flattering to him and a source of great satisfaction and benefit. The doctor called on Hering one afternoon presenting a letter from Dr. Wesselhoeft, Sr. When Hering found out what he wanted he turned the key in his office door refusing to see any more patients that day, and talked and talked and talked continuously until four o'clock next morning, giving forth all the time the most valuable information and just such as he wanted. And this, too, colleagues, has been the practice of our good old Christian friend ever since that time, toward those who sought the Light, and who can tell to what extent our path, now so smooth, in the beginning of *his* career so rough and unbroken, has been prepared for us by *his* laborious, self-sacrificing work!

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## 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.

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THE ORGANON AND THE NEW CHURCH.—The intensely practical and utilitarian spirit of the present age that rules in all the affairs and occupations of life may be seen exemplified in medicine as well as elsewhere. Most homœopathic physicians, for instance, go through life without paying much attention to the philosophy of their art or to the principles upon which it is based. Their minds dwell

upon the details of the management of the sick and they have no time, as they think, for theories. Their repertories and works on *Materia Medica* may be well thumbed and show other signs of frequent use, but the *Organon* occupies an undisturbed nook in their libraries and year by year the dust thickens upon its slender covers.

It may be freely granted that a practical working acquaintance with the *Materia Medica* is of first and chief importance, yet a doctor who has this and nothing more is like a man with working hands, but without a thinking brain; he may do good work, but lacking the fundamental principles of his art, his knowledge is superficial, flimsy and unstable; it can give no tangible reasons for its existence and is without arguments in the face of objectors. Moreover, in their eager, but short-sighted desire to obtain immediate practical results, such homœopaths are more likely than others to plunge into new expedients from the old school, rather than wait for the slow unfolding of a cure. Laxatives for constipation, Opium for pain, Antipyretics for fever are the natural outcome of this one-sided development.

The *Organon* is undeniably a difficult work, both to read and to translate, and this together with its dealing in broad, general principles which cannot be *immediately* applied to healing the sick, is enough to account for its lack of popularity with the majority of physicians of our school. Certain parts of it, moreover, border on the misty line that stands between the material and the spiritual, they take us into the antichambers of the unknown and this contributes toward making it distasteful to the hard, practical common sense of material minds.

Sections 9 to 16 and 29, treating of the vital principle or force, dynamis and the spiritlike force of drugs, are the parts referred to, although these expressions are used more or less in other sections. It is with the hope of rationally explaining these terms and showing their truth that this short article is written. These sections raise up many questions to which science, at least so-called science, can give no answer. What is the vital principle? What is the spirit-like force of drugs? What is dynamis?

Hahnemann with a delicate perception of how far to go, makes no explanation of these terms, further than is absolutely necessary to unfold the principles of Homœopathy. Yet these questions do arise in every one's mind and Science, the exact, the infallible, the much vaunted, gives inquiring man no answer to them. As the powers of the microscope increase Science seems to grow blinder to genuine truth ; as the telescope penetrates new infinities of space Science seems to grow more myopic ; for having lost sight of the soul and its interests and spent its strength on the merely natural plane, it has, while pluming itself on its vast progress, passed into an age of darkness. Genuine science however is still alive and offers a rational explanation, not only of Homœopathy, but of all the hard questions now pressing upon the minds of men. It is like a key that opens the causes of things and sheds light in great fullness upon the useful and exact, but entirely external discoveries of modern Science.

This genuine science is to be found in the Writings of the New Church. In briefest transcript the doctrines applicable here are as follows :

The whole natural universe is but a vast series of effects, produced under God, from the whole spiritual world as a world of Causes, each thing from its own cause. The spiritual world is the world of mind where the ideas, thoughts, affections, desires, loves, lusts and concupiscences originate which ultimate themselves in acts in the natural world. Being too evanescent, fluent and mobile to abide in form without a firmer clothing than is supplied by the delicate substances of the mind, they descend into more and more ultimate forms, finally into the material world, the ultimate plane of human life, where they clothe themselves with a form suitable to that world and thus become fixed and enduring.

“ The terraqueous globe in which, upon which, and about which such things exist is a kind of basis and support, for it is the outmost work, in which all things terminate and upon which they rest.”—D. L. & W. 165.

Thus the idea of a tool, a house or a bridge originates and exists in the mind, but it does not acquire permanence

or become of use to the material body until man fashions it out of the inert stuffs of the material world, and in this external form the idea lives in the fullness and completeness of use.

It is a law of spiritual and natural life that things superior or inferior tend constantly to things inferior and exterior by successive degrees, to their corresponding ultimates in the world of matter, in which they can be fixed. They are causes seeking to produce effects, or like souls striving to clothe themselves with bodies in which they can fill the ends of their existence.

The whole Spiritual World is such a cause or like such a soul tending with a constant and most powerful effort to embody or express itself in the substances and matters of the natural world.

Viewed in this light the beautiful and orderly forms which we see about us in the three kingdoms of nature, fruitful soils, useful and beautiful plants, domestic animals, etc., are the ultimate forms of good affections streaming down upon the natural plane from the Spiritual World. On the other hand, poisonous soils, deadly plants, savage and cruel animals are the ultimate forms of the lusts and passions also beating down upon us from that world. Man stands as it were, upon a narrow strip or shore, and from one side unceasingly flows in, upon and about him the smooth, harmonious stream of orderly Life bearing in its bosom all the infinitudes of Divine Love and Wisdom.

From the other side there beats upon and about him an incessant storm of the evil and selfish passions and hates of hell. Between these two man stands upon the earth of time and space held in equilibrium morally free to choose the one or the other.

With these data, Sec. 9 to 16 of the Organon may be seen in a fuller and plainer light, as also the wisdom of the infrequent dose, the necessity of provings on the healthy and also the method by which drugs cure disease.

Section 9 says: "During health the system is animated by a spiritual self-moved vital principle, which preserves it in harmonious order." This immaterial vital principle is the soul, the spiritual part of man, and the efficient cause

of his earthly body, and without which the organism is dead as stated in § 10.

In § 11 we read: "In disease, the vital principle only, is first disturbed and expresses its disturbances by abnormal alterations in the sensations and actions of the system (material frame)." In other words variations in the state of the vital principle invariably precede variations in the health of the body, and hence disease is of spiritual origin. Hence nothing in the field of our observation can be the *cause* of sickness. How many times a day are the long train of symptoms traced to a displaced uterus or congested liver, or to a microscopic germ, as a cause. The truth is that all the signs of disease including the toppled over uterus, the torpid liver and the specific germs are caused by a deranged vital force and are not properly the cause of anything.

What deranges the vital principle? As before said, man is the subject or recipient of both good and bad forces. Whenever he becomes an adequate recipient of some of the endless varieties of evil from the Spiritual world, or whenever any of them can ultimate themselves in him, which they incessantly are endeavoring to do, his vital principle becomes deranged and this makes symptoms of ill health on the plane of the body.

What is the spirit-like or dynamic force of drugs? The whole physical world being simply the clothing which the spiritual world puts on, it follows that the spirit-like force of a drug is the particular variety of force which ultimates itself in that drug. (§ 16.)

The necessity of provings on the healthy arises from this, that we can learn nothing of the quality of the force residing or ultimating itself in any particular drug from its physical characteristics. This is something beyond the reach of chemical or microscopic analyses.

The quality of the spirit-like force or dynamis residing in a drug can only be discovered by the manner in which it deranges the vital principle of a human being, and this can be observed only by the derangements it causes in the body of the healthy, i. e., symptoms. §§ 20 and 21.

As to the manner in which drugs cure disease we read in



Spiritual Diary 2874 : "For evil is cured by evil." This is only another way of saying like is cured by like. Also we read in D. L. & W. 336 : "Those things that are harmful to man are called uses because . . . . . (they) are serviceable in absorbing malignities and thus as remedies."

By provings we discover the quality of the force residing in drugs, i. e., their sick-making power. By observing the symptoms of the sick we discover the quality of the sick-making power which has deranged their vital principle primarily and hence their body.

Then the administration to the sick of a drug, whose inherent sick-making force is *similar* to that which is then affecting the vital principle, offers to it a more adequate ultimate form than is the body of the patient. In this way it "absorbs malignities" from the body of the patient and by leaving the vital principle free from the disturbing influences restores the patient to health.

J. B. S. KING.

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NOTE.—Dr. N. C. Burnham's *Discrete Degrees* and Bishop Benades' *Conversations on Education* were freely used in the preparation of this article.

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## Comment and Criticism.

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

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### THE INSTITUTE SESSION OF 1892—SECRETARY'S NOTICE.

The annual session of the American Institute of Homœopathy will be held in Cornwallis hall, Washington, D. C., beginning on Monday afternoon, June 13, and continuing till Friday, June 17, 1892. Monday afternoon will be devoted to preliminary and routine business, and in the evening the president's address will be delivered and the memorial service held (see transactions of 1890, page 63).

The proprietors of Willard's hotel, the Ebbitt house and the Riggs house have contracted with the committee of local arrangements for a uniform rate of three dollars per day to the physicians and their friends; private bathrooms or parlors to be charged for extra at the usual rates. Rooms, meals and attendance to be first-class in every respect. The local committee will establish their headquarters at Willard's and will maintain a bureau of information and registration, at which all persons attending the session and their lay friends are requested to register. The committee requests that all engagements of rooms at any of these hotels be made through their chairman, Dr. J. G. B. Custis, or their secretary, Dr. Wm. R. King.

It appears that the preparatory work of the bureaus is being prosecuted with more than usual energy, with special efforts to secure an intelligent and profitable discussion of the papers. Essayists who wish their papers well discussed should place duplicate copies in the hands of the appropriate chairman at least one month prior to the meeting.

The session of 1892 presents some special claims to the support of all homœopathic physicians. To keep alive the prestige and influence gained at the meeting of the International Congress; to encourage the growth of Homœopathy in the southern States; to present a strong front to the government officials assembled at Washington; to antagonize the schemes now taking shape for the subversion of the professional liberty of the physicians practicing in and around our national capital; to take action respecting the boycotting of homœopathic physicians by Life Insurance companies; to further increase the numerical strength and influence of our national society; and to prepare for a proper display of our power and importance as a profession to the people who will visit our shores during the Columbian Exposition—these are some of the motives and objects that should determine and secure a very large and enthusiastic meeting of the Institute at Washington next June.

The Secretary's annual circular to be issued in May will contain information concerning railroad rates and facilities, and a complete programme of the business of the ses-

sion. Any physician failing to receive a copy can obtain it on application. Membership in the Institute is open to all physicians in good standing. A blank application will accompany the annual circular. Admission fee, \$2; annual dues, \$5, entitling the member to the annual volume of Transactions.

PEMBERTON DUDLEY, M. D.,  
General Secretary, Philadelphia.

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### HOMŒOPATHIC SURGERY.

*Dear Doctor*:—Will you send me for the above bureau one or many reports of surgical diseases (so called by the allopaths), cured homœopathically?

I shall also be greatly obliged for reports of cases where operation was necessary, and the success of the case assured by the indicated remedy, or greatly hastened and the suffering lessened. You have on many occasions saved from the surgeon's knife cases of all kinds.

The allopathic school is paralysing the judgment of the public with its wonderful operations (called successful, even if the patient's life is lost). It declares that the medicine of the future will be surgery. How well we all know this to be false, not only false but frightfully wicked. When we pause to think of the pain and suffering produced by the skillful hand of the ignorant surgeon, we can see most clearly our duty as members of the International Hahnemannian Association.

No one denies that operative surgery is, at times necessary. That it is the only means by which life can be saved or a useless organ or limb made useful. But when one of the greatest surgeons of the day, tells me that two-thirds of his cases are the result of bad treatment and bungling "local surgery," who can say there is no such branch of medical science as "homœopathic surgery?" If there is not, let us inaugurate it.

Surgery is the art of healing external injuries and disease by manual operations, says the dictionary, but what says Homœopathy?

It says just this, no more and no less :

That external injuries may or may not require manual operations ; that disease is never local and should seldom receive "manual operation."

Why then do we so often resort to manual treatment, to operative measures ? Simply because of the want of knowledge of what our remedies can accomplish and *do accomplish* in thousands and thousands of cases.

I therefore desire that this bureau shall present a most satisfactory array of surgical cases cured by the indicated remedy, in such potency and dose as the judgment of the physician dictates.

The knife is always the last resort of *any* member of the Association of Hahnemannian Homœopaths, and I desire that this bureau may be so organized and maintained, that each year shall enable it to surpass the preceding in presenting such palpable facts to the community, as well as to such physicians and surgeons as do not agree with us, that the surgeon's table may be placed with the lancet before another century shall have passed. Hahnemann, single handed drove the lancet from the field, because he had the truth with him. We have the same truth made more evident by the work of his faithful followers, and, as Dr. Rushmore writes me, "It is a sacred trust."

I beg you therefore to lend me all the help in your power. Send as many verifications of the use of pure Homœopathy in "surgical cases ;" as possible, no matter how unimportant the case may seem to you, provided *always*, the remedy was clearly indicated and the result *evident*.

Most respectfully your fellow worker,

THOMAS M. DILLINGHAM,

Chairman Bureau of Surgery, I. H. A.

February, 1892.

46 W. Thirty-sixth St., N. Y.

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#### A QUESTION OF COLOR.

*Editor Advance:* The readers of the ADVANCE may appreciate a good joke which has a large and highly instructive moral.

Some time ago I was called to attend a sick woman. I found out as nearly as I could *how much she was sick*—that is to say, how much she differed from a well woman—and decided that a drug was necessary to her prompt recovery. Accordingly I selected a remedy in accordance with the law of cure and dissolved a few pellets in water. The pellets failed to color the water, and thereby hangs a tale. I told the patient that her improvement would be slow and advised her to let well enough alone. Anxious friends thought differently and urged that another physician be called. My successor called himself a homœopath and really thinks that he is one. He saw the colorless liquid and said with considerable emphasis, “No *color* to this, not strong enough to meet the requirements of such a case;” whereupon he proceeded to prepare some liquid that *did* have some *color* to it. He probably used the first decimal or the mother tincture of something. But the patient did not improve. Friends again came to the rescue. An allopath was called. His medicine gave the water a rich, muddy color and a vile taste that left nothing to be desired. It is highly probable that he felt a supreme contempt for the faint coloring of the medicine of my immediate successor.

After all, it is really a matter of *color* and *taste*, and in such a conflict the allopath has an eternal advantage which he is not slow to utilize. The cure of the patient has nothing to do with the case at all. Let us hereafter color the water and color it well.

CHICAGO, Dec. 16.

HOWARD CRUTCHER.

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#### SYPHILINUM FOR CRYING INFANTS.

*Editor Advance*: I have been very much interested in the article in November number of the *ADVANCE*, by Dr. Adams, of Toronto, on crying infants. I used to be troubled with that class of patients, till I gave them, when they developed their crying ability immediately after birth and did not cease, one dose of Syphilinum cmm. It was difficult to make them cry after that; I noticed a

peculiarity in the color of the stool, which was an orange yellow.

Pyrogen is not hard to prove. Put a dose of 1m in  $\frac{1}{2}$  tumbler of water and take a teaspoonful every hour till you get a *symptom* that you did not have before, then stop the medicine and take notes of symptoms ; that will never keep you in the house, but will develop shadows of symptoms, perhaps evanescent, but must be noted at the time. The diphtheria of Lac can. was noticed in the morning ; by 11 o'clock an allopath advised immediate cauterization ; by night it was all gone, but reappeared alternately on right and left side for some days. There is no difficulty of making provings, if the prover will note all the symptoms however small at once. No one can remember symptoms unless they are severe and that is what should be avoided. The principal prover of Lac can. Dr. Morgan, never was kept in the house or rarely lost her sleep or a meal, and yet you can rely on every one of her symptoms.

NEW YORK.

S. SWAN.

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#### THE SAC. LAC. PROBLEM.

*Editor Advance* :—I wish some one who does not object to seeing his name in print would enter a vigorous protest against the words “no medicine” in place of “Sac. lac.” We know not in whose hands our journals may fall, and the “one dose” secret should certainly be kept within professional ranks. I have a few friends in the “Contraria” school who are not altogether satisfied with their methods, and whom I would like to have read certain articles, but would not dare offer an article in which nearly all the medicine mentioned was either Sac. lac. or “no medicine.” Why could we not have some sign known to all, as a Greek letter, to stand for Sac. lac.? If any explanation were asked, one could reply it meant a continuation of the remedy, which it is.

Yours, \* \* \*

THE  
MEDICAL ADVANCE.

A HOMEOPATHIC MAGAZINE.

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**COMMENTARIES ON THE ORGANON: CERTAINTY OF  
HOMŒOPATHY.—2 121.**

Hahnemann's conception of Homœopathy is essentially the dynamic view of life applied to medicine. Though he was a man of the highest morality and believed in God as the creator and preserver of the Universe and all life, he was very careful not to introduce religion into his well conceived system of Medicine. Likewise he avoided metaphysical speculations as an uncertain ground to proceed in his scientific investigations. Those who in his Homœopathics discern only a system of empiricism, founded upon a maxim which is perfectly true and confirmed in every homœopathic cure, are mistaken in so far as it is much more than that, and something which as yet they may not be able to comprehend. They look only to the practical side and thank Hahnemann for the good results which they obtain by following his rules in the treatment of their patients. This is very well as far as it goes, but it does not go far enough. Every exact science which now rests on well understood principles, had to go through an empirical stage and gradually, by application of the philosophical methods of induction and deduction it acquired the rank it now occupies, and facilitates the progress in its own domain.

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\* Read at the meeting of the New York Homœopathic Union, Dec. 17, 1891

Before Hahnemann, medicine was nothing but an empirical science which proceeded upon no fundamental principles. Whatever else it was, it was not the Science of Healing. The principles frequently claimed for it were not the proper principles of healing and hence had to make room for others when new discoveries were made. When the discovery had been made, that every organic formation proceeds upon cell-life, an effort was made, to found Medicine upon a cellular pathology, but did it contribute anything to the science of healing? Let the fearful allœopathic mortality answer this question. Now at our present time the microbe has taken our allœopathic and even many of our homœopathic contemporaries by storm and a system is being founded upon so-called Isopathy, a misnomer which disguises the just claims of Homœopathy and forms only part of it, and not the best part of it. Mesmer in his time had found in the action of one person upon another a healing agent and erected an admirable system which in our days is used for various modes of cures, but it has not risen beyond pure empiricism. And now religion itself is drawn in and in a curious amalgamation with illconceived philosophical principles and conceptions, a system is put up which attempts to rival all other systems of Medicine to the exclusion of medication and has the advantage that it need not be studied in colleges and licensed for practice by Examining Boards. There are other modes of treatment founded upon the regulation of diet and general regimen and the use of such simple agents as fresh air, sunlight, water, exercise, etc., and much good has been accomplished in this empirical manner by judicious men and women. The hygienic treatment naturally has found many adherents. For it cannot be denied, that the people have a right to their own health. If this, in a great measure is jeopardized by the common and uncommon methods of the physico-chemical school which persistently continues to give the large doses of the murderous drugs which chemistry is never lacking to provide anew—the eager longing for new methods excluding the administration of drugs is explained and in a measure justified. The various empirical methods mentioned, and many others not mentioned,



indeed, offer the advantage that they save their patients from the official poisoning treatment, sanctioned by the reigning school of Medicine and the State authorities.

Now Hahnemann's conception of Medicine comprises besides the scientific application of medicines all the various administrations which come under the head of regimen or hygiene. The homœopathician as just as much entitled to act psychologically upon the mind of his patient inspiring him with hope and courage and teaching him the proper way of living as does the mind-curer, the mental healer or Christian Scientist. And as every good physician has that quality in him which Mesmer first discovered, viz., a beneficial influence of one person upon another by mere presence or contact, he will apply it for the best of his patient when he sees fit, and indeed, even without his own or the patient's knowledge and will, he frequently acts upon him in a healing capacity. That what patients call confidence, springs frequently from the mesmeric rapport which exists between patient and physician especially if the latter has a strong desire to help. But on the contrary, if the physician and the attendant have not the beneficent mutual relation, the patient will suffer from loss of vitality to the person who should impart it, and thus the saying comes true; "the more I grew sick, the more he grew well." The exertion of a strong will is sometimes necessary on the part of the physician in order to save his patient from serious consequences. As far as prayer is concerned it is not to be seen how it can find a place in medical practice, much less can it be recommended to compensate for judicious medical treatment. For prayer is a personal application to God for granting something which man in his shortcomings can not attain by his own efforts. All prayer should be in the heart, if not, it leads to hypocrisy and self-deception to the detriment of the patient. Mediumships and clairvoyance are used for other modes of cure (which escapes the rigorous administration of scientific and common law) on account of uncertainty, especially if long recipes are given. There are numerous other methods of cure which it would be too tedious here to enumerate. They all have their root in the longing of the suffering to be cured, in the

silent administration in the privacy of domestic life, and in the ignorance of the people. Some grains of truth are always at the bottom of these doctrines. They must serve to sustain the relation of their exhibitors to their clients and fill the pockets of the impostors who as a general rule are difficult to reach. These doctrines, therefore, should not be encouraged and followed by homœopathicians, though the unexplainable phenomena form a legitimate ground for scientific investigation if they have the time and the taste for it.

Looking upon all these different methods of cure, Homœopaths stands out as a beacon in a storm tossed sea on account of its certainty of method. This certainty of healing where there is any possibility of it gives to the Hahnemann doctrine the infinite preference to all other methods, because it is not a mere method, but the embodiment of the medical science and art. May the opinions of the learned and unlearned vary ever so much, as one wave of the turbulent sea follows the other in endless succession, the clear light of the beacon shines far over them to guide the good ship safely to its destination. This light is the scientific principle of Dynamics applied to Medicine, a principle which guides all and everything in the universe, because all being and becoming is mediated by motion. Even what is called rest is only a system of motions compensating each other in a continuous circular equalization. This dynamic principle expressed in the third Newtonian law of motion was by Hahnemann applied to medicine and expressed by the sentence: *Similia similibus curantur*. If anybody wants to upset this law he undertakes no less a titanic task than to throw over a law which governs all motion in the universe.

It is remarkable that Hahnemann, on the threshold of his discovery, was arrested by a speculation of a celebrated teacher of *Materia Medica*. His next step was not also a speculation, but a scientific experiment. He made the first proving upon himself. Of late the merit of Hahnemann's discovery has been attributed to the ancients, to physicians of the middle ages, to the Rosicrucians and what not, and the merits of Isopathy, so-called, have been

extolled as superseding his clear conceptions which, ever since they started in his mind, have shaped the course of the medical world. Nay, these detractors have not been ashamed to let Hahnemann appear as a plagiarist. Now has any of these ancient physicians thought of testing the medicines upon themselves and others in health, and built upon it a system of healing which in spite of all opposition and emnity has kept its own for a hundred years? Here and there an idea came into their heads which coincided with the later physician's discovery, but none of them followed it up in its consequences as he did. If Hahnemann had done nothing else than create a new *Materia Medica*, a *Materia Medica Pura*, which in its eleven volumes is the eternal witness of his industry and sound judgment, he would have to be counted as one of the greatest benefactors of the human race. For by these provings upon the healthy he raised Medicine out of the ever-seething chaos of physiology and pathology and crude empiricism and gave it the only positivity and certainty which can ever be attained in such a difficult science as Medicine. If we now take a remedy in hand we know for certain its range of action, the invariable pathopoetic quality which it possesses, and thus it becomes the potent instrument in our hand to reach the morbid aberration of the life-force in the sick, if we also understand to administer it in a dose proportionate to its potentiality.

Thus Hahnemann has completed his work by continuing his provings also in regard to the quantity of remedy required, and this leads to certainty; also of administration in disease. When we follow his teaching carefully we can not endanger our patients by our posology. For Hahnemann found that the dose of a remedy can hardly be prepared so small that it will not be still able to overcome the similar disease. What safety is in this declaration? If the remedy is well chosen according to its symptom similitude, it heals in an infinitesimal dose, and if even not quite correctly chosen, the remedy on account of its infinitesimality cannot do any material harm. Think of it! How many lives are sacrificed by apothecaries' and physicians' mistakes, because their posological maxim is the opposite of the

Hahnemannian, to give as much as the system can stand. Nay, if the homœopathician proceeds cautiously to take up the pathogenetic picture of the case before him, even if he has not the genius of a Hahnemann he can never go astray in doing the best for his patient that can be done. The trouble is that many homœopathic physicians in severe and trying cases neither trust themselves nor the remedies which have been tried over and over and found to be sufficient to cure. It is very strange that in such cases when life and death hang in the scale, the inclination is rather to try something out of the common and frequently unknown to the physician than to take the measures which we acknowledge to be indicated according to our law and which we know to be trusty by experience in other cases. Does the law cease to govern the action of the remedy if the healer mistrusts it on account of want of courage and confidence in himself? No, the grand, natural law will always work the same way if properly applied.

We live in an age where discoveries follow each other in quick succession in all branches of science and art. The old experience, that the new discovery is immediately made available also for medicine, leads to frequent errors often very injurious. Newly invented chemical preparations are without sufficient proving and knowledge of their healing nature applied to the sick in large quantities and one remedy follows another in quick succession if the latter proved to be killing instead of healing.

It is different with new homœopathic remedies. If a remedy claims attention, it is proved upon the healthy in as many persons as possible. Then it has come to stay and its reproving in its various potencies and its administration in clinical cases can only contribute to a more extensive knowledge of its pathopœsis. The same stability is in our pathology which consists in taking up a complete picture of the symptoms of the distunement of the life-force and its estimation according to the characteristics, for the better application of remedy and potency. There is no change in the delineation of the pathogenetic picture because it is always the human being we have to deal with, which in its symptom-totality represents that part of the

present disease turned outwardly which may be recognized by man. May there be ever so many features of disease, new and old ones, they will always find their place in this complex of the present symptoms, more or less different in different individuals. There are no two cases alike and our skill is required in individualizing every case as to pathogenesis, remedy and dose. May the time with its forthcoming phenomena change ever so much, the Hahnemannian doctrine if well understood, will always be potent and sufficient to meet them. It is this continuity of work in homœopathics which tends to greater perfection in the art and to wider knowledge in the science of healing. The postulate of the poet applies with much force to our homœopathics:

Di sammle frisch und unerschlafft  
 Im kleinsten Punkt die grösste Kraft!  
 (Then gather fresh and undismayed  
 In smallest point the greatest force!)

The greatest force is the homœopathic dose which in the smallest point aids the life-force in restoring health.

After having written thus far we come in the possession of Dr. Nothnagel's address to the meeting of German Naturalists and Physicians: "On the Limits of the Healing Art." After a survey of the potentiality of the branch of internal Medicine which furnishes a rather negative result, he emphasizes at the close of it, the "*treatment of disease symptoms*," which not only relieves many unpleasant conditions in diseases by palliative means, but "often makes the natural cure possible, by removing dangerous episodes in the course of disease." Only, he adds, "we should not deceive ourselves in regard to their useful result, because all antipyresis being merely one symptom and questionable at that, never influences the original pathogenetic process."

From this quotation we see, that the old school, in spite of all its vaunted progress, continues the same old unprincipled way to palliate diseases with remedies in large doses of which they have no knowledge, but what they acquire *ab usu in morbis* and glean from poisoning and vivisection

animals. Hahnemann and his disciples on the other hand have rejected the so-called symptomatic treatment of the old school by making the symptoms-totality the indispensable condition of the selection of the remedy properly proved upon the healthy. In this manner the only certainty to be obtained in treating the sick has been introduced into general Medicine.

B. FINCKE.

BROOKLYN, Dec. 17, 1891.

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### **TAKING THE CASE CAREFULLY VS. ROUTINE PRESCRIBING.**

Miss S. W., age nineteen, of light complexion, and mild disposition, consulted me August 28, 1891, for acne of the face. There was hardly a spot, particularly on the upper face and forehead, that was not studded with comedones, many of them undergoing suppuration. She also mentioned having suffered from frequent headaches. I had some months previously treated her for retarded menstruation with Pulsatilla obtaining considerable relief. On this account and as she felt better in the open air I again gave Pulsatilla without going into the case more carefully.

She returned September 13 somewhat better. I continued Pulsatilla, although I felt some other remedy, if I only knew what, would be more curative.

Her next visit was on Oct. 12. She did not need to say the acne was worse. The forehead was one mass of pimples, some suppurating, others red and painful, and blackheads innumerable. Her appearance was nothing short of repulsive. She had just been chosen a bridesmaid to act at the wedding ceremony of one of her friends and of course was in a "state of mind." "Can you help me, doctor? I can't appear like this." Clearly there must be no more routine prescribing, and frequent failures in similar cases limited my promises to—doing the best I could for her. I spent more than a half hour in taking her case with the following result: Frequent, periodical headaches of the frontal region, sometimes extending over

the whole top of the head, with a sensation as though the head would burst, relieved by walking in the open air.

Some vertigo.

These attacks would sometimes last for several days and end by an attack of vomiting ; the substances vomited, very bitter.

Sensation of emptiness in epigastric region.

Not much appetite, but a desire for many things ; her words were "I want lots of things but don't know what ;" aggravated from sweet things, says "they cause heart-burn."

Deficient menstruation, but at regular time.

Bönninghausen's repertory gives under desire for many and indefinite things only two remedies Cina and Sanguinaria. Cina does not cover the totality of the symptoms but Sanguinaria does, and in addition under skin, Hering gives : "Eruption on the face of young women with menstrual troubles, especially deficiency."

She received but one prescription of Sang. and was speedily cured.

On Nov. 5 she returned looking like a different woman. There were no pimples on the face or forehead and comedones could only be seen by a close examination. She has not had a headache since, and has menstruated with flow normal in appearance and quantity. Stomach troubles entirely relieved ; appetite good. She looks well, has clear skin, rosy cheeks and good looking enough even for a bridesmaid.

This case I think aptly illustrates the frequent failures of routine or hasty prescribing as also the success, following a little careful work in taking a case.

Routine prescribing is really selecting a remedy on insufficient data. It will, luckily, hit a case occasionally but must often fail. Taking a case carefully must minimize failure and popularize Homœopathy. Is it not then a duty we owe Homœopathy to always *work* our cases until we can cover the totality of the symptoms? Am I not right in claiming that the failure and success in this case represents the principal differences in the methods of the two factions of Homœopathy? Does not taking a case

properly compel a man to be a Hahnemannian? Also, does not the haste exhibited in selecting Pulsatilla because it helped once before, or because she was better outdoors, generally result in failure and compel such a prescriber to resort to the expedients and palliatives of Allopathy to hold his patients? Which method better conserves the dignity which should belong to the physician? The claim is made that such methods take up too much time. They limit one's practice. That is granted; but it is surely better in every way to carefully prescribe for and cure ten patients per day and charge for the time spent, than to go rattling down the street as if the fire department was out, rush in, rush out, charge fifty cents or a dollar per visit and in the end send the people to Allopathy.

This is not overstating the case, as many here to-night *know* that such things are being done in Rochester every day. Is it any wonder that a Hahnemann Society has been established here and that kindred societies have been formed in many of the large cities? We need to use the methods of Hahnemann; we need his dignity, his perseverance, his confidence in the law of similars to cure or relieve *every* case, and then we can have his success.

Rochester, N. Y.

S. W. BROWNELL.

This case is a very practical illustration of the chief cause of failure in our prescriptions. We ignore, far too frequently, the injunction of Hahnemann in the taking of the case, and thus fail to obtain the totality of symptoms upon which alone is based the selection of the curative remedy. Hahnemann's is the only successful method of applying the law of similars.—ED.

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**ORGANON AND MATERIA MEDICA SOCIETY, OF  
PHILADELPHIA.**

1605 WALNUT STREET, Dec. 1, 1891.

The regular meeting of the Organon and Materia Medica Society of Philadelphia was called to order by the President, Dr. A. G. Allan. The following members were present: Drs. J. T. Kent, A. G. Allan, W. H. A. Fitz, S. Long, W. A. D. Pierce, F. Powel, E. Rushmore, M. Powel,



F. Gladwin, W. W. Baldwin and J. A. Tomhagen ; also the following visitors : Drs. W. M. Johnson and L. A. L. Day, of Chicago ; L. A. Smith, J. E. Tremaine and Joseph M. Gerhart.

Minutes read and approved.

Dr. Long was pleased to hear so full minutes, what would an allopath think of such minutes ? could any allopathic society show such an interesting and useful report ?

Dr. Rushmore read Organon.

§ 58. If in judging this practice, I were to overlook its peculiar fault of providing *only in part for a single symptom*, that is, only for a small part of the whole disease, which would not be relieved by this method, nor the hopes of the patient realized, I would, nevertheless consult experience to find a single instance of the employment of such antipathic remedies in obstinately chronic diseases, where the transient relief which they brought, was not followed by very perceptible aggravation, not only of prominent symptom, but of the entire disease. After such enquiry, every attentive observer must admit that an aggravation will unexceptionally follow such temporary antipathic improvement ; although the old school practitioner will interpret such an aggravation differently to the patient perhaps by attributing it either to a new and violent change in the original disease, or to the appearance of a new one.

Dr. Long spoke of case of insanity cured by a New York specialist by a single remedy by letter, in four months, how is it that some of our cases are cured by allopaths when Homœopathy fails.

Dr. Kent had done a great deal of it himself when practicing Allopathy ; an enantiopathic recipe would cure for five, ten or fifteen years and then the disease would come back and unless brought back by the homœopathic remedy would be incurable and the patient break down quickly, as with Quinine with intermittent, Digitalis with heart diseases and bromides with brain troubles, the patient in the instance cited has bromides until a bromide disease was produced and then she fattened, eventually she would break down suddenly ; whereas Homœopathy in two or three years would have cured her and she might live to an old age. He had done a great deal of such deviltry and did not want any antipathy.

Dr. Tomhagen mentioned cases of cholera infantum, following eczema capitis, which had been suppressed with a

wash of Sulphate of Soda, Arsenicum brought out the eczema again and saved the patient.

F. Powel mentioned a case of epilepsy in a woman twenty-five years of age who had had tinea capitis suppressed in childhood ; Cicuta, Arsenicum, and such other remedies as drive rashes out again, gave her most relief.

Dr. Rushmore : What treatment did Dr. Tomhagen give for the crusta lacta ?

Dr. Tomhagen : Let Ars. act. Had a case of a young man troubled with somnambulism ; would get up in sleep and walk out in the fields ; this had been caused by suppressing itch the year before with Sulphur ; gave Sulphur high, itch came back with nightly aggravations ; let the Sulphur act.

Dr. Long : Cases on improving unfold as they have been folded, the last symptom is cured first, the first symptoms come up last. A man called on him who was wearing rubber bandages for rheumatism, there was gonorrhœa back of the case. Gives Sac. lac. in such cases for months. Can any one tell in such cases which is the man, which is the disease or which is the drug ?

Dr. Rushmore : Six months will not tell which is which.

Dr. Long : Some things are peculiar to the man ; the disease has a history which does not help in the selecting of the remedy. Two cases he was tending, both typhoid fever in adjoining rooms, one had diarrhœa for six weeks, the other had no stool for weeks, the two patients being held entirely different.

Dr. Baldwin read a paper on *Materia Medica*, treating Apis\* in an amusing and instructive manner.

Dr. Long spoke of the retention of urine and œdema in diphtheria as indicating Apis ; also said, continual alternation of perspiration and feverish, dry head was a characteristic of Apis in diphtheria ; in such cases might give Mercurius in mistake.

Dr. Kent : Apis has sweetish perspiration.

Dr. Long : With me Apis is equally as strong for thirst as for thirstlessness ; has any one else seen it so ?

Dr. Kent : Apis has thirst in cold stage, not during fever, therefore with thirst in fever we look for other remedies.

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\* See page 256.

Dr. Tomhagen, essayist in clinical medicine, read two interesting cases.

Dr. Long: I like Dr. Tomhagen's way of getting at a case by inference, hæmorrhage before menses being analogous to Puls.

Dr. Kent: Phos. often cures hæmorrhage instead of menses, therefore Dr. Tomhagen' was right in his inference.

A paper was received from Dr. Fincke, entitled Hahne-  
mann and Paracelsus.\*

Essayist appointed for next meeting, Dr. Long, Organon; Dr. F. Powel, *Materia Medica* and Dr. Kent, *Clinical Medicine*.

Adjourned to January 5th, 1892.

W. A. D. PIERCE, Secretary.

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## TWO CLINICAL CASES.†

### PHOSPHORUS.

Mrs. E. K., æt. 47. Tall, stoop-shouldered brunette.

Cough on lying.

At times of menses she cannot lie on left side.

Expectoration of white, tough phlegm, sweet.

Hæmoptysis before menses Puls. (Phos. has ulcers bleeding before menses).

Tightness and pressure on chest two or three days before menses.

Cold hands and feet.

No appetite.

Night sweats.

Habitually costive.

Sept. 3, 1890.—Phos. 5m.

Sept. 13.—Considerably better. Sac. lac.

Sept. 26.—She had sour stomach, aching all over and hot flashes.

Sept. 27.—Vomited food in morning.

Sept. 28.—Vomited supper.

Sept. 29.—Has flashes and blindness and trembling in

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\* See page 267.

† Organon and *Materia Medica* Society, Philadelphia.

flesh; dead aching in back and hips—vomiting and purging simultaneously. "Vomit was as yellow as the yellow of a hen's egg." This continued off and on for two hours, and then became a green watery fluid.

Oct. 2.—Vomited yellow substance again, but very much better in other respects.

Oct. 7.—Hæmoptysis stopped and night sweats gone.

Nov. 14, reports herself well.

CALCAREA.

Mr. J. M. L., æt 36.

Short, light complexion.

May 10, 1889.—Complains of dull, heavy aching in both eyes, behind balls.

Better after vomiting.

Feels full all the time.

Gets up with the pain in eyes. Natr. m. Chel. Calc.

At times pains do not come on till 10 A. M. Natr. m. Stann.

Pain comes at any time.

Lying in dark room with eyes closed always relieves.

Pressure with fingers on eyes relieves.

Pains shoot back into head from eyes.

After an attack, has stiff neck next morning.

Looking at anything closely, like when sharpening saw aggravates.

Very irritable during a spell.

Don't want anybody to talk to him.

Constipated when attacks are on.

Attacks come on during full and change of moon.

Light hurts eyes, but lamplight is worse.

Is hungry before attacks and again when they leave.

No thirst during spell, but very thirsty afterward.

Soreness in pit of stomach, sometimes extends to both hips and worse from overlifting.

Pain in eyes relieved from bandaging head tightly.

Always worse in spring.

Itching in lids when attacks break up.

Calcarea 13m, 6 powders, one every two hours and Sac. lac. for two weeks.

July 20.—Had only four light attacks since he got the

Calc. on May 10. This attack seems to be worse than either of the preceding four.

Calc. 85m one dose and Sac. lac.

Nov. 25.—Has had only one “spell” since I saw him in July. At present has an eruption on hands, forearms and head of left knee analogous to lichen with intense itching > from scratching. Calc. being one of the remedies having that in the first degree according to Bönninghausen, and Calc. being his constitutional remedy. I gave him another dose of the 85m. which > the itching first, and in ten days the eruption disappeared.

Those that are wont to look for the *point d'appui*, could find several in this complexus of symptoms. But let us see how they might easily be misled. Suppose the patient had first divulged the symptom “headache on awaking.” They would say Natr. m. Then the patient adds with apparent nonchalance, “But, doctor, this headache sometimes comes as late as 10 o'clock in the morning.” Another strong feature of Natr. m. The victim of the annoying headaches again remarks, “And they always come on when filing a saw.” This interpreted means < from looking steadily or fixedly, which is very characteristic of Natr. m. This makes a strong combination for Natr. m, but there are four or five factors in the group that are strikingly peculiar to Calc., such as > from closing eyes, bandaging and < from talking, lamplight and from overlifting.

Calc. has all the usually uncommon features of Natr. m in this case, but of course in a lesser degree. While Natr. m has six of the symptoms, and three or four very singular to be sure, Calc. has fifteen or nearly all, and *more* peculiar ones at that.

For the symptom, “Hungry before headache comes on,” we think of Nux and Psor., but Psor. generally feels better when constipated. Nux might be thought of for the irritability, constipation and > from bandaging, in the dark and lying down. However, in Nux it is the heat that > the headache and not the pressure brought about by the bandage, so peculiar to Calc., Apis, Arg. n. and Magn. m.

Bry. has the irritability, constipation and > from closing

the eyes, but the headache, characteristically supervenes *after* waking, while in *Natr. m.* the patient awakes with it. *Stann.* has the 10 A. M. < like *Natr. m.*, but the anabasis and katabasis of the symptoms is gradual like *Plat. Arg. n* and *Stron. c.* To one at all familiar with the *materia medica*, *Calc.* at once covers all the peculiar symptoms, and those apparently indicated remedies having only one or two striking symptoms, vanish from the mind as the mist before the sun.

Headache > after vomiting: *Asar. Calc. Glon. Sang.*

Headache > when closing: eyes; *Bry. Calc. Can.*

Headache > lying down: *Calc. Can. Natr. m. Glon. etc.*

Headache > in dark: *Calc. Can. Phos. Sang. etc.*

Headache > from bandaging: *Calc. (Apis. Arg. m. Mag. m).*

Headache < on awaking: *Natr. m (Chel.) Calc. (Kali. bich.).*

Headache < from looking steadily: *Calc. Natr. m.*

Headache < from talking: *Calc. Natr. m (Sil.).*

Headache < during full moon: *Calc. Natr. m Sil.*

Headache < during new moon: *Calc.*

Headache < from lamplight: *Calc. Can.*

Headache < in spring: *Calc. Natr. m, Bry.*

Hungry before headache comes on: *Nux Psor.*

Hungry when headache leaves: ———

Pains in stomach and hips < from overlifting: *Calc.*

Headache accompanied by constipation: *Bry., Calc. Can.*

Irritable, fretful: *Calc., Bry., etc.*

Headache sometimes comes on at 10 A. M., like *Natr. m*  
*Stann.* J. A. TOMHAGEN.

PHILADELPHIA.

#### APIS MELLIFICA.\*

We have selected from our art gallery the picture of *Apis* for our study this evening. His *materia medica* is the homœopath's art gallery and his repertories are its catalogues. When we visit a gallery of paintings we are satisfied with a catalogue that simply classifies the collection

\*Organon and *Materia Medica* Society, Philadelphia.

under very generally descriptive titles. Thus we are content to find one picture referred to as a landscape, another as a portrait, and so on, but the student of drug pictures needs a catalogue in which he can find carefully classified all the various strokes of the artist's brush, the varying combinations of which make the individual pictures of the great collection to which he has access. We wish to try and outline this picture of Apis. To do so without going to sleep over it we must make an effort to put breathing, pulsating life into it. What a lifeless, meaningless thing the homœopathic materia medica must be to many. Simply one great array of symptoms recorded one beneath the other with the most uninteresting monotony. I am sure that many would not undertake to study it much after sunset without soon falling peacefully into the arms of Morpheus. It is surprising that the members of the old school fraternity who insist that they can conceive of no possible use for our materia medica have not added it to their list of soporifics.

How then shall we study our picture of Apis? Must we not try to see before us some living, breathing image of some man, woman or child who unmistakably needs Apis. Those of us who cannot recall having actually seen such a one must be permitted to draw on our imaginations. We must select from some walk in life some individual person and represent him or her in that condition which, from our study of the proving, we have conceived to be the one that Apis is most characteristically capable of producing. We must observe the behavior of this individual under all sorts of circumstances. As we grow in experience the images of those persons whom we have cured with Apis will naturally take the place of those with which at first we are obliged to call upon our imagination to furnish us. Thus by experience in the use of it our conception of its picture will undoubtedly become more enlarged and more accurate, but even if we have never once prescribed it we cannot intelligently talk about the picture of Apis without having before our minds something wherein is the breath of life.

Let us look first then at this Apis housemaid. Let us call her Betsy. Watch her as she waits at table. Notice how she fills the glass too full or spills the water on the

salver, and the next minute she has knocked the vegetable spoon into her mistress's lap, or bumped the most distinguished guest's head with the potato dish as she withdraws it from him, she kicks the chairs as she passes and steps on anything that may be in her way. Now it is not that she means to act in this way and indeed may be manifestly alarmed at the possible consequences of her behavior. She simply does not seem to have complete control over her hands and feet. She is anxious to do her best and is probably conscious of her deficiency. What is that awful crash we hear? Betsy has dropped the dinner dish from her clumsy fingers as she retires with it from the room. If we make inquiries we will find that it is the last article of a whole set which was complete when her predecessor in the situation left only two months ago. Betsy has broken each piece one by one not with malice aforethought, but simply because she could not hold them.

Now Mrs. S., who by the way possesses a *Pulsatilla* temperament, has so far been very long suffering, but having been obliged on this occasion to apologize to her guest for his bumped head and to face the catastrophe of a spoiled dress has determined that Betsy must be reprimanded.

And though her mistress scold with all the mildness and gentleness peculiar to her nature, Betsy will resent it. She may listen with tears in her eyes but she is angry, she sees no reason why she should be scolded and is quite prepared to flare up in her own defense. She may even do so, in which event Mrs. S. will not say half she intended to and will retire speedily, for *Pulsatilla* could never stand the fire of an *Apis* irritability.

Let us watch Betsy once more as she waits at table on another occasion. This time she appears to drift around in a somewhat dreamy state. She may be clumsy as before but in addition her attention does not seem to be on her work. If asked to hand the cabbage she is just as likely to bring the potatoes, not that she does not know the difference between cabbages and potatoes, but she is simply not thinking of cabbages or potatoes either, in thought she is not waiting at that table at all; her mind is not there, and yet it would puzzle you, and probably Betsy herself to



discover where it was. If you could look into her thoughts you would not find them occupied with the solution of some abstruse problem ; they are simply drifting aimlessly from one thing to another. If addressed by her mistress we would not be at all surprised to hear her dreamily and awkwardly reply, "what !" She does not mean to be rude and she knows better but she forgets that she is answering her mistress.

Now it certainly will not do to give Apis indiscriminately to every clumsy, absent-minded housemaid. Suppose Betsy on dropping the dinner dish were to stop and scratch her head over it, we might be led to connect Bovista with Apis as a remedy possibly suitable to her should we ever be called upon to prescribe for her. We do not wish to be misunderstood as implying that every housemaid who drops dishes and scratches her head must have Bovista ; we merely represent it in this way to remind us that Bovista which has just that Apis clumsiness which lets everything fall from the hands has also in its proving a great deal of itching of the skin noted chiefly in connection with the scalp, compelling one to scratch, from which very little relief is derived. This will not of course enable us to distinguish between Apis and Bovista, for Apis might certainly be excused for scratching herself, and she is likely to get more satisfaction out of it than Bovista. Its urticaria is marked. Again, if Betsy should be in the habit of entertaining the cook with St. Vitus's dance and was one of those mortals troubled with a sluggish circulation who never pass a winter without chilblains, we would very likely find that Agaricus sufficiently covered her awkwardness, particularly if it was chiefly manifested in the evening. Now if our housemaid Betsy was remarkably young for her situation, hardly, we will say, half way through her teens, never happy because so homesick, troubled with headaches during which she had been observed to be particularly clumsy, we would probably remember that we had seen somewhere in the proving of Capsicum the symptom recorded: "Children become clumsy, awkward, especially with headache."

Thus we see that from our observation of Betsy so far

we could not definitely pronounce her to be an *Apis* housemaid. She might indeed be *Natrum mur.*, *Silicea*, or many other remedies besides those we have already referred to.

However, Betsy *is* an *Apis* housemaid, so let us observe her till we have discovered it beyond a doubt. Let us watch her as she does her work about the house. Notice how she is constantly busy about something, but never stays at one thing any length of time; whatever she attempts to do is never done properly; the window panes are not properly cleaned, the dinner table is not laid as it should be, and if she has to make the beds the sheets are not rightly tucked.

Let us slip into the kitchen and interrogate the cook for a moment or two about her. She may tell us that she is quite sure sometimes that Betsy has the hysterics, and if we ask her why, she may reply, "well, she laughs and cries and acts so foolish like."

Now our *Apis* housemaid and the cook are on the whole pretty good friends, but unfortunately the cook is a *Nux vom.* cook, as by the way all cooks ought to be, for their lives are spent over the stove, it is natural therefore that Betsy and the cook should fall out occasionally. When they do it is a case of Greek meeting Greek, for they can both be as disagreeable and irritable as his Satanic Majesty himself. However, there is only one subject on which they fight. They will not quarrel over Betsy's propensity for dropping dishes, for our *Nux vom.* cook may be conscious of having done such things herself. It is on the question of ventilation they fall out. If Betsy at any time becomes more than usually indisposed, up go the kitchen windows, for she must have air, whereupon the *Nux vom.* cook, furiously irritated by the chance of having the dinner spoiled and personally inconvenienced by the chilliness of the atmosphere, opens fire on Betsy, which is returned with vigor. We will not watch them fight it out. It is hard to say how it will end, probably *Apis* will retire out of doors defeated, for although just about as irritable it is perhaps not quite as good a fighter as *Nux*. One thing is certain, and that is that Mrs. S., although disturbed by the noise, will never descend to settle the dispute, for what

could Pulsatilla do when Apis and Nux vom. see fit to fight.

There are occasions when Betsy assumes the responsibility of ventilating the whole house. She is quite a crank on ventilation. Of course the Pulsatilla members of the family make no objection. They are quite prepared to endorse Betsy's opinion that all the ailments to which man is heir are due to overheated houses and the lack of fresh air; but if there should happen to be any Arsenic, Hepar, Kali carb. Nux vom. or Rhus patients in that household, our ventilating Apis housemaid is likely to hear from them if the weather should be at all cold.

We may gain some interesting information if we follow Betsy to church some Sunday evening. Let us watch her during the first prayer. Remember that we have gone to church this evening for the express purpose of observing Betsy and that from strictly scientific motives, otherwise our conduct would be inexcusable. Now we may notice that although Betsy kneels down like all the rest, or rather some of the rest, and although her attitude is as devout as any yet she does not, like most devout people in church, close her eyes when engaging in prayer. If we could interrogate Betsy as to the reason she would tell us that she always suffered from vertigo if she attempted to close her eyes. It would be interesting to know how she manages to go to sleep at night—possibly she goes to sleep first and closes her eyes afterward—if she does, I am not prepared to say whether in so doing she departs from the usual custom or not. Now if we recollect that Betsy is an Apis housemaid her explanation of her conduct will be entirely satisfactory. We trust that the members of the congregation who have not knelt down are all Magnesia carb. patients and have therefore as reasonable an excuse for their undevotional attitude as Betsy has for not closing her eyes. If this had been the only occasion on which we had had an opportunity for observing Betsy we might rather have suspected her of being a Lachesis or Alumina housemaid; indeed there are quite a number of housemaids who might have behaved in a similar way. Ant. tart. Chel. Ferr. Silic. Petr. and Rhus might all have done as Betsy did. If she

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would suffocate and die for want of breath, a complaint, which, by the way, quite a number of people die from.

It is quite possible that Betsy will go home with a violent headache; burning and throbbing in the head, worse by motion and stooping, temporarily better by pressing the head firmly with the hands, flushed face and surging of blood to the head, a condition which might tempt us to give her a dose of Bell., but notice how she goes straight to her room and throws open all the windows and though quite dry and feverish drinks nothing, unless it should be a few sips of milk for which she often has a craving.

But let us leave Betsy now for a few moments and turn our attention to another scene. It is a sadder sight than we have yet witnessed. Come with me to the bedside of this sick child. Watch the little sufferer as it lies in a state of torpor, interrupted every few minutes by piercing shrieks. Notice how the little one thumps its head with its tiny fist and repeatedly kicks the covers off which an anxious mother as often replaces. Notice, too, the puffiness about the face, especially under the eyes. The child is hot and in a fever and the tender mother is trying to induce it to cool its lips with water, but the little one only pushes the spoon away and rolls its head from side to side on the pillow. Listen, now, as the mother is telling the doctor of how the little patient has not passed any water for several hours, and when it did it only amounted to a few drops and was very high colored. Now the doctor in attendance is Dr. Goodfornought, M. A., M. D., M. R. C. S., L. R. C. P.; Member of the Pathological Society of the Cannibal Islands, ex-President of the Royal College of Germ-hunters, Timbuctoo, F. G. H. I., etc., etc., etc., all the way down to Z, and here we may parenthetically state that the great learning of this learned doctor would undoubtedly have been still greater but for the brevity of the English alphabet and the necessary limitation in the possible combinations of its letters. But Dr. Goodfornought is an eminent pathologist; he is therefore not surprised to hear of the scanty high colored urine and to see the puffiness of the face, but as he reflects on the whole condition of the child he feels that he must inform the mother that nothing can possibly be done

to save the little one's life, it is a bad case of meningitis and all that now remains for him to do is to relieve the suffering with an anodyne. Go away you wiseacre and learn that Apis can produce just such a condition as this and on the law of similars will cure it; and the next time your horse beats his head against his stall, which he does because he cannot, like the child, carry his hand to his head, and neighs because he cannot shriek, and does not kick the covers off because he has not any on, do not content yourself with diagnosing his case as meningitis, but give him a dose of Apis.

Now as we have watched this child and listened to it shriek, we may have been led to think of Rhus of Hellebore and of Zincum, but then in none of these is the shriek so shrill and piercing. We know the child cannot need Rhus or it would not kick the covers off as we see it do, and the case cannot be Hellebore or the little one, so far from refusing the water which the mother offers it, would seem to want to swallow the spoon and all, so greedy is its thirst. If it were Zinc. there would be much less shrieking and more paralysis, the reflexes would be abolished and the unconsciousness profound. But we must return to Betsy for a few moments as in the interest of science we are obliged to intrude ourselves on her love affairs. Now Betsy has a lover, and this lover is obliged to be a very circumspect young man; he had better perhaps be a Pulsatilla young man as Puls. and Apis ought on the whole to get along pretty well together, neither of them drink much and they agree on ventilation and if we could mix the gentleness of one with the irritability of the other, we would have a pretty even temper. This young man had better not wink at the Nux vomica cook when he calls on Saturday night for Betsy's eye is on him. If he comes an hour late it does not matter how reasonable an excuse he may offer, she is sure to accuse him of having been to see some other girl whom he loves better, he does not care for her that is evident, and she has at least half a dozen girls in her mind's eye whom she suspects of attempting to alienate his affections from her. She has not the least ground for her suspicions, but that is not at all necessary. Betsy is simply abominably

jealous, and her circumspect young man may be as circumspect as it is possible for a circumspect young man to be circumspect and yet he will never please her.

Now it is not at all improbable that there will come a time when our Apis housemaid will have to pay frequent visits to an oculist. She suffers with her eyes. Let us examine them when they are at their worst. We may have difficulty in persuading her to remove her dark glasses so great is the photophobia. She does not want to close her eyes for the warmth of the closed lids is painful to the inflamed conjunctiva. She will complain of burning stinging, shooting pains in the eye, the conjunctiva will be markedly injected, the tears will be scalding and profuse and we will notice an œdematous baglike swelling of the lids which will remind us of Kali carb. The profuse scalding tears will make us think of Euphrasia.

But we have not begun to do what we set out to accomplish, viz., to outline the picture of Apis. We would like to afflict Betsy with all manner of complaints and watch her through them, but time will not permit. We would like to give her an attack of diphtheria, but we must remember that Betsy has been brought up a staunch adherent to the ancient established rational school of medicine which would not give her Apis and she would therefore die. We would like to watch her through an ovarian trouble, but may she be mercifully preserved from such an affliction for we see hovering about her an eminent gynæcologist knife in hand ready at the bare suggestion of such a thing to swoop down upon her and extract both her ovaries possibly before the poor girl knew she had any. We would like to make Betsy serve us still further, but we must now leave her and content ourselves with briefly noticing some of the remaining prominent features in the picture of Apis.

Apis is not unfrequently indicated in diphtheria. In such cases we will find among the indications for its use the insidious onset of the trouble, the case is likely to be characterized by great debility from the beginning. We must distinguish between Kali bichromicum and Apis in throat cases. In Apis we are quite likely to find a considerable quantity of tenacious mucus a symptom so characteristic of

**Kali bi.** Both have the œdematous swelling of the tissues like water bags and the glossy varnished appearance of the mucous membrane. **Apis** is likely to be more painful to external touch. In **Kali bi.** we may find pain in the throat extending to the ear, but this is also present in **Apis** when swallowing. The **Kali bi.** membrane is likely to be fibrinous and manifest a strong tendency to adhere firmly. If we can find a distinguishing feature in the **Apis** membrane it will probably be in its dirty look and the fact that it appeared first on the arch of the palate. The **Kali bi.** membrane may be blood streaked. Pain on protruding the tongue, and the peculiar sensation of a hair on the back part of the tongue sometimes mentioned by the patient would be symptoms strongly in favor of **Kali bi.** In our **Apis** cases we must, however, rely for certainty on the presence of some of the grand general features of **Apis**, such as the scanty high colored urine, thirstless fever and the general aggravation from warmth. We must not forget that in some cases even **Apis** may have an insatiable thirst.

In the ovarian troubles of **Apis** we are likely to find that the right organ is the one affected. Hard painful swelling in the right ovarian region, very tender on pressure, with burning stinging pains, or the pains may be sharp and shooting, or labor-like pains coming on suddenly and passing off in the same way like **Bell.** which is also a right-sided remedy. The painful part too may be hot to the touch further confusing it with **Bell.**, but in **Apis** we are likely to have the scanty, dark, burning urine, the thirstlessness and the desire for cool air. The bedclothes will be thrown off and the night dress may be drawn up to let the cool air get at the part. We are likely too to find a good deal of the œdematous swelling so characteristic of **Apis.** More or less dropsical distention of the abdomen will be present.

œdematous swellings are to be found everywhere. They are like the swellings of **Rhus** poisoning ; water bag formations. The skin becomes waxy and pale. The most characteristic sensation of **Apis** is that of stinging and it is certainly most natural that it should be. We will find the burning stinging pains in all parts of the body.



Its constipation is worthy of notice. There is a sensation in the abdomen as if something tight would break if much effort were made to void stool. It also has a diarrhœa worse with every motion of the body and a feeling as though the anus were constantly open like Phos.

The intermittent fever of Apis is interesting. Its chill comes at three P. M. accompanied with thirst like Ferrum and Ignatia.

There is a general aggravation about three P. M. lasting on through the evening like the Puls. aggravation which begins an hour or two later.

We have attempted hurriedly to complete our sketch of Apis and many important strokes of the brush may have been omitted, but if we carry nothing more of its picture away, let us at least not forget, the general aggravation from warmth, the scanty high colored urine, thirstlessness, œdematous swellings and stinging pains.

Philadelphia.

W. W. BALDWIN.

#### CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

ROCHESTER, N. Y., Dec 17, 1891.

The meeting of the Central New York Homœopathic Medical Society was called to order by the President, Dr. A. B. Carr, at 11:45 A. M.

Members present: Drs. Voak, Stow, Hussey, Seward, Hoard, Carr, Grant, Norman, Brownell.

Visitors: Dr. J. E. Voak.

Moved by Dr. Seward, seconded by Dr. Stow, that the minutes of the last meeting be accepted as published. Carried.

No report from the Board of Censors.

Dr. Brownell objects to going on record as saying at the last meeting, as per report, that he had *cured* nineteen cases of diabetes. He had cured *one* case, and had *treated nineteen* with varying success.

Dr. Hussey was appointed by the president to read the Organon, beginning with § 91-92.

§ 91. Symptoms and sensations experienced by the patient during some previous use of medicines do not furnish a true image of the disease; those symptoms and complaints, however, suffered by the patient *before the use of medicines, for several days, or after their omission*, truthfully portray the original form of the disease, and should be particularly noted by the physician. When the disease is an inveterate one, or if the patient has persisted in the use of medicine up to this time, he may omit the same entirely, or something of an unmedicinal kind may be given him, while the rigorous examination of the case is postponed until the unadulterated, permanent symptoms of the chronic disorder can be ascertained in their purity, and a true picture of the disease obtained.

§ 92. But, if the disease is very acute, the urgent nature of which suffers of no delay, and if the physician finds no time to seek information concerning the symptoms observed before medicines had been resorted to, he may have to accept the morbid state as modified by drugs, and to embrace it in one record. A disease, complicated by the effects of drugs improperly employed, is usually more serious than the original evil, and, therefore, urgently demands appropriate measures for its relief; these are found in carefully selected homœopathic remedies which are able to overcome the complicated disease and perhaps to avert the danger caused by the drugs.

Dr. Seward has a case in point in a patient just treated by him, who had been for a few days under old school treatment, who, when Dr. Seward was called, presented the following symptoms of mercurialization, which his former physician, supposedly a homœopath, had not recognized. There was pronounced burning all through the body, sore mouth and teeth, agg. by cold water, and by acids; cured by Hepar. Finds Hepar best in recent cases of mercurialization.

Dr. Hussey then read § 93.

§ 93. If the acute or chronic disease is the result of some unfortunate incident which the patient hesitates to disclose, either spontaneously or upon careful inquiry, his friends, if privately appealed to, will usually furnish the desired information.

Dr. Stow often notices this masking of disease by the action of drugs. The following is a case in point: Was called to a boy having a pistol wound in the abdomen. Dr. H. and Dr. J. of the old school had been called, had probed the wound, finding no opening into the abdominal cavity, and that it had made for itself a channel, until, striking against a floating rib, it glanced, and had gone—where? Well, no one could tell. Had the boy received

no morphia, no physic, then the case would have been clearer.

Found the boy vomiting, contracted pulse, restlessness, sleeplessness, and considerable anxiety, but declined to give an opinion; because, under the action of the morphia, and other drugs he had taken, the symptoms common to perforating gunshot wounds of intestines, had been masked and no diagnosis could be easily made; nor was it safe to prognosticate. The pathogenetic action of drugs, as a rule, bar accuracy diagnosis and prognosis, in nearly all such cases. This is true, also, in the investigation of cases of idiopathic disease. So, I advised the discontinuance of drugs, as, to begin with, they are useless in such cases; preferred waiting for a reasonable time; then if symptoms of collapse began, to open the abdomen and search for, not the ball, but for the wounded viscus, and if found, to repair it.

Dr. Hussey has had many illustrations of this masking of disease by drugs. Had formerly been the only homœopathic physician in a town where seven allopaths were in practice. He often had patients from their hands and waited for the results of over medication to wear away before he gave them a dose, or when indicated would give Nux, and find his patients cured, with no need for more medicine.

Dr. Carr said that years ago he had heard Dr. Kent say, "that he doubted the efficiency of Nux in all cases; that many times other remedies were indicated and would meet the case." He thinks his own experience verifies the statement and asks Dr. Hussey if he had not noticed the same thing.

Dr. Hussey said it was too long since to recall particulars, but wanted to know if the reason that Nux was so often indicated was not in the fact that such a course of treatment produced Nux symptoms.

Dr. Carr thought that was true.

Dr. Voak has found Sulphur to be a better antidote than Nux in these cases.

Dr. Brownell wanted to know why the indicated remedy was not the best antidote to overmedication; cited the

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stimulation will not help a disease that is not self-limited, as a chronic disease.

Dr. Voak mentions the practice of the old school in stimulation of ulcers, and healing in consequence.

Dr. Hussey reminds him that the healing of an ulcer does not mean the curing of the sickened organism.

Dr. Voak only believes in the indicated remedy, but believes that through its action the system is roused to renewed activity.

Dr. Stow believes that now we are dealing with theory, but that the theory of Hahnemann seems to be borne out in practice, and will read a portion of the Organon as to the effect of remedies which sets at rest his doubts, and may help others to do the same.

Read 72-73 of the Organon which relates to acute or self-limited disease, that will heal of themselves if not too violent, as contrasted with the insidious progressive action of the chronic disease, which the vitality has insufficient strength of itself to throw off.

Dr. Stow thinks that in sporadic and epidemic diseases the action of the drug may be called more truly antidotal.

Dr. Seward: Or curative.

Dr. Stow thinks that may be a better word; these paragraphs point more particularly to what we might term a subdivision of the manner of action of drugs, into antidotal, as in the case mentioned above; curative, in cases where the self-limited disease has left behind disturbances of vitality, attributable to the aroused miasm before latent in the system; palliative, as in the exacerbation of a latent chronic miasm, where symptoms have arisen, and are restored to their latency by the proper remedies.

Dr. Grant moves, and Dr. Seward seconds, adjournment to lunch. Carried.

Meeting again called to order at 2 P. M.

Motion made and seconded that the miscellaneous business of the Society be next considered, as some members must leave for home on early trains. Carried.

The President then appointed Dr. Seward to the chairmanship of the Board of Censors, vacated by the late William A. Hawley, M. D.

The subject next considered was the report of the committee on the amendment of the constitution and by-laws. None of the committee being present the subject was discussed at some length.

Dr. Stow considers that, if a member of this society is found in fault, this society should put the matter into written form; the delinquent should be formally notified, and requested to appear before this society to answer the accusation.

Dr. Carr believes that it is important that we adopt an amendment touching this point of the expulsion of members.

Dr. Voak thinks that if the first proposition be carried out, and a member simply notified to appear under the accusation, by refusing or neglecting to appear, we could never expel him from the society.

Dr. Carr thought that there should be included in the amendment a provision, that during the pending examination, the member should be debarred from the privileges of active membership.

Dr. Stow remarked that under the common law, if after being notified of certain transgressions of that law, the defendant does not appear, the court gives judgment by default. Dr. Seward and himself were charter members of this society and it has not before been necessary to take such action. It would be supposed that all members would know, without the adoption of any special code of ethics, that our "Declaration of Principles," included conduct becoming a physician and a gentleman, but thinks we should have the amendment, and that the appointed committee should report at the next meeting.

Dr. Hussey would like to ask Dr. Stow and Dr. Seward of the methods used in the case of the expulsion of Dr. Doan from this society.

Dr. Stow had forgotten that case, but is glad to be reminded of it.

Dr. Seward said he was accused of conduct unbecoming a gentleman and a physician, and summarily expelled.

Dr. Voak only criticises the fact, that in the late case the delinquent was not formally notified, but can see no

reason to change his vote at that time, and many more to let it remain a negative.

Dr. Stow put the matter in the form of a motion which Dr. Hussey seconded, that the Secretary notify the committee on "Amendment of Constitution and By-Laws," that they report their amendment before the quarterly meeting of this Society in March, 1892. Carried.

Dr. Carr reminds the Society that according to Art. VI. of the Constitution, an amendment can only be made at an annual meeting, notice of such amendment having been given at least six months prior to said annual meeting.

The President called for further reports from committee.

Drs. Stow and Voak being a committee for the investigation of the professional conduct of Dr. True, were ready with report.

Dr. Stow stated; that as until this morning's developments, he had been inclined to look upon this subject in a directly contrary manner to his *confrere*, that they report singly; and, as he had sent his written report to Dr. J. A. Biegler, and it had not yet arrived, Dr. Voak should be allowed the first report.

Dr. Voak objected, as he had prepared no written report, and intended his notes only to be used in rebuttal, as it were, of Dr. Stow's argument.

The President then asked Dr. Stow if he could not report verbally.

Dr. Stow could do so, certainly, and had only prepared the paper as ordered. His argument had been based entirely upon the line he had used when speaking upon the subject of amendment of the Constitution and By-Laws, that the transgressor should have been notified to answer the charges before the Society, and given a fair show before he was expelled. Dr. Stow had been put in possession of facts since his arrival this morning that entirely changed his opinion as to the claim of the delinquent to membership in this Society, and should most emphatically oppose his reelection. He considered some of the papers in possession of Dr. Voak an outrage to decency.

Dr. Voak disagrees with Dr. Stow in the matter of the

innocence of the delinquent, of the steps in contemplation at the meeting of this Society in December, 1890, and considers that he purposely absented himself; that he was then Secretary; that it was his business to have been at the meeting; and that he made but a quasi apology for an act which was a flagrant transgression of the ethics of the profession. He entirely endorsed Dr. Stow's opinion as to the eligibility of Dr. True to membership in this Society, and considers him an unfit associate. Will read two or three of the letters that had been submitted to them as committee, that the Society may know something of the developments that have called forth our indignation.

Reads letters.

As to the haste of expulsion, when Dr. H— joined our County Society (allopathic) in — we did not consider it too great haste to rid ourselves of his presence at once.

It was moved and seconded that the committee be discharged from duty. Carried. The President will not entertain further action in this case.

Dr. Stow would think now to be the time to take action on the shameful and outrageous conduct of Dr. Hooker. Are we to call in question his conduct, or simply show him the cold shoulder when he appears among us.

Discussion followed. It was finally moved and seconded that Dr. Hooker be requested by the President to show cause for his conduct in the matter.

The President thinks the request should come from a committee. After discussion, it was decided to again appoint Drs. Stow and Voak as committee—they being now cognizant of the whole affair—to request Dr. Hooker to show cause for his conduct in this matter.

Moved, seconded, carried, that Drs. Voak and Stow be so appointed.

The President feels that in view of the long and active service rendered to Homœopathy by the late P. P. Wells, M. D., and E. A. Ballard, M. D., that this Society should take such action as will show their appreciation of those labors.

Dr. Voak suggests the appointment of our senior member



Dr. Seward, as the proper member to draw up such resolutions for this Society.

The President appointed Dr. Seward as committee to draw up resolutions concerning the death of Drs. P. P. Wells, of Brooklyn, N. Y., and E. A. Ballard, M. D., of Chicago, Ill.

Dr. Hussey wished to ask the Society if something in the form of a memorial to the late Dr. William A. Hawley should not be entertained by this Society.

The President appointed Dr. Hussey as committee for presenting a Memorial to this Society of the late William A. Hawley, M. D.

The secretary reads letter from Dr. A. R. Morgan, New York.

Dr. Stow moves the letter be accepted and a vote of thanks be extended to the author from this Society.

Seconded ; carried.

The President appoints Dr. Stow to read a paper from Dr. A. R. Morgan, N. Y., entitled, "Lucky Coincidence, or Science : Which?"\*

Dr. Seward makes motion that paper be accepted and published and thanks be extended to the author.

Seconded ; carried.

Paper open for discussion.

Dr. Stow thinks it particularly instructive in its departure from routine practice, its taking in consideration both the objective and subjective symptoms, and its final totality and perfect cure with Amm. c.

Should first have thought of Arsenic or Sulphur. Skin diseases have troubled him more than any other, because of the haste of the patient to have the objectionable symptoms disappear from view.

Dr. Hoard thinks physicians are not sufficiently emphatic in denouncing any departure from the totality of symptoms in prescribing.

Dr. Carr thinks such cases most instructive for the young practitioner to read. The young are not yet sufficiently instructed in going back of the lesson and their publication stimulates the novice.

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\*See p. 280.

The trouble with the mongrel, is that he is not taught how to study the case and select a remedy.

Dr. Hussey remembers at one time hearing Dr. Kent, in relation to the study of the remedy, say in effect, "one can and the other can't." If you do a thing, you can; if you don't, how can you?

Dr. Voak often thinks that the same causes are at work where so many fail in curing malaria. They do not get the totality.

Dr. Carr: There is no doubt but a student can be trained, can be educated to do this thing. Dr. Kent has accomplished and taught this easier method, and it is accomplished by pure pounding away. The young man has comprehended the fact that certain remedies have a sphere in skin diseases, then he looks a little farther and sees more symptoms covered by a particular remedy, a little deeper and he finds the grand totality, and he soon learns gradually to simplify his studies.

Dr. Seward has studied and practiced both allopathic and homœopathic measures and can give his evidence in favor of the latter.

Dr. Carr believes that such are often the best prescribers.

Dr. Seward is disposed to think if so-called homœopathic colleges were kicked out, students would get on better in the practice of Homœopathy.

Dr. Hussey thinks we must infuse new blood through our students.

Discussion closed.

Paper by Dr. Julius G. Schmitt, of Rochester, N. Y., read by Secretary: "Chaff of the *Materia Medica* Made Useful."\*

Dr. Stow has learned something new of the symptoms of Mercury.

Dr. Carr "and homœopathic 'Scientists' would quote that symptom and laugh."

Dr. Stow moved and Dr. Voak seconded that the thanks of the society be extended to the author. Carried.

Dr. Brownell thought that the paper showed that many

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See p. 284.

of the symptoms called "Chaff" were leading. The symptom is to be found in "Herings Guiding Symptoms."

Dr. Stow shows the significance of such symptoms by citing a case. One day upon alighting from the train, saw a man a little distance up the track, close by the fence, going through some peculiar actions. He went to him to see what he was doing. He was making queer motions with his mouth, clawing motions with his hands, took no notice of a stranger's approach; barked like a dog, etc. He went to him, put a single dose of Belladonna 200 on his tongue. Pretty soon he straightened up and said, "what are you here for?" "A doctor." His wife told him that it was an attack to which he was subject. It never returned, completely vanished. The wife said "God bless sugar pills." They told Dr. Stow that he had been bitten by a dog a year before.

The President: If there is no further discussion of this paper, Dr. Voak has a case which he desires to present to this society.

Dr. Voak had a very peculiar case in which he would like to hear some suggestions from the doctors present. It is a case of ischuria. The patient, a girl of 17, got very wet in going to school some four years ago. This was followed by aching of the bones, etc. The first menstruation occurred a year later, and the whole condition is better if she is regular. The peculiarity of the case consists in the exceedingly small quantity of urine discharged daily--one-half ounce in twenty-four hours. During urination there is much bearing down in the urethra, with sense of excessive rawness and soreness; upon examination the membranes are not raw; no general perspiration; perspiration in the axilla; weakness, especially in knees and ankles; no marked thirst; worse in cold, wet weather.

Dr. Seward advised Cantharis in a very high potency.

Dr. Carr suggests Rhus, high.

Dr. Seward has a few suggestions and questions on the subject of

#### HOBNAIL LIVER.

I would like to give some cases of "Hobnail liver" in the last stages, unsuccessfully treated. Can these cases

be recognized in their early and curable stage, and cured? Has any physician present, ever known of a case of Hobnail liver cured? This disease is said to occur mostly in males; my cases have been females.

CASE I. was in an aged lady who had raised a family. She was sallow and dropsical. I treated the case as well as I then could, but without success. The skin of the legs parted and the fluid all ran out and she died. From all the symptoms present, I diagnosed the case as Hobnail liver. I have not the notes of the case.

CASE II.—Was an elderly maid. When I was called to visit her, she was unable to lie in bed, but sat in a chair day and night, rested by leaning forward on a pillow placed on the top of another chair. Her legs were dropsical, the skin very red below the knees and the serum oozing like perspiration from the skin. She had a sheet under her feet to absorb the serum. I decided the case to be Hobnail liver, incurable, thought I could probably better her case so that she could lie in bed and rest and did so. She died in a few weeks.

CASE III.—Was a maiden lady who had complained for some time, and had been treated by allopaths, homœopaths, and by electricity, and no benefit from any. A peculiarity of the case was the coldness of her head. She could not sit in a warm room or lie in bed without a small quilt over her head. That was a characteristic symptom in her case, a guide to the remedy needed. I prescribed *Lachesis* 5 M. and in three days she had very little coldness of head. Then a pain came in the region of the liver. I gave *Cinchona* and I soon found I had made a mistake; the coldness came on again, and *Lachesis* would not remove it again. I gave *Calcarea* 6 M. That helped the coldness of the head again. She lived only a few weeks. The countenance was dull and sallow, and all the symptoms together caused me to diagnosis the case as Hobnail liver.

CASE IV.—A married lady under middle age had been treated allopathically and so-called homœopathically until her abdomen was distended to its utmost. The doctors had diagnosed it an ovarian tumor. I called it dropsy and no cure. She requested me to examine her body by post-

mortem. I did so with Dr. Hawley. After taking away three pails of fluid we found a Hobnail liver. The uterus and ovaries were as sound as ever.

Dr. Brownell supposes that we treat the patient, not the disease, and that in the earlier stages it would be as tractable as any other incurable disease, whether recognized as hobnail liver or not.

Dr. Seward wishes to know if it is possible to diagnose in its earlier stages.

Dr. Voak has no need of surgeons in his cases of ovarian tumors.

Dr. Carr said that an intelligent lady in course of a conversation had said to him one day, "I don't understand how it is that there are so many ovarian tumors now-a-days. Is there any objection among the fraternity to ladies preserving these organs?" Operations of this kind are performed now, to cure almost everything.

Dr. Stow: Yes even for hemicrania.

Dr. Carr has a case of dropsy in the hospital now, that had been diagnosed cancer. There has been steady improvement under the remedies. At one time she was nearly ready for an operation. She claims to be growing smaller. Lachesis was the remedy, and it was a right sided tumor.

Dr. Seward had a case of ovarian tumor cured with Lachesis, but it was left sided.

Dr. Voak finds Bryonia frequently indicated in cases occurring on the right side. Had a case in which a diarrhoea had been suppressed.

Dr. Stow: Was it not typhlitis?

Dr. Voak once feared it, but it did not prove to be.

Dr. Brownell had a case of diabetes. History of gonorrhœa, twenty-five years ago, followed by sugar in the urine. No relief from Thuja. After Nat. s. the urethral discharge was reëstablished, profuse and yellow-green. Urine recent test, sp. gr. 1020 ; formerly 1040.

The discharge has continued five weeks with general improvement to health. Favorable prognosis. Should it be interfered with?

Dr. Voak doubts whether the discharge should be interfered with by more medicine.

Motion to adjourn to meet at Syracuse, March 17, 1892.

S. L. GUILD-LEGGETT, Secretary.

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**"LUCKY COINCIDENCE OR SCIENCE, WHICH?"\***

The followers of Hahnemann have learned to regard skin diseases as matters which have a more important bearing upon the general health than is usually admitted by practitioners of the Old School, who look upon most of these diseases as mere unsightly and disagreeable local lesions, to be driven from sight as speedily as possible; while we, on the contrary, regard them as external manifestations of some constitutional taint, the development of which should always be encouraged instead of being repelled.

We would not hold him guiltless, who, for the sake of appearances ventured to drive in the eruption of an exanthematous fever, yet the imprudence and folly of suppressing a chronic eruption, of almost any form, is scarcely less reprehensible.

In the one case, even the laymen knows that serious results are almost sure to follow, while in the other we know by experience and observation that the violent suppression of a chronic eruption is always hazardous, that it is very likely to inflict a life of suffering more or less prolonged upon the deluded victim, a fate to be dreaded even more than speedy dissolution, for it may also entail a life of misery and suffering upon generations yet unborn.

To forcibly suppress an eruption of any kind, is to run the risk of transferring an active morbid agent from its comparatively harmless seat to interior, higher, nobler organs and tissues where its subtle ravages may go on indefinitely, unsuspected and unrestrained.

The homœopathic treatment of Diseases of the Skin is no exception to our general therapeutic rule, which gives precedence and preference to subjective symptoms over objective conditions, as guides to the selection of the proper curative remedy; not that the knowledge of pathological

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\*Central N. Y. Hom. Med. Soc.

data are unimportant to the sagacious and accomplished physician, for structural changes have their value in the diagnostic field and also as aids to an intelligent prognosis, but they are of *secondary* importance to the homœopathic therapist.

When both subjective and objective symptoms can be combined in one pathogenetic field we have Hahnemann's "totality of symptoms" which makes our assurance doubly sure, but if either class of symptoms may be ignored, it is better to disregard the objective group and hold to the characteristic subjective symptoms alone.

This conclusion has often been verified by us as in the treatment of cutaneous diseases, notably in those of women who at the same time suffer from menstrual irregularities, and in illustration we quote from our record book one of many quite similar cases, where the indications for the right remedy were found almost entirely in the abnormal menstrual peculiarities of the patient; indeed we have no doubt that this field alone, in many cases, would have furnished all the indications necessary to have brought about the cure.

March 25th, 1891 :

Called at my office, Mrs. A. T., aged about 30. Scrofulous subject, slender figure, brown hair and eyes, wife of a working man, mother of one child aged about seven months. Has what is usually called chronic eczema.

Eruption shows itself on both hands, on wrists and elbows ; dry and scaly with occasional fine watery vesicles upon dorsal surfaces of hands and fingers.

Scales and scattered groups of watery vesicles upon wrists, dry and scaly patches upon points of both elbows.

The insides of the fingers, hard and dry, crossed by bleeding cracks, bleeding deep rhagades in the palm. Scaly, dry, furfuraceous patches on the ankles and legs below the knees.

She has had this eruption more or less all her life, scarcely ever free from it.

It disappeared very much during her late pregnancy, but returned after birth of the child. Her legs were very much swollen during her pregnancy.

The eruption is now attended by severe itching, changing to burning after scratching, the itching and burning always worse by washing in either hot or cold water. Says she is always worse after doing the family washing ; it brings out new crops of vesicles, and often new cracks.

I learn that these vesicles (pimples as she calls them), are sometimes accompanied by yellow pustules, having hard, red, itching areola.

The skin of her hands is inclined to crack even after washing dishes.

An older sister informs me that Mrs. T. when an infant had for a long time the head covered with scabs and crusts (*tinea capitis*?) and as evidence of its former severity, the whole body of the left ear has grown to the side of the head so that the hair seems to spring from the edge of the helix.

At 10 years of age, was very ill from scarlet fever, which was followed by engorgement of the cervical glands and of other lymphatics.

I learned that Mrs. T. had menstruated twice since her confinement, but not for the last three months.

Habitually, her catamenial flow is profuse, dark and clotted, excoriating the vulva and neighboring parts.

The flow usually continues five or six days, stops one day, then begins again flowing slightly for a day or two.

The period is usually ushered in by chills, colic, back-ache and diarrhœa. Has drawing pains across hips and sacrum, extending to thighs and legs; "bearing down" feeling, worse standing.

Catamenia followed by corrosive milky leucorrhœa.

Constipated between periods ; has dry, hard stools which are expelled only after a good deal of an effort. Here it will be seen the skin symptoms alone do not afford sufficient characteristic data upon which to base a satisfactory homœopathic prescription.

The characteristic indications of the eruption, "itching, changing to burning after scratching" and "aggravation from working in water" are covered by too many remedies, to be of *themselves* alone of much value, but upon studying up the leading characteristics of the dysmenorrhœa and



combining them with the subjective phenomena of the skin, we find that Ammonium carb. covers very concisely the whole case. (She got Amm. c. 3m. (F) single dose) with Sac. lac. night and morning.

March 21, she reported.

Very uncomfortable first night after beginning the medicine, irritation of skin diminished after a day or two, but a new feature has appeared, viz.; sensitive swelling of a chain of lymphatic glands upon the inner side of the right arm, extending from near the elbow to the axilla, makes arm lame; cracks on palmar surface, healing; no new ones; less itching—continued Sac. lac. night and morning.

April 7.—Feeling better, no new vesicles nor cracks; considerable desquamation; scaly patches thinner; skin smoother; some of the smaller scaly patches have nearly disappeared. Thinks she has less difficulty in evacuating the bowels; movements freer. Sac. lac. continued.

April 29.—Been so much better, did not think it necessary to call before. Skin on back of hands quite smooth and natural; cracks have all healed; insides of hands still show some scaliness and roughness; patches on arms and legs have nearly disappeared. Has been “unwell” since here last. Flow quite profuse but of lighter color, more or less clotted, less corrosive, with less colic and backache—this time had loose stools instead of diarrhœa, bowels do not trouble her. Continued Sac. lac. night and morning.

Saw nothing more of my patient for about six weeks, when she brought her babe to be treated for some slight ailment.

As for herself, she said that she was feeling well and did not think it necessary to come for medicine any more.

The eruption had entirely disappeared, no traces remaining except some little roughness of the skin upon the right elbow. Says she can now attend to her own “washing without trouble.” Catamenia still profuse, but painless and without diarrhœa. Thinks she needs no more medicine.

At this present writing (Dec. 1st), I learn that there has been no return of the eruption and that she considers herself a well woman.

Similar experiences to the above are not uncommon among those who faithfully follow the rules laid down in the *Organon*.

Our nominal colleagues in the profession, wise in their own conceit, refuse to be taught by the accumulated experience of the homœopaths, but remain at the outer threshold of the Temple, contenting themselves with the fallacious notion that the only way of modifying drug action is by merely diminishing the *quantity* of crude material, hence a process of mere dilution, which, if continued beyond a certain point, i. e., beyond the reach of physical analysis, ends in vacuity and emptiness. They have halted at the beginning of the pathway entered by Hahnemann when he began his research which culminated in his grandest discovery—*potentization*. A discovery co-relating the dynamic forces of the lower with the life forces of the higher kingdoms of Nature, and without which our boasted science of Homœopathics is but a delusion and a fraud.

105 EAST 82d ST., N. Y. CITY.

A. R. MORGAN.

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#### "CHAFF" OF MATERIA MEDICA MADE USEFUL.\*

The pathologically prescribing, "scientific" (?) and progressive (?) members of the homœopathic school, those who write pharmacodynamics and cyclopædia's are constantly bewailing the insufficiency of our *materia medica*, and not one of them knows how to use it, or has ever made, knowingly, a homœopathic prescription.

Can they judge what is good or bad? which symptoms are chaff or not?

Can an unskilled workman, having ever so high an estimate of his own ability, use the best instruments of his trade with the same advantage as his skilled fellow? Is he not also liable to find fault with his instruments, while the fault really lies in his own lack of skill?

Who gained the greatest victories for Homœopathy, even at a time when the *materia medica* contained only a few, but well proved, remedies (and these had *not* been proved on poor animals, as some great scientist proposes to do in

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\* Central N. Y. Hom. Med. Soc.

the future)? Was it not Hahnemann, Gross, Stapf, Bönninghausen and all the others of the Master's close followers?

This entire talk about the chaff in our materia medica is sickening and shows how innocent of Homœopathy its utterers are. Learn first to use our great armamentarium; then you will be entitled to criticise it. The pathological symptom covering will always remain a "fatal error" as our great Lippe used to say.

Now there are symptoms in our materia medica, which, at first glance, look rather dubious and yet, when occasion offers, may be the very keynote for the selection of the indicated remedy. Let us cite an example from practice.

On August 1st saw Mr. H. S., about 35 years of age, who had been tending bar in one of our summer resorts which kept him up late, and who had lived very irregularly in the way of eating, but had taken a good deal of stimulants. He broke down, his stomach giving out; there were gastralgia and vomiting, calling for *Nux vomica*, which relieved. Now the following symptoms developed: Very excited, quick speech, sees people that are not there. Sleepy but cannot sleep, jumps up in bed, looking around in a frightened manner. Trembling of the whole body. *Bell. Hyos. Stram. Lach.* did no good.

I saw him again at 12 P. M., presenting the following photo: He would not lie down, did not utter a sensible word, seemed to recognize nobody, but imagined he was tending bar, and went through all the performances of a barkeeper, dispensing the drinks to customers. Would ask, "Want a drink gentlemen? What shall it be?" He would bring the drinks, filling a glass with water from a pitcher on the table, then take the glass and pour its contents in the sink for which he, unfortunately, chose a paper basket in a corner, before we could prevent it. One peculiarity was, that, whenever his wife came near him, he would *pull her nose*.

Other concomitant symptoms were an oily perspiration on the forehead and a broad, yellow-coated, indented tongue. One dose of *Mercurius sol. cm.* was given and in five minutes he was fast asleep and slept until 9 A. M., when he awoke a little flighty and his wife gave him one

teaspoonful of a watery solution, that had been left for use, if necessary. Perhaps it was not quite necessary then, but did no harm anyway, as he slept again for four hours to wake up perfectly rational. A few days later some nervousness called for another dose, and that was all he received. Two days after the above attack he went to friends on a farm, where he was entirely removed from the temptations of the city, and when seen last, enjoyed perfect health.

Now how silly it may seem to a "scientific" (?) physician to prescribe *Mercurius* or even to think of it, because the patient pulled his wife's nose or, in other words, showed a disposition to pull other people's noses, and giving *Mercurius* for troubles brought on by abuse of liquor? My early prescriptions in the case were failures, because I gave too much significance to the cause.

Another remarkable circumstance in the above case was this, as he stated to me afterward, that he was perfectly conscious of his insane behavior, but that he could not help acting that way. He knew that I was there and what I did and said.

*Mercurius* has a symptom pointing that way, namely, "does foolish, mischievous, disgusting actions."

We find also in Hering, "Delirium and other mental derangements of drunkards." In Hering's Guiding Symptoms, "Desire to pull people's nose" has been confirmed. I did not know that at the time; my knowledge came from the provings of *Mercurius*.

ROCHESTER, N. Y.

JULIUS G. SCHMITT.

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#### VERIFICATION—*MERCURIUS BIN-IODATUS*.

Slight superficial ulcers in the throat, in patches, *like islands in the ocean* (italics mine), < left side. Have cured the wandering pains of *Mercurius*, in a case of ulcerative angina, with the above symptoms, with *Mercurius biniod.*; also, the feeling as if hot steam were ascending in throat (Hempel's, *Mat. Med. and Therap.* Vol. 2, p. 400).

PLAINVILLE, N. Y.

FREDRICK HOOKER.

**KREOSOTE.**

I frequently used crude Kreosote in dental operations. It has the reputation of preventing decomposition of the minute portions of the tooth pulp that may remain after the dentist has removed all he can; also as a remedy for dental fistula.

Nearly everybody has heard that Kreosote will cure toothache. It frequently will stop the pain in an aching tooth, but not always.

In studying the provings we notice that wherever there is mucous membrane the discharges are putrid as if decomposed and as it has long been useful as a preventive of decomposition of flesh it is not strange to find it producing such conditions.

The child that needs Kreosote has the teeth decay and turn black as soon as erupted, the gums dark, soft and bleed easily; vomits after drinking greedily; bloated stomach with hiccough and belching which are worse when he is lifted up and carried; the stools are extremely offensive, cadaverous smelling. He is irritable and like Bryonia, Chamomilla and Cina is never satisfied, wanting things and throwing them away if given to him. Wants to be caressed like Pulsatilla. Looks old. Emaciated about the neck.

Sometimes with the stool there is great pain in the rectum and he struggles and screams when passing it. Laughs or screams out in his sleep.

Children who wet the bed during the first sleep and sleep so soundly it is almost a stupor they are so difficult to waken. Dreams of urinating and awakes to find it a reality or on awaking the urging is so sudden he cannot rise quickly enough. (Nat. m.) Lac. can. is very much like it in this. Merc. i. f. has, "he dreams he must urinate and has an emission."

Hep. and Sulph. have the sudden urging on awaking in the morning.

There is a great tendency toward hæmorrhage, small wounds bleed much; persistent hæmorrhage after extraction of teeth like Carbo. v. Lach. Phos. The blood is dark, pas-

sive hæmorrhage. We see this feature in various parts, the gums, stomach, bowels, bladder, uterus, lungs.

The mental symptoms are something like *Natrum m.*; sorrowful; inclined to weep; longs for death; music makes her weep. Seeks for unpleasant things and broods over them.

The headaches are throbbing, tearing, jerking < talking, motion, sitting up, lying on the painless side like *Bryonia*:

The burning pains in the face are > lying on the painful side like *Bryonia*.

Great heat and brown redness of the face during the siesta, with throbbing in cheeks and forehead and the frequent quick calls to urinate waking her up.

The scalp is dirty and hard masses of large scales fall off.

Headache as if intoxicated with sensation as of a board pressing on the forehead like *Rhus*.

Dry lips, cracking and peeling off; he wants to moisten them yet is not thirsty. (*Nux. m.*)

Vomiting in the evening of all the food eaten during the day, or vomiting undigested food two or three hours after eating. Compare *Carbo v.*, and *Meph.*

Vomiting with dimness of vision.

*Lamium album* has: "Nausea and vomiting of food eaten one and one half hours previously, preceded by unusual heat and great weariness and blackness before the eyes."

*Lachesis* has sick stomach with a flashing before the eyes.

The abdomen is much distended and tense without pain.

Burning during coition is experienced by both sexes.

Clear copious urine; always great haste to urinate.

It also has scanty urine but with the frequent, hasty urging.

The urine is offensive and very hot.

The menstrual discharge is dark and offensive, putrid.

Menses too early and profuse, with pain during the flow, but the pain is worse after the flow ceases.

Menses stop for 48 hours then return with great pain.

*Puls.* and *Sulph.* both have menses intermit. Stop and start.

The menstrual discharge seems to pass into a corrosive ichorous discharge, then freshens up and goes on its usual time.

Leucorrhœa having the odor of green corn.

Corrosive itching of the female genital organs with burning soreness after scratching.

Electric like stitches from abdomen to vagina.

Much distension of the abdomen before menses, she looks as if pregnant. (Lyc. Lach. Arn. Carbo. an China. Cycl. Hep. Zinc.)

Chronic bronchial catarrh with heavy pressure in the sternum when turning over in bed in morning < on approach of warm weather. (Compare Sulph.)

Dry teasing cough with dyspnoea and retching, with pain in chest and sternum compelling him to press the hand on sternum. Cough < lying down. Stitching pains in the chest > pressure of the hand like Bry.

Bryonia wants to press the chest for it feels as if it would fly to pieces. Cough < lying down.

Drosera, supports the chest because of a sense of constriction. Cough < lying down.

Sepia, the chest symptoms are > pressing on chest and cough is < lying down, also Phosphorus.

The cough is < motion, exhaling, music, lying on the side, turning in bed.

Bryonia is < motion.

Drosera < motion. The oppression of chest is so great he cannot exhale.

Sepia is < on deep inspiration.

Fatiguing cough of old people with copious sputa and pain on pressure on sternum.

It has been useful in phthisis with great prostration, emaciation, profuse purulent expectoration often bloody.

Pulsations all over the body when at rest.

It has < rest > motion in many conditions.

Pain in the small of the back as if it would break < rest > motion.

Chelidonium has a similiar pain but is < motion and stooping. Lyc. has it also and is > motion. Nux is also similar.



Bruised pains in scapulæ and upper arms; sprained pains in left thumb which is stiff. Aching as if beaten in all joints.

Pain in left hip joint as if dislocated, and if he stands on the right foot there is a sensation in left limb as if the foot were too long. (Aesc. Calc. p. Lyc.)

Alternate swelling of knee joints and wrists, with numbness and stiffness.

Red scaly skin on bend of knees.

Faintness in morning when rising earlier than usual.

Eruptions of nodosities and blisters like bug bites.

Greasy looking pock-like pustules; shiny greasy skin.

PHILADELPHIA.

MILTON POWELL.

#### CLINICAL CASES.

March 20, 1890.—Annie — two years old, has been ill six weeks. Was suddenly awakened in the morning, when first taken ill, complaining of feeling sore all over. Soreness seemed to settle in left leg, and the child would lie upon its back taking care not to move this limb.

Three weeks ago an abscess began to form in left groin and it has been poulticed continually since. Many veins can be seen running over the abscess.

This swelling is painful to touch. Child can draw limb up but cannot extend it.

Upon going near her she will act angrily and endeavor to strike you.

She asks for food and upon receiving it, takes a mouthful, throwing the remainder away.

Wants to get up; has bed sores.

Bowels are very constipated; stools, dark, hard and round like a marble.

Urine is very dark.

Pulse 160.

Wheezing and rattling in trachea.

Cough loose.

Expectoration; white, tough, yellow, strings of mucus. Stopped outward applications and gave Sulphur cm. one dose.



March 22.—Bowels moved freely until 24th.

March 24.—Abscess began to point where it had not been poulticed, fully three inches outward, below the groin.

Coughing grew less.

Pulse continued high until abscess broke on April 1. Discharging almost a quart of pus. Had limb washed and clean cotton bandages applied.

Appetite is almost voracious.

April 30.—Discharge small in amount; watery, odorless.

Limb nearly normal size.

Child can sit up.

Eating and sleeping good.

Cries for its bath in the morning.

Has great desire for eggs; asks for them first thing upon awakening mornings.

Cold perspiration upon forehead during sleep.

Calc. cm.

May 22.—Has had a light attack of measles.

Continued improvement, opening still oozes a watery fluid; to-day walked alone a few steps, dragging left foot a little.

By July the child could move freely about with but a slight hitch in its gait.

Opening is completely closed and no further trouble.

Feb. 12, 1889.—Mr. B—— has been troubled with diarrhoea for more than twenty-three years. This diarrhoea was preceded by intermittent fever, which was suppressed with Quinine.

At first the diarrhoea would trouble him for a week and intermit three weeks; slowly the attacks grew closer until they occurred every ten days, each attack lasting three or four days.

The attacks would be preceded by bloating of abdomen, for a day or two, then this would disappear, to be followed by pains in the abdomen for a few hours when diarrhoea would commence.

During stool there were severe bearing down pains and profuse cold sweat.

Vomited during this present attack for the first time.

Attacks of diarrhœa always occur at 12 M. or 12 P. M.

Patient gets very pale; grows blue around nostrils and mouth.

During diarrhœa appetite is good; feet are very cold; vertigo and blindness with much impatience and irritability.

Stools would be composed of undigested food during first day or so, then like yellowish water; finally a yellowish-green with white specks through it.

Nux vom. 200, a powder every five hours for four days.

No more attacks for a month; this was the longest interval between attacks for fully twenty years.

March 11, 12 M.—Diarrhœa again appeared; seven stools by 7 P. M.

Grinding, gnawing pains in abdomen; these disappeared at 10 P. M., followed by spells of cramping pains in abdomen.

Cramps in legs during attack.

Sac. lac.

March 17.—Another attack; symptoms much about the same. Nux cm. one dose.

April.—During April and May, for similar attacks, I gave Sulphur in single doses of 200 and cm. Either potency would appear to have a decided action for thirty-six hours or so, when the pains would return and gradually wear away, to be followed in eight or ten days by another attack.

May 30.—Stool black as though ink were in it and looked like rotten cabbage leaves, with white chunks floating on top; black balls in stool; very offensive, smelling like an old tobacco pipe.

Gripping pains in abdomen before stool; very weakening; agg. after 12 P. M.

Psorinum cm.

June 11.—Diarrhœa set in at 3 A. M.

Colic before stool.

Stools yellowish and undigested.

Rumbling in abdomen before stool.

Agg. following night between 12 and 5 o'clock.

Patient is very irritable.

Weak at knees.

All gone feeling in stomach.

Cold sweat during stool.

Sulphur cm. one dose.

Two more attacks came and symptoms were the same. Did not know what to give but Sulphur, which gave no satisfaction.

Finally the patient's wife mentioned how her husband complained of the powders tasting of Camphor.

Upon looking into the matter I found the powders containing Sac. lac. were kept in a drawer containing a piece of Camphor.

Another dose Sulphur cm., and Sac. lac. powders kept in a better spot, has prevented any more attacks up to the present date.

A. S. IRONSIDES.

FLORENCE, N. J.

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#### CASES OF CHRONIC DISEASE CURED.

As this case is one of the most interesting of my extraordinary cases of Cure of Chronic Disease, I give it in full.

Happening to have a colony of patients in various parts of Holland, I was invited by one of them to spend a few weeks with them, to enjoy some splendid sport amid the wild "long-tail," &c., on the Dunes near Haarlem. The temptation was more than I could refuse, considering that there was four miles square of most excellent sport—say, about 8,000 acres.

On the 28th of October, 1890, I took in hand the following case: Nicholas van de V., head gamekeeper to the family with whom I stayed when in Holland, age 38, gave me the following history of his case, interpreted by one of my patients as I scarcely know the meaning of one word of the Dutch language.

October 28, 1890. Five and a half years ago in the month of November, he was watching for poachers one night in cold and wet weather. On that night he ran a great distance, and then lay down for three-quarters of an hour and when he rose, he felt a pain in his back. He went on watching and got wet through, and he got no rest until 11 A. M. of the next day. The pain was now so bad, he

had to go home as soon as possible. The pain was on and off, but ultimately he was attacked by fever for which he got quinine. Since then the pain in the back has grown steadily worse, relieved only by the brightness of April and May. He suffered scarcely any pain during these months for the first two years of his illness. The locality of the pain is in the mid-lumbar region, but it gradually descended to both limbs, chiefly the *left*. When bad he feels a severe throbbing extending toward the navel, violent while it lasts which is only about one minute. The blood then rushes to his head and his scalp sweats from the violence of the pain as he supposes. The general character of the pain is a gnawing ache, and he says he feels as if there were a part of his spine taken out or wanting to the extent of five inches.

The time of aggravation is *on awaking of a morning*, and at night if awake, probably as he thinks *from the warmth of the bed*, as the pain is somewhat *relieved by getting out of bed* and moving about his bedroom or sitting on a low chair *with his feet as high as possible*. He is in general worse if he gives way to his temper, or from a fright or other emotional causes. He is *worried by trifles*, which is decidedly on the increase. When *sitting* he experiences relief when his feet are high and close together; when *standing* he has relief with his fists resting or pressing on his sides, but if he leans back when standing the pain is increased; relief leaning forward.

His feet and legs up to the knees are icy cold objectively and subjectively, and constantly so. After a short and quiet walk, weather permitting, they get warm, but as soon as he stops walking, they return to their icy condition. In bed they are objectively warm but subjectively cold. His father died of phthisis and was subject to rheumatism for years before his death.

He has frequent fainty spells without swooning, relieved by rest and slight food. As a rule he has no appetite, constant thirst with dry mouth. On *awaking* he has a bad taste in his mouth. He has no aversion to any particular kind of food or to food in general, but a decided anorexia

—sometimes capricious, and when he can get it he likes variety, and that not often.

His skin easily perspires—especially on the back, which is constant.

Previous to his illness he had *an eruption on his hands*—probably eczema or scabies—*accompanied with intense itching*, which was *suppressed* by white ointment prescribed by a physician in Harlem, and which was made up by a chemist in said quarter, which I was informed took six hours to compound. The now famous ointment is as follows :

“*℞ Ung : Diachyl : Hebræ gr 120.*” On referring to the works of Professor Hebra, of Vienna, translated and published by “The New Sydenham Society” five volumes. In vol. II, p. 150, I find the following is its composition :

℞ Olei Olivarum Optimi.....	℥XV.
Lythargyri (Oxide of Lead).....	℥iij ℥vi.
Coque, dein adde	
Olei Lavanduli.....	℥ij.
	Misce fiat unguentum.

Hebra looked upon this ointment which bears his name as a sort of “fail me never” in the cure of eczema, and which if it did no good, it never did harm. “Oh Moses !”

I know of no more powerful *suppressants* than the *oxides and salts of lead*. In this ointment we have the monoxide or *litharge*, or *massicot*, as it is called in the arts.

This ointment took a first-class Dutch “Apothek” six hours to compound, and the sequel will give my readers the effect, Professor Hebra to the contrary notwithstanding !

The eruption had existed two months and the ointment took two months to remove the itching and the eruption. This eruption began in February, 1884, and was *suppressed* about June of the same year, and I am informed that it was of a *vesiculo pustular and suppurative character from beginning to end*.—scabies?

The attack of pain from the night-watching, *et cetera*, came on in November of the same year, therefore, the burglar was shut up in the house about nine months and kept himself quiet and latent until he attempted to escape by the back door, but in doing so he threw the proper tenant

on his "beam ends." So much for Professor Hebra and the School he so much adorns.

**TREATMENT.**—I shall make short work of the treatment, but I shall leave out nothing that is necessary for the enlightenment of my *confrères*.

There being no doubt in my mind that it was a case of suppressed psoric eruption, I gave my patient a single dose of Sulphur, mm. (F. C.) dissolved in a teacupful of cold water at bedtime. This was taken on October 28, 1890, and the patient was told he required no more or other medicine for one month.

November 23, 1890, I was informed by letter that my patient was sleeping and eating better, and on the whole was suffering less from the pain and general weakness of his back. Sulphur M. M. (F. C.) was repeated and globules of Sac. lac. night and morning.

December 13, 1890. Complains of coldness of his legs and feet, especially in the evenings in bed. *When his feet get warm his hands get cold.* Pulsations in his back. Suppressed psoric eruption *after Sulphur*. Sepia 50 m. (F. C.) three doses in one day, then Sac. lac. n. and m.

January 11, 1891. The Sepia removed the alternation of temperature between the hands and feet, and otherwise "picked him up greatly." He now complained of great tension and stiffness of his back, always worse in damp, cold and foggy weather. In order to give my readers an idea of the change for the better in my patient's health and strength since commencing the treatment on the 28th of October, 1890, may state, that in spite of the season of the year, which was always fearfully trying to him, and which generally confined him to the house, in the letter of January 10th I was informed that my patient had been out the whole day and was not tired on returning home. He shot on that day fifty-four rabbits! Why! two months and a half before this he was quite unable to travel beyond fifty or a hundred yards from his own lovely cottage, the property of the mistress whom he wished to serve.

The medicine now prescribed was Baryta carb. 50 m. (F. C.) which afforded great relief to the tension of his back worse in damp or foggy weather.

The Baryta was followed by Calcarea cm. (F. C.) 2 cm. (F. C.) and dm. (F. C.) with excellent effect. Rhus, though strongly indicated, fell like so much water on a duck's back. During the month of October, 1891, he was delighted to think he would have the pleasure of seeing me, of thanking me, and of "walking me down." He told his mistress, "The Lady of the Manor," that if it had not been for your English doctor and his wee sugar pills, I should have been in my grave."

Although he is marvelously better, I do not consider him *cured*. I merely now report progress, and I hope to be able to report still greater progress when I see him again next September or October in beloved Holland. During last October my patient accompanied a party of shooters three days a week as generalissimo of the beat for pheasants, partridges, woodcock, hares and rabbits, and he seemed always the better for it—never the worse. He loves to be a hunter as much as I do. He is now upon Silicea 1 m. (F. C.) every night because the throbbing in his back and coldness of his lower extremities, the outer sides, still continue.

THOMAS SKINNER.

LONDON.

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#### A CASE OF LUPUS CURED BY RHUS TOX.

Mrs. A., age about 40; a medium sized brunette with clear skin and no ascertainable history of venereal infection. For several years had thickening and coloring of skin of nose, the whole of that organ becoming of a rich red. The nose seemed fully one-half larger than normal, and on the right ala was a small ulcer discharging sanious pus. The woman had failed to obtain relief from her home physician and after a course under a New York specialist discovered that the so-called "regular" methods held out no promise of a cure. Business brought her to town and when at the office of a photographer who like others of his calling are accustomed to closely observe faces, she was advised to try Homœopathy and get cured. The picture man sent his wife along as a guide so that Mrs. A. would not make any mistake regarding the man or the place. My diagnosis was *lupus non-exedens* or *hypertrophicus* or *exfolia-*

*ticus* as the disease is differently named. A careful examination of the nose gave very little or no help in finding the simillimum, but inquiry into the constitutional symptoms revealed a slight muscular rheumatic history which with its present ameliorations and aggravations presented a clear cut picture of *Rhus tox.* This remedy in the 200th potency was accordingly given, and without lotions or salves as adjuvants, did all and more than was expected. The one little prescription set forces at work that changed the abnormal tissues to their normal appearance and functions. The woman was cured and remained so. Less than a month sufficed to remove the chronic condition that for years had disfigured this lady, refusing to get well in spite of varied and long continued heroic medication both local and constitutional. The photographer took her picture months afterward and he assures me the cure was perfect.

LATROBE, PA.

S. E. BURCHFIELD.

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#### PYROGEN CM., ONE DOSE.

Carrie, aged 16 years, been sick two or three months under allopathic care. Breath, perspiration, expectoration, menses, urine and feces horribly offensive, carionlike; disgust up to nausea about any effluvia that arises from her own body; soreness of the chest and abdomen, menses last but one day and a sanguineous leucorrhoea that is of the same odor; pulse 106, with a bad cough, worse coming into a warm room; large, fleshy, pale, greenish or chlorotic face, mother having just died of consumption. Medicine given at office, and better in ten hours, and on November 12th cough, odor and soreness nearly all gone, pulse 80, tongue clean. Sac. lac, and she remains well to this writing, January 18th.

What do you think of it.

J. A. WAKEMAN.

CENTRALIA, ILL.

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#### PSORINUM IN CHRONIC DISEASE.

I began taking the **MEDICAL ADVANCE** while I was yet at college in 1886, and have taken it ever since and, perhaps, shall take it as long as I live if it is published that long and is kept up to its present high standard of excellence.



The lectures of Prof. J. T. Kent are worth, alone, many times the price of the *ADVANCE*. I think his lecture in the September number on *Bryonia alba* the finest thing of the kind I ever read.

For the past five or six years I have been a sort of dry sponge, absorbing everything of which I was capable and giving nothing in return. But, you know, a sponge can be squeezed and at least a part of what it has taken up be taken from it again.

I will begin the squeezing process by relating a few cases cured by *Psorinum* in a high potency and single dose. When I say high potency I mean the 200th. It has taken me five years to work up from crude drugs and mother tinctures to the 200th. I used the 200th's exclusively in our recent epidemic of La Grippe, always with good results and in some cases with marvelous success, stopping all pains and aching in a few minutes with a single dose. I have never lost a case while my old school friends have lost them by the score. If, in the future, experience shall teach me that the still higher potencies are better, I shall not hesitate to use them.

CASE I. On June 20th, 1891, Mr. M. V. called at my office to consult me concerning a chronic eczema of the legs of about twenty years standing. He said he had been treated by a number of specialists and had spent several months in different hospitals without benefit. The condition on the legs had been diagnosed chronic eczema. I did not name it nor was I particularly interested in the name. The front of the left leg from the knee to the ankle was covered with a thick whitish crust and the skin was drawn and wrinkled like an old boot. At the edges of the crusts the skin was red and irritable. Whitish colored bran-like scales were shed from crusts in large quantities, and when portions were accidentally removed by scratching when asleep or by striking against something, the underlying surface was red and angry looking and would sometimes bleed, but there was no pus or anything of the kind beneath and crust would pile up again in scales same as before. This description will answer for both legs only the right was not quite so bad. There was intolerable itching.

Bowels costive, never had a movement without taking physic of some kind. Otherwise health was good. He received one dose of Psorinum 200 (B and T) dry on tongue and placebo to be taken three times a day. He was directed to drink a glass of water each night on retiring and was requested to call again in one week.

June 26th. No perceptible change in appearance of legs. Itching had been less intense and bowels had moved every day. Placebo continued.

July 10th. Itching has entirely ceased and crust seems to be a little thinner.

July 23rd. Both legs considerably improved. Patient called once in ten or twelve days after this until Nov. 30th when he was discharged entirely well.

CASE II. Mrs. G. K. brought her little three-year old girl to my office June 16, 1890. She said the child had been treated ever since she was three months old for milk crust. She was considerably emaciated with enlarged cervical glands and a general sickly, puny appearance. The whole scalp was involved and emitted a very disagreeable odor. The hair was matted together, and the mother said she had become entirely discouraged trying to keep it clean. Bowels were constipated, never moving without aid of some kind. She received one dose of Psorinum 200 at office and the mother was given some powders of Sac. lac. and directed to give one night and morning. The mother called the next day to say that she dare not give any more of the powders as they had physicked the child almost to death. I remarked that possibly they were a little strong and gave her some more of the same done up in different colored papers, telling her that I thought the looseness of the bowels would soon be better. These last powders had the desired effect. The bowels became regular in a few days and the child improved rapidly, so that in about six weeks from the time she took the first and only dose of medicine I ever gave her she was entirely well and has remained well ever since.

CASE III. Mrs. C. J. consulted me sometime in the spring of 1887 about a sore on the side of her nose that had been diagnosed cancer. She had been treated by sev-

eral physicians without apparent benefit. The sore on the nose was circular in form, about three-quarters of an inch in diameter, and was covered with a thick, hard, black crust that would occasionally drop off, leaving a red inflamed surface underneath. After one crust dropped off another would form a little larger than the first. This process had been going on for more than a year, the sore being only a small pimple at first. It was not painful and the only inconvenience she suffered from it, aside from its unsightliness, was a constant itching. She also had a goitre and was of a general scrofulous appearance. I learned that she had taken considerable calomel and that she had been salivated at one time. I put her on five grain doses of Iodide of Potash four times a day, given in a decoction of *sapinaria*. I did not see her again for nearly a year, when she called again and told me that the medicine had helped her, but living about twenty-five miles distant and being short of funds, she had not returned. She said the sore grew smaller for a time under the medicine I had given her and that she had felt better in every way. She was given the same preparation again and continued on it for several months, but without further benefit. Then various other remedies were tried, but without success, and the case passed out of my hands.

I saw nothing more of her until December 1, 1891, when she called again in a much worse condition than when I last saw her. She said she had been treating, more or less, with different doctors ever since, but as I was the only one that had ever benefited her any, she came again, hoping that I might still be able to help her. Having had some experience in the intervening four years, the two last of which I had been using the high potencies, I told her I would see what could be done.

The sore was no more painful than at first, but it now covered nearly the whole side of the nose, drawing that organ up and to one side.

She was given a dose of *Psorinum* 200 dry on the tongue and placebo to be taken night and morning. She wrote me in about two weeks, saying that all itching had ceased from the day she began taking the medicine and that the sore

was much improved. More medicine was wanted, and placebo was sent with instructions to use same as before.

January 18, 1892, she called to let me see what progress had been made and to get a supply of the medicine as she was going to the southern part of the State to spend the winter. There was only a slight discoloration where the sore had been, although the nose was still drawn to that side. The patient considered herself well, but wanted to continue the medicine for fear of a return of the old trouble. I gave her no more medicine but asked her to write me at once should the sore again become troublesome.

I do not know that this cure will be permanent, but enough has been accomplished to show that the properly selected remedy in a high potency has marvelous curative power. I have failed with this remedy where I have afterward effected a cure with Sulphur, Silicea, Rhus, or some other remedy; but when I fail with this, or any other remedy when I have a reliable preparation that I have before, tested, I know that I am at fault and not the remedy.

OSCODA, MICH.

A. L. RUFFE.

## 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.**

**SHOULD WOMEN PRACTICE MEDICINE.**—Some of our editorial brethren of the palliative schools of medicine, are, apparently, becoming worried over this question. It may be unfair to attempt an explanation of such language, but if it occurred in any other profession it would certainly be attributed to petty professional jealousy altogether beneath an editor in this age of freedom of opinion and action. *The American Practitioner* says:

Socrates thanked the gods daily that he was a human being, not a beast; a man, not a woman; a Greek, not a barbarian. If he be quoted aright, the most popular lady's man in England stands in with the father of philosophy on the second count. Mr. Lawson Tait is said to have said: "For the greater part of my life I have been engaged in the study of and practice among the special diseases of women, and no conclusion

is more firmly rooted in my mind than a devout thankfulness that I belong to the other sex. From the cradle to puberty they seem to be on fairly equal terms with man, but from that moment through the whole period of active life their existence is one of prolonged suffering. The great function of their lives is led up to by troubles, and from it endless suffering springs."

No practitioner of the healing art will fail to give this a melancholy seconding. For, granted that "*man* is born to trouble as the sparks fly upward," the physician knows, as no other can know, that suffering and woman are well nigh synonymous terms. From puberty to senility she carries the heavy end of the burden of life. If forbidden the exercise of the function for which she was made, the life-long hunger of her heart can never be satisfied by the husks of business, professional or artistic success. The spinster is an anomaly for which nature makes no provision. If she marry, and thereby attain motherhood, which is her destiny and crown of rejoicing, she must enter this her heaven appointed sphere at the cost of early pain and peril, later pain and danger, and with the prospect of still further pain and jeopardy.

When to these unavoidable physiological loads are added, the unavoidable burdens which a false, a wicked, and cruel state of society launches upon her, the most optimistic philosopher might well be pessimistic on the woman question, and thank the gods of Socrates and Tait that their part of the major function of life is begetting and not conceiving.

And now the editor of the *Journal of the American Medical Association* joins the list and agrees with Mr. Tait :

Two arguments based upon Lawson Tait's exposition, at once present themselves :

(1) Can unfortunate, pain afflicted woman ever occupy a sphere of unquestioned usefulness in medicine, where physical and mental vigor, fortitude, and endurance are eminently requisite, and where the strong must help the weak, help them by virtue of their strength to healthier and stronger states or,

(2) Can the power of sympathy—operating from the intelligence of affliction and the possible comfort of relief, together with knowledge and discrimination, pass from a medical woman to her suffering sex with a probability of extenuating their distress equally as great as would maintain under the fullness of power mentioned in the first proposition?

Such is the question, the argument of which has been before the medical profession for some time, but the solution of which may not be said to have as yet been reached.

"This much remains clear, however, woman has yet to achieve any greatness in the ranks of medicine, and if such is to be her future portion it must be in the direction of relief to her own sex. She must

become a Lawson Tait, a Spencer Wells, a Battey, a Sims, Thomas, Price; or if that be impossible under the outlines of the first great general question and the conclusions of Lawson Tait, then must she rest, in the unsought weakness of her nature, as a follower of man, and under the privilege of that sympathy, which, if properly fortified, may reach, if not greatness, that degree of usefulness the medical world cannot with reason gainsay.

If such shining lights as Tait, Wells, Sims, Keith, Thomas, etc., etc., would only learn how to cure the functional derangements of their long suffering and unfortunate sisters, instead of mutilating them for life—would cease the unscientific, unreasonable, illogical, if not cruel and inhuman practice of removing an organ to correct its function—there would be, as there should be, no such period of "prolonged suffering." If the constitutional ailments of woman were cured by constitutional means, as they may be and should be, "the early pain and peril, the later pain and danger" would be unknown.

It is not woman *per se*, who is to be blamed for the existing conditions as found under allopathic practice, but the bungling methods of therapeutics which are preached and practiced by our so-called scientific (?) brethren. This long list of evils as enumerated above does not obtain in our school where Homœopathy pure and simple has taken the place of mechanical means; where dynamic derangements are met and corrected by dynamics instead of mechanics. And, furthermore, there are many women practicing the art of healing given us by Hahnemann who can teach these Knights of the scalpel a better and a safer way. There are few practitioners of the true healing art who will not condemn this unmanly estimate of the tact, ability, courage and perseverance by which many women have legally obtained the honorable title of M. D. and the right to labor for the good of suffering humanity in the battle of life.

And if she achieve success under the burdens and disadvantages enumerated by Tait and others, then she deserves encouragement and praise, for few men under similar circumstances would do as well. But the problem, "Should women practice medicine" has been solved by women. While the Knights of the scalpel are discussing the unsurmountable difficulties she has cut the gordian knot.

\* \* \*

ARE HOMŒOPATHS HONEST? Serious charges of professional dishonesty, inconsistency and even of hypocrisy have from time to time been made by leading men of the dominant school. They say we boast of being guided by law in practical therapeutics, yet often resort to the empirical methods of the common practice. The graveness of the charge is that we are dishonest. And in all frankness let us ask if there be not a modicum of truth in the following sweeping charge of Dr. Gammage of Massachusetts:

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 is the indictment made in a public address and made with apparent honesty. As a school, are we guilty? With the practical evidence furnished in most of our periodical literature, and the teaching from nearly all our college chairs we do not think we are ready for trial. While so many professed homœopaths use the palliative methods of "regular(?) scientific(?) practice"—Morphine for pain, Quinine for chills and fever, Mercuric Bichloride as a germicide, to say nothing of the later fads—we fear we must as a school plead guilty to the charge of dishonesty. We certainly do not practice what we profess when we resort to such measures "in cases of emergency" or "where the law fails." But that a resort to such crude and lawless measures even in cases of the most urgent emergency are ever necessary, we positively deny.

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When Hahnemann proclaimed his discovery of a law of cure, it was on the basis that every law of Nature, must, in order to become a law, be universal in its application. This is equally true of the laws of gravity, chemical affinity and similia, and is not limited to a certain class of cases; it is universal if we know how to apply it. If Dr. Gammage be honest and would like to have this question settled in a manner as public as that in which the charges were made, although it might rudely shake his "conscientious convictions" we can give him the names of a score of homœopathic physicians in Boston and vicinity who never under any emergency, however great, find it necessary to depart from the methods of Hahnemann, or "give doses and use methods of the regular scientific practice." The doctor "does not wish to impeach the honesty of any individual"

yet he impeaches both the personal and professional honesty of every homœopathic physician.

Now, in order to test the quality of his "conscientious convictions and put an end to the arrogant bombast and self-conceited assertions of members of his school, who from Oliver Wendell Holmes to Dr. Gammage have never, in a single instance, put the Homœopathy of Hahnemann to a practical test—hence know nothing whatever of its truth or falsity, the ability or inability of its practitioners to cope with "cases of emergency"—the following proposition is made :

We agree to name twenty Hahnemannian practitioners in Boston and vicinity, either of whom will successfully care for any "case of emergency" with the similar remedy only, without resorting to "doses and methods of the regular scientific practice." The test shall be made in a public hospital in Boston and Dr. Gammage or any professor in Harvard Medical School shall select the "emergency case." If we fail to do so \$5,000 will be donated to a Boston hospital; if we succeed the same amount shall be donated by the doctor to a Chicago college. This offer will remain good until January 1, 1893.

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THE HOMŒOPATHIC JOURNAL OF OBSTETRICS.—For the past few years the teaching of the mechanics of Obstetrics and Gynecology in this journal has been all that could be desired, but differed very little from that found in the *American Journal of Obstetrics*. The higher life, the dynamic part has been entirely overlooked, and this, the constitutional treatment of mother and child, in the especial field of the *Homœopathic Journal of Obstetrics*, for the teaching of this higher obstetric art if correctly applied in practice, will prevent very many of the diseases of women. Judging from the make up of the March number, this appears to be the object of Dr. Winterburn, who has assumed editorial control. We congratulate the readers and the editor, who has our earnest and best wishes for his success, for that means the success of the homœopathic art.



## Comment and Criticism.

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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.

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### DR. KIDD'S HOMŒOPATHY.

*Editor Advance*:—In reply to your favor of the 9th instant, and with all deference to “one of your esteemed contributors and subscribers,” I have a few remarks to make.

If your esteemed contributor knows as much of Dr. Kidd's practice as I do, and if I were asked to meet him (your contribùtor) in consultation, I should do exactly as Sir Andrew Clark did with regard to meeting Kidd in the case of Spurgeon, I should decline to meet “your esteemed contributor and subscriber.” Kidd is a mongrel of mongrels, the Prince of mongrels, and any one with the reason of a codfish can have no difficulty in perceiving the motive which governs a man of no principle, who is all things to all men.

Your “esteemed contributor,” (I wish I *could* esteem him whoever he is) in his letter, states: “Your recent mention of Dr. Kidd, the physician of Spurgeon, and the physician of the late Lord Beaconsfield was something unpardonable.” (MEDICAL ADVANCE for October, 1891, page 317). This unknown Knight who takes up the cudgels to defend this mongrel of mongrels has a lot to learn! Who on earth ever made Spurgeon or Beaconsfield, or any of the public from the Queen of Britian and Empress of India down to her meanest subject, *a judge or authority as to what is and what is not Homœopathy? or who practices it honestly, faithfully and exclusively as Hahnemann directs?*

As to the opinion of the *Review of Reviews* or statements affecting medicine found in such a journal of Faddism—where Mattei is lauded to the skies and every Quack and Fad is thought more of than the wisest and best of the time—they are not worth powder and shot. *Who made Stead a critic or an authority on Homœopathy?*

LONDON, ENGLAND.

THOMAS SKINNER.

### SOME RECENT (?) DISCOVERIES.

Few remedies can excel the horse-chestnut suppository in all forms of hemorrhoids, its action is mild but curative (N. Y. Germicide, Nov., 1891, p. 230).

"The oil of *Thuja occidentalis* is an excellent remedy for venereal warts (!) It should be applied by a fine camel's hair pencil twice daily."

Usually but a few applications are required to cause the entire mass to disappear.

The application causes little, if any annoyance, *and it is to be preferred to all other methods of treatment.* [italics mine] (Ibid p. 232).

Verily the world moveth, and I doubt not but that some learned allopathic brother may one day "discover" Homœopathy. Then the medical millenium will have come, and the hosts of his disciples will not have to follow their bell-wether back over the fence because they have "discovered," when too late, that *he* had "discovered" and was pursuing—a phantom:

How strange it would seem to our old school brethren to "discover" something that would not slip through their fingers—as the discoveries of Koch and others have done—for they have been in hot pursuit of an *ignis fatuus* since time was young. *Cui bono?* They are almost as powerless to-day in the presence of disease as they were two thousand years ago.

When these scientists (?) "discover" that there is a difference between two cases of the same disease, and, consequently, a difference in treatment required, the prognosis will be more hopeful.

But now, with characteristic stupidity, they would use Æsculus suppositories for all cases of hemorrhoids and Thuja oil for all cases of venereal warts.

"We are coming Father Hahnemann," slowly, may be,

"But, like some things,  
Which have no wings,  
May get there all the same."

PLAINVILLE, N. Y.

FREDRICK HOOKER.

### COBBLER, STICK TO THY LAST.

"I hope to live to see the day when the physician will be consulted obligatorily before a marriage certifice can be granted," thus says Dr. Martin Deschere in a paper

read before the N. Y. State Hom. Med. Soc. and published in the current number of the *North American Journal of Homœopathy*.

The paper is an excellent one and well worth reading, but in the above sentence the author advocates an unwise and unwarranted extension of the duties of the physician into a sphere to which they do not properly belong.

One of those truths which our Declaration of Independence declares to be self-evident is that all men have an inalienable right to life, liberty and the pursuit of happiness, and it further declares that these rights have been endowed by the Creator. They are therefore fundamental and belong to every man by virtue of his existence on the earth just as do sunlight, or air. Such a regulation as the doctor advocates would be a peremptory interference with two of these fundamental and inalienable rights, liberty and the pursuit of happiness.

It is these very qualities, the liberty to pursue happiness according to his reason that distinguishes man from brute animals.

Hence to deprive him of these rights would be to reduce him to the condition of a brute animal. Dogs, horses and cattle may be bred according to the judgment or caprice of the stock fancier whose property they are; and properly so for they are not endowed with the faculties of liberty and reason, but surely no one can pretend that human beings should be subjected to any other human being's will in this matter.

It is in fact no part of the duty of government to protect individuals from the results of their own folly, or to interfere in any way with individual freedom of action so long as the rights of no other individual are thereby injured. Transgression of this principle will always bear evil fruit.

It is of no avail to point to the unborn thousands as being injured by unwise marriages. Can any one maintain that imaginary beings have no actual existence, have superior rights to living, thinking men and women? The short time which man finds himself on this earth must of necessity be spent first in his own interests and not in the interest of unborn generations.

That the union of the sexes, one of the fundamental loves of humanity, common to all mankind is of such a nature as to require the opinion of a special class of experts, to regulate its operations is as preposterous a notion as that a man should be required by law to apply to a physiologist for permission to gratify his appetite for food.

That men often marry unwisely and cause much unhappiness is true, but this is no more a reason for governmental interference than the fact that men over eat or eat irregularly is a reason for laws regulating the amount of food consumed or fixing the time of eating.

Moreover, have physicians as a class been endowed with such superior wisdom in discerning the fitness or unfitness of married partners that the consent of one of their number should be deemed necessary before a marriage certificate could be granted. Assuredly not. They are no more qualified for such decisions than butchers or bakers or candlestick makers.

Do physicians show any special wisdom in their own selection of partners? Are they more blessed with conjugal happiness than others? Do they never seek relief in divorce courts?

The only data upon which the doctor could base his judgment of the advisability of marriage in a given couple would be purely physical and yet how inadequate are purely physical conditions to insure happiness. Does not every man of middle age know of scores of married partners in excellent physical health who yet are miserably unhappy? and also of the reverse of this where partners apparently ill-mated physically from bodily infirmities or ill-health are yet genuinely happy?

Is it not, indeed, on just such sterile soils and in such seemingly unfavorable conditions that the flowers of patience, forbearance and genuine affection are most apt to bloom? At least it is certain that happiness depends upon other and far different conditions than those upon which a physician is *especially* capable of deciding and to extend his functions to that of passing judgment upon such matters would be a most unwise procedure.

Erroneous ideas of this kind get into the minds of men

from mistaken notions of the functions of government and of the scope of personal liberty. They are dangerous in proportion to their extension among the people. They are already bearing evil fruit in our numerous petty and meddlesome Boards of Health who frequently transcend their duties.

Medical men seem especially liable to fall into errors of this kind, and to propose schemes, based upon their peculiar knowledge for running the social and political body.

Dr. J. W. Dowling, for instance, gravely proposed in a pamphlet entitled "Is the American Heart Wearing Out?" That each adult citizen should be compelled to submit to a thorough scientific physical examination, once a year, at the expense of the State.

That such absurd and gratuitous interference with the rights of individuals should be even thought of by intelligent men is a matter of astonishment and arises from a total misconception of the functions of government and of the sphere of physicians. As to the last, consult section I. of the Organon.

Let us hope then that Dr. Deschere may live to see many and many a day of use and happiness but may he never see the day when his or any other doctor's consent will be a bar to the marital happiness of two honest citizens.

J. B. S. KING.

25 SOMERSET ST. LONDON, W.

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**"GIVE ME A LIVING REASON."**

—*Othello*.

*Editor Advance:* With all due respect to the author, I would like to ask what there is in the first three "Surgical Cures" reported by B. Fincke in the *MEDICAL ADVANCE* for March, to warrant their being put forward as homœopathic cures as superior to any other method of attaining the same results? First, I would specify, by asking: "What was there in the first case, cure No. 1, to warrant the diagnosis of carbuncle? Certainly nothing in the report! The fact that Lyc. cm (F) dissipated a common "cat boil" is certainly not remarkable enough to warrant

the assertion direct, or implied, that a carbuncle (?) was aborted.

In regard to case No. II, I would like to ask the doctor if he has ever lanced an abscess, washed it out carefully with the proper antiseptic solution, or with hot water, and seen the feverish, nervous, restless, peevish, haggard, worn out patient drop into a quiet, restful sleep, with or without perspiration? Does he honestly think that this case could not have been relieved and *cured, more "quickly, safely, and pleasantly,"* by the judicious use of the knife followed with a poultice for twenty-four hours, and the proper remedies?

Why not have opened *at once*, that "large boil" behind the left ear "which now looks purple, and is *fluctuating* as if *ready* to burst?" What *possible* harm could have resulted from such a procedure, and what hours of agony might the patient have been spared? "The poultice was removed, and nothing allowed to come in contact with the sore but a clean old linen rag." Why not remove the poultice?—it had done its work. The pus was striving to liberate itself, under the forces of nature. Why not *assist* nature by making an outlet? The "old linen rag" was no better an application than nothing. I will venture the assertion that the recovery of the case could have been hastened a week, *at least*, under strict surgical treatment in *conjunction* with the proper remedies. Here is a case—in all probability—of suppuration of the posterior auricular lymphatic glands, it is seen at the end of three weeks. When it is "ready to burst" the patient is left to suffer for two or three days more, and at the expiration of that time under the influence (?) of Arsenicum 45 m, as we are led to suppose, the abscess breaks.

The pus has at last forced itself through the tough fascia and skin, and the patient goes slowly on to recovery. At the end of three weeks—six weeks from the commencement of the trouble—there is still a "very copious discharge of yellowish matter." "Patient eats, drinks, and sleeps quite well." Why should he not? After that—how long after we are not told—"the skin healed up without a scratch!" Wonderful!!! Would not a clean cut with an aseptic knife have done the same? How can we expect

anything but ridicule from the "dominant school" when such twaddle as this is scattered broadcast through the medical world. The fact that "on the 11th inst. (and not *until* then) the 'boil' broke again after severe pain—probably the suppurating of another gland—and ran copiously," goes to show pretty conclusively to the unbiased mind, that the remedies had little to do with the recovery one way or the other.

In regard to case No. III. I have only this to say. Is there anything especially *remarkable* in the fact that an ordinary felon was cured(?) in three months? leaving an *irregular* cicatrix. A clean cut *at the proper time*, with proper after treatment, would at *least* have prevented this. This article may sound somewhat harsh. I have no desire to be personal, or to offend any one. I am a firm believer in the efficacy of the indicated remedy— and *in the efficacy of some other things also*. We cannot afford to put weapons into the hands of our opponents. Weapons too, against which we cannot defend ourselves. Let us be *reasonable* in all things.

H. G. GLOVER.

CHICAGO.

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## A NEW MATERIA MEDICA.—ANALYTICAL SYMPTOM- ATOLOGY.

### 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 synonyms, has led to much confusion in their interpretation. To overcome these imperfections great care and attention have been given to the analysis of symptoms, and to

the study of synonyms, in order to secure uniformity of expression.

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, the higher being in italics. Clinical symptoms are preceded by the sign°.

The rubrics and subrubrics are printed in boldfaced type, the former being italicised. The aggravations and ameliorations are placed after the rubrics to which they belong.

The punctuation is as follows: Rubrics in boldfaced type are followed by colons (:), symptoms of the rubrics by semi-colons (;), and the last symptoms of the rubrics by a period (.). The rubric and symptoms of "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, (then respiratory tract) Nose, Throat, Larynx, Trachea, Cough, Respiration, Chest, Mammæ, Heart, Pulse, (then) Mouth, Teeth, Gums, Tongue, Taste, Appetite, Thirst, Desires, Aversions, Œsophagus, Hiccoughs, Eructations, Nausea, Vomiting, Stomach, 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 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, Jahr's Symptomen Codex, Gross' Comparative Materia Medica, Allen's Encyclopædia and Hand Book, Cyclopædia of



Drug Pathogenesis, Guernsey's Key Notes, Farrington's Clinical Materia Medica, Dunham's Lectures, numerous monographs, journals, lectures, etc.

A complete *repertory* of the foregoing work will follow its publication.

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BOSTON, Mass., Feb. 12, 1892.

DEAR DOCTOR: To insure the utmost accuracy in the publication of the above work we have decided to publish it here under our personal supervision and not in any journal. It will be issued in fascicles of twenty-four pages each, every three months, or as near that time as possible. If 100 subscribers can be obtained the cost will be 30 cents per fascicle of twenty-four pages, to be paid upon receipt of the same.

Very truly yours,

RUFUS L. THURSTON, M. D.

SAMUEL A. KIMBALL, M. D.

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#### GREGG ON DIPHTHERIA.

To those who are acquainted with the works of the late Dr. Rollin R. Gregg, of Buffalo, it is unnecessary to offer any words in justification of the Dunham Medical Society, in reproducing his book on Diphtheria. This little volume has for years been out of print, and in spite of the heavy premium offered for it at second-hand stores, the difficulty of securing it has increased until it is practically impossible to secure a copy from any source.

To those who are not acquainted with the book it is confidently asserted that it contains the fullest measure of soundest thought and ripest experience, and no man who is called upon to manage the dreadful malady of which it treats can afford to be without the priceless truths found in such profusion between its covers.

Mrs. Gregg has kindly presented Dunham Society with the copyright of the book, which we propose to republish, purely as a philanthropic and missionary enterprise. It will be completely revised, enlarged and greatly improved by Drs. H. C. Allen and J. T. Kent, who have generously tendered the Society their services for that purpose. New remedies will be added, additional indications inserted,

verifications reported, and the value of the book thereby greatly enhanced.

Notwithstanding the immeasurable value of the new edition over the old, the former will be sold at one dollar to physicians with a discount to students. Copies will be sent gratuitously to college libraries, students' reading-rooms, and to all places where its perusal will strengthen the cause of Homœopathy. If any surplus remains in the treasury after the books are distributed it will be used as a fund for the publication of missionary matter, Homœopathic statistics, or perhaps employed in publishing other facts touching the treatment of the same terrible scourge in which Homœopathy has won immortal victories.

All persons desiring the book will please send their names at once, and when the books are ready subscribers will be notified by postal card. By order of the Society,

HOWARD CRUTCHER, M. D., Secretary.

78 STATE STREET, CHICAGO.

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### SPECIOUS REASONING. RETAINED PLACENTA.

*Editor Advance:*—One of the benefits of the introduction and general application of the scientific method is the easy detection of a blundering and imperfect application of facts. When all deductions are brought, as they may be in their last analysis, to the test of abstract general rules, as universal in their application as the four fundamental rules of arithmetic, sophistic gloss is soon ruined, and unstable conclusions tumble in a confused heap.

It is an axiom, that generalizations from single instances are worthless. Equally is it plain that deductions based on observed facts, of which only a few are recognized, while an equally important number are suppressed, is quite worthless as far as trustworthiness is concerned. This does not necessarily prove that such conclusions may not be true when all the facts have been considered; but if they should prove so it is by chance, with no thanks to the prejudiced reasoner. Such thoughts as these were suggested by the article *Adherent and Retained Placenta* in the December *ADVANCE*. In this the author proposes "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." Two things are set forth in this, with a third implied.

First, the author proposes "to show that the placenta may remain attached, wholly or in part, for hours or days without injury to the patient."

Second, that the author believes from his observation and experience it is wrong to resort to a (certain) method to attain a certain definite end." "The method," as shown elsewhere, is the forcible or surgical removal of the retained or adherent placenta. "The end," is to free the patient from this supposed or believed to be dangerous body. The author also thinks "it is wrong to resort to this method, whether it means life or death to the patient."

This last double headed statement is capable of two diametrically opposite interpretations, but it is probable the author means to say, "he thinks it wrong to resort to a method to attain a certain definite end, at the greatly increased probability of death to the patient." If that is the case, pray who does not believe with equal earnestness exactly the same thing? Will any one of any school or pathy withhold immediate and hearty assent?

The whole theme turns on the proof of the first proposition, and its companion, that to forcibly remove the retained or adherent placenta, is to expose the patient to much graver perils to life, than to leave it in situ, and give the indicated remedy. To prove this last, *one case is quoted*. To prove the first, two cases are quoted. This of course leaves the weight of argument so plain that he who runs may read. As a sort of clincher to this hundred per cent ponderance of proof, a most abnormal case is quoted where a woman refused to have a placenta removed, and carried it *seven weeks*, when it was delivered "perfectly healthy," as the author was assured.

Some who read this may feel inclined to think the author has proved something. He has done nothing of the sort.

He has quoted *one picked unfavorable case*, and generalized. What is required to prove the position that the forcible removal of the placenta is more dangerous than to leave it in situ. Certainly more than three "picked cases," two on one side, one on the other. It is just barely possible that case four, five and six might turn the balance to the opposite scale.

Who has not seen cases that correspond in every important particular to the author's successful cases, come out equally well without one dose of the indicated remedy? I have for one, and not a few of them. No doctor was called, the patient had septic odor; she passed shreds and pieces for days after the primary confinement or abortion, and made a good recovery.

Who has not seen abundant cases of forcible removal of adherent placenta, with not a trace of septic poisoning, of metritis, or of any pelvic inflammation following? I could quote many of them.

Who ever saw a case of retained placenta carried for seven weeks, and delivered perfectly healthy? Evidently the author of the article never saw such a case, probably not many others have witnessed this rare exception to the general rule. We can all relate cases where the woman would not have the placenta removed, and when it finally was delivered, it was far from "perfectly healthy."

It is difficult to see how such treatment of serious problems helps in any way toward their solution. Nothing less than the careful tabulation of *all* the cases in a wide experience can settle such questions.

And I for one believe that surgical interference in such cases would show a far greater proportion of successful recoveries. My *belief*, however, is no proof. What science demands is not what we believe, but what we have done, and *all* we have done, before a conclusion can be reached that shall satisfy general principles, which alone are a safe guide in drawing conclusions.

FORT EDWARD, N. Y.

M. W. VAN DENBURG.

**IN MEMORIAM.**

## A TRIBUTE TO A FRIEND.

Dr. J. W. Dowling has passed through the gates of suffering to his rest. I, who knew him as a lad, grew with him to man's estate, and watched his career as a physician as he rose steadily to eminence in his profession, can understand the space that he filled and the void he has left behind him.

It is with a sad heart that I speak these few unworthy words about my friend; because, however eulogistic they may be, they must proclaim that another of the older ties, grown dearer with advancing years, is snapped asunder; because they must chronicle the absence of another face from the once familiar circle, now grown so small; because they declare another memento of our youth has been rooted up; and because amid the darkness and uncertainty of human life, we know not who shall be the next to be summoned before Almighty God. The ways of Providence are inscrutable and past finding out.

A few years since, when Dr. Dowling stood before me in all the buoyancy of healthy manhood, whole-souled, genial, tender-hearted, and affectionate, I thought of the long period of happiness and prosperity that seemed to stretch out before him; and, yet, even then (I know it now, but then the very thought seemed impossible) the seeds of the disease that destroyed his life were implanted in his body.

Dr. John W. Dowling was born in the city of New York, August 11, 1837. His father was the Rev. John Dowling, an English Baptist Clergyman. His mother's maiden name was Maria Perkins. He began his education in the New York Free Academy, and finished at Lewisburg College, Pa. He was matriculated in the Homœopathic Medical College of Pennsylvania in 1854, and was graduated at that institution in 1857. It was during his student days that I first knew Dr. Dowling. I then held the Professorship of Anatomy in his College; and can well recollect a thin pale-faced boy always at his place in the lecture room, showing then the forecast of that enthusiastic temperament, which remained a characteristic of his nature till disease snapped the silver cord, and suffering broke the golden bowl. I can now recall his maiden speech just before his graduation. He was then President of the Hahnemannian Institute; and I sat directly behind him upon the platform, whereon he was to give the Valedictory to the students of the society. Thirty-five years have passed since that day; but at this moment there rises from the dim vista of the past a scene as fresh as though it had been but yesterday. The lower lecture room of my alma mater opens before me, the faculty are upon the stage; the students are in their places. The Valedictorian is announced, and he comes forward with a rapid elastic step, bowing to the professors and the audience: tears are in his voice as he begins to speak. For a moment, I thought that he would not be able to voice his oration. I bent over to old Professor Semple and whispered, "Suppose Mr. Dowling should break down." The young man heard the remark: he turned; and as he looked at me, I saw the expression of his face change; deter-

mination took the place of fear. He made no further halt in his speech; and sat down amid the applause of his classmates and his friends. Many times in after life, Dr. Dowling recalled this incident, and declared that the utter horror of such a catastrophe as I had suggested to Dr. Semple nerved him to the completion of his task.

Dr. Dowling's first field of practice was Hagerstown, Md. He had associated himself with Dr. S. S. Lungren, who had been assistant to the Chair of Chemistry, and who since has made his name famous in the literature of gynecology by the performance of two Cæsarean sections upon the same woman, in both instances saving the mother and the child. My friend's sojourn in Hagerstown was but a year; he then returned to New York and became the assistant of Dr. Abraham D. Wilson, a physician of large practice. During this period of our lives, our intercourse ceased as the fields of our labors were widely separated; I in St. Louis, he in New York. Throughout these years, however, I heard of him constantly as an indefatigable worker, who was steadily mounting the ladder of reputation. In the year 1870, Dr. Dowling accepted the Chair of Theory and Practice of Medicine in the New York Homœopathic Medical College; and again, after the lapse of a dozen years (I being called to the chair of Surgery in the same institution), the divergent lines of our lives came again together. In the year 1871, Dr. Dowling was appointed Registrar, and shortly thereafter Dean of the College. The whole-souled energy, the self-sacrifice and perseverance which he manifested in the management of the affairs of the institution, and the interest he always maintained in the welfare of the students, every member of the faculty attests to this day by the tablet erected to his memory in the hall of the lecture room wherein he so often ably instructed his students

Dr. Dowling was married three times. His first wife, who was Miss Minnie Russell, died three years after her marriage, leaving one child who survived three months. His second wife was Frances A. Dowley, with whom he lived happily for many years, and who died May 11, 1888. His third wife was Miss Edith Williams, to whom he was much attached, but who was deprived of his care and affection by the dire malady which overtook him a few months after their union.

Ah! friend of my childhood, how can I tell of your generosity, your hospitality, your beneficent impulses, and your unwavering friendship! How can I tell of your affection to your family, the laudation you gave to those you loved, and the high regard in which you held your professional standing? Indeed, there is no need of this. You have passed to the other side of the river of life to augment the procession ever moving on its shores to reach the eternal paradise of God. You have ere this spoken with glad recognition to Dunham; to Liebold, to Lilienthal, to Burdick, and to Bacon. Your troubles are over, your sorrows are at an end; and we who remain are awaiting the summons that will bid us look upon your face once more. When shall it be?

WM. TOD HELMUTH.

THE  
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A HOMEOPATHIC MAGAZINE.

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**HYOSCYAMUS.\***

This remedy is a cognate of Belladonna and Stramonium.

The relation is sustained through its symptoms of fever and heat.

The delirium of these medicines is very similar and sometimes very difficult to detect. All have violent delirium and active symptoms, but the symptom of heat helps us to differentiate.

Belladonna has most intense heat; Stramonium stands between the two; while Hyoscyamus has very little fever or heat. It is the exception for Hyoscyamus to have intense heat.

The characteristic fever of Belladonna is remittant. The characteristic heat of Hyoscyamus is continued. Stramonium stands between them in the relation to the periodicity and intensity of the fever.

Belladonna is the first mentioned remedy for violent determination of blood to the head, violent head and brain symptoms. The three reliable symptoms of Belladonna are heat, redness, and burning, none of which are found in Hyoscyamus only in a mild degree.

In the acute febrile states we have but little fever with the delirium. It is very seldom that Belladonna corresponds to chronic mental conditions which we find under Hyoscyamus.

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\*Notes from a lecture by Prof. J. T. Kent, M. D.

Hyoscyamus acts and relieves quickly, but leaves a strong impression on the mind ; but, although Belladonna has cured chronic cases of insanity, they are exceptions. Belladonna acts from a day to six or eight days in chronic cases ; it is recorded of it once to have acted one year.

The mental symptoms of Hyoscyamus are active as well as passive. There is some congestion to the brain, producing active delirium as in delirium tremens ; we have wild delirium, with shining eyes, hallucinations and illusions. This medicine, aside from excitement and delirium, is full of jealousy and suspicion. The mental complaints are aggravated from the light.

He barks like a dog, is full of deception ; goes from bed to bed, like *Ars.* ; is very restless and uneasy ; very loquacious, talking about this thing and that ; irrelevant. Hyoscyamus has a lascivious mania, with inclination to expose the genitals. This symptom must not be confounded with a desire to uncover the abdomen for air, because of the heat, or relief to pain. The Hyoscyamus patient raves and rages, curses and scolds ; is jealous and suspicious in erotomania and utterly shameless, and in the presence of any one will expose the person.

Has a peculiar ability to answer all questions correctly, and again lapse into delirium, a little like *Arnica* ; *Arnica* forgets the word when speaking, but finishes the sentence ; *Baptisia* falls into a sleep while answering a question, he does not finish the sentence, and falls into profound stupor or delirium. Hyoscyamus passes into a profound stupor, with a sliding down in bed, picking at the bed clothes, from which it is impossible to arouse him, and in which he will lie for days and days. Clinically it has a wonderful sphere in typhoid with the latter symptoms, sliding down in bed, picking at flocks ; profound coma, muttering and wandering. In this profound stupor he will not answer ; he is like a piece of wood.

Hysterical mania, because of disappointed love ; disappointed love followed by epilepsy, which begins by convulsions of an epileptic character.

While in bed he rolls his head from side to side, as well



as the body ; stertorous breathing and frothing at the mouth.

The eyes are glassy, the pupils are dilated or contracted; there is oscillation of the eyes or rolling them from side to side, he sees all sorts of things in the room ; he sees a devil at the foot of the bed ; he sees bed-bugs crawling up the wall ; the figures upon the wall paper get mixed, he cannot get them straight, he cannot see things aright ; he says : "I see such and such things in the room, I know they are not there, but I see them." In the candle he sees all sorts of images, angels ; he sees long departed friends there ; yet he knows they are not there.

Strabismus, jerking of the muscles of the eyes and face. Strabismus that comes on after congestion of the brain; in children, coming on and gradually increasing, due to congestion of the brain. I once cured a case of strabismus in a maiden lady, due to disappointed love, and of some years standing, with Hyoscyamus.

Congestive headaches with flushed face, stupid expression, grimaces; paralysis of the face.

In the tongue we have a condition of affairs that are gravely important. Hyos. produces the typhoid tongue, black, covered with blood or black crusts; the teeth are covered with sordes; the tongue shriveled and looks like leather; paralysis; unable to put out the tongue; the mouth is so dry the tongue is like a piece of wood. If the tongue is projected it comes out cracked and bleeding. We find this state in the last stages of typhoid fever. Hyos. is frequently indicated after Bryonia and Rhus; and is wonderfully useful in protracted cases of typhoid. An ordinary case of typhoid may run its course in twenty-eight days, when a prostration appears, and the patient presents no inclination to die or get well; the low form of delirium, subsultus tendinum, the nervous trembling, the sliding down in bed, the picking at the fingers or bed clothes, are all present. It is not uncommon for a typhoid patient to go on in this way for a month. Hyos. is always a remedy for this state; it is a nerve condition, a lack of brain activity; a stupor of the brain; the fever does not run very high, if it did the patient would burn up. If the temperature is

104 in the evening, and 103 in the morning, the patient will not last long; but if we find it to be about 102 or of lower type, in such a stage as that, Hyos. is the only medicine that will save the life. It is the exception to find such a case, but when you find it you want Hyos. It will be one of those cases when everybody wonders why the patient does not die, and still they live on in this state.

There is great dryness of the mucous membranes of the mouth, considerable thirst with spasmodic conditions of the throat and some vomiting.

Now in the abdomen we have symptoms that carry us again into the typhoid, the tympanitic state; immensely distended; percussion gives the sound of a drum, and abdomen is full of gas and fluids. We have involuntary stool; hæmorrhage from the bowels, passing immense amount of fetid flatus; rumbling, and an aggravation about midnight.

Hyos. has been useful in the management of puerperal convulsions; spasms with twitching and jerking; not very high temperature; some delirium; convulsive movements; but the especial feature is uncovering with the exposure of the genitals. Convulsions with these symptoms will be cured by Hyos.

There are many spasmodic conditions; spasms of the muscles in general and in part.

Hyos. should be closely compared with Phosphorus, Phosphoric ac. Muriatic ac. S. L. G. L.

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#### PARACELSUS AND HAHNEMANN.\*

Dr. I. F. Katsch in his essay (*Medicinische Onellens-tudien. Entroéckel ungsang des Achulichkeitraxioms von Empedokles bis auf Hahnemann*, published in *Zeitschrift des Berliner Vereins Homœopathischer Aerzte* Vol. IX., p 411) makes the following shocking statement, as the result of his investigation :

"Therefore the historically true and real inventor of the therapeutic *similia similibus*—of the German medicine—as he called it, was, and remains, the great Paracelsus!"

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"Upon the true and outspoken acknowledgment of this, and giving to both Paracelsus and Hahnemann—their right places of honor, depends, according to my opinion, most essentially the future of our Homœopathy. Hahnemann has interwoven the Paracelsian doctrine of unity with severe errors of his own. He bears the blame for it, that even the moderate C. H. Schultz in his Homœobiotik could call the doctrine of Hahnemann "an element of science but in entirely unscientific form." These faults are entirely removed, thanks to men like Herschel, Grauvogl, etc. But what did it help us? As long as the entire Homœopathy is passed off by us with injustice as an "invention" of Hahnemann, our antagonists cling to the faults of the inventor in order to prove its unscientificity and hence its illegitimacy."

"But the matter changes at once, when we, forced by the truth, acknowledge in Paracelsus our master, in Hahnemann his ablest pupil and interpreter. Then we subordinate ourselves as an organic member, not only again to the total organism of the entire medicine, but liberate also Homœopathy from the pressure weighing upon her and interfering with her unjustly, from which we all have suffered and still suffer by Hahnemann's subjectivism."

Never was a vindication of Homœopathy attempted in a more curious and bungling manner! Never was truth more outraged than in these conclusions drawn from bygone ages up to the time of Paracelsus! Never was the warping of the intellect of an otherwise honest scholar, who in ordinary life would not tell a lie, more apparent! That the ideas which underlie the homœopathic science and art are as old as the world, is evident, because they have grown out of the comparison of things by their Similia and dissimilia. That they also have been expressed in various ways and ages by medical men when reasoning upon their science and art is quite natural, because the course of mental development goes on from generations to generations, first by tradition, then by the mighty pen, last by the still mightier printing press, by which the acquirements of the predecessors are delivered over to posterity. Where, then, is the injustice in this matter of which this homœopathic physician talks, when he makes Hahnemann a hypocrite and sullies his fair name? If Hahnemann had found in Paracelsus something to support his doctrine, which at the time of its appearance, was hailed as new, also by his later opponents, he would surely have acknowledged it as a ready corroboration. He has given us the dicta of several

physicians from Hippocrates down to Stoerck, how the idea of Similia Similibus lived through the long series of centuries, before he came upon it in his translation of Cullen.

To accuse Hahnemann of willful concealment of the source from which the critic maintains he derived his principle of healing, is an outrage which was preserved to one who pretends to be of our own school, the Hahnemannian school, while he cringes to the skirts of the physico-chemical school. Truly, God protect us from our friends, we may say also in this instance. If what the critic says were true, he must accuse Hahnemann also of more literary crimes because he has omitted to mention some other medical men who found in Similia Similibus the principle of healing. For instance old Herneias, of whom the critic knows nothing, and who uttered the plain sentence—sickening and healing is the same. Bichat (born 1771, died 1802) proposed the axiom, simultaneously pronounced by Pinel, of the similitude of pathogenesis according to the similitude of the underlying tissues (this beats Schussler) and his favorite sentence was: *Similis organorum textura similis functio, similes morbi, similis morborum exitus, similis therapia.* Scribonius largus (1528) said that the most poisonous stomachics were the remedies for diseases of the stomach. Des Cartes has the following sentence: *les semblables se guerissent par les semblables.* Here the maxim of Hahnemann *Similia Similibus curantur* is precisely the Latin of it, and yet nobody accuses him of having constructed his Homœopathics out of the sentence of Cartesius. Why, even Shakespeare and Goethe, and I dare say many more writers, have sentences which plainly confirm the Hahnemannian axiom.

But, Hahnemann has left us the narrative how he came upon the healing principle which he afterward formulated as we know it. The truth is, this invention was not an invention, but a discovery. Katsch might as well say, Columbus invented America. When plodding over the translation of Cullen's *Materia Medica*, Hahnemann found a labored explanation of the action of the bark which did not satisfy him. Then the thought arose in his mind: if you want to know, why not try it upon yourself? This was the

true inductive scientific method of investigation inculcated by Bacon. Where were in that moment Paracelsus and all his predecessors and successors? The thought of investigating by his own proving had nothing whatever to do with those worthies. It was truly and certainly a merit of his own. He took the medicine and found that its effects were similar to symptoms which he had experienced when in Hungary when he had an intermittent fever. Now came the second part of the scientific investigation which completed the discovery he had made in the healing art: he was the medical Columbus sighting land for the first time on this hemisphere. Hahnemann deduced from the fact that China produced similar symptoms to those of intermittent fever, that when it cured such symptoms, it does so by symptoms-similarity. From this again he continued the inductive process, which led him to apply what he had found true for intermittents to other states of disease, and so his efforts were rewarded with success, because the experiments justified his expectation, and then with perfect right he proclaimed as the law of healing, *Similia Similibus Curantur*. How any physician, any philosopher, could have proceeded differently in pursuance of any scientific investigation is impossible to conceive, and it only remains for a German scholar who has ransacked the libraries for this purpose, to show that this is of no consequence whatever, but that some hundred years back a great man has lived who in a motley mass of writings expressed some similar ideas. And not even this was true, because Dr. Katsch himself says (p. 346) that

"He (Paracelsus) rejected the old sentence *Contraria Contrariis*. That, however, he should have put in its place the sentence, equals are cured by equals, has indeed been maintained even in our days, but it is entirely untrue."

Now, at Paracelsus' time the latin for the German "gleich" and the English "equal" was not "par" but "*Similis*" so that indeed Hahnemann has put in the place of *Contraria Contrariis* his *Similia Similibus* and no thanks to Paracelsus. Nay more, Dr. Katsch who makes Hahnemann appear as if he had stolen his Homœopathics from Paracelsus admits (p. 288) that

"The eminent merit at any rate forever remains secured to Hahnemann, that by his addition of the little word *curantur* he finally converted the primeval nebula fluttering in the empty air, viz.: *Similia Similibus*, into the life-breathing principle which now is known as the banner of Homœopathy."

Here the fluttering nebula goes back into the primeval time, even before Paracelsus was thrown from the rocks in Sutzburg by his enraged contemporaries, and Empedocles before him threw himself into the burning crater of Mount *Ætna*.

Paracelsus was no doubt one of the greatest men who ever lived, and only lately justice has been done to him in unearthing his works and doings. At Hahnemann's time, however, of Paracelsus was known little more than that he was a fanatic, an obscure low fellow full of eccentricities with the worst of names. This appears pretty clearly from the account given of him in the third volume of Kurt Sprengel's history of Medicine published 1794 (*Versuch einer pragmatischen Geschichte der Arsuei Kunde*) p. 336:

The circumstances of the life of this strange man are just as obscure and there exist just as contradictory narratives about them as about the life of most alchemists and theosophists of this century. Few men have gone through so many good and bad reputations and have been praised so extraordinarily on one hand, and depreciated so deeply as this father of the chemists and enthusiasts of modern times."

Sprengel quotes the following sentence from Paracelsus (p. 375.),

"The signs of disease, their recognition and theory can in no manner depend upon the observation of the symptoms, but in all these things we must ask advice from the heavenly work-masters, the planets,"

And thus he furnishes the forcible proof, that Hahnemann could not have derived Homœopathics from Paracelsus' teaching because it goes directly against it.

When in the first decade of our century Homœopathy began to make itself felt to the inconvenience of the old school, numerous controversial writings appeared in print generally full of abuse and odious personalities. It was, therefore, a surprise when in 1831 a book was published by professor C. H. Schultz, in Berlin which under the title: *Die Homœobiotische Medizin des Theophrastus Par-*

acelsus etc. als Onelleder Homœopathic i. e. Homœobiotic Medicine of Theophrastus Paracelsus etc., as the fountain head of Homœopathy, labored in pretty decent language to represent Hahnemann as the plagiarist of Paracelsus. This author, however, contradicts himself so seriously that the incrimination falls simply to the ground and must be stigmatized as a mere calumination of the fair character of Hahnemann. A few quotations will suffice to prove this assertion:

Par IX. How it has been possible that Homœopathy has been able to carry on its arrogant behavior for twenty years and more without detection of its own source and scientific beginning and hence of its connection with the contents of the Science of Medicine, would be impossible to explain, if we could not prove that nobody up to the latest time had studied thoroughly the works of Paracelsus."

"I say nobody: for in regard to Hahnemann there are only two possibilities. Either he denies as he has denied hitherto that he has never known the works of Paracelsus and he abides by his assertion that the thought of the Paracelsian healing principle had arisen for the second time in himself by itself, and in this case he admits that he has not studied Paracelsus. But since the historical circumstances, this improbable and almost impossible, and since, on the other hand, it cannot lie in the plan of the spirit of history to produce for a second time anew a once scientifically confirmed truth after three centuries, in a baseless and crippled shape, the second case indeed seems to be probably that Hahnemann in fact has known the works of Paracelsus and derived empirically the principles of Homœopathy. But in this case we cannot say that he has studied them or else he would have comprehended their spirit. He has only learned by heart some of the dead works without internally appropriating their living spirit."

And after this shocking arraignment of a scholar who superseded by far his slanderer in scientific erudition, this professor and author has the brass to continue:

"That, however, also nobody besides had studied Paracelsus for the best of science appears from the fact that the generally known and till now uncontradicted opinions about Paracelsus, viz.: that his capital aim was the detection of the philosopher's stone and a universal medicine; that he has combined medicine with chemistry, and that he was the first who was bold enough to administer strong acting chemical medicinal preparations; that he was quite ignorant of rational physiology and unable to exert any influence upon the improvement in the theory of medicine, that all these opinions of Paracelsus are so entirely false that on the contrary the direct opposite can be argued from his writings as irrevocable truth."

The contradictions in this diatribe are so glaring, that all comments are unnecessary. Only this much must be added that Hahnemann has never made the assertion Schultz speaks of, nor did he persist upon it. This is a mere invention and figment of the learned professor.

Shortly after Schultz continues :

"That the homœopathic method of Hahnemann is not an empirical method but is only clothed in the empirical form, and that it has the basis of a scientifically proved physiological fundament. Hahnemann has set up one of the highest results of the physiological foundation of medicine by Paracelsus purely as a single axiomatic fact and he has connected empirical phenomena with this falsely conceived fact and the medical world has believed with him, that such a scientific result should and could not be proved by such empirical phenomena which have no internal connection with it.

This disingenuous ratiocination takes a practical turn when on p. 13 the author continues:

"I think of having shown convincing proofs that Homœopathy is nothing but a systematically developed misunderstanding and a (subjective) error, but I have as yet considered the relation to the State in the possible assumption that it could have a scientific character. Evidently, however, since they can authorize nobody to act according to a misunderstanding and the homœopaths can no more justify the objective scientific context of their method, we would counsel the governments to forbid the homœopathic practice entirely in order to prevent the danger to the welfare of the citizens at the expense of subjective misunderstandings, and arbitrary delusions and even deceptions."

This, then, is the gist of the matter: extinguish Homœopathy altogether by the help of the government! And this is the result of filtering through the sayings of Schultz in this controversy:

Homœopathy is based upon a scientific principle which has already been acknowledged by Paracelsus.

Hahnemann did not know that this principle existed, and nobody knew it at his time.

Paracelsus himself could not extend the science beyond his time.

Hahnemann has proclaimed this principle which had existed before Paracelsus, as he himself has acknowledged, purely as a simple axiomatic fact, and has therefore carried out in practice what Paracelsus had announced in theory.

Should not all this tend to raise Hahnemann beyond the



great reformator Paracelsus, who will turn in his grave at the nonsensical endeavor to bring discredit on a system to which he, in the opinion of the author, had laid the foundation?

This book appeared in 1831, the remarkable year when Homœopathy confirmed its rationality and practicability in its splendid achievements in the then prevailing Cholera Asiatica, and the sorry figure which Allopathy played at that time in comparison with the homœopathic success in the treatment of this pest may have been the incentive to the unusual effort of Prof. Schultz to deprive Homœopathy of its growing influence and Hahnemann of his undoubted right and merit of having it introduced into the medical science and art.

Dr. Rummel wrote an excellent criticism on Schultz's book (Archiv. Vol. XI. 1, p. 181) and came to the following conclusion :

"The essential difference between the system of Paracelsus and Homœopathics, in the first : the speculative principle is prevailing in spite of all objections, a principle which has shown itself entirely unfit in the scientific investigation of nature, while Homœopathics proceeds on the path pointed out by Bacon, the path of true experience (inductive method) and elevated Medicine out of the fetters of hypothesis to the rank of a positive science."

As far as Homœopathics is concerned its claim to a positive science could not have been better expressed, because it has all the necessary elements of it. But as far as Paracelsus is concerned, we know from the above quotation from Dr. Katsch's essay, that he nowhere has pronounced the sentence *similia similibus* as the speculative principle of Medicine, and hence even his theoretical merit cannot be granted to him.

What did Hahnemann himself say? We, fortunately, have the succinct answer in one of his letters to Dr. Stapf, d. d. May 5, 1831 :

What do you say to the homœobiotic Medicine of Theophrastus Paracelsus by Professor Schultz, published in Berlin? According to this work I am said to have derived my cause from the writings of this man (unintelligible gibberish), but not to have well understood the matter but to have botched it. Theophrastus Paracelsus is said to have com-

prehended it better. Nobody as yet has tried to attack Homœopathics from this side; this was wanting yet. (Das fehlte noch.)

These few words refute the efforts of Prof. Schultz and Dr. Katsch most effectively. For from them it is clear that Hahnemann has known Paracelsus writings as all other scholars of his time, but only as far as it was considered to be "unintelligible gibberish," as an eccentric wild fellow dabbling in Theosophy, Astrology, Alchemy, Caballa, Magic, etc. Of those ideas which like gold nuggets shine among the dross and which are similar to what he two and a half centuries later expressed with singular felicity and precision, Hahnemann was evidently not more aware than all his contemporaries when in 1790 he made his first experience with a proving of China upon his own healthy body. It is decidedly wrong in the modern critic who has come from the homœopathic ranks to be entirely silent on the historical development of Homœopathics as in the life of Hahnemann it lies clearly before us. The bias under which he labors is not that of Professor Schultz who was defending the faith of his school and spoke *pro domo*, but the idea that Allopathy and Homœopathy are complementary elements of Medicine, and eventually will embrace when the subjectivism of Hahnemann will be removed. He anticipates a medical millenium because

"The law of Similitude (Aehnlichkeitsgesetz) is as here and there has been assumed not an 'invention' of Hahnemann but a primeval much metamorphosed primary principle 'of Medicine,' and he believes 'that not the least tenable reason can any more be urged in the midst of truly scientific circles in order to deny further attention to the validity of it.'"

It is pleasant to note that the critic after seven years of *closing* his investigation, has come to the conclusion, that the primary principle which underlies the Hahnemannian doctrine is as old as the world. But it is even older, because the very creation as well as its consequences could only proceed in accordance with it. It is the principle of Homœosis, two contraries in mutual action equalize themselves in the ratio of their similitude expressed in the mathematical formula of equation in the third law of motion—action and reaction are equal and contrary—and in the law of the least quantity of action—action and reaction are ef-

fectured by the least Plus or Additulum, being added on the positive or negative side of the mutual action. But Hahnemann had made practical use of it in Medicine, when he proclaimed the fact, that similars are cured by similars which is confirmed in every homœopathic cure since now nearly a hundred years. Hahnemann expressly said, that

This rests upon that not unforeseen but hitherto unacknowledged homœopathic natural law, lying at all times at the foundation of true healing: a weaker dynamic affection in the living organism is extinguished lastingly by a stronger one, if this (differing from it in kind) is very similar to that in its utterance, and in the note attached to it he gives examples to prove the universality of this law. (Organon § 26.)

Mind, he does not say, *Similia similibus curantur* is the law, but he intimates that it depends upon a universal law and this law is not the law of similitude (Achulich Keits gesetz) but the law of universal assimilation or Homœosis.

These learned cavillers digging up the dust of the middle ages, the one an enemy the other a friend in disguise, labor hard to rob Hahnemann of his well deserved merit to have commenced a new reformation of Medicine, because in the sixteenth century Paracelsus had initiated a similar reformation, because they find the Hahnemannian idea in his works though interwoven with much rubbish and fancy, which had repelled Hahnemann with his practical turn of mind as well as his cotemporaries.

There is another remarkable difference in which Hahnemann agrees with Paracelsus and his revilers, the enemy as well the friend disagree. Paracelsus shares with Hahnemann his piety and the conception of a life force which given by God goes through all nature and is the medium by which healing is effected. Paracelsus says:

All things are in knowledge, from this the fruits pass to him (the physician). Whoever does not know God, does not love him, whoever does not know nature, does not love nature, for whoever acknowledges God, does believe him, and so likewise in Medicine.

The spirit of life is a spirit which resides in all members of the body, may they have names as they please, and it is the same in all of them, the one spirit, in the one as in the other, and is the highest grain of life, from which live all the members.

It is unnecessary to quote Hahnemann in this respect. The whole physico-chemical school to which Dr. Katsch

must be reckoned, after his own expositions in its favor, denies the existence of a life force and places in its stead an incomprehensible product of physical and chemical forces. Nay, the highest representatives of this school have formally thrown the life force out of their physiology, a feat which transforms the old school from a physiological into a physico-chemical school, as they actually call it themselves. Nay, the old antagonist of Hahnemann, Schultz, in repelling his dynamism, admits that there is something called life in the organism, but, says he: "*life must be considered as a process which develops out of itself;*" and this process is nothing else but the attraction and repulsion which is the original source of all organic life, and this polarity has its origin in itself. Just as the famous Baron von Munchausen when sinking in a swamp up to his neck saved himself by throwing himself out by his pig tail. The modern critic has nothing to say to the fundamental idea of Hahnemann's dynamism.

That everything in nature lives and that in the healthy state of man the spirit-like life-force (Autocracy) vivifying as dynamis the material body (organism), rules absolutely and holds all its parts in admirably harmonious course of life, in sensations and activities so that our indwelling rational spirit can freely use this living sound organ for the higher ends of our existence. (Org. § 9.)

And he shares this ignorance of the vital principle of Homœopathy with the great majority of those who carry the name of homœopathic physicians with injustice.

The consequence is that they deny the potentiation of medicinal substances into dynamic potencies, and that they cling to pathological notions coming from the physico-chemical school to the exclusion of the plain Hahnemannian rules in selecting remedy and dose, for the sake of healing. Nay, the Hahnemannian dynamism is openly slandered as mysticism, and at the back door dogmas are smuggled in which are in plain contradiction to our Master's principles. And so it happens that Dr. Katsch's vindication of Paracelsus to the disadvantage of Hahnemann at the close of his essay turns into a violent assault upon the much hated high potencies and those who dare to use them. He admits that actually some remedies have developed effica-

sciousness beyond the thirtieth potency, but for the greater part of the medicines he could not obtain the same objective conviction from his own experience with self-made potencies (up to 100). This reminds of Dr. Clotar Müller's experiment when he tried high potencies (they likewise were not very high) in twenty-eight cases and failed to find them superior to the lower potencies. To this is now added the new testimony of Dr. Katsch. What do these testimonies amount to? Nothing. They were instituted with reluctance because the pressure was so great that they dared not resist it. There was no heart and soul in these experiments. The testimony of our most celebrated homœopathic physicians who did not only follow Hahnemann from afar, but carried out his teachings in practice, and had the most unrivaled success with high potencies of all degrees is a grand off-set to these paltry few experiments of the opponents. The writer has collected cases cured with high potencies as hygiopoëtic evidence for their efficaciousness from 1864—1889 in a large folio book for his own edification, because they were obtained by the administration of his preparations. There are hundreds of cases of acute and chronic diseases of all kind and they are all carefully reported. These are mostly only cases which found their way into print, but there are thousands and thousands which when recorded would fill many such weighty volumes as that of the writer. Besides there is his own testimony in his private books which contain nothing but cures with high potencies from his own hand.

Dr. Katsch parades again the good "Stallmeister" and reminds one of old Hercules who no doubt was a model "Stallmeister," for he cleaned out the very dirty Augean stables. But it is to be feared, to clean out the stables of common and pseudo homœopathic medicine would be an impossibility even for a Hercules. Let us give our due to our "Stallmeister" who was a Hercules in his way and sacrificed himself for our good cause.

How can Dr. Katsch use such language in regard to things of which, according to his own showing, he absolutely knows nothing!

What chaos, what arbitrariness, what unreliability reigns with re-

gard to the preparation of these high potencies ? \* \* \* I say nothing, (but he does) that from America already potencies have been offered with the number 6,000, for I am ashamed of it for our cause.

Dear Doctor, you ought to be ashamed of your ignorance, for you certainly ought to know the splendid articles of Dr. Buchmann in the *Allgemeine Homœopathische Zeitung*, where he published cases and provings with Cm. and 5 and 6M. (100,000 and 5 and 6,000,000). Why are you silent in this respect? Why are you ashamed only of the 6,000 when in your own fatherland already the five and six million have found acceptance in your time-honored paper, the organ of the "Central-Verein der Homœopathischen Aerzte Deutschlands?"

"This I call placing science not only, but sound reason on its head."

What science and sound reason may that be which can be placed on their heads by Homœopathics, the pure inductive science of medicine? Hahnemann was told that a physician, when hearing of his infinitesimal doses said: "*There my understanding stands still!*" "*Oh!*" replied Hahnemann, "*his understanding very likely had been standing still before.*"

The reputation of the modern critic's attack upon high potencies has only been made to show how the deviation from Hahnemannian principles leads the physician from one error into another. The denial of the life-force leads to the denial of the potencies, the existence and power of which is proved repeatedly by provings on the healthy and by healings of the sick. Because their mind cannot comprehend what Hahnemann has laid down in the first thirty sections of the *Organon*, they dismiss all the consequences from it with the haughty assumption of an authority which is based upon ignorance and malevolence. They do not know and they do not want to know. They pretend to be better judges, than those who have carefully and conscientiously tried whether Hahnemann is right or not. And they have found him right and have followed in his tracks faithfully continuing and perfecting the work begun by him and carried to a marvelous perfection already in his lifetime. We thank for the compliment of being incompetent observers,

but claim the same right of judging as our opponents do and we know whereof we speak. We do not find that Hahnemann in creating Homœopathics has stolen his thunder from Paracelsus; it is an infamous imputation and nothing else. *Das fehlte noch.*

*Ceterum censeo marcradosiam esse delendam.*

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B. FINCKE.

#### A NOTE ON THE PSYCHO-PHYSICAL IN SIMILIA SIMILIBUS CURANTUR.

When the final statement of the Law of the Conservation of Energy is reached it will doubtless be found more sweeping in its generalizations than even its present magnificent comprehensiveness. It will be the law of unity for all phenomena. As gravitation has gathered up into one the diverse phenomena in the sphere of ponderable masses, so will this law of "Redintegration" in the larger sphere of energy universal unify for thought the diverse in all fields of a possible experience. That this is not a vagary of our fancy is abundantly proven from the results of the past fifty years. A thousand phenomena are to-day seen to be coördinated under a common law where there were ten a century ago.

The discoveries and deductions in the domain of Molecular Physics alone, many of which were at first received with the cry of "irrational, therefore impossible," have completely inverted the order of scientific investigation. We now seek the laws of atoms, not masses—a change no less overwhelming than that wrought by Copernicus in the realm of the physics of space. And beautiful to note, that is, beautiful in the insight of the reason, these results, ranging all the way from the timid half doubting assertions of the earlier theorists upon the atomic constitution of matter to the broad generalizations in the field of the unity of energy itself, have reconciled or dissipated for the most part the disputed questions in the older fields of scientific research. It is perhaps not too much to hope that the

hitherto elusive phenomena of the psycho-physiological world may also fall into line in the light of these deductions. At any rate one must rejoice in the essential progress thus far recorded.

Alongside of these significant conclusions in the line of molecular modality we should not overlook or undervalue the psychical revolution led by Bacon and so grandly carried forward by Kant and Hegel.

It is instructive to remember that all questions must ultimately resolve themselves into problems of thought. Hence he sees but half the truth who sees only its experimental side. After the experiment is made, what is its interpretation? It is easily within bounds to claim that no century ever gave such complete answer to this question as did the eighteenth. The great truth irrefutably placed for us forever in the galaxy of the fixed laws of being, viz., *That the spirit-forms within us under which things are conceived, or thought, are the essential condition of their existence to us, and therefore of at least equal importance and validity with what we are fain to call the things themselves*, cannot be ignored in any attempt at scientific deduction. The world *for me* is the one I think and feel. What it may be to others, or to myself at some future hour, or what it is in itself, I can at a given moment neither know or conjecture. The world is known to me under the limitations and forms of my own consciousness. For me or to me there is no other. Whatever the cosmos is only so much of it and only such modalities of it can be *for me* as are measurable by the plumb line of myself. I am not infinite. I therefore cannot have an infinite comprehension. My only forms, or measures, or modalities of apprehension are those of the senses, the understanding, the reason, the feelings. I can touch only such phases of being as are commensurate with my own—hear only such harmonies as my own soul is tuned to sing. In a word, while I furnish the fixed and pre-experimental forms of all my knowledge, the empty forms are filled with such materials from a universe of infinite being as are fitted to my moulds—all that becomes ought *for me* is subjected to the forms of my self-active spirit—under its forms the world is thought. There



must be co-respondence or synchronism between spirit form as subjective condition, and phenomena as objective content in order to make knowledge or experience possible, that is to give truth reality.

No language can overstate the importance of either of these points of view,—the law of the Conservation of Energy, or the great principle of *the world for me*. The latter was rocking the world to its very base during all of Hahnemann's mature life. Kant put forth his *Critique of Reason* in 1781, when Hahnemann was twenty-six years old. Hegel gave to the world his *Phenomenology of Spirit* in 1807; Fichte was born in 1762; Schelling, in 1775; Schopenhauer, in 1788; Hahnemann died in 1843. Even if one could think that a mind of his vast erudition was unacquainted by personal study with the writings of such contemporaries, it is wholly impossible that he could have escaped a profound influence upon his methods and forms of thinking from the indirect dissemination of their views. This point, I take it, is vital, and and as far as I know, hitherto largely overlooked. The new wine of the novum organon had burst the old bottles and the hour was ready for a New Method in medicine also.

As Hahnemann studied and wrought in the old armor of allopathy, its incongruities, its baseless traditions, its, contradictions and errors awakened in his mind, ever prodigiously active, the final question in medicine: "Is its teaching rational?" Medicine he saw must square itself with reason, not reason in the mean and childish sense in which the term is often used, but with the scientific, transcendental significance given it by Plato and further enriched by the profounder thinkers since his time—the insight of the soul into the eternally true and necessary. Medicine, like every other art, must have its practical, its empirical side, but like every other it must give a satisfactory account of itself at the bar of pure thought.

It was therefore inevitable that Hahnemann should have next pushed forward to ask: "What is disease?" His answer, as everybody knows, has taken its place among the settled facts of medicine. Disease is a disturbed condition of the vital force, an abnormal externalization of this

force—all disease—and therefore can be healed only by operating upon the vital force. A surgical operation is justifiable only as a means of removing some mechanical obstruction to the normal action of this force, all other practice in medicine falls under the head of the curative art. His reasoning on disease thus brought Hahnemann face to face with the great law of thought of the school of philosophy about him. It was made easy for him now to see that any healing agency must be one that can effect the vital force, one that can be made to exist *for me*, his patient. The immense advance this view gained for medicine can be but faintly appreciated by us. The crude and fantastic theories dominant in the days of Paracelsus were still strong when Hahnemann began his reform. Disease was still an entity, and if not to be exorcised by incantations and cabalistic formulæ, yet it was something to be overcome, destroyed, driven out, or in some way a force to be opposed by force, the force of strong drugs and heroic treatment. His work in medicine gave us a new conception—just as the work of Tyndall gives us a new conception in the domain of Physics—disease is a mode or condition of the vital force; heat is a mode of motion. If the latter be super-sensible and so theoretical, it none the less has marked a new era in human progress.

The question, "What is medicine?" had now to be answered. What curative agencies do exist *for me*? The only rational reply was to try them on me when my vital force is in its normal condition, that is, to prove his medicines on the healthy. This is the rationalizing of medicine—bringing it to the insight of the reason.

But the reasonableness of the Hahnemannian law of cure is alike clearly seen from the standpoint of the great generalizations in the field of molecular phenomena. It tallies with the known principles of giving objective content to the forms of the understanding—is in perfect harmony with them. Note how cumulative the evidence becomes. It is well known that we are susceptible through our nervous systems to a wide range of affections from without, giving rise to an infinite number of sensations within us

I take hold of an iron rod and raise it; it is *heavy*, th

its mass is so related to my organism as to beget through my nervous centers the sensation of weight. I could truthfully say that the nerves or centers of weight have been disturbed.

I now swing it back and forth so rapidly as to produce sixteen or more vibrations in a second, the lifeless mass begins to sing, and continues its music up to 39,000 to 40,000 per second; its vibrations still increasing, its music passes into silence, my auditory nerve not being susceptible to so many as 40,000, or fewer than sixteen vibrations per second, is unable to create *for me* any world of sound outside these limits.

I place the rod in the fire, it presently feels *warm*. The vibrating molecules are now so related to my heat nerves as to give me the sensation of warmth. There is in myself a condition or form of being that makes those molecular vibrations a something *for me*; there is in them a condition or modality that enables them to become a something *for me*.

The rod remaining in the fire, presently a new class of phenomena appears. The rate of molecular vibration has risen so high that it affects the luminiferous ether and I *see* the redness. The optic nerve, another center through which I am related to a world of possible experience, responds to, or synchronizes with the wave motion we term light. What phases of being that man would enjoy whose nerve centers could respond to every changing form of molecular motion between those limits to which my heat nerves and light nerves are sensible, I cannot know—they are not *for me*.

If we continue to watch the rod, we shall find it passing on through the orange, yellow, blue, and finally to white as its colors blend into the full beam of the spectrum. During these successive changes the vibrations have risen from the sixteen per second that created for me my first content in the auditory center, through the thousands and millions far into the billions now filling my sense of the blue violet color; so infinite is the adaptation of my nervous centers to the molecular states of matter! If at any point in the rising scale of vibrations this perfect synchro-

nism fails from either the condition of the nerves, or of the vibrating body, or of the medium, there appears in me a sensation of pain—a disturbance of the vital force—or disease. Either the excess or lack of light is painful. Surely my diseased condition is not to be cured by introducing further disturbance in the creation of still more dissimilarity and interference, but rather by reviving the normal synchronism, that is, again supplying the ground for the existence of the phenomenon *for me*.

Still beyond the color spectrum lie the chemical rays, wholly unrecognizable, unknowable, by the optic nerve, or any nerve centers of which we have distinct knowledge. The existence of these rays is easily demonstrated, upon them the art of photography depends. What sort of energy it is since it destroys the constitution of molecules, we define in calling it molecular. We must assume that this energy whatever it may be, or any force that is capable of altering molecular states, is subject to the self same laws as are all other forms of force. Such changes, as for example, the process of secretion, changes quite without any special nerve centers known to us except in results, are nevertheless, molecular, and beyond doubt related to me, myself, as other grosser things which my glasses may behold and my arithmetic number.

But another step and we are upon the Hahnemannian law of cure. All changes within us that are healing or disease producing are molecular upon one side, the condition of the organism is momentarily changing under the influence of the vital force. If these changes be abnormal there is no rational way of restoring them but that of exciting again the normal molecular status. It is evident that in this sphere we are not to forget that the chemical molecule and physical atom are one and the same thing. Standing beside the piano I strike middle C on the violin in my hand. The same tone is returned to me from the piano. The tone B does not respond except to immediately cross the waves of sound produced by the violin and cause confusion. If the crest of the wave produced by the violin happens to coincide with that from the C string of the piano there is an augmentation of the sound—sug-

gesting the effect of drugs spoken of by Hahnemann in section 158 of the Organon, where he says that the first effect of a drug is often to aggravate a disease, even though it be rightly chosen. Here as elsewhere the principle of the world *for me* is recognized.

The law of Hahnemann is defensible both from the physical and psychical points of view. It has proven itself ten thousand times ten thousand in actual practice. It must therefore be accepted since it satisfies the insight of the reason, the ultimate and only bar of appeal. A law of nature therefore a law of God.

CHICAGO, ILL.

THOMAS J. GRAY.

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#### SILICA: ITS CURATIVE ACTION IN THE TREATMENT OF ALVEOLAR ABSCESS.\*

The subject which I wish to present for your consideration is, in my opinion, an important one—not because I consider the remedy by any means a specific for the general treatment or cure of alveolar abscess, but because I consider it to be a remedy which, when used with intelligence, will be found to be as useful in the hands of the dentist, as it is in those of the physician.

There are probably few among us who do not frequently have cases in practice that seem to call for sytemic rather than for surgical or mechanical treatment. When for instance pathological conditions are brought about by a disturbance of the vital force, resulting in an abnormal functional activity of an organ or tissue and when we are called upon to prove to the patient that we have both the knowledge and ability to correct and to overcome such disturbances, and thereby to disprove the all too prevalent idea in the public mind of to-day that dentistry is even yet but little better than a tooth-pulling or even a tooth-saving art.

Common among the every day cases coming to us for treatment are alveolar abscesses, with the ætiology of

\*Paper read before the American Academy of Dental Science at a regular monthly meeting held in Boston, April 6, 1892.

which we are all familiar and concerning which nothing need be said. They are commonly divided into two classes—the acute and the chronic forms; the former being such as readily yield to treatment—the latter being such as do not so readily yield to treatment. It is this latter class that I wish particularly to consider and to show how far the suppurative process may be materially modified and controlled, if not indeed made to disappear entirely.

To illustrate, permit me to cite a case in practice, which I can safely assert has been the most obstinate, with one exception, in yielding to treatment, that I have ever had to deal with.

On February 23, 1891, Miss B.— presented herself at my office complaining of severe pain in the right inferior second bicuspid, a large corono-mesial filling having been inserted a year previous by a dentist abroad. Upon examination the pulp of the tooth was found to be dead. It was then thoroughly removed and a dressing applied, the cavity being temporarily sealed with guttapercha. She presented herself on the following day with her face badly swollen, the process of suppuration had advanced to the stage which made the lancing of the abscess a simple and easy matter. Both gutta percha and cotton dressing were then removed and the cavity allowed to remain open for a few days until the swelling had entirely subsided and a fistulous opening had become established, which appeared rather curiously on the hard ridge of the alveolus, directly behind the tooth (the sixth year molar having been previously removed), rather than opposite the extremity of the root where we should naturally expect to find it.

At the following sitting all traces of pulp tissue and debris were removed from pulp chamber and root canal and a cotton dressing dipped in creoline applied and temporarily sealed in place.

At the next sitting the dressing was found to be absolutely clean and sweet, and the fistulous opening instead of healing up as was to be expected—the exciting cause having been removed—grew larger. The tissues directly around the opening assumed an angry bluish red appearance and the discharge of pus was sufficiently large to be

at all times noticeable and very annoying to the patient. A large sized probe could be easily carried along the fistulous tract to the apex of the root.

Renewed efforts were made to effect a disappearance of the abscess by treatment directly through the root canal and the fistula itself. Resort was had to a method which I have on previous occasions found very satisfactory in obstinate cases, namely, that of passing a very sharp bur along the fistulous tract and cutting away the sac attachment so far as possible from the apex of the root, afterward syringing it out with peroxide of hydrogen, followed by a weak solution of carbolized water.

The patient presented herself frequently from February 23 to October 3. Upon each occasion the dressing previously applied was found to be without the slightest trace of odor other than its own, while the fistulous opening remained the same; always the same ugly, inflamed appearance; always the same copious discharge of pus.

Both patient and operator were beginning to get somewhat tired of the slow process of healing and at last I frankly confessed that I had exhausted all the known dental means and methods with which I was conversant for the treatment of alveolar abscess, and remarked that I thought it was now time to see what medicine would do in the case.

The tooth had in the meantime become much discolored, but aside from the annoying discharge of pus was of no discomfort to the patient.

With a knowledge of the physiological and medicinal action of Silica and its remarkable control over the suppurative process, the patient was given six powders in the two hundredth potency of the drug with instructions to take one powder dry on the tongue every night upon retiring and at the end of the week to come in and report. At the expiration of a week she presented herself and there was visible a very decided improvement in the appearance of both fistula and the parts around it, as well as a very marked decrease in the discharge of purulent matter. The patient remarked that the improvement

began to be immediately noticeable the day following the taking of the first powder.

The same medicine was then repeated with instructions to take as before and at the end of a fortnight to come in again and report.

The next visit showed a continued improvement, the inflammation was slowly but steadily subsiding, likewise the flow of pus, and it required a much smaller sized probe to be carried along the fistulous tract. No further medicine was given, but the patient was instructed to report again at the end of another week.

The following visit showed still further improvement, and at first sight the fistula had apparently entirely healed much to my intense gratification. It had by this time become so small that without knowing its exact location, its existence to a casual observer would have been not easily discernible; but upon applying pressure upon the ridge, a small discharge was seen to emanate from the opening and a fine probe could still be passed along the entire tract to the apex of the root.

At this stage of treatment the Silica was dropped for the time being and Causticum given, and following that a week or more later Fluoric Acid—these also in the two hundredth dynamization.

No perceptible change or further improvement was visible from the effect of either of these drugs, and the patient reported that the medicine had been without any apparent effect unless it was to continue the improvement which the first medicine had effected. She reported further that the discharge had been so slight as to be noticeable only upon pressure.

Feeling confident that the first selection of the medicine had been the right one—there being an absolute lack of contingent symptoms to point to any other drug as being the simillimum of their totality, and of which there is generally a greater or lesser number when the case is one that calls for systemic treatment, and knowing also that the curative power of a medicine when homœopathic to the case is greatly increased “in proportion to the reduction of the dose to that degree of minuteness at which it will exert



a *gentle* curative influence." I again went back to the Silica, this time giving it in a much higher potency, the one hundred thousandth, and in the divided dose, that is to say, dissolved in water. The patient was instructed to report in a week, but three or four elapsed before she presented herself, the medicine having done its work so well she had hardly thought it necessary.

This time to my great satisfaction, as well as to the patient's, the discharge was found to have entirely ceased. The tissues had completely reassumed their normal color and appearance, but the tract still remained, so minute, however, that pressure failed to cause the appearance or further discharge of offensive matter. No further medicine was given and the patient was dismissed.

On March 8th, 1892, the patient called to inquire if the tooth could not be permanently filled, not the slightest discharge having been noticed since her last visit two months previous.

The tract still remains, very minute as before, but no discharge can be made to come from it in any way, shape or manner.

What then has been accomplished? In the first place there was a localized disturbance or change in the vital force, brought about by a specific cause, resulting in a perverted nutrition and abnormal functional activity of both the organ itself and the tissues in relation thereto. Secondly: All surgical efforts having failed to bring about a restoration to health of the parts concerned, and the case then seeming to be one preëminently calling for systemic treatment, a remedy was selected whose value and power in controlling the suppurative process is well known to those who practice medicine in accordance with the teachings of Hahnemann. Thirdly: In this, as in the process of any homœopatoic cure, to quote the words of Hahnemann:

By administering a medicinal potency chosen exactly in accordance with the similitude of symptoms, a somewhat stronger similar artificial morbid affection is implanted upon the vital power deranged by a natural disease; this artificial affection is substituted as it were for the weaker similar natural disease (morbid excitation) against which the instinctive vital force now only excited to stronger effort by the drug affection needs only to direct its increased energy; but owing to its brief duration it will

soon be overcome by the vital force, which, liberated first from the natural disease and finally from the substituted artificial (drug) affection, now again finds itself enabled to continue the life of the organism in health.

From what I have stated the impression may go forth that equal success in the treatment of alveolar abscess might ensue from the indiscriminate employment of this drug as a sort of specific in all forms of this pathological condition, but this is by no means the case.

It would be both interesting and profitable, were it within the limits of the paper, to consider the action of other medicines equally valuable in the treatment of abscesses and to show why a remedy would prove effectual in one case and totally ineffectual in another; but for the proper selection of any remedy in a given case the fact should not be lost sight of that a knowledge of the physiological or toxical action of a drug is in the first place most essential. By this I mean we must know what pathological conditions are brought about when a proving of the drug is made upon the healthy human organism, what tissues are effected; and in what way they are effected; for it is only by comparing the symptoms of your patient with those which different drugs produce upon the healthy body that a correct or scientific knowledge of their curative action can be obtained. Without such knowledge one must wander blindly in making his selection of a remedy.

To some of those who are perhaps unfamiliar with the great number and variety of medicines to be found in the homœopathic materia medica, it may appear incredible or absurd that a substance which in its native form is simply the pure silica of quartz crystal, and which in its crude state is but an inert mineral substance can have any medicinal properties; and not less incredible and absurd when administered in the potencies I have described. But it is only after such a substance has been triturated with a non-medicinal substance—a process whereby its molecules become comminuted or broken up, that its medicinal properties are evolved; the different potencies of the drug being then carried up by the fluid process, or succussion: the higher the potency, the more powerful its action, and the

greater care and discretion in consequence to be exercised in its use.

The action of the drug we are considering is a slow and deep one. The nutrition of the tissues which come within its sphere of action rather than their functional activity being especially influenced by it, and by reason of its slow action is suited to chronic rather than acute affections.

But it is in cases involving profuse suppuration that its value as a therapeutic agent is especially appreciated, where abscesses can be made quickly to come to maturity and the secretion of pus either modified or brought entirely under control.

I have heard it stated by men prominent in our profession that medicine is not and never can be an *exact* science. To this broad statement I feel compelled, through convictions established within me, based upon evidence and experience, to take exceptions.

It is not my purpose, however, to encourage discussion of a general character at this time upon what properly belongs to another subject, and upon which much has heretofore been written and said: but speaking for myself alone and as a dentist who believes most assuredly that medicine (or if I may be allowed to qualify the word by substituting Homœopathy) is an *exact* science—not a speculative theory: a principle: a law of nature as universal in its application as any of the natural laws which govern the universe, and that dentistry is, or at least should be in a broad sense a specialty of medicine. I cannot conclude my remarks upon the subject before us better than to express the satisfaction I daily find in applying a rational and intelligent knowledge of the *materia medica* so far as I understand it in the treatment of such organic or functional disturbances as properly comes within our province as dentists: and where the use of the ordinary and rather limited number of dental therapeutic agents at our command prove either only temporarily useful and satisfactory or what is often found in the long run to be the case wholly unsatisfactory and therefore largely useless.

CHARLES H. TAFT, A. B., D. M. D.

CAMBRIDGE, MASS.

**WHY DO WE GIVE THE SIMILAR REMEDY?**

It is the proud boast of Homœopathy that she has a philosophy to offer her students, and yet is it not true that the very foundation stone of all homœopathic philosophy has not been satisfactorily laid?

The term "Homœopathy" is simply the expression in a single word of the great fact, first announced to the world by the immortal Hahnemann, that sick persons can only be cured by being brought under the influence of a morbid agent capable of producing symptoms similar to those in which the sickness is manifesting itself. Surely then if we are to discuss the philosophy of Homœopathy at all, the very first problem with which we must deal, is the philosophy of this fundamental fact. Homœopathic philosophy is confronted at the outset with the question, what is the rationale of administering a remedy capable of producing symptoms similar to those from which we wish to rid the sick person? What is the philosophy of a Homœopathic cure?

We do not hesitate to speak of this as the fundamental problem in homœopathic philosophy. Hahnemann does not fail to recognize it as such, and therefore as early as the twenty-ninth paragraph of his *Organon*, takes up the discussion of the question, and on the explanation of the *modus operandi* of the law of similars which he offers in that paragraph all the rest of his philosophy is built. In the preceding paragraphs he has discussed the dynamic doctrine of disease, but this is a question of pathology, and the doctrine might very readily be accepted apart entirely from the system of therapeutics implied by the term "Homœopathy." The dynamic doctrine of disease enunciated by Hahnemann is not strictly speaking a question of homœopathic philosophy.

There are men who undertake to expound the philosophy of Homœopathy and yet belittle any attempt at arriving at a satisfactory explanation of the rationale of the homœopathic law. They are prepared to admit that Hahnemann's explanation of the law is untenable, and that they are unable to offer anything in its place, and yet do not hesitate

to discuss other problems in the philosophy which must depend for their solution on the philosophy we accept of the fundamental problem of all,—how does the homœopathic remedy cure? How can we discuss the question of action and reaction before we have first satisfied ourselves with some explanation of how a drug acts on life. How too, can we undertake to demonstrate from the standpoint of philosophy, as some have undertaken to do, that there is no truth in isopathy, if we are ready to admit that we can furnish no explanation of why the homœopathic remedy alone cures. Might we not as well attempt to build the top story of our house before we had laid the foundation?

Inasmuch as the explanation of the *modus operandi* of the law of similars with which Hahnemann has furnished us is admittedly unsatisfactory, we need offer no apology for attempting to solve the problem anew. Let us remember that Homœopathy is sixty years older than when Hahnemann gave to the world the fifth edition of his great work, the *Organon*, and that we have now many more data with which to work than Hahnemann had. Let no one suppose that one is setting himself up as greater than Hahnemann because he attempts to do now what Hahnemann failed in doing sixty years ago. Such is the imputation cast by some on those who make the effort. Men who by casting such imputations retard the advance of truth are no true disciples of him who was preëminently a man who thought for himself and accepted no authority without question. The great Master would spurn their parasitic adherence and disown their spurious loyalty. Let us humbly make use of our more accurate knowledge to develop what Hahnemann began. The child may understand to-day things that would have been incomprehensible mysteries to the philosopher of centuries ago; is the child therefore greater than the philosopher?

When we seek to build a philosophy what must be our first step. Surely we will do well to ask ourselves the question, what is the province of true philosophy? what should be the aim of the philosopher? Much that passes as philosophy consists in nothing more than expressing in mystical phraseology the phenomena which we attempt to

explain. But what is it that we seek when we demand the philosophy of any fact? Do we not expect the philosopher to demonstrate the harmony of the fact with other facts? Do we not expect him to argue that if such and such be the case, which we are prepared to admit, then for such and such reasons this too must be the case? The aim of all philosophy should be to demonstrate the harmony between observed phenomena.

Having thus satisfied ourselves as to what will be required of us when we undertake to furnish the philosophy of any fact, let us next ask the question to what sphere of scientific research does the special fact with which we propose to deal, belong. We will need but a moment's reflection to consign it at once to the sphere of biology. Our problem is a biological one. Surely disease and its cure cannot be anything but a biological problem. The philosophy of the law of cure has too often been dealt with as a question in physics, men have sought to explain the action of the similar remedy as the operation of some physical law. This can never be done. We cannot deal with a question of life and leave life out of the question.

Thus we have decided that we must deal with our problem on a biological basis. Our object then must be to demonstrate that the fact, the philosophy of which we are seeking to discover, is in perfect harmony with already accepted biological facts. Our fact is expressed in the formula *similia similibus curantur*. This is an observed biological phenomenon, but it has only been observed by the comparatively few and is only credited by those who have had the opportunity of observing it. Men will not readily accept the testimony of others to the truth of the statement *similia similibus curantur*. Owing to utter ignorance as to the nature of disease and its symptoms it is contrary to what they expect, and they see no harmony between it and any phenomenon which they have observed. If we claim for Homœopathy a philosophy may it not be justly demanded of us that we demonstrate that this harmony, though not apparent, does exist. If we can succeed in showing that *similia similibus curantur* is not in itself an isolated law instituted for the use of the doctor but is merely the

operation of a universally accepted fundamental law of biology, then our philosophy will carry conviction with it. If arguing from the premises of an admitted fact we can succeed in showing that the administration of the similar remedy is the only rational method of treating the sick, will we not have furnished a satisfactory philosophy of a homœopathic cure? The question is can we do this. We can at least attempt it.

We have stated that the dynamic doctrine of disease is not essentially a question of homœopathic philosophy and that it might readily be accepted apart from homœopathy, but the converse of that is however not true. It would be impossible to accept the truth implied by the term "Homœopathy," except as an experimental fact, without first accepting the dynamic doctrine of disease. Homœopathy is concerned alone with the cure of disease, but if we are to agree on the philosophy of a method of cure we must of course first agree as to the nature of disease.

It is not our intention here to discuss the philosophy of the dynamic doctrine of disease. Inasmuch as our object is simply to attempt to furnish a reason why for the cure of disease we invariably administer a remedy capable of producing symptoms similar to those present, we may reasonably demand that our doctrine as to the nature of disease be admitted if only for the sake of argument.

Let us therefore simply state the dynamic doctrine of disease. Disease is, as Hahnemann has taught us, a disordered condition of the vital force manifesting itself in symptoms through the material organism. Thus in every case of disease we have the evidence of the fact that the vital force, the indwelling immaterial life, has at some time or other come under the influence of a force to the effects of which it was susceptible; in other words it has come under the influence of an environment with which it was not in correspondence. We cannot possibly affect life except by means of its environments. The conclusions which we wish to draw from this statement, of the axiomatic nature of which a moment's reflection will suffice to convince any one are two: First, that there can be no real difference between the nature of the effect of environment

when it is such that we call it disease and the effect not so designated ; secondly, that when we study the cure of disease, inasmuch as by administering a curative remedy we produce an effect on life, we have simply to study the effect of environment. Our object in drawing these conclusions will be evident. We desire to identify the study of disease and its cure, with the study of the everyday phenomena of life with which all are familiar. There can be but one law which governs the behavior of life toward its environments, and since we can only effect a cure of disease by bringing life under the influence of some environment it must be through the operation of this law that the cure is brought about.

What then is this biological law which everywhere governs the behavior of life toward its environments and which must therefore determine the behavior of diseased life under the influence of the curative remedy. Stated in terms of biology it is simply this: Life tends to establish a correspondence with its environments. No one will question this law. All are more or less familiar with its operation. Every one has experienced what we commonly speak of as becoming accustomed to an influence. We know that when we are brought into a situation to which we are unaccustomed it produces an effect upon us, and we are able to describe the effect, and in doing so do we not simply relate the symptoms produced in our organism by an environment with which our life was not in correspondence. We know too that if we remain under the influence of that situation we will sooner or later become accustomed to it, which will be evidenced by the fact that we have ceased to experience the effect it at first produced upon us. We no longer suffer from the symptoms brought on by our having come under the influence of an environment to which we are not accustomed. We know still further that the only way in which we can become accustomed to any situation is by putting ourselves under its influence or the influence of some other sufficiently similar. These are facts of everyday experience. We presume therefore that all will be prepared to admit the truth of the statement that life tends to become accustomed to any en-



vironment under the influence of which it is brought, and that it ceases to suffer from the effects of an environment to which it has become accustomed, and further that the only way in which it can become accustomed to any environment is by being brought under the influence of that environment or one sufficiently similar. This furnished us with the premises from which we wish to argue in support of the assertion which we are prepared to make, viz: That the administration of the similar remedy is the only rational method of treating the sick.

Let us suppose now a case of disease manifesting itself in certain symptoms. According to our definition of disease, which as we have already said must be accepted if only for the sake of argument, these symptoms are simply the evidence of the fact that the life of the diseased person has at some time or other come under the influence of an environment to which it was not accustomed and is therefore suffering from the effect of that environment. Now, according to our premises, this life will cease to suffer from the effects of the disturbing environment, provided it can be accustomed to it, and arguing further from our premises, the only way in which it can become accustomed to this environment is by being brought under its influence or the influence of one sufficiently similar. Is it not clear, therefore, that the only rational method of treating this case of disease will be to bring the disordered life under the influence of the remedy that is capable of producing the symptoms most similar to those present in the case.

Possibly it will be argued that we can only suffer from the effects of an environment while we remain under the influence of it, and that therefore if disease is simply the effect on life of some disturbing environment that environment must still be present, in which case there will be no necessity of administering a remedy. May we not reasonably question the truth of this statement. Is it not possible that an effect may be produced on life which will last and manifest itself in symptoms even after the disturbing environment has been removed, and that the quickest way of getting rid of the symptoms of this effect will be to allow the life to become accustomed to the environment that dis-

turbed it by bringing it under the influence of the similar remedy.

Let us now study the philosophy of a simple example of a homœopathic cure according to the environment theory. Let us take one with which we are all familiar, the relief of the pain in a scalded hand derived from placing it in hot water, the hotter it can be borne the better.

If a hand be placed in very hot water pain is the result. Why is there pain? Surely for no other reason than that the sensory nerves of the hand have been suddenly introduced into an environment to which they are not accustomed. Now what immediately follows? The sensory nerves begin at once to establish correspondence with their new environment, and if they are left in that environment the pain will gradually lessen till at length complete correspondence has been established, when it will cease. If the hand be taken out of the water then the pain will last so long as the effects of the environment last. If we wish to cure the pain, that is to say hasten its removal, what must we do? Inasmuch as no pain would have been produced had the sensory nerves been accustomed to the heat of the water; in other words had they been in correspondence with it, is it not reasonable to suppose that the pain will cease if that correspondence can be established? Now the only possible way of establishing a correspondence with any environment is by being brought under its influence or the influence of one sufficiently similar; will it not, therefore, be the most rational treatment of the painful hand to place it back in hot water? The first effect of a return to an unnatural environment will naturally be an aggravation. This is just what happens when the scalded hand is placed in hot water. The pain is at first increased. It is a homœopathic aggravation. The aggravation passes off as the correspondence with the hot water environment becomes established. The hotter the water can be borne the more intense will be the aggravation, but the more complete will be the correspondence established with the environment that caused the pain, and therefore the more perfectly will the pain be removed.

It is evident that if we accept the environment theory it

will force us at once to a belief in isopathy. Need we hesitate to accept the truth of isopathy? Evidence from actual practice is fast accumulating to demonstrate its truth. Let us see, however, whether our belief in the homœopathic law followed out to its logical conclusion will not compel us to accept isopathy as nothing less than its perfect application. When we seek to apply our law of cure, what do we do? Do we not search our *materia medica* for the morbid agent that is capable of producing symptoms as exactly as possible similar to those which have been produced by the morbid agent which has caused the sickness we seek to cure. Are we ever afraid of finding the symptoms too similar? Suppose that under the pathogenesis of some drug we were to find precisely the same totality of symptoms as that we were seeking to cure, would we not feel confident that we had found the remedy? Now what can possibly produce the same symptoms more surely than the same morbid agent? Let us suppose a patient comes to us suffering from the effects of a morbid agent the pathogenesis of which has been recorded in our *materia medica*. If we search that *materia medica* for his remedy what remedy will we select as the most similar? Who can tell how often we practice isopathy?

W. WARREN BALDWIN.

TORONTO, CANADA.

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**CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.**

SYRACUSE, N. Y., March 17, 1892.

The meeting was called to order by the President, A. B. Carr, M. D., of Rochester, N. Y., at 11:40 A. M.

Present: Drs. Carr, Grant, Graham, Dever, Seward, Brewster, Emens, Martin, Leggett.

Reading of the minutes of the last meeting.

The President suggests that the symptom of "inclination to take people by the nose," be added to Dr. Stow's exclamation after the reading of Dr. Schmitt's paper; thereby giving fuller meaning to that which follows.

Dr. Seward wishes to amend the first case reported by him at that meeting relating to mercurialization of a

patient. He found to his chagrin that he had prescribed for mecurialization and not the symptoms; that Hepar did no good; it had not the burning, but that Lachesis improved and almost cured, and Belladonna finished the case.

The President suggested that in the report of Dr. Brownell's case of suppressed gonorrhœa, it should read no  $\succ$  followed Thuja instead of  $\prec$  as read.

Moved, seconded and carried, that the minutes stand approved as corrected.

Next order of business "Communications from the President."

Dr. Carr announced the receipt of a letter from Dr. Frederick Hooker, which it would be unnecessary to read, and of which he would say that it was a criticism of this Society, and a resignation from membership.

Dr. Hooker's resignation: "I enclose fifty cents in payment of dues to date, and request to be relieved from further membership in the Central New York Homœopathic Medical Society.

Very sincerely,

Frederick Hooker."

Moved by Dr. Grant, seconded by Dr. Seward, that Dr. Hooker's resignation be accepted—carried.

The report of the Board of Censors being unfinished is laid over until the afternoon session.

The President appointed Dr. Grant as reader of the Organon.

Organon § 94 with note. This paragraph refers to the examination in the case, with reference to a cause of the sickness which might be found in the *environments* or *habits* of life.

Dr. Grant would say one word in relation to the advice given in this paragraph, which to him is pregnant with truth. In cases of uterine disorder, when taking the symptoms of the menstrual function, it is never well to ask "are you regular?" for not one in a hundred will say "no." You will get "yes," or "oh yes, I am regular," almost unfailingly, while if you inquire "Do you menstruate every four

weeks, or a little early or a little late?" you reach the facts of the case more clearly. It is very necessary in these cases to be particularly careful as to time, quantity, and quality, looking closely for abnormalities, as many times upon the closeness of the examination depends the possibility of cure.

Dr. Carr: Hahnemann's suggestion as to the mental state is also excellent.

Organon § 95 refers to the necessarily minute examinations mentioned in the last paragraph, as differentiating *acute* from *chronic* disease, and showing that in the latter many symptoms may be passed over by the patient, who, having suffered them so long, has learned to believe them to be normal to him, or a constitutional defect, irremediable.

Dr. Dever: That is the key-note of the whole subject, the point upon which we may often hinge our failures. While practicing in Detroit, I had a case in point. A lady supposing herself to be pregnant, and having stood too long with arms uplifted, brought on a hæmorrhage. She had been through the hands of a regular(?) and a surgeon, and both had determined she was not pregnant, and the surgeon said, tumor. She increased in size as though pregnant. Called me, and was subjected to the careful examination that we have just discussed as necessary. Found profuse, painless flow of dark, clotted blood, with no cessation between periods, that is, it would never quite stop, always some flow. Gave Sabina, no relief; re-studied carefully all symptoms. One day patient said; "Doctor, the flow looks like fish worms." There I had it. Stringy flow, and other symptoms coinciding. Gave Crocus with prompt relief. Now the case was taken carefully, abnormalities noted and prescribed upon, without the need for examination found by preceding doctors. I hate the business of going about with a speculum to examine the pelvic organs, and I rarely find it necessary for a cure. Believe a physician should be so educated that he knows the conditions by the character of discharge, etc.

Dr. Seward thinks the source of many mistakes is by not going deep enough into the symptoms and history of the patients. Has made many mistakes of that kind. This

winter, after being thrown from his carriage, and wrenched considerably, took Arnica because he had fallen, and supposedly bruised himself. It did nothing. Re-examined himself, and found Rhus to be the remedy, and had prompt relief.

Dr. Dever: Do you depend upon objective, or subjective symptoms for prescription?

Dr. Seward: Subjective.

The President thinks perhaps Dr. Dever has misunderstood Dr. Seward, who had gone back to the subject in the paragraph, and was not criticizing Dr. Dever's case in point.

Dr. Seward then tells of a latent condition in his own system as results of pleurisy sixty years ago, which was stirred up by his sickness this winter.

Organon § 96 referring to sensitive, or hypochondriac patients as overrating the intensity of their symptoms, &c.

Dr. Grant thinks this is almost the only point in the Organon where he would take exceptions to the text, that a "hypochondriac never invents sufferings." He is sure that they do. The most wonderful, extravagant, unconnected symptoms, over which you may break your head, and your repertories, and then have no results.

Dr. Dever has become afraid to contradict the Organon, as he has too often proved himself, instead of Hahnemann, to be wrong, besides, Hahnemann says never invents symptoms, etc., "that are void of foundation." He once contradicted Hahnemann freely, on all points only to find himself "worsted" in the end. Read Holmes on the Fallacies in Medicine, where he points out, that few now believe in Psora. It is true, they are few, but are becoming many.

Organon § 97 refers to characters opposed to the last, as of patients who through indolence or mistake, suppress symptoms, or make them of little importance.

Dr. Carr suggests that it is always well to make note of and study those symptoms in the chronic patient, that they have so long been, accustomed to, that in their account of themselves, they forget and pass over as of no importance. They are often leading indications for a new remedy.

Organon § 98 sums up, that the former paragraphs being true, the necessity arises, especially in chronic disease, that "the physician must be possessed of an uncommon share of circumspection and tact, a knowledge of the human heart, prudence and practice, to be enabled to form to himself a true and complete image of the disease in all its details."

Dr. Carr: That can only be acquired through long years of patience in examination of cases according to Hahnemann's exact rules. In that way only may you become expert in examination of faces, expressions, influences of environment and habits of life. This should be followed in all cases, even though they seem perfectly clear, as each is of assistance to comprehend the next.

Dr. Brewster thinks this subject beautifully illustrated in the infant. We must learn to read an unwritten language, where the expressions, surroundings, and habits must be carefully noted.

Dr. Grant would illustrate Dr. Brewster's remarks by the following case. Was called hastily one night, late, to the bedside of a little patient of Dr. Hermance. There was effusion into the brain, with the characteristic symptoms of automatic motion of limbs, boring of head into pillow, etc. The child had before received Hellebore with so much relief that the decision was to do nothing that night. Careful examination of the little patient showed as nice an Antimonium tongue as one could wish. Finding the remaining important symptoms also Antimonium, it was agreed that if patient did not continue to improve, it should receive that remedy. During the next day, for some reason, Dr. Hermance concluded to repeat Hellebore, but the following morning found the child so cross that he would allow no one to speak to or look at him. Antimonium cured perfectly.

Dr. Dever finds the Hellebore patients always good natured, can be roused to answer, but immediately sink into the stupor again; while Antimonium is notably irritable.

Dr. Seward made motion of adjournment until 2 P. M.  
Seconded. Carried.

## AFTERNOON SESSION.

Meeting again called to order at 2:30 P. M.

President called for report of medical subjects.

The essayists being absent, the Secretary read letter and report of clinical cases from Dr. R. E. Belding, of Troy, N. Y.

## CLINICAL CASES.

CASE I. Oct. 7, 1891. Ida D., aged 9 years, for several years, has had sick headaches beginning over the right eye, lasting frequently for three days, accompanied by chills, drowsiness, lachrymation of the right eye and much vomiting. Headache is aggravated toward noon, from noise and light, is better from pressure, tight bandaging and after the sun goes down. Feet and hands are very cold. Now, for two months, has lost the power of using her left arm and hand, is obliged to keep moving left hand and foot, in which is twitching or jerking. Her mind is confused and dull and she learns her lessons with difficulty, whereas she was once bright and quick to learn. She received Syphilinum one powder each day. Her speech is stammering and her walk stumbling and very uncertain.

Oct. 15, 1891, is beginning again to use her left hand and walks with a little less difficulty; no headache. The prescription is, no medicine.

Oct. 22. She had a short spell of sick headache beginning at evening and ending before ten A. M. during which she was not sensitive to light, there was no lachrymation and no vomiting. She was given Syph m. every second evening.

Nov. 16. She is better every way except she is getting very irritable, most likely from continuing the medicine too long. No medicine.

Nov. 28. She is relieved of all her symptoms, irritability as well, and at this date, March 9, 1892, she seems in perfect health, attending to her school duties as of old.

CASE II. Nov. 7, 1891. Mrs. M. F. D. æt. 33. mother of six children, a slender blonde. For a week or more has wakened in the morning with the head thrust backward into the pillow with feeling in the occiput as of a drawing and pressing



with a burning, smarting down the whole length of the spine. The spine, for nearly its whole length, is sensitive to pressure. She is somewhat better after stirring around. If she hurries about her work she feels as if everything in her head was in a whirl, one thing going over another, and her hands get very cold. Always had leucorrhœa since she was a girl. Cold, sweaty, offensive feet, with tendency to blister. She was given Syph. m, a powder every day, for two weeks and fully recovered from all of these symptoms.

CASE III.—March 10, 1891. Mrs. E. B., æt 62. For several months has had on waking, a sensation of burning, between shoulders, on wrists and ankles, and a hot flush up the left side of face. She used to have sweats, bursting out on awakening, but now the moisture is slight. After a single dose of Sulphur cm. these symptoms all left her in the course of a month and she is now in good health.

CASE IV. March 14, 1891. Miss H., æt 17. She is thin, pale, undeveloped, as yet no show of catamenia; has been jerky, hysterical with unquiet sleep. Now feels crazy and nervous, and if tired can't go to sleep; can't think; brain is muddled; loses herself on the street; very difficult to waken in the morning; fine, pimply, dry, itching eruption all over her, even on the hairy scalp. She drinks much cold water which disagrees with her; every few days has very offensive, watery diarrhœa. She received one powder of Sanicula, 50 m.; March 29 shows her improved in every way, sleeps better, mind clearer, nerves steady. Catamenia made their appearance in proper form. August 3. She was in the country for two weeks, when she became constipated, followed by an involuntary offensive, brownish, watery, painless diarrhœa, for which she was given a powder of Sulphur 81 m. And at this writing she is in good health.

CASE V.—July 23, 1891. Mrs. H., æt 52.—In the past five years she has had intermittent fever several times, with the old school treatment; is here on a visit from Eastern Massachusetts; for several days has had a chill at 10:30 A. M., preceded by thirst, dry mouth, throat and skin, cutting pains in the limbs and hands, stiffness of fingers and blue nails; then chill begins in the shoulders, in-

creases to hard, shaking chill, during which she takes hot drinks—water or whiskey—covers warmly and thirst ceases; has pain in her liver and spleen during chill and some soreness after; light fever with drowsiness; heat in face and eyes; perspiration is moderate and relieves the bad feelings; during heat and perspiration is chilly from movement; during heat she is restless; wants to turn over; bed seems hard, and she is tired. It rests her to turn over, but she has to sit up, in order to do so.

Her joints are stiff in the morning, relieved by exercise or applications of warm water. After one powder *Nux vom.* 3300, she never had another paroxysm and at latest advices she was in excellent health, for which she blessed her new acquaintance, Homœopathy.

CASE VI.—The following case I have never seen, and what I have learned of it has been by correspondence. It is a troublesome case and I desire your suggestions as to the treatment of it.

Duncan McD., æt, about 65. Fair complexion, blue eyes, weight 220 pounds. When a boy had an itching eruption on the privates, of which he rid himself by means of an astringent wash. Some years ago was troubled with blind piles, but now bowels are quite regular with but little hemorrhoidal difficulty.

Nine years since he had a fever, after which he found it difficult to urinate. This condition passed away and he was in fair health until last March, when he was seized with "La Grippe," since which time he has suffered greatly before, during and after urination, which is accomplished only by first evacuating the bowels and the use of the catheter.

Before micturition there is great pressure on the bladder with shooting pains from bladder forward the whole length of the urethra. Micturition is accompanied by blood, pus, great pain in urethra and bladder and bodily heat and perspiration, with shooting pains down the thighs when pressing to urinate. The prostate gland is swollen and there is a gray, sandy deposit in the urine. He also occasionally passes a calculus of the same color, but which is not of very firm texture.

General health and appetite good. I have prescribed for him since September last with but little apparent benefit and will be glad to know your opinion of the case.

TROY, N. Y.

R. E. BELDING.

P. S.—The doctor, after writing a few pages fell and broke his right arm, making an amanuensis necessary.

It was the will of the Society that a vote of thanks be returned to Dr. Belding for his kindly letter and interesting paper, and that the latter be published with the minutes of this Society.

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Paper opened for discussion.

Dr. Carr thinks that the last case is the one we might discuss, as the Syphilinum cases were cured, there was therefore no more to be said.

Dr. Martin quoted a late writer in the journals as having said he had cured many cases of chronic eruption, dry, scaly, with Syph. in high potency, was unaware that Syph. produced "offensive foot sweat," like Silicea and Baryta c.

Dr. Dever insists that the last case asking for advice is not one in which any one should attempt to make a snap shot or off-hand prescription. It is one that needs careful study and differentiation of symptoms after having carefully taken the case. [Compare with pathogenesis of Psorinum.—ED.]

Dr. Carr agrees that it is a development of latent psora from the suppression preceding.

There followed some discussion of remedies, and of the efficacy of Kali c. or Calcarea in the case, but all agreed that they should need a lengthy interview with the repertoires and Materia Medica. Dr. Martin had cured a similar case with Calcarea. Many of the physicians took a record of the symptoms for study, and presumably the result of that study will yet be heard from.

Dr. Martin cited a case in which the discharges were profuse and green. Sanicula wiped out the whole thing.

Dr. Seward, in lieu of something better, would offer a few cases showing the antidotal relation of remedies so freely discussed at our last meeting.

President calls for the paper.

## ANTIDOTES.

When we prescribe to do away with the evil effects of medicine or drugs we call it antidoting the medicine or drug in question. Is there any difference in the law or the principles by which we should be governed in prescribing for the evil effects of a medicine or drug, or for disease? I think there is none. The too common practice of giving Nux as an antidote for the evil effects of medicine or drugs without due consideration as to whether it covers the symptoms is evidently wrong. Nux meets and cures a vast number of symptoms, but it cannot always be the most appropriate remedy for the effects of other medicines and drugs.

CASE I. Opium antidoted by Camphor. A man had diarrhoea, an allopath gave him Opium and it made him raving, fighting crazy, with red face, glistening eyes; he struck out to hit the men whom he said were after him to kill him. One was a butcher with a cleaver. It took two men to hold him on the bed. It was evening. While delirious he did not recognize his family or neighbors. I gave him Camphor and had to repeat the doses. He soon became quieter and would talk and laugh in a very lively manner. He said: "Didn't I give it to them?" He was soon quiet enough to sleep and slept all night, remembering nothing of the night before. Opium has "delirium and rage;" "violent delirium, red face and glistening eyes, and great physical activity." Camphor: "Great excitement, almost amounting to frenzy;" "most furious delirium, being with difficulty restrained in bed by two men."

CASE II. Berberis antidoted by Camphor. A woman was taken sick and had a Thompsonian doctor. He gave his courses of medicine, begging for more time; for four days the patient getting worse, he said, "I can cleanse her blood, I can cure her." They sent for Dr. Loomis at Syracuse, and myself at Liverpool. We stayed all night and studied and prescribed, but the patient was no better in the morning. We had to leave to attend to our patients. While riding and thinking I came to the conclusion that Berberis was acting pathogenetically and that Camphor was the antidote. I gave Camphor in small doses; the

effect would last five or six minutes at first. I repeated it as soon as the effect was gone. It cured without other medicine. Berberis has many "tearing, pulling, tensive pains." Camphor has many "tearing pains, pressure and drawing on inner side of both arms." "Pressure and drawing on inner side of both legs," etc.

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Cases open for discussion.

Dr. Dever: What is your opinion of antidoting the poisonous effects of a drug with a high potency of the same remedy?

Dr. Seward: It has been done, and I have done it.

Dr. Martin: It is strange in action, this giving of drug in higher potency; it seems to smooth off all roughness, as with a plane.

Dr. Carr: Yes, and as the coarse plane acts but superficially and on the roughest portion, so the crude drug only touches the more pronounced and coarser manifestations of the sickness, while the potencies smooth off the finer and deeper disturbances that do not manifest themselves to the casual observer.

Dr. Dever: Repetitions are said to antidote, preventing the best action of the remedy; would rather take a case from the hands of the old school any day than one who had been dosed by a so-called homœopath.

Dr. Brewster does not believe in antidoting with Nux unless there are indications for its use.

Dr. Carr said we had an animated discussion over that subject at our last meeting. The sooner we realize the fact that Nux is not necessary, unless indicated, the better work we shall be able to do.

Dr. Martin told of a case of painful urination, extending through a somewhat lengthened period, that had been maltreated by drugs; that the third powder of Cantharis had cured, without the intervention of Nux.

Dr. Seward cited a case of rheumatism, beginning in fingers and toes, knees and elbows, slight swelling and redness, stiffness and wandering, which had puzzled him much until he had covered the symptoms with Sanguinaria.

Dr. Leggett cited a case, coming under her care after the late William A. Hawley, having considerable relation to this question of the necessity of antidoting under all circumstances. The case was one of Bright's disease, so-called, considerably improved under homœopathic treatment. Dr. Brewster is also interested, having attended the patient through an attack of "grippe" during the illness of Dr. Leggett, at which time a strange discovery was made. The history of the case is peculiar. The woman, aged thirty-three, is living with her fourth husband. At twenty years she had an attack of meningitis. During the great flood of the "Milward disaster" she was for many hours exposed with insufficient clothing. At one time she had what the doctors determined to be a cancerous growth in the roof of the mouth, which was removed. This was followed by four growths upon the top of the head, that one might describe as at the four corners. These were kept open and thoroughly syringed for a year. During one gestation, at least, she was fed ergot, another doctor discovered a tapeworm, and so on. When Dr. Hawley took her she was of the size of a woman nine months pregnant, very great œdema of the limbs, unable to go up and down stairs, feet so large she had to wear her husband's slippers, and had not menstruated in ten months. At first he thought there were probabilities of pregnancy, but soon determined that the size was due to dropsy, from Bright's disease.

She improved wonderfully, but the albumen in the urine did not reduce greatly. When Dr. Leggett received her she walked quite long distances, did her own work, etc. The œdema of extremities was reduced, but was still great. The left leg, lower two-thirds, was a dark, reddish brown, looking as if it would break out in an ulcer, with but slight provocation. So sore that the least hit of the other foot, or against a hard substance, would hurt her cruelly. Thought of *Secale*, on seeing the leg, and traced back to ergot. Study showed that *Secale* quite covered the conditions, and she made rapid progress until autumn, on two or three prescriptions of that drug. The albumen reduced from 60c. or 70c. to 50c., then 25c., and a month ago was but 12c. It was amazing; was it possible so diseased a woman with such a

history could get well? In the autumn she developed conditions that Secale could not help, when Pulsatilla took up and continued the good work. Dr. Brewster was called to attend her in "La Grippe" about Christmas time. He attended her three or four weeks, and during the last of the time in puzzling over the reason why he could not relieve a pain in sacral spine shooting to the hips, learned to his astonishment that she had been a habitual Morphine eater since her attack of meningitis at twenty. Two years before she had been under the Keeley cure, and it was supposed by every one but the doctor who attended her, that she was cured. It was a secret from her husband. She had taken 8 grs. *per diem* up to the time of Dr Hawley's death; under Dr. Leggett's care the quantity had reduced to 4 grs. *per diem*.

Dr. Brewster informed Dr. Leggett, who immediately stated that she would "do nothing for her," but obtaining a statement of the case, and finding that the last bottle had lasted two and a half weeks, together with that remarkable reduction of albumen, concluded that the interest in the case was too great to leave. Strange to say the reduction in quantity *per diem* did not begin under Dr. Hawley's care. Yesterday a sample of urine was shipped for microscopical examination, as this question has arisen. Has the patient Bright's disease, or albuminuria produced by morphia? If the former, is it possible for so diseased an organism to be cured? Where has been the necessity for antidoting morphia? The remedies have performed these effects without its presence being known.

Dr. Grant: Was that not all the better for the prescriptions?

Dr. Brewster would supplement Dr. Leggett's case, saying that all his life he had been puzzled over the question as to whether high potencies would act under circumstances of like nature to the morphia habit. In this case he had much interest. At the time he was called, the patient had violent sacral pains aggravated by the slightest jar, as she would exclaim to her husband, "don't touch the bed." Belladonna relieved promptly for some time, then followed a period of puzzling nature, in which there were all the symptoms of morphia, of which he was unaware

impaction of feces, quite up into the colon, etc. The pain in the sacral spine shooting out into right hip, and down the thigh led finally to *Natrum m.*, in high potency, so that when Dr. Leggett again took the case she continued to do well on that remedy. Some time during the period of constipation she had imparted her secret, which needed Dr. Leggett's assistance to keep.

Dr. Dever : Dr. Leggett has raised the question worthy of consideration in the matter of prescribing during the continuance of certain habits of the body, which have almost become a part of nature. Remembered years ago of asking Dr. Hering during his college course under that eminent practitioner, whether he gave the potentized remedy to constant smokers without making them cease smoking for the time being. "Certainly," says Hering, "The physique has become adjusted to the tobacco and it has no further influence." So with coffee, &c., the system is adjusted. Older practitioners would insist upon the relinquishment of these articles of common use, and first give an antidote.

Dr. Seward : Some years ago, during my attendance upon the late Dr. Cater, who was suffering considerably with stomach symptoms, attendant upon a condition from which he afterward died, and who was a constant smoker, was discovered to be suffering from tobacco and nothing else. I proposed to him that he should leave off smoking, and he would not. I then took down a proving of tobacco and read to him the symptoms of the stomach, in the very words in which he had described his own feelings, telling him I could do nothing as long as he continued the use of the tobacco. I left. Several weeks later he again sent for me, saying he had quit. I gave one dose of *Tabacum* with relief to all his discomfords—a marked condition of which was a terrible constipation—for some time.

Dr. Leggett thinks we shall find a difference in prescribing for a sickness produced by a habit and a sickness produced during a habit.

Dr. Carr : Does morphine produce albumen ?

Dr. Leggett : Yes, it is upon the list of remedies producing albuminous urine.



Dr. Dever: Dr. Seward, did you palliate with *Tabacum* or cure?

Dr. Seward: He could not be cured. He died of dropsy.

Dr. Dever: Then you palliated the condition.

Dr. Seward: It was neither heart disease nor Bright's disease. Post-mortem revealed a malignant tumor of the kidney, and it was caused by tobacco.

Dr. Grant: In the line of thought concerning the necessity of an antidote would cite a case. One night a hasty call summoned him to the bedside of a man in acute alcoholic delirium. He had always been addicted to such sprees, so kept chloral in the house. He had been raging two or three hours when the doctor arrived, and needed four strong men to hold him. He was striking, biting, eyes glistening, face red, and to complete the picture of *Belladonna*, an attendant offered him a drink in a glass from which he promptly bit a piece. Prepared *Belladonna*, gave a dose, left orders for a teaspoonful of the watery solution to be repeated every fifteen minutes until he slept. Before it was time for the third dose he was fast asleep, notwithstanding the Chloral, and the next day he was all right.

Dr. Seward was called to a patient in acute mania, who had been running about the fields. The friends had captured, brought him in, and sent for him. They offered him water, he snapped a piece out of the glass in a second. *Belladonna* restored him quickly.

Dr. Brewster has had an interesting case from a distance, that was a direct result of the use of tobacco. The wife wrote that her husband had periods of falling into perfect unconsciousness, during which she could get no word from him. It was a state of perfect imbecility from which he would recover and go on again until the next attack. It was a picture of idiotic epilepsy. There were marked symptoms of spasmodic belching that led to *Lycopodium*. He has had no such attacks, since taking the remedy.

Dr. Dever: Dr. Leggett has given us a case that covers a very nice point relating to the continuance of a habit during medication, when the habit has not been the cause of sickness.

Dr. Seward thinks in his case the habit had to be discontinued, because the remedies did not and would not act during the presence of the exciting cause.

Dr. Leggett reminds the Society of a case of tobacco dyspepsia reported some time since, during which the patient could and did produce a return of symptoms by smoking, until he gave up in despair.

Dr. Carr knows tobacco dyspepsia, can get it any time by the use of poor tobacco. During the attack attributed to that cause he *cannot* smoke. During a dyspepsia caused by other irregularities, he *can* smoke.

#### MISCELLANEOUS BUSINESS.

Dr. Dever wishes to call attention of this Society, to the fact that we have among our number many members to whose hearty support and staunch assistance we have looked for many years, and whom he believes should now be relieved from the more arduous duties of such membership, and placed upon the honorary list, with remission of fees and more active duties, unless they feel so disposed.

After some discussion as to the best method of showing the appreciation of this Society, and much complimentary mention of those to whom this Society owes its foundation, development, and present standing, Dr. Dever made a motion that the name of Dr. L. B. Wells, of Utica, N. Y., as the oldest of its many respected members, be enrolled upon the Honorary list of the Central New York Homœopathic Medical Society.

Seconded by Dr. Leggett.

Carried.

Report of committee upon the amendment of the Constitution and By-laws of the Central New York Homœopathic Medical Society.

Dr. Brewster, being the only member of the committee present, stated that he had endeavored to confer with Dr. Gwynn upon the subject, with no result, and, as Dr. Hooker had dropped out, he had no report to make except such as concerned his own opinion in the matter. His opinion was, that this Society was not legally organized by the State, as is the case with the County Society, which, therefore, comes

under the jurisdiction of a particular law. It is organized under the common law, and has the power to make and unmake its members. On laws that it prescribes they are admitted, and upon an infringement of the same, they are dismissed.

The President suggests that the Committee put that opinion into the regular form to be laid before the Society in September, and appoints Dr. Dever to the position in the committee, vacated by Dr. Hooker.

Report of committee on resolutions concerning the late Drs. P. P. Wells, and E. A. Ballard.

#### RESOLUTIONS.

Resolutions adopted at the quarterly meeting of the Central New York Homœopathic Medical Society in March, 1892, concerning the death of P. P. Wells, M. D., Brooklyn, N. Y. .

WHEREAS, It has pleased our Heavenly Father to remove from our midst, by death, Dr. P. P. Wells, of Brooklyn, N. Y., a successful practitioner of Homœopathy for nearly fifty years,

*Resolved,* That through the death of Dr. Wells we have lost a wise counsellor, an able writer, an excellent homœopathician and a firm upholder of the law.

*Resolved,* That as a medical practitioner and writer, he lived up to the law and principles of Homœopathy as discovered by Hahnemann, that he was an untiring student, a reliable friend, and a Christian gentleman.

*Resolved,* That in honor of these characteristics, which we are proud to acknowledge as belonging to him, we extend our warmest sympathy to his family and friends.

*Resolved,* That in honor of his memory these resolutions be placed on the records of the Central New York Homœopathic Society, and published in the homœopathic journals.

Signed by Com.

STEPHEN SEWARD, M. D.

Resolutions adopted at the quarterly meeting of the Central New York Homœopathic Medical Society, in March 1892, respecting the death of E. A. Ballard, M. D., Chicago, Ill :

WHEREAS, It has pleased Almighty God to remove Dr. Ballard from our midst, by death,

*Resolved*, That as in him we had a faithful student, an energetic teacher of the law in writing and practice, a staunch practitioner of Hahnemannian Homœopathy, we recognize through him a great loss to its support.

*Resolved*, That we have pride in acknowledging the result of his labors, the widespread recognition and appreciation of his ability, the liberality and sympathy which won him many friends.

*Resolved*, That the Central New York Homœopathic Medical Society extend its warmest sympathy to his family and friends in their bereavement.

*Resolved*, That in honor of his memory and characteristics, these resolutions be enrolled upon the records of this society, and sent to the homœopathic journals.

Signed by Com.

STEPHEN SEWARD, M. D.

Dr. Grant moves, Dr. Martin seconds, their acceptance and adoption. Carried.

Report of committee upon investigation of Dr. Hooker rendered unnecessary by the resignation of the latter.

Report of the Board of Censors laid over until this session.

Secretary read the application of M. E. Graham, of Rochester, N. Y., for membership in this Society, recommended by R. C. Grant, Allen B. Carr, I. Dever. Personally vouched for by R. C. Grant.

The President: It has been suggested by some of the members that a Scholarship in the Post Graduate School of Homœopathics, Philadelphia, by which this Society become responsible for the fees of at least one student for one course in a year, be founded by this Society. Many young graduates are unable to take such a course, simply from lack of funds, who fully realize their need of the instruction, and it would be an excellent work for this Society to undertake.

Dr. Grant doubts if we could do a better work. We must look to the rising generation to take our places; if they are not trained to do so how can we expect them to? We must look to them for progression, and what better method could we employ? We must see to it that they are ready, and doubts if anything we could do would lead to such real advancement. We all know Dr. Kent, and we know what his training may do for students. Is for one heartily in accord with such a movement; we may not

always have the students to send, but it is a good thing to do.

Dr. Seward will willingly contribute \$10 a year.

Dr. Dever: The influence of this Society spreads over the homœopathic world; am fully in favor of founding such scholarship; would suggest a committee that should consider the best method of establishing such scholarship, the kind of students to be admitted, &c.

The President suggests that the matter be referred to the committee upon the amendment of the Constitution and By-laws, and that they should hold the matter in consideration and present it in September.

The President appoints essayists:

E. P. Hussey, Buffalo.

A. J. Norman, Rochester.

R. A. Adams, Rochester.

Adjourned to Naragansett Pier, June 21st-24th.

S. L. GUILD-LEGGETT, Sec'y.

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### THE EXPULSION OF LATENT ANIMAL ELECTRICITY IN PARALYSIS.

I cannot say that the above title is original or correct, and claiming no superior power of observation or sense of touch, I think the sentence best expresses my experience, which is as follows: I was called in great haste to see a patient who had fallen to the floor of his room. I suggested to several persons present that we place the man on a bed in the adjacent chamber, which we were endeavoring to do, I taking hold of the left leg. We started toward the bed with the patient, when I experienced a sensation of great heat in both my hands, and then several shocks as though a thousand needles were running up my arms, which caused me to relax my hold upon the patient for a moment, and when I resumed my grasp I continued to feel the pricking sensation which caused the perspiration to appear on my hands. This phenomenon took place while the paralysis was being completed in the part, for on examination the entire left side of the body was found paralyzed. The patient died three weeks later. The electrical

or paralytic phenomenon took place through the drawers and trousers, which were of thick material.

Notwithstanding this remarkable experience I was inclined to be skeptical had it not been for two other cases which followed in rapid succession. Being on hand at the time I quickly felt of the patient and again determined the aforesaid experience, but in a much less degree than in the first case. Both cases died. In lighter forms of paralysis I have not noticed this peculiar force, hence I believe it indicates death in a short time. The expulsion of latent vital force from the tissues of the part affected must be the indirect cause of paralysis, otherwise if a blood clot, tumor or traumatic trouble is the direct cause and there was no spontaneous evaporation of vitality of some kind, there would be no loss of strength in the part thus affected, and the circulation controlled by the nerves would go on uninterrupted. The beneficial results of electricity in the restoration of this lost vital force must at once make itself apparent to the physician (when the primary cause has departed) as one of the most natural elements to resort to in such cases. No doubt other physicians have had a like experience, but made no note of it.

W. S. S. YOUNG.

HONESDALE, PA.

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#### DILATATION OF THE STOMACH—COLOCYNTH<sup>30</sup> AND THE FARADIC CURRENT.

Meeting the funeral procession of one who had been a patient of ours a short time two years ago, we were led to muse on the peculiarities and uncertainties of medical practice. We must admit that visiting patients among the Pennsylvania hills affords too much time for musing and too little for office work and study. The case referred to and reported below is one of many in which the success of treatment was remarkable but not fully appreciated by the patient. However we do not complain, for in our experience such cases have been entirely counterbalanced by many in which we have been guilty of wretched treatment but received unlimited glory. In a few cases that have

brought us the greatest credit, we have almost deserved the hangman's rope.

So we reason that the bad treatment of our allopathic brethren may redound to their glory as may also their good or indifferent treatment. We try to be a better prescriber than our homœopathic neighbors but correct and successful prescribing cannot compete with the tricks of the trade.

The moral of it all is, that the people must be educated in the principles of Homœopathy and then they will employ and appreciate straight homœopathic treatment. We cannot depend upon good cures alone to convert the masses.

The case is as follows: Jan. 23, 1890. Mr. J. B. age about 50. Has used beer and stronger drinks to excess. Has been in poor health for years and seriously sick for some weeks. His physician being sick the writer was called. The patient was able to retain nothing in his stomach. Food, drink and drugs caused excruciating pain somewhat relieved by vomiting and pressure over the stomach. He was very constipated and could not take any medicine "to physic him." He could sleep but little at night on account of the pain. He was exceedingly irritable. I limited his diet to the mildest food, ordered hot water freely and prescribed Colocynth 30. He had probably taken Nux vomica from his former physician. I used also Faradic electricity, using first the current of tension from the fine wire of the Engelmann battery. I selected this to aid in relieving the pain and afterward used the coarse coil with slower vibrations of the rheotome to start peristaltic action of the whole alimentary canal. I forgot to mention that my diagnosis was *dilatation of the stomach*. My predecessor had called it catarrh of stomach with some vague hints at cancer. The condition was a chronic one and had been getting gradually worse for years. The patient had no hope of recovery. He said that his mother and sister had been afflicted in the same way and the best physicians of London failed to help them.

Notwithstanding this my patient commenced to improve at once. The pain was greatly lessened, the vomiting ceased, and the bowels moved spontaneously. He could

bear a reasonable amount of mild though nutritious food. He complained some of sour stomach, and with all of the unreasonableness and irritability of an old dyspeptic, he was mad because he could not eat everything. I had discontinued electricity, and now gave him Muriatic acid. I think that Sulphuric Acid would have been a better prescription. This did not relieve the excessive acidity of the stomach, and here the treatment ended after fourteen visits covering six weeks. After treatment commenced he was able to sit up, and at the end of the treatment he was out of doors doing light work, much to the delight of his family and surprise of the neighbors.

Another method of treatment held in reserve was that of washing out the stomach and feeding by means of the stomach tube according to cases reported by myself in this journal. Vol. XVI (1885), pages 101 and 335. I was greatly disappointed in not having a chance to carry out this part of the treatment.

Whatever medical treatment he has needed since the above he has had from his former physician with the results referred to at the beginning of this article.

TOWANDA, PA.

H. W. CHAMPLIN.

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**"CONTAINS NEITHER OPIUM, MORPHINE NOR  
MINERAL—NOT NARCOTIC."**

Such is the statement found on the covering of the much advertised, much vaunted Castoria.

The following cases will show how little reliance can be placed on the statements made by our manufacturers of proprietary medicines.

CASE I. Child aged two years. Was called at 7 P. M., March 2, 1891. I found the child lying as if asleep, with a dull besotted expression of the face. She could be aroused easily but moaned continually until permitted to go to sleep again. Pulse 150, temperature 102. From the mother I found the child had had a cold with cough two days previous; had gone to bed all right otherwise, and had been in this present condition ever since; that she would arouse very often and call for a drink of milk, would



take a sip and go to sleep again; that she had also passed quite a number of very offensive whitish stools. I also elicited from the mother that upon the evening referred to she had given the child a teaspoonful of Castoria.

March 3d, pulse 120; temperature 100 2-5; still drowsy.

March 4th, pulse and temperature normal; cough returning and though still drowsy, better.

March 5th, child awakened in latter part of day, cough as bad as when Castoria was given. Child cross and weak and left leg was used with difficulty. Recovery slow but complete.

CASE II. Child aged two years six months. I found her with a bad cold, temperature 100 3-5; pulse 120. Prescribed and left instructions to call me again if the child failed to improve.

March 23d was called again, found child with heavy besotted expression of face. Temperature 102; pulse 150; persistent, dry, hacking cough present the day before but not so bad; moaning all the time; pupils contracted to the size of a pin head. The mother informed me the child wanted a sip of water every few minutes, and had passed several very offensive, whitish stools. Upon inquiry the mother informed me she had given the child one-half teaspoonful of Castoria that morning.

March 24th, found the child bright and better every way.

The following symptoms were produced by Castoria: Heavy besotted expression of the face; constant moaning; contracted pupils; a stupor from which the child can be easily aroused; frequent, copious, whitish stools; the most offensive stools of which it has been my duty to smell.

And yet with all this and much more before their eyes, if they will but look, our friends of the dominant school depend upon these same manufacturers for their new remedies and their sphere of action, making sick and suffering humanity the subjects for their experiments. Even that might be permissible if it were as they say "for the benefit of future generations." But as soon as one drug has been experimented with for a time another is brought

forward and advertised by the medical journals and the old one is dropped and the new one is experimented with, with the same results, and ends as the previous. Even their best men to-day acknowledge that this experimenting has not reduced the death rate in the more dangerous diseases. In fact the death rate is as great now as under the old system of bleeding, before all their new drugs and theories were dreamed of.

It looks, to a man "up a tree," very much as though the allopaths of to-day were but the agents of these same manufacturers to assist them in disposing of their drugs, instead of the only practitioners of scientific medicine they claim.

CHICAGO.

H. A. ATOOOD.

[Yes; and yet our so-called homœopathic friends are among their best patrons.—ED.]

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#### INTRODUCTION TO THE STUDY OF MATERIA MEDICA.

Before entering upon our study of *Materia Medica* in detail, we will consider, as an introduction, a few important matters concerning which it is necessary we have a very thorough understanding. There are foundations underlying all structures upon the stability of which their permanency depends. These underlying parts may be concealed from view and be unrecognized by the casual observer, but they must be substantial realities none the less, if the structures are to stand. Two houses may be erected having the same appearance, but one may be founded upon rock, the other upon sand. Both may seem to be equally durable; they may be so, as long as the surrounding elements are in tranquility, but when those elements are convulsed nature is applying the tests that will surely destroy the one and demonstrate the substantial character of the foundation of the other. This comparison is not made to show that some one else is dwelling in a house that has an insecure foundation, but as a warning that we look carefully to the foundation of our own building before permanently taking up our abode therein. The problem for us is not to prove that others are wrong, but to satisfy ourselves that

we are right. No man whose faith is not well founded in the underlying principles of his profession can be honest with himself or his patrons. The person without belief and confidence that the ultimate theories upon which his practices are based are correct, has not the moral right to be engaged in those practices. If we have not the certainty that the propositions upon which Homœopathy is buttressed are sufficient to support it in its entirety, we best strengthen our foundations or seek safety in a stronger fortress. We claim for our system of therapeutics that it is scientific; we believe it to be based upon fundamental and immutable truth. Let us inquire: What is a science? What do we mean when we speak of a branch of learning being scientific? What are the distinguishing characteristics of a system of practice that is scientific? "A science is the body of exact definitions and sound principles educed from and applied to a single class of facts or phenomena." Science is knowledge reduced to order. It is "knowledge so classified and arranged as to be easily remembered, readily referred to, and advantageously applied." All science is based upon the assumption that the laws of nature are immutable. Sciences are developmental. Many of them have been of very slow growth owing to the peculiar phenomena of which they are the classified embodiment, or possibly to the lack of research along their various lines. Other sciences have been of rapid evolution and have advanced well on to perfection in brief space of time. Some sciences are as yet partially developed, are imperfect, are held in check by the limitations of human capacity.

Sciences are of two classes, those based upon axiomatic truths, and those built up by process of induction. The former class includes the exact sciences, such as the various branches of mathematics. The latter class includes the so-called natural sciences. This class we sometimes call the empirical sciences. To this class belong the various sciences with which we have to deal in the departments of a medical education. Empirical knowledge is that we obtain by experiment, by trial, by observation. Empirical knowledge is not necessarily scientific. Knowledge does

not become scientific until it is classified by some logical rule, or arranged upon some continuous thread of sequences. When we can group observed phenomena into orders, distinguish causes from effects, discover underlying truths that are in common with the various orders, we are studying scientifically. But when we are groping about among a detached mass of facts, handling them without method, or without the hope of classification, when each separate fact or idea stands without relations to the others, we are at the best nothing but empirics. Still our progressive sciences take their origin in empiricism. It was known empirically that the human heart beats. It was known that the arteries were tubes ramifying throughout the body. Finally, it was known that the heart and arteries were filled with blood ; but all this knowledge was not scientific until Harvey discovered the circulation of the blood and made known a great physiological fact that rationally accounts for the various facts concerning the animal organism known before. We see by this illustration that empirical knowledge led to the discovery of a great principle of vitality that is eminently scientific.

There are two processes of reasoning by which scientific researches are carried on : the inductive and the deductive. By the former we begin with individual objects or isolated fragments of knowledge and follow them along certain lines. We finally observe these lines to converge and eventually blend into one. These new composite lines we follow until they again unite, and so on, until we are led up to a central body of truth from which each original element derives some part. In this way principles are discovered and laws made known. The inductive method of reasoning has in its time revolutionized the realms of thought, the province of logic, and given birth to all progressive science. Newton observed that an apple unsuspected fell to the ground.

This circumstance he knew to be the same in the case of all unsuspected objects that had ever been observed. Falling to the ground was a fact true, so far as observation had ever gone, of all objects under similar conditions. Reasoning from this phenomenon he discovered what

seems nature's supreme force—that of gravitation, and by further pressing his pursuit he made known her governing laws. This process of investigation, or this method of discovery we call induction. Having inductively discovered the force and the laws of gravitation, Newton inferred or deduced the theory that all unsuspended objects that should ever after be observed would fall to the ground; and not only this, he determined how it was that the planets, the sun and the stars performed their stupendous revolutions. Here we see induction and deduction plainly applied. Here we have the instruments by means of which we discover and apply the knowledge and science of our profession. One is more properly the avenue of discovery, the other the means of application. We see that the discovery of the great law of physics was entered upon empirically, but terminated scientifically.

Empirically the discoverers of the great law of Homœopathy observed that the drug Cinchona would produce chills and fever. Empirically he knew that Cinchona was the remedy for that condition when occurring naturally; his observation with other drugs showing coincidences. These concurring facts aroused in him the suspicion that a fixed law of nature was manifesting itself, and by pure induction he was led into the truth and reasoned that if so many drugs produced in the healthy person conditions similar to the conditions they empirically were known to cure, there must be a law of cure. I may perhaps have dwelt tediously upon the processes of research, but realizing the importance of properly analyzing our methods of daily practice, it has seemed wise to do so.

Suppose a physician to be called to visit a person who is ill, what are the processes of reasoning that he employs? How will he go about administering relief? He will observe probably first the objective symptoms in the case, those symptoms that he can determine by the exercise of his own senses; he may then determine the subjective symptoms, those that he can only ascertain from the patient himself upon inquiry. He arranges these symptoms into groups, and finds perhaps an abnormal condition of the mind and head, possibly of the digestive

tract, or the respiratory organs. Here may be an unhealthy condition of the circulation, and so he proceeds until he is inductively led to form a mental picture of the diseased state. This picture forming we call a diagnosis—a purely inductive process. The picture once made, the diagnosis taken, the physician is able deductively to approximately foretell the future of his case as regards time, symptoms yet to manifest themselves, lesions yet to occur, and termination.

This deductive process following the diagnosis we call prognosis. Having studied his case in all its parts he asks himself what remedy he will apply, and in making his application he will follow exactly the same lines of thought that he followed in making his examination. The accuracy of his conclusions depends upon his training, experience, and judgment. If he err not in determining the totality of his symptoms and in the accuracy with which he selects from his *Materia Medica* the similar, he can with scientific certainty anticipate the results. All his mental processes, may be rapid, so rapid in fact that he may not be conscious that he reasons at all, but when we analyze his processes we see if they are correct that they are nevertheless systematic and logical. In scientific researches theories are necessary.

A theory is a notion concerning phenomena of the same class that attempts to rationally account for them in ways that are accepted by the judgment as being plausible, probable, and in harmony with all the known facts. "The whole of the laws referring to the same class of phenomena taken together constitute a physical theory." The essentials of many sciences are mere theories, suppositions, that seem to satisfy and explain all conditions that arise. The nebular hypothesis is the theory upon which our ideas of the physical universe are based. The atomic theory is the support of the science of chemistry. Whether we call the dictum of our medical faith a truth or a theory it matters little, for like the nebulous origin of worlds in the science of astronomy and geology, the atomic theory in chemistry, it is a scientific notion of medicine that is in accord with what known facts we have, and that when applied does not

fail to lead to anticipated results. We do not deny that it had its origin in empiricism, but it has gone beyond the experimental stage and reached over into the scientific.

Over and against this is a system that ends where it began. One that began in experiment and ends in experiment. It commenced empirically and terminates in nothing but empiricism. No one, not even its most ardent devotees, claims for the therapeutics of the dominant school of medicine any scientific definitions, theories, or laws. No inductions have led to a grand reservoir of consistent or scientific truth. To them a drug is not even a law unto itself, it is an experiment unto itself and a dose unto itself. To stop short of a toxical effect seems to be the most important matter in the administration of any drug. This is the only lesson they have learned from the sufferings of thousands of poisoned victims. They do not read in any accidental overdose that there is a law of cure. There arises from the victims of experiment no light to lead them to better things. Instead of an incense arising from their altars that "may be for the healing of the nations" there is but the vapor of "darkness and dampness" with "poisonous breath." From the ashes of their phoenix, no new phoenix arises to put the two systems in contrast.

One claims a scientific principle upon which it rests as a foundation rock, that when the storms come it may stand.

The other, if system it may be called, has not even a bed of sand upon which it rests. It makes no pretensions to be a structure. It is a floating cloud of detached fragments, unstable, and insecure because of its very character.

These then are the two methods by which medicine may be applied for the healing of disease. We claim for ours that it is scientific, that as the force of gravitation is the substratum upon which rests the science of physics, so is the law of similars, the basis upon which we rest our science of therapeutics. On the other hand we have a detached mass of facts that are unclassified and to which there is not applied the rudest attempt at scientific arrangement. Do not understand me as condemning the men who adhere to the old way as being insincere, or as charla-

tans, but like all human beings they are warped by prejudice, and instead of testing the good there is in Homœopathy many of them seem rather to ridicule it and treat it contemptuously. This ridicule we are disposed to bear with fortitude, believing that there is a principle in Homœopathy that will in time be universally adopted by scientific men. There will always be sects in medicine, but eventually there will be unity regarding the fundamentals of the science. It is one of those sciences that is yet in the incomplete stage, and still its principles are in advance of its practices.

It is no argument against us that we are in the minority; if we believe ourselves to be right we cannot be elsewhere. Minorities and majorities take care of themselves. It is probable that every thinking man is in the minority concerning some important social question. If he be of honest convictions no gentleman will treat him with disrespect. If I cannot agree with another man or party of men in some points, whether they be political, religious, ethical or what not, it is wise for me to abide in peaceful disagreement and treat all persons who have the semblance of honor with the deference that is demanded by the habits of good society. It is good policy to seek those things that make for peace. I do not advise you to be too aggressive when among the sworn enemies of your belief. Have the courage to follow your convictions. Let your actions speak, and for whatever there is that is good you may accomplish you will have your reward. You must be honest with yourselves. You must have reasons for the faith that is found in you; the consciousness, that complacent state of mind, that you do know whereon you stand. The man who has reasoned with himself and calmly satisfied himself that the policy that he adopts is to his own judgment the most plausible and satisfying, is the man of convictions, and a truly honest man.

• It is often said of Homœopathy that if it be a science, that if there be a law of cure, why do those who practice it often fail in effecting a cure? We do make mistakes. We are like all other human creatures often confronted by disappointment. But this does not for a moment militate



against the probability of there being a law of cure or a scientific theory of therapeutics. Nature is not responsible for our errors of judgment. If our consensus of lesions and symptoms be not correct, if our drug pictures be produced by faulty vision, of course a mistake has been made that will misdirect all action based thereon. If the links in our inductive chains be insecure, the fault is either due to our ignorance or poor judgement. But we are not responsible for all our own mistakes.

There are limitations to human understanding. We are circumscribed, and the hidden and subtle forces of nature no doubt often deceive us. We ordinarily look to see an object that has no visible support fall to the ground; but the armature of a magnet does not fall to the ground. Why? Is it because the force of gravitation is not acting? No. There is another force counteracting gravitation and under the existing circumstances overcoming it. There are besides magnetism the forces of cohesion and adhesion and chemical affinity, the philosophy of which may not be clear to us, and that are constantly complicating our problems in physics. In like manner may there not be in that mysterious manifestation, that we call disease, a variety as of yet undefined influences at work complicating matters which we may not, in our limited sphere of knowledge and action, yet understand? "There are more things in heaven and earth than we have yet dreamed of in our philosophy." There are provings of our most common remedies that need verification. There are original provings yet to be made. Our *Materia Medica* can never be finished. It is charged by the foremost of our own ranks that this department is too much neglected. Provings by unprejudiced, discrete and intelligent physicians should constantly be going on in accordance with some good method and a system of checks and counterchecks, that the work of one may be corrected by another. The interests of medical science and of humanity demand this. This lack of a complete repertory of medicinal substances will of course be the occasion of many mistakes that might not otherwise occur. It would be disastrous to stimulate you to expect too much when you come to apply your knowledge of *Materia*

Medica to the curing of disease. You should have confidence but be not overconfident. Your misjudgment or the caprices of nature may elude you. To the physician with the clear judgment and trained reasoning powers there is always a strong probability of accuracy and success.

Just as truly as scientific knowledge is graded above empiricism, just so truly the intelligent and thoughtful homœopathist is at an advantage against him who reasons from no fixed law or recognizes no established principles of medicine.

CLEVELAND, OHIO.

W. B. HINSDALE.

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### GUERNSEY'S BÖNNINGHAUSEN.

Dr. H. P. Holmes' article on the use of repertories in the January issue of the *ADVANCE*, is the sort of teaching needed in these degenerate days. Much that is offered in our journals is but text-book rehash, physio-pathological twaddle, without originality, and aids no one in his search for the indicated remedy. One such article as Dr. Holmes has given us, is worth volumes of the sort of reading just described. How to find the indicated remedy is the great question, and any one who throws light on the path of one groping in the labyrinthine mazes of the homœopathic *Materia Medica* is a benefactor of the race.

What can be more beautiful than this report of a case, the symptoms of which are clearly and fully detailed? And then the chasing down and cornering of *the* remedy! Dr. Holmes knew when he had found it with no less certainty than the mathematician knows when he has reached the solution of a problem. In this case five doses of the potentized remedy worked a marvelous cure. Nor do I hesitate to say that nothing else in the universe could have done it. The scientific (?) way would have been to have suppressed the axillary and foot sweat with local astringents, and the headache would have been temporarily paralyzed with opiates, bromides, antikamnia, *et al.* That would have been decidedly scientific, but consumption or insanity would have been the probable end. In contrast with this, how beautiful the result! A man held in bondage by Satan, lo! these many years, set at perfect liberty by means

so gentle and simple, yet so abundantly efficacious! How infinite the delight of patient and prescriber! Thank the beneficent Father who has thrown up this glorious highway, over which comes no pathological lion!

To Dr. Holmes belongs an unqualified meed of praise. His method, the method of Hahnemann, is a grand step in the right direction. Having said so much for the doctor and his arrangement, I desire now to call attention to what seems to me to be the perfection of method for managing our *Materia Medica*. I refer to Guernsey's Bönninghausen. I find very few homœopaths with whom I come in contact that know anything of this work. For the benefit of those who have not seen or heard of it, I will explain that it consists of about 2,500 slips of heavy paper,  $1\frac{1}{4} \times 12\frac{1}{2}$  inches. On each slip is printed in alphabetical order the names of the remedies used in Bönninghausen's work. Accompanying these slips is an index, made up of symptoms, conditions, modalities, etc. Each symptom in the index is numbered, and has its corresponding slip, and the remedies indicated upon the slip by said symptom have before them figures that I would denominate the exponents of the power of the remedy. These figures or exponents run from 1 to 4, the importance of the remedy being represented by the size of the exponent.\* The rubrics of a given case are hunted up in the index, and the slips indicated are laid side by side, so that the name of each remedy as it appears upon each slip, runs in a line from left to right. Now add up the exponents of the several remedies, and the one footing highest is *the* remedy—if the case has been well taken. (I omitted to say that every slip has printed on its upper end the number of the symptom in the index that calls for its use).

I realize that all this explanation has made the matter clear as mud, and as I desire to be understood, I now enter upon an herculean task for a lazy man. \*But the importance of the subject is so great that I shall feel amply rewarded if any degree of interest is excited.

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\*NOTE BY EDITOR.—These numbers or the relative value of the remedies correspond with the different type used by Bönninghausen in his great repertory, and is intended to carry out in practice the principles or teachings of the *Organon* § 153.

*professing* one thing and *doing* anything and everything else, bringing opprobrium and discredit upon the only system of medicine known or possible under the guidance of law, and so directly and indirectly sending thousands to premature graves, physicians in the true sense of the word, full of confidence in the simillimum, would go into the world carrying cure to the salvable sick and euthanasia to the dying. May the Lord speed the day.

Not many months ago I was in consultation with a recent graduate of one of our most popular colleges. Without detailing the case I will simply give the prescription. Bryonia and Nux vomica (he did not say what potency, probably the tincture) were to be mixed in a glass of water and given every two hours. Meantime Svapnia—an opiate—was to be given in appreciable doses several times daily. His prognosis was anything but cheerful. *Vice* all which, I gave Sulphur 1m. and the man was on his taps in a week. It is needless to say that this doctor knew nothing of Guernsey's Bönninghausen, and it would have been of no more use to him than to a Hot-tentot.

You will notice that six remedies run through the twelve rubrics; Calcaria, China, Ignatia, Natrum carb, Nux vomica, and Phosphorus. By Dr. Holmes' method you would now be obliged to consult the *Materia Medica* and might be left in doubt after the closest comparison. The use of the exponents entirely obviates this difficulty and saves much time.

I have a few ideas on "How to Take the Case" that I mean to offer at some future time. I do not flatter myself that I can add anything to what has been written on that subject, but emphatic reiteration can do no harm. Without a doubt it is the key to the whole business, and happy is the man or woman who masters this delightful art. "Strive to enter in at the straight gate."

WATSONVILLE, CAL.

S. E. CHAPMAN.

ance sake I intended to have done so in my copy, but inadvertently placed slip 366 in place of 365. Running from left to right, add up the exponents that occur before each remedy upon the several slips and set the sum to the right of said remedy. Once familiar with this system, all these sums need not be footed up, for the eye will size up a remedy at a glance, and those only that run high (I have omitted all under 20) need be considered. Nux vomica in this instance foots up 45, and is the indicated remedy. I gave two powders of the 1 m and the result was marvelous. Her appetite immediately returned and all untoward symptoms dissipated as a morning cloud.

This was a plain, simple case, and was purposely chosen to illustrate the exquisite beauty of the plan. It is not tedious to one accustomed to it. No one but the true homœopath has any use for it. The conception of this plan can never be improved upon, though the work is not yet complete. Many remedies of the greatest possible value should be incorporated, and the repertorial work enlarged. Dr. Guernsey could do no better work for mankind than to give us all that is best in our *Materia Medica* and repertories in this form, no matter if it require tens of thousands of slips. If the *Index* be complete and accurate the whole *Materia Medica* might be so placed at our finger tips. These remarks may smack somewhat of utopian previousness; but boundless hope and unalterable faith are characteristics of the Hahnemannian, in sharpest possible contrast with the lugubrious scepticism of any other class of medical men.

Limited, however, to the old edition, as Guernsey's work now is, yet the majority of cases may be managed by its use. It should be introduced into every homœopathic college, and they will then turn out men and women who will know how to take the case and who will give nothing but the single indicated remedy. And no one can use these slips without the case be well taken. That done, the rest of the work is mechanical. If our teachers would adopt this method, giving the students daily drills in its use, Homœopathy would soon take the world. Instead of turning out so many half-educated men and women every year

*professing* one thing and *doing* anything and everything else, bringing opprobrium and discredit upon the only system of medicine known or possible under the guidance of law, and so directly and indirectly sending thousands to premature graves, physicians in the true sense of the word, full of confidence in the simillimum, would go into the world carrying cure to the salvable sick and euthanasia to the dying. May the Lord speed the day.

Not many months ago I was in consultation with a recent graduate of one of our most popular colleges. Without detailing the case I will simply give the prescription. Bryonia and Nux vomica (he did not say what potency, probably the tincture) were to be mixed in a glass of water and given every two hours. Meantime Svapnia—an opiate—was to be given in appreciable doses several times daily. His prognosis was anything but cheerful. *Vice* all which, I gave Sulphur 1m. and the man was on his taps in a week. It is needless to say that this doctor knew nothing of Guernsey's Bönninghausen, and it would have been of no more use to him than to a Hot-tentot.

You will notice that six remedies run through the twelve rubrics; Calcaria, China, Ignatia, Natrum carb, Nux vomica, and Phosphorus. By Dr. Holmes' method you would now be obliged to consult the Materia Medica and might be left in doubt after the closest comparison. The use of the exponents entirely obviates this difficulty and saves much time.

I have a few ideas on "How to Take the Case" that I mean to offer at some future time. I do not flatter myself that I can add anything to what has been written on that subject, but emphatic reiteration can do no harm. Without a doubt it is the key to the whole business, and happy is the man or woman who masters this delightful art. "Strive to enter in at the straight gate."

WATSONVILLE, CAL.

S. E. CHAPMAN.

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## 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.

HOMŒOPATHIC OBSTETRICS.—In our February issue we called attention to Dr. Winterburn's brave efforts in his paper on The Relation of Therapeutics to Midwifery, to regenerate the obstetric art. But it is a Herculean task to attempt single-handed. Our school has so long been under the influence of palliative medicine that the curative teachings of Hahnemann, the prevention of disease, has, to put it mildly, been forgotten. Puerperal convulsions, lacerations of the cervix and perineum and the accidents and complications of the puerperal state can be reduced to a minimum, if not entirely prevented, by the careful constitutional treatment of the pregnant woman. In no department of medicine can the trite saying "prevention is better than cure" be more successfully applied than here; in fact, were the teachings of the *Organon* and *Chronic Diseases* practically adopted by the Homœopathic school they would revolutionize the obstetric art. In the May issue of *The Homœopathic Journal of Obstetrics* this question is taken up in a symposium, and the question: What shall be done with a lacerated perineum? is answered. It occurred in this way:

At the December (1891) meeting of the American Obstetrical Society, Dr. G. C. Jeffery, of Brooklyn, read an address entitled, A Reasonable Protest Against Immediate Perineorrhaphy, in which he took strong grounds in favor of the delayed, or secondary operation for repair. This somewhat startling paper elicited so much disapproval among those present at the meeting that Dr. Winterburn determined to give a fair opportunity for a full expression of opinion on this important subject. The result is a symposium of thirty papers by prominent obstetricians and gynecologists in different parts of the country. It is rather surprising to find such a variety of opinion among men of large experience. Thus, Dr. O. S. Runnels, of Indianapolis, says:

It will be a step forward when it is established as a rule of practice that the primary operation upon the lacerated perineum is as indefensible, dangerous, and useless as is the primary operation upon the lacerated cervix. I consider it malpractice in both cases.

At the other extreme of opinion there are a number of prominent men, as for instance, Prof. J. N. Mitchell, of Philadelphia, who says :

The duty to operate on a lacerated perineum immediately after labor is imperative.

Or, Prof. Sheldon Leavitt, of Chicago, who says :

I insist upon the immediate operation. \* \* \* \* perinee thus restored are more likely to be functionally good than those built up after a lapse of three or four months ;

Or, Prof. G. R. Southwick, of Boston, who says :

My results have been better with primary perineorrhaphy than with the secondary operation. Experience is the basis of my belief in the primary operation.

But these writers do more than express opinions. They give, each in his own way, the minute details of the primary and secondary operations. This series of papers becomes thus a most valuable guide to the general practitioner. To have the most recent views of such men as Carleton, Ludlam, Runnels, Ostrom, Southwick, Comstock, Mitchell and many others equally prominent, brought together for comparison, furnishes the most vital exposition of this subject which has ever been written.

Dr. Winterburn, in closing the discussion, discourses editorially on the subject of *prevention* of laceration, which he claims is a more important question than that of repair. Among other things he says :

Laceration of the perineum should be of very rare occurrence, and a man who finds it a frequent experience in his practice should mend his manner. It is a contradiction of all we know in regard to the processes of nature that she cannot make a perineum that is able to stand the stress and strain of labor. Labor is a physiological process upon which depends the continued existence of the species. It would be the veriest twaddle to assert that the necessary organs were unable to do their legitimate work without injury. The natural forces which, through countless ages, have molded the human body into what it is, have produced the best results which were possible under the circumstances. The female perineum was not constituted by fiat, but was evolved. It came to be what it is through the necessities of the case. It was made for work; through unnumbered thousands of years it has been doing

work; and by that work it has been fitted for its work. These be but truisms, yet they are ignored in our text-books and in the lectures of some at least of our professors. Any woman now living is the descendant of a long ancestry of women, all of whom have been mothers. Her organs of generation have been adapted by long process of generation to the purpose of generation. There is no more occasion for her organs being injured in the performance of their natural duties, than there is for the male organs of generation to be injured in the performance of their natural duties.

Those of our readers who do obstetrical work will appreciate this magazine, as they will find it helpful. And we ask Dr. Winterburn to take another step in advance and give the profession a symposium on the prevention of lacerations. In other words, give us a treatise on the homœopathic care of the pregnant woman. This is not to be found in our text-books and this is the weak point in the obstetric practice of the present. The real truth is that, as a school, we have become ardent followers of that will-o-the-wisp, pathological prescribing, and have neglected the teachings of the Organon and Chronic Diseases by which alone a constitutional dyscrasia may be removed and lacerations of the perineum prevented. No work in our school is more urgently needed at this time than the knowledge of how to prevent perineal lacerations, and no one is in a position to do this so effectively as the editor of *The Homœopathic Journal of Obstetrics*.

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## Comment and Criticism.

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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.

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### INVOLUNTARY PROVING OF PSORINUM.

I do not attend Influenza or indeed any form of acute disease, but I have been frequently consulted by those who are afraid of having it, and by those who have had it while necessarily in the hands of those who adopt the expectant method of treatment, or of the Philistines who step in where angels fear to tread—pouring their ammoniated

tincture of Quinine and Champagne down their patient's throats, and they wonder how many, very many of their patients die of bronchitis and acute inflammation of the lungs and pleura.

One lady, an old patient of mine, took influenza about sixty miles from London. The attack was not at all a severe one, and a few doses of Arsenicum 30, seemed to put it all right. For a week or so, she did not rally, but remained very weak and accompanied with anorexia. As I know of no "pick-me-up," after lowering zymotic affections, superior to or even equal to Psorinum, I mailed to her two powders of Psorinum 1500, one at bed time, on receipt dry on her tongue, and the other about twenty-four hours thereafter. The powders were mailed on the 26th of January, 1892. At the same time I ordered her a pound of rump steak a day made into the form of my "Liquid Beef," one-third to be taken every eight hours. On the 8th of February, I received the following letter from my patient:

DEAR DR. SKINNER;—On Wednesday, (3d Feb.) I took *one* of the pick-me-up powders sent me by post on the 26th of January and it so nearly killed me the same night, that I had not the courage to take another! I took it as directed at bedtime, and about an hour afterward the whole of the right side of my body was full of burning pains. I thought that the *right* side of my head and my *right* eye would *burst*, it was so swollen and painful. These symptoms went on until about 3 A.M. when hot and cold perspirations came on alternately, (heats and chills with sweat.) The whole of the next day was spent in *retching!* Eating, as you may imagine, was quite out of the question. Now, I only feel shaky and exhausted and want food *continually*, or else I get *cold and wet all over*.

Please write me a line of advice, Yours sincerely, E. S.

P. S. My right eye, to-day feels *melting away*.

N. B.—The underlining or italics are those of my patient, E. S. I replied, advising her not to take the other powder, but to order a breakfast cupful of *cafe noir* made strong and two tablespoonfuls of Ligeur brandy in it, sweeten to taste, and take a tablespoonful every half hour or hour until better. On Tuesday, the 9th February, I received the following note:

Dear Dr. Skinner;—I was glad to get your note yesterday, as I was not quite sure what was going to happen to me. I took the coffee and brandy and I got warmer after it. The extraordinary fits of *wet* and

*cold* exhaustions are on the wane. I myself think that that attack of influenza I had about a month ago left my nerves in such a ridiculously sensitive state that *any* medicine would have half killed me for the time, and perhaps that "pick-me-up" powder was too strong; but a curious thing is this, that *in between* these exhaustive attacks I feel much stronger than I did *before* I took the powder, so I feel sure it was *my own right medicine*. Kind regards. Sincerely yours,  
E. S."

13th February, 1892. E. S. is now quite well without further medication. I consider the above a most valuable addition to our knowledge of the pathogenetic and therapeutic properties of Psorinum, and the symptoms followed closely on one single dose of Psorinum 1500 which I got from Dr. Swan, who got it from C. Hering, who, I believe, got it from Jenichen.

Now that I am upon the subject of Nosodes, it seems to me to be a fitting opportunity for making a few remarks on "A HAHNEMANNIAN CURE" in the number of this journal for January of this year. The writer, who is nowhere or nobody unless he is brandishing his shillelah and trying to crack or split the skull of every one all round, as if he and he alone was the only physician who could or can spot the *simillimum*, and who blows at the same time his own trumpet in the form of comments with nine heads. With no less than nine heads some one was bound to come in contact with his shillelah.

In the 6th head he says: "The great difference between Homœopathy and Isopathy is that the former individualizes, while the latter generalizes. An isopath would have prescribed the nosode Medorrhinum even though its voluminous provings do not contain the characteristics of the case." In these few sentences there are several errors, I will not call them "*fatal errors*" as I much dislike the term, and I should like to point them out. The great and essential difference between Homœopathy and Isopathy is not that the one individualizes and the other generalizes, because I know any number of generalizers who consider themselves *bona fide* orthodox homœopathists—the writer of the Coccus Cacti cure of suppressed gonorrhœa would call them mongrels—but the essential difference between Homœopathy and Isopathy is, that Homœopathy is a possible, practicable and marvelously

true system of medicine capable of daily or hourly proof; whereas, Isopathy, a mere term and never a system, because it is impossible, impracticable and perfectly incapable of effecting a cure or even palliating disease. It might increase disease or cause death; Isopathy can never cure. I repeat it is a mere term in pathology and any one who dignifies it by believing in it as a system of medicine has much to be ashamed of.

Homœopathy is derived from two Greek words signifying *similar* and disease, while Isopathy is derived from two Greek words signifying *equal or the same* and disease. If Isopathy is a true system or possible, then the best cure for gonorrhœa or chancre would be a fresh inoculation, which would be only adding fuel to fire or fire to fire; or would any man but an idiot, or a madman treat a case of poisoning by opium with any quantity of laudanum or crude opium. This is Isopathy! the same curing the same or its equal, and there is no other form of Isopathy, except in the brain of the man who is always shillelahing. Is the virus of gonorrhœa and medorrhine or medorrhinum the same or similar? They have the same root or origin but they are very different, and this difference lies in the dynamization or attenuation of the virus, whereby the latter loses its physical, chemical, physiological and toxicological properties, retaining only its pathogenetic and therapeutic properties. Yet the man with the shillelah will have it that every physician who uses *Medorrhinum* in a case of suppressed gonorrhœa is an isopathist.

He might as well call us fools at once. If Shillelah will peruse the *Homœopathic Physician* he will see a case very like his own in which *Medorrhinum* played quite as pretty a part, and much prettier, than his *Coccus Cacti* cm. (Fincke) inasmuch as, that it did its work quite as effectually, safely, and with much less frequent repetition. In the selection of the *Coccus Cacti* this Hahnemannian who swears by the *Organon* of Hahnemann and which latter swore by "the totality of the symptoms." I fail to see the totality of the symptoms in *Coccus Cacti*; and although *Coccus Cacti* did effect a cure or a recovery, a cure I say, I do not see that it was *the* simillimum to the case. The

same cure might have been brought about by other medicines and the so-called isopathic Medorrhinum was quite as likely a remedy as *Coccus Cacti*.

Another sweeping statement of this Hahnemannian is as follows: "It is argued that Luesinum will cure all cases of uncomplicated syphilis." All cases is going it a little too strong, even though the term uncomplicated considerably modifies it. This is the "fatal error" which Shillelah always makes, and which has led him astray like a will-o'-the-wisp into the idea that Isopathy is a possible system of medicine. That Luesinum will cure *all cases* of primary, secondary, tertiary, and quaternary syphilis and Medorrhinum gonorrhœa and all its sequels.

For myself, it is a matter of moonshine whether I am held up to ridicule as an Isopathist or not, I am prepared to defend my standpoint, and one thing is certain, I for one cannot afford to part with Luesinum or Medorrhinum, because they can do for some ailments what no other medicinal agent is capable of doing, after hours, days, weeks and even months of search through the entire *Materia Medica*, repertories and private notes.

I hope soon to be able to publish two of the most miraculous cures of twins *born with psoriasis inveterata*, and which defied dermatologists of the best standing in Britain for twelve years. The twins were covered from head to foot with the vile eruption, itching horribly. They were cured by a nosode of my own, severely decried by Shillelah, and it is an Isopathic virus. Is Isopathy superior as a system of cure to Homœopathy?

LONDON.

THOMAS SKINNER.

#### IN MEMORIAM.

THOMAS F. POMEROY, A. M., M. D. was born in Cooperstown, N. Y., May 11, 1816. His was a family of doctors; his father, Theodore Pomeroy, M. D., and his maternal grandfather, Thomas Fuller, M. D., won for themselves an honorable position in the profession. His literary education was obtained in Union College from which he graduated in 1836, and after attending two courses of lectures received his medical degree from the Cleveland Homœopathic College in 1853. In the following year he began practice in Utica, N. Y., as a partner of Dr. L. B. Wells, a former student of his father. He removed to Detroit in 1859,

where he practiced for several years with marked success. He was a true follower of Hahnemann; one of the staunchest upholders of his teachings, for as he often said he always found them true when applied in the cure of the sick. He was a senior in the American Institute of Homœopathy; one of the founders of the I. H. A. and the second president of the Michigan State Society. Though not a frequent, he was a most valuable contributor to our periodical literature. He had not been in active practice for several years previous to his death, which occurred at his home in Providence, R. I., April 2, 1892. Thus passed to his reward one of the few remaining members of the "old guard," men who by their adherence to similia have planted deep the foundations of our school in America.

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WILLIAM SPRINGER, M. D., was born in Hamilton, Ontario, 62 years ago, where he received his early education in the grammar school. He graduated from the Cleveland Homœopathic College in 1857, located in Ingersoll and was one of the pioneers of Homœopathy in Canada. About ten years ago he removed to Woodstock where he has since practiced. He has probably been the means of sending more students to homœopathic colleges than any man in Canada. As a practitioner he had the almost intuitive faculty of seeing and prescribing for the peculiar and uncommon feature of the sick patient and hence was very successful. He died April 2d of paralysis from which he was a sufferer for three or four years.

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WILLIAM O. JACOBI, M. D., was born in Mellenville, N. Y., April 10, 1837, the anniversary of Hahnemann's natal day. He received a public school education and while engaged in mercantile pursuits in Escanaba, Mich., began the study of medicine with Dr. Kendrick, a graduate of the U. of M., from which after a three years' course he graduated in 1885. He began practice in Ludington, Mich., whence he removed to Chicago in 1889. On November 25, 1891 a fire occurred in the basement of the block in which he lived and in removing his family he suffered from the effects of smoke. On December 29 the fire was repeated and in removing an invalid parent he was nearly suffocated by smoke from the effects of which he never recovered. He died January 20, aged 35. August 27, 1884, he married Stella E. Chapman, M. D., who graduated in the same class, who with two children survive him. He was an earnest student of Hahnemann and one of the best prescribers in the city.



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## THE FIRST HOURS OF LIFE.\*

The topic on which I have chosen to speak today might be approached from many points of view. In the first place, it would be very interesting to consider it from the psychological standpoint, and to try to ascertain how the earliest impressions of external existence affect the mind of the newborn. Were we to follow the lead of materialists like Huxley, and look upon thought as a mere secretion of neural tissue, then indeed a newborn child would not be of much interest to the psychologist. But if we believe, and I am glad to record myself as among those who do so believe, that man is something more than a combination of hydrogen, oxygen, carbon and nitrogen, then there is a psychic life which antedates birth and continues on beyond death.

I am satisfied, as the result of many years' careful study of the newborn, that the psychic life is much more active in them than is commonly supposed. That not only does the fetus experience sensations, not only is it convulsed by conflicting emotions, but that it has something near akin to thought, and that it issues into contact with the outer world, having already passed through psychic experiences which will mold all its future. To the careless observer the babe seems to know nothing, simply because it has not yet learned to convey to others an intelligible explanation of its capacity for sensation and emotion. It seems an unthinking mass of tissue. But its powers are vastly underrated. It is on the

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\* Read before the New York State Homœopathic Medical Society, at the annual meeting, Albany, February 9, 1892

mental and spiritual level of the brute creation. Who has not noticed the wonderful sympathy and capacity for understanding each other that exist between a dog, for instance, and a very young child: and we, in proud consciousness of our own superiority, look down smilingly on both. We call the dog and his congeners dumb brutes, but the dumbness is on our part as well as on theirs.

Interesting, nay, alluring, as it might be to discuss fully the first experiences of life from a psychological, or from a sociological, or from an anthropological standpoint, I do not forget that I appear here, not as a student of mind, or of social theories, or of man in the abstract, but as a practical obstetrician, and that we are met together in this bureau for mutual aid in our work in midwifery, and not at all for the purpose of exploiting excursions into other realms of thought, no matter how practically useful these might be made. Nevertheless midwifery practice would probably have been much less delightful to me than it has been if I had not brought to it so sincere an interest in all that concerns human welfare. *Homo sum; humani nihil a me alienum puto* is the inherent impulse of every broadening mind.

The duty of the obstetrician to the newborn is, then, my theme. We hear a great deal about the care of the mother, and this is right, and very little about the care of the child and this is wrong; the child's side of the question has been, almost entirely neglected. Let us, then, in imagination, approach the parturient bed. The child has this moment been born into the world by that powerful downward thrust—which Haughton has shown may exceed five hundred pounds\*—of the fundial muscle, assisted by the abdominal parietes—and lies gasping for life between the maternal thighs. With that first wailing cry, which seems a protest at being thus summarily forced into an existence of which it knows nothing, but may reasonably fear much, it takes up the current of individual life. The essential outcome of that life, as far as material existence is concerned, and the reaction of this on the spiritual nature, is much more dependent upon

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\* "On the Muscular Forces employed in Parturition; their Amount and Mode of Application," by Rev. Samuel Haughton, M. D., in *The Dublin Quarterly Journal of Medical Sciences*, May, 1870,

the accoucher than he usually recognizes. The babe has been sheltered until now, within the maternal tissues, from rude contact with physical forces which now assail it in every direction, as if to test its powers of endurance, as indeed they do. The experiences which it has had have filtered to it through the mother's heart and brain, with such more direct ones as have come to it by contact with a smooth surrounding membrane buoyed out by amniotic fluid. These experiences have but barely fitted it to cope with the rude forces of light and heat, and physical contact with alien objects, to which it is now suddenly exposed. When we consider into what a maelstrom of assailant and abhorrent forces it is plunged we cease to wonder that babies sometimes die; the marvel is that any survive.

The first point of criticism which I would make is that the babe is not handled with sufficient delicacy. It certainly is evident that its new conditions should be made to resemble, as far as possible, the ones to which it has been accustomed; it should be enured to its new phase of life as gradually and gently as possible. We have become ourselves, through oft-repeated harsh experiences, so used to heat and cold, light and noise, that we do not realize what powerful stimulants they are, and what exquisite pain they must inflict on one who is unaccustomed to them. Our crass obliviousness is, however, no protection to the child. He suffers, and suffers just as truly as if the reasoning powers were developed, and he could analyze, describe, and formulate the causes of his pain. It is not necessary to comprehend the effect of a thing in order to be its victim.

If the effects of roughness were but temporary, this criticism might seem frivolous—an undue, finical refinement. But they are not temporary, but outlast life itself, and are visited upon the third and fourth generations of their victim's descendants. Nervous disorders which greatly modify the usefulness and the pleasure of life, and even more obvious lesions, such as hip disease, have their frequent origin in the rough handling which children receive during the first hours of life. Treatment which, even a few days later, might be borne without injury, because the system so soon adjusts itself to surrounding conditions, is now productive of irropa-

rable mischief, which unhappily does not kill, but only maims. Careful observation leads me to fear that many of the miseries of life, and not infrequently the sources of crime, have their origin in the ignorance and carelessness which permit sad ravages in the neural tissues at this most sensitive stage of the child's existence. I am leaving out of sight now all the possibilities of danger which the child encounters on its short but tragic journey down the vaginal canal, and the resultant injuries and deformities which occur from carelessness on the part of the attendant. I use the word carelessness in its generic sense. A careless [Latin, *cuvo*] is one who fails to cure, who lets the golden moment of opportunity slip by unheeded. The obstetrical forceps, in unskilled hands, is the deadly enemy of the child, and is a not infrequent cause of nervous disorders from the crushing of brain tissue, especially when used on the after-coming head. Again, fractures of the skull are occasioned by unskillful manipulation, resulting in either intellectual or physical deterioration. Brachial palsies result from awkward and boisterous attempts at extracting the shoulders; thrombi, most frequently in sterno-cleido-muscle, but may occur anywhere, from rough handling. Fracture of the neck, and fractures and dislocations of the limbs, and many other so-called accidents occur, when the practitioner is too hurried or too obtuse to avoid them.

These, however, are incidents of the second stage of labor, a time antecedent to even the first hour of life in the meaning of our text. We have to do here solely with the duty of the accoucher to the child already born. It is, perhaps, a great deal to ask of the tired doctor, who after hours of strenuous exertion, hears at last that wailing cry which brings joy to all but its utterer, to be alert to the thought that in his hands he holds embodied the future of a soul, who, whatever may be its intrinsic worth, has as yet so feeble a hold on material things as to be more helpless than any other living creature. And yet upon his wise oversight hang all the issues of that life, and upon him is laid therefore a grave responsibility which he may not shirk nor neglect, upon his honor, no matter how tired or worn he may himself be.

It is obvious that the less a new-born child is handled the less likely it is to be injured. The experiments which have

been made by Dr. Louis Robinson, of London, and detailed in his articles, "Are Babies Like Monkeys?" and "Darwinism in the Nursery," in which the attempt is made to prove that young human infants have certain simian qualities, are interesting, but they hardly improved the chances of health of those upon whom the experiments were tried. Everyone knows that a human being, of any age, can stand a certain indeterminate amount of exposure without evincing any immediate evil results. But that the sinister quality of the effect of such exposure is not at once evident, does not prove that the result is not evil. All surgeons know that the peculiar condition of the spinal cord known as "railroad spine" is not proportionate to the apparent amount of injury at the time of the accident. The patient may have seemed to have escaped with only superficial lacerations of the peripheral tissues, and yet, months after, develop a serious spinal lesion. The experiments of Dr. Robinson on 150 babies, some of them born within an hour or two, some a few days old, consisted in inducing them to cling with their tiny hands to a stick or a branch of a tree until they fell from exhaustion. Some thus supported their entire weight for two minutes and a half, others gave up the struggle at the end of ten seconds. This seems to prove nothing but that the power of the new-born to sustain themselves by muscular exertion is a variable quality, but we will let the doctor speak for himself: "The actual discoveries these experiments led to are these: that every new-born child, unless it is sickly or otherwise imperfectly developed, has a most wonderful power in the flexor muscles of the forearm, and will support the whole weight of its body, during the first few hours after birth, for a period varying from ten seconds to two minutes and a half. Now, everybody knows that in monkeys the power of grip is very fully developed; quadrumana can do anything with their hands and arms, and in case of danger this power is a chief means of self-preservation. It is curious that it never occurred to Darwin to try this experiment. But before I go further into the subject, let me say at once that my experiments were undertaken not to prove anything, but simply to get at a knowledge of the facts and to see where the facts led to. I have not much claim to call myself a scientist; I only

appear as a witness, putting forward the facts and leaving them to be judged by those whose special knowledge of development, anthropology and evolution fits them to judge of the value and bearing of the evidence I have gathered. The investigations have been my recreation only, and this must be my excuse for their very fragmentary and imperfect character." It is quite possible that all these 150 babies experimented upon by Dr. Robinson came through the ordeal without damage, but when we take into consideration the delicacy of the tissues of the new-born's body we cannot but feel that a grave responsibility was assumed, and that he had better have taken his recreation in some other way. For, after all, the experimentation only proved what any old granny could have told him, that infants have considerable grip, and that it varies very greatly in different children.

But there are more common sources of danger to the new-born babe than the jejune curiosity of the amateur evolutionist. The absurd habit of making an elaborate toilet and dressing the babe in flounced and embroidered dresses, is I hope, somewhat declining. The child has just been through one of the severest conflicts of life, and needs repose, not washing. To trick it out with all the arts of millinery, and hand it about for inspection among its forbears, its sisters, cousins and aunts, is not only folly, but a refinement of cruelty, or perhaps I had better say a cruelty of refinement, which no doctor should permit.

A proper course of procedure may thus be described: The cord should not be cut until it is pulseless and cold; this is to save every drop of blood to the child possible; it needs it all—it has only twelve ounces of it at best. The child should meanwhile be protected from the air as much as possible by being covered by a small blanket, as the air of the parturient chamber at 70° F. is as cold to it as one at 35° would be to us; and none of us would find it pleasant to remain nude in a room at this latter temperature. Although every means should be used to prevent the loss of body temperature, the child should be encouraged to cry vigorously. Many infants will give two or three feeble cries and then doze off but this should not be permitted. It is of the greatest importance that the whole lung tissue should be brought into the fullest

possible action, and if the infant shows any indisposition to do this, I quickly wrap the cord in a heated flannel, which has been previously provided against such an accident, so as to maintain the circulation (sometimes for fifteen to twenty minutes), and, at the same time, encourage respiration by tickling the child on the sides of the chest under the arms; this usually sets up reflex action and vigorous inspiration. If this does not cause a quick response, gentle friction at the base of the brain will help, or the hand, held in cold water and then applied along the anterior edge of the diaphragm will, as far as my experience extends, always produce the desired response.

When the cord is cut the babe is gently lifted into a receptacle which has been prepared for it, on a table, or lounge or crib near by. This consists of sheets of cotton wool—usually three bundles will be required—laid out smoothly on a flannel blanket or eider-down quilt. These have all previously been thoroughly baked, and if there is plenty of service, are kept warm (about 110° F.) until needed. Laid nude on this soft couch, the edges of which are brought up deftly about the little form, and tucked in, enveloping it completely, including the head, an aperture for breathing being alone left, the babe is comfortable and safe. A small, soft napkin, generally an old table napkin is to be preferred—this also having been made hot—is placed under the buttocks to catch the discharges. The crib, or whatever the child may be lying upon—I prefer a small table, if possible—is then drawn to the warmest part of the room, and the child is allowed to sleep for twelve hours. If the child is born during the afternoon or evening, it is not washed until the next morning; if born during the night or early morning, it is washed in the evening; and I always endeavor to be present at the first bath, which I consider a very important ceremony. It is preceded by a thorough inunction with warm lard—usually from one-half to one pound is used *pro re nata*—rubbed slowly into the tissues, the nurse, if possible, sitting facing a good grate fire, and holding the child in her lap. The child is then immersed in warm suds made from Ivory soap, and rubbed gently, but sufficiently to free all the pores, then into a clear warm bath at a temperature of about

115° F. to remove the suds; and then back to the nurse's lap, on which is spread a dry blanket, in which the babe is enveloped; it is then dressed, simply and warmly.

The mother does not usually see the child until after its bath, and, under no circumstances which can be anticipated is anyone allowed to disturb the child during sleep. If it awakens, simply turning it on the other side, the nurse holding her hand softly on the upturned shoulder, is sufficient to cause the baby to resume its sleep. The head should always be turned fully on to one side or the other, the weight resting on the ear, never on the occiput. To allow the head to rest on the occiput is to invite tetanus. After the bath the child is put to the breast, being, during the process of suckling, and at all times, diligently shielded from the cold, and after a few minutes is returned to its crib. Under no circumstances is it allowed to remain in the bed with the mother; if no better contrivance is available, it is snugly wrapped and laid on a table drawn up near the fire. A baby so treated will, on the average, wake up once in two and a half hours, and may then be put to the breast for a few minutes. As a rule, the baby will sleep ninety-two hours out of the first one hundred. It will generally be wakeful, and somewhat fretful, at the recurring hour of the day at which it was born; that is, a babe whose birth occurred at 2 o'clock, A. M., will be likely to give more trouble to the nurse in the hour two to three than at any other part of the twenty-four. This is more certain if the child is born during a rising tide, or at its culmination; a child born at ebb-tide will be quieter, but also more feeble. Children born during the last quarter of the moon are more prone to little ailments than if born three or four days after new moon. These facts I record as a matter of personal experience and observation.

How much of the actual success I have had in these cases is due to the careful provision I make for the enforcement of this regimen immediately after birth, and how much is due to prevision by carefully meeting every abnormal symptom in the mother, by its drug-similar, before the birth, I am unable to determine. I believe that very much can be done for the child, while yet it is in its mother's womb, to insure a healthy and vigorous constitution; that every tendency toward abnor-



mality will be prefigured in symptoms, usually subjective, in the mother, and that the physician, if watchful enough, can, will, and ought to discover these and rectify them by the forces which lie latent in his medicine case. But he cannot do this unless he has a deep insight into general pathology, and can interpret the warnings nature always gives, but gives often in an evanescent, subtle way. He must also possess a broad knowledge of the materia medica, and be able to apply that knowledge deftly.

Whatever proportional credit may appertain to the prenatal or to the post-partum care I give my babies, I will say for them that they are very good babies indeed. They rarely have the colic, they sleep with such conspicuous pertinacity as to alarm their guardians, and they grow up to be healthy little men and women. In seventeen years I have never seen—I am speaking now of my own immediate obstetrical cases—but one baby die during its first month (October, 1883), but one in the second month (October, 1887, of septic poisoning from its feeding bottle; this case I reported in the *American Homœopathist*, in January, 1888), and none in the third month. Only one child has had infantile pneumonia (September, 1886, recovered, and is now a robust boy of five and a half years); but one has had ophthalmia neonatorum (March, 1888, recovered, eyesight normal, but died at one year of age from whooping cough). Out of several syphilitic mothers treated during pregnancy, I have had only one child die, and that in its tenth month, at the evolution of the first teeth. I have had no case of sprue for four years; no cases of umbilical disease (septic infection, omphalitis, omphalorrhagia) at any time; and but three cases of umbilical rupture; these were all cured. No malformations, not even slight ones, such as birthmarks, cephalo-hematoma, etc., have occurred in children born of women who have been treated homœopathically during pregnancy. The above statistics apply only to my own 651 cases; I have, of course, seen many varieties of all the above conditions in consultation, in midwife, in spontaneous delivery, and “old-school” cases. Where they have occurred in my practice, as above, it was because my rules, which are always extremely precise and explicit, were knowingly violated by the nurse or mother.

I hope no one to whom these words may come will think for one moment that I plume myself on these successes, or that I mention them for any purpose but to show what Homœopathy, with a modicum of common sense, can do. What I have done anybody could do. It does not require any particular ability, except the ability to grasp details, and a conscientious determination to let no woman suffer the pangs of parturition, and then lose her child through the neglect or ignorance of the doctor.

It might seem desirable to make somewhat more clear the lines of procedure adopted during these first hours of life to prevent the occurrence of those accidents to the new-born which are so prejudicial to its welfare. I have already indicated both here and elsewhere\* how much faith I have in prenatal medication. As a matter of practical experience I feel that I now have the right to the assured belief that the fetus can be acted upon through the mother's system; and that it only requires knowledge, patience and intuition on the part of the doctor, and confidence, ability to interpret subjective feelings into spoken language, and frankness on the part of the patient, to insure the obliteration of all faults of construction. Alfred Russel Wallace, in an article entitled "Human Progress: Past and Future," in the January (1892) *Arena*, adopting the theories of Galton and Weismann, which are included in the term "the continuity of the germ plasm," sets forth, with charming lucidity, the means by which continued advancement in moral and spiritual development may be secured for the race. But these depend upon, and are in fact indissolubly connected with, physical health and perfection. While there are seeming exceptions to the rule, and sharpness of mind and elevation of soul are occasionally associated with deformity of body, we know that these are so rare that they but accentuate the force of the old saying in regard to healthy minds in healthy bodies. Dr. Wallace shows how, these may be, nay, will be, secured. Society has always, in one way or another, interfered with those beneficent processes of selection which have tended, and do tend, to eliminate the gross, the vicious, the unhealthy, and has thus

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\* "Commonplace Midwifery," p. 13, and, "On the Relation of Therapeutics to Midwifery," p. 9.

retarded the general advance. But society is not to be reformed except through the units of which it is composed. The methods of this reformation are already known.

In other words, I believe here and now, in this year of grace, A. D. 1892, we can have children born *mens sana in corpore sano* if we use the power placed in our hands by Hahnemann and the brains placed in our heads by God. To be sure this requires co-operation between parents and physician of the most intimate kind. It means a capacity for self-sacrifice, for altruistic living on the part of all three—father, mother, doctor—which, to say the least, is unusual. But there are, doubtless, very many women, and not a few men who, if they could realize their opportunity, would gladly embrace it. It is for you, brother practitioners of medicine, to realize *your* opportunity, to awake to the knowledge that the secret of human progress is your problem, and must be solved by you. The medical profession has replaced the ancient priesthood. Unfortunately, like it, we are too often false to our opportunity, and negligent of the dignity of our calling. It is only the man who himself leads a clean life that can hope to aspire to a work so glorious, so beneficent, so wide-reaching. The dram-drinking, tobacco-chewing, self-indulging doctor is “not in it” at all; and unfortunately, too, many of us are very human. The opportunity exists, nevertheless, gentlemen; shirk it, or rise to it.

It is, then, on prenatal medication that I mainly rely to prevent disorders in the new-born, hampered in the practical application of the purpose by the gross prejudices and the crass ignorance of the community at large. During the progress of labor, I discard all so-called antiseptic procedure, and depend upon lard. The hog may be a very objectionable article of diet, but if he existed for no other purpose than to furnish lard for obstetrical work, he would not have lived, nor died, in vain. Just how many grains of lard it takes to kill a microbe I do not know. It is possible that the microbe laughs and grows fat on it; if so, then so much the better for the microbe and none the worse for our baby. For it is to the unstinted use of lard during the progress of labor that I ascribe much of the gratifying success which I have had in obstetrical work. But then I am very particular

about my lard. "Store" lard is my abomination; it is full of water and all manner of filthiness. It may do to fry dough-nuts in, but it will not answer for obstetrical work. In arranging the preliminaries of a labor case, I always request that four or five pounds of leaf lard be purchased, and tried out at home. Then we have an article that can be relied upon, and which never fails to justify expectation. Liberally used in the vagina, within the cervix, and upon the child's advancing head, it not only acts as a lubricant, but it greatly increases the elasticity of the maternal parts, and neutralizes all septic germs. I don't like to deal with dirty people. I admit to a certain fastidiousness. But as far as danger of inoculation is concerned, give me plenty of lard, and I'll run the risk; it is minimum. It is to the credit of lard that I have had so few "interesting" cases. The babe slips easily into the world, without rending the mother's tissues, and with no likelihood of septic pneumonia, ophthalmia neonatorum, icterus, nor omphalitis. In fact, as a result, the whole process seems so uncomplicated and obvious that, in the present state of communal knowledge, the doctor gets very little credit indeed. The family say, "What an easy time she had." And as for the baby, "Why it's all right." And the usual fee is looked upon as an almost needless expense; a midwife, at ten dollars, would have done quite as well! Now, if we had only had a bad laceration to be neatly silver wired, or a violent ophthalmia, or a pneumonia, and the patients had finally recovered, the chorus would have been, "What a clever doctor we have got!" But do not blame the laity for this lack of appreciation. The medical profession has taught the public to accept bad work for good through centuries of blundering. Can we expect them to know really good work which consists in *preventing* trouble rather than in curing it.

I have mentioned the absence of sprue in all my new-born during recent years, probably 150 consecutive cases. This, if I may judge from what I hear and read, is a somewhat unusual experience, at variance with commonly accepted belief. It, therefore, may seem to demand explanation. I may say here that experiences differ so completely that even when two men endeavor to carry out the same regimen with equal conscientiousness the results may be antipodal. Of

course the differences in results are explainable when the minutiae of the operation are made known. Nature works according to rule, and always arrives at the same resultant when the forces are precisely alike. In no manner is this better illustrated than in the infant's mouth during the first hours of life. Now this very question of the desirability of cleansing the mouth of the new-born recently agitated the obstetric mind of Berlin.\* As is well known, oval, yellowish-white patches are frequently found in new-born children immediately behind the alveolar arch of the upper jaw, just where the oral mucous membrane covers the hamular process of the pterygoid. It has been generally taught that these patches arise mechanically from the friction exerted during the act of suckling by the tongue on the mucous membrane, which is quite thin just over the hamular process. Dr. Baumm, however, states† that he found in forty consecutive cases in which the nurse wiped out the infant's mouth after feeding, this particular form of aphthæ showed itself in thirty, while such aphthæ were not once found in fifty other cases where the nurse was forbidden to wipe or rub the mouth at any time before or after feeding. From this Baumm draws the lesson that the mouth of the infant should not be cleansed, and that the usual practice, intended as a preventive of aphthæ is, on the contrary, a measure predisposing to these conditions.

From all this I most earnestly dissent. Bednar's aphthæ, as this form of buccal soreness is called, are occasioned by the drying of extraneous particles upon the surface of the mucous membrane, and the consequent irritation; this will be most evident in those parts of the mouth where the mucous membrane is the thinnest. Absolute cleanliness will prevent its occurrence. A child's mouth may be wiped out by the nurse and left dirtier than before; and the irritation caused by rubbing roughly over the tender mucous surface may set up serious mischief—something much more serious than Bednar's aphthæ. After each nursing the infant's mouth should be

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\**Homœopathic Journal of Obstetrics, Gynecology, and Pedology*, January, 1892, Editor's Table, p. 87.

† *Berlin klinisc. Wochenschr.*, August 24, 1891.

gently wiped out with a soft handkerchief dipped in pure cold water, using plenty of water. After being so used, the handkerchief should be thoroughly washed in boiling hot water and hung up to dry, but not in the sick room. With this precaution my experience leads me to believe aphthæ will never occur.

The value of cold water to the new-born, as a beverage, has been preached with some persistency in recent years, but its real worth is not understood by many in the profession. Simple cold water will allay irritation, induce sleep, and prevent wear on the nervous system during the first hours of life better than anything else. Of course, if there is a pathological condition present, this must be met by the appropriate remedy. But it will sometimes happen that the new-born will be wakeful simply from the effects upon it of extraneous forces, light, cold, noise. These, if disturbing to the child, must be modified and then a spoonful or two of pure cold water will remove their effects and act like an anodyne. Many times I have seen a child, who had been wakeful and fretful for hours, drop off instantly into a quiet, peaceful sleep on being given a few spoonfuls of water. To a new-born, it must, of course, be fed slowly, a few drops at a time. The importance of that first long sleep immediately after birth cannot, it seems to me, be over estimated. To secure this, however, I would be unwilling to give, and never find it necessary to give, any of the ordinary anodynes, anise-seed tea, catnip tea, etc. Later, after the first weeks, I yield so far as to allow a little weak anise-seed tea, when the child is fretful and the mother seems bent on using it. It is sometimes desirable to let a woman have her own way, especially when you know she will take it as soon as your back is turned. But while she is in bed, unless the nurse is one of those creatures who thinks she has forgotten more than I ever knew, I can generally manage things to please myself; even here I find things don't go quite to my taste sometimes. I remember, some dozen or so years ago, before I had learned the deviousness and mental obliquity of the Sairey Gamps and Mrs. Harrises, leaving a case after all was over, somewhat hurriedly, as I was called elsewhere, and coming back some three or four hours after to find that the baby had

had five different kinds of medicine poured down its throat. Not that there was anything the matter with it, particularly, but on the general principle that "castor oil and sich" was good for infants!

I have thus indicated what I consider the sources of success in midwifery practice, if we would have the best results in the fruit of the womb. It will be perceived that it may be all summed up in the brief phrase—attention to details. The treatment, to be really scientific, must fit the case, and this not in any perfunctory way, but in the sense of being made for it, of being conjoined with it, so that case and treatment form a unit without interstice, and this, again, not at some one stage of the case, but from its inception to its close, from the moment of conception to the conclusion of the lying-in.

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NEW YORK.

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### SOME EYE PROBLEMS.

I. Can astigmatism be cured by medicines?

II. To what are the symptoms due which patients experience who suffer from astigmatism?

III. When patients who suffer from chronic disease also have astigmatism, how are we to prescribe medicine to cure the chronic disease?

IV. As pessaries, plaster of Paris jackets, braces, etc., are objectionable, as they suppress symptoms, why then are not glasses for astigmatism to be placed in the same category?

Several of our school have asked me these questions. I have decided to reply to them in the columns of the *ADVANCE*.

In curing our chronic cases we must be careful to avoid all methods of old school practice which in any way might interfere with the selection of a remedy by masking symptoms, or which might interfere with the cure by preventing the proper action of the remedy. But the sad spectacle presented to us of the pernicious effects of old school practice must not cause us to close our eyes to a true fact simply

because it has been presented by the allopaths just as if all that has been said or done by them must be wrong. In accepting any teaching of theirs we must view the subject from all sides, considering all possibilities and probabilities; we must see with what we have to deal, and what will be the results of the method proposed, for not until then shall we be able to draw a correct and satisfactory conclusion.

First. Can regular astigmatism be cured by medicines? In curing, that is restoring to the normal condition, an organ in which there is an existing lesion with medicines, it is necessary to have present a derangement of the vital force which existed previous to the lesion and which gave rise to and now maintains the pathological condition. In the astigmatic eye we find that the curves of the cornea are not alike on opposite meridians. We follow our cases back to the commencement, and we find the astigmatism was in the child, that in the majority of cases it is a congenital defect or condition, or in other words it is, if I may use the expression, the normal shape of the eye. As far as we know a deranged dynamis was not responsible for it any more than for the shape of the features of the child. Now if it always existed, and if a derangement of the vital force is not responsible for it, we may safely assume that all efforts to restore the vital force to its normal condition will have no influence upon the astigmatism any more than the same treatment would have in altering the shape of the features. In fine, astigmatism, not being a disease, cannot be made to disappear by medicine.

Second. To what are the symptoms due from which patients suffer who have astigmatism? All who have had much experience in eye practice will be able to call to mind the great variety of symptoms and conditions which are relieved promptly and permanently by wearing suitable cylindrical glasses. All can remember the unsatisfactory results after medicines carefully prescribed in such cases. Now, why is it if all symptoms are to be considered due to a disturbed dynamis, that these were not promptly relieved by what appeared to be the homœopathic remedy? Before answering this question, let us see again what astigmatism is. We have said above that the curve of the cornea is not the



same in different meridians. Now it follows, since the curves are not alike, that when the point regarded is in focus on one meridian it is not on another meridian, so that it is never possible to make an adjustment of the eye so that the object looked at will be wholly in focus. This gives rise to a constant, yet unsuccessful, effort on the part of the muscles in and about the eye to bring the eye into focus. It throws upon the muscles an extraordinary effort, which becomes at last a source of constant irritation, that is carried to the nerve centers, and from there reflected in various ways throughout the entire organism. There is no telling what these symptoms will be, or where they will be found, as they depend wholly upon the constitution and sensitivity of the patient. Being caused by peripheral irritation, and from thence reflected over the organism, they cannot be termed dynamic or treated as such, consequently it is useless to treat such symptoms with medicines. They are reflex in their origin, and can only be cured by removing the source of the peripheral irritation, just the same as one would remove a foreign body to cure an inflammation and the pain caused thereby.

Third. When patients suffering from chronic disease also have astigmatism, how are we to prescribe for them medicines which will cure the chronic disease? After what has been said, this question naturally follows since the astigmatism will certainly give rise to symptoms which are not due to a deranged vital force. These symptoms will complicate and at times mask those of the purely dynamic disturbance. I have a number of times seen cases where it was impossible to find a remedy for the chronic disturbance, although there seemed to be good indications upon which to prescribe, simply because those originating in the local irritation caused by the eye strain made it appear as if a certain remedy was indicated which bore no relation whatever to the real chronic disease, and, consequently, had no power whatever to produce a curative reaction. To cure a chronic disease we must cause a reaction of the vital force, which shall be contrary to the impression that the disease force has exerted upon it. To decide which remedy is capable of producing such an effect, we take for our guide the totality of the symptoms, subjective and objective, and administer the

remedy, which from the proving we consider to be similar in symptoms and sphere of action to the disease. Now, if we have in addition to the symptoms caused by the disturbed dynamis others superadded, which have been reflected from a point of local irritation (the astigmatism), reason will show us that before we can tell which symptoms belong to the disturbed vital force and which to the astigmatism, we must first remove the local irritation by correcting the astigmatism, so that it can no longer be a source of symptoms. When these have in this manner been removed, then the symptoms of the disease will show themselves in their true color and meaning, and the selection of the homœopathic remedy will be an easy task. I will illustrate by the following example:

Miss B. came to me suffering from dyspepsia and headaches. I gave her several remedies at intervals, which seemed well indicated but to no purpose. She was wearing glasses, so I did not at first examine her eyes, but obtaining no relief from the medicines I tested her eyes, gave her a new correction for her astigmatism, when in less than a week the symptoms began to change and Sang. a remedy heretofore not even suspected, as her remedy seemed clearly indicated. Two doses of the cm potency two weeks apart sufficed to remove the stomach and head symptoms, of which she had for many months been a sufferer. I have had many more such cases, but this is sufficient to illustrate the point that in chronic disease we must first have the astigmatism fitted by suitable lenses, and afterwards prescribe for the symptoms which remain and are not removed by wearing glasses.

Fourth. Pessaries, plaster of Paris jackets, braces, etc., are objectionable because they suppress symptoms. Then why are not glasses for astigmatism placed in the same category? Pessaries, plaster of Paris jackets and braces are used to support parts weakened by disease. In prolapsus uteri, etc., the condition is a morbid one, it did not always exist, something has disturbed the vital force and deranged it so that by acting in a discordant manner it has caused and is maintaining the pathological condition for which the pessary is used as a mechanical support. Likewise in spinal curvature, the brace and jacket are employed to support a

spinal column weakened by disease. The symptoms of pain, etc., which the patient suffers in these diseases are the expressions of a disease. When by means of mechanical appliances we relieve the patient and remove these symptoms, we are taking away the only means by which we can tell what medicine will cure; we are preventing the disease from talking to us just as much as gagging a man would prevent him from speaking. On the other hand, the symptoms due to astigmatism are in the way, they do not belong to the disease, and they prevent us from prescribing correctly for the dynamic disturbance. For this reason the two do not belong to the same category and while the use of the one (braces, pessaries, etc.), must be condemned, the use of the other (glasses) should be recommended.

PHILADELPHIA.

ARTHUR G. ALLAN.

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#### THE VALUE OF GUIDING SYMPTOMS.\*

You will have observed that the chief point aimed at in my clinics during the term now closing has been more to ascertain the indicated remedy for each individual patient than to arrive at an accurate diagnosis. It seems hardly necessary to advance argument in support of the wisdom of this course, notwithstanding that it is a very important consideration to be able to correctly diagnose any given case of disease. Still there are so many who are of the opinion that diagnosis is essential to a correct prescription, and that it is indeed the most important consideration in forming, the basis of a prescription, that it seems necessary to give the reason, why the course I have adopted is the best.

After a correct diagnosis has been made the work of curing the patient is but begun. Take for example the patient before us: he presents an unmistakable case of icterus—jaundice. You can all, without asking a question, make an accurate diagnosis here; the patient himself has already made the correct diagnosis of jaundice, but what does that avail us

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\*A clinical lecture delivered in the Hahnemann Hospital of Chicago, by W. J. Hawkes, M. D., Professor of Materia Medica, Therapeutics and Clinical Medicine. Phonographically reported by Dr. Wm. Whitford.

in selecting a remedy for the removal of his uncomfortable condition? All can see the yellow skin—almost copper-colored—the jaundiced sclerotica and the general yellow appearance of the patient. Whether the jaundiced condition be a result of catarrhal occlusion of the bile ducts, or is caused by obstruction from calculus, is a question of considerable importance; so, also, whether it has originated in the circulation as a result of decomposition and destruction of the red corpuscles of the blood, is a question of moment, and the results of these questions will bear weight in the choice of the curative medicine. It will, to be sure, be of minor importance as compared with the subjective symptoms experienced by the patient, but after these questions shall have been decided, but little will have been done toward a selection of the curative remedy for this particular case. They do not inform us whether it is a case for Bryonia, Chelidonium, Mercurius, Phosphorus, Nux vomica, or Podophyllum, or for any of the various remedies that may be indicated in cases of this character. The symptoms of the patient before us point clearly to Chelidonium as the curative remedy. There is the pain under the inner lower angle of the right scapula which is so characteristic of this remedy, there is the canary yellow color of the evacuations from the bowels in addition to the other symptoms of jaundice; these two symptoms named being the characteristic ones in this case and of the remedy selected.

All cases of jaundice present a condition of the evacuations from the bowels that are very similar, namely, a lack of color, the stools being of a whitish or grayish appearance, which is owing to the passage of fatty matters of the food through the intestines undigested, owing to the absence of bile, which has been prevented by one or more of the obstructions named, from entering the intestines.

All diseases are named on account of some peculiar phenomena presented by the patients suffering therefrom; in other words, they are named on account of the symptoms presented by the patients; thus, all fevers are named because of some peculiar phenomena presented by those fevers: scarlet fever because it is scarlet—red; typhus fever on account of the “cloudy” condition of the mind of the

subject, the word typhus meaning smoky or cloudy, and is applied to that condition of the mind of the sufferer, it being characteristic of typhus that the mind wanders and is stupid. "Typhoid" means "like typhus," and is a milder form of the same conditions and phenomena as exhibited in typhus, and bears about the same relation to typhus that varioloid does to variola.

Fever in general means a rise of temperature and increase of pulse. An intermittent fever is one that intermits. We have the chill and fever intermitting with more or less regularity. Remittent fever is one that remits: there is the rise of temperature, accelerated pulse and fever, but the fever remits irregularly. A relapsing fever is one that relapses: the same rise in temperature, and acceleration of pulse obtain, but it gets its characteristic name from its characteristic symptom of "relapsing."

Thus we see that a disease is named, as its remedy is selected, by its characteristic abnormal phenomena.

Were the remedy to be selected for any given patient simply upon the name of his disease or diagnosis of his case, leaving out altogether symptomatology, then there need be but one remedy for one disease, regardless of the peculiarities of the symptoms presented by different subjects suffering from this disease, and for the case before us of jaundice there would be no need of further seeking than to know the fact that he has jaundice. But we know that various remedies are needed for various patients suffering with the same disease so-called, and the manner by which we arrive at this knowledge is through the differentiating symptoms presented by different individuals suffering from the same disease. If the patient before us had no pain under the inner angle of the right scapula, had not this peculiar color of the stools, but had instead a stitching, catching pain on the right side, aggravated by taking a long breath, or sneezing or coughing, and if he was extremely thirsty, with dry mouth and lips; was very much constipated, with dry crumbling stools, and very much averse to all motion, then Bryonia would be the remedy. If there was, instead of this group of symptoms, profuse frothy greyish-yellow diarrhœa with prolapsus of the

rectum, cadaverous odor of the evacuations, Podophyllum would be the remedy. Or if there was an unusual accumulation of saliva in the mouth, and if there was a dysenteric diarrhœa with tenesmus, with more or less blood; if there was a heavily coated, moist, and flabby tongue, and all the symptoms were worse at night, Mercurius would be the remedy.

The moment we acknowledge the fact that two or more remedies are useful in the treatment of a given disease, that moment we acknowledge that symptomatology and not pathology is the correct basis of our prescription. To be sure, a disease suggests a certain group of remedies as being more likely to be indicated than others. This is the case with icterus; it suggests, above all others, the remedies already mentioned, but the remedy for any given case may lie outside of this group; and in my judgment more harm than good is accomplished during the length of a physician's life and practice by this habit of resorting to a certain limited group of remedies in any given disease, because it limits the search often times to that group, and frequently prevents his finding the right remedy. This is the course adopted, and the mistake made by, the lazy routine practitioners. If the name of the disease was in a therapeutic sense lost sight of altogether, more work would be required on the part of the physician, but infinitely better results would follow in the interest of the patient.

The next case which presents itself for our attention still further illustrates the point I have been endeavoring to impress upon your minds. This is a case of skin disease, as it is known in the books. In my judgment there is no such thing as a skin disease *per se*. All chronic and even acute so-called skin diseases are but blossoms of some internal inherited or acquired pathological root, and the misunderstanding of this fact causes our allopathic, and many of our so-called homœopathic brethren, to attack this external expression of the internal disease and by astringent, suppressive local applications drive it from the surface, and cause it to seek a more central and dangerous location for its expression. As, for instance, in the application of sulphur and other ointments for the suppression of itching eruptions, the

use or abuse of zinc ointments and lotions to the surface in erysipelas. Erysipelas is technically called an inflammation of the skin; that is incorrect. The skin is inflamed, to be sure, in erysipelas always; so is it in scarlet fever. But scarlet fever is not an inflammation of the skin, although inflammation of the skin is a condition that exists in scarlet fever as it does in erysipelas. Nature always does her best to locate these evil results of a diseased condition in the part least injurious to herself. It is infinitely preferable that the inflammation in erysipelas should appear on the skin and scalp than on the meninges of the brain, and it is to this latter point that the inflammation is driven when suppressed from the skin. One of the most serious cases it was my fortune to treat, and which recovered, resulted from a so-called homeopathic physician using zinc applications externally in the case of erysipelas. The inflammation of the skin was reduced and controlled, but the meninges of the brain were attacked, and delirium resulted, and death threatened.

I have seen several such cases that I regarded as criminal, when the so-called physician, allopath or homœopath, used suppressing lotions in erysipelas. Inflammation of the skin is not dangerous, necessarily. We should do our best to aid nature, and drive all tangible results of diseased action from within to the surface. Now, in the case before us, we have as an expression of some diseased condition, moist eruption about the ears, neck and scalp. We learn that this patient comes of a strumous family; there is a history of consumption; there is a history of scrofulous ulcers and several other evidences of a constitutional taint; as a child, he had what was called the itch, and this itch we learn was "cured" by sulphur ointment. Of late years the eruption we now observe has appeared from time to time, and has caused the patient much annoyance.

Now, oftentimes when the history of the case is similar to this, we find that the indicated remedy for the cure is Sulphur. In this case, however, it is not so. Why is it not so in this case? Because the symptoms do not indicate Sulphur and do indicate another remedy. The symptoms are a moist, honey-like oozing. This honey-like dis-

charge, when permitted to dry, forms a yellowish crust; the point selected by this humor is the locality behind the ears, the junction of the ear with the scalp; when it has disappeared from all other points, it still remains to the last in this locality. We find, further, that the patient has brittle finger nails; that he has a generally unhealthy skin; that there is dandruff in the hair and that when the skin is wounded it suppurates and is slow to heal. We find, also, imperfect teeth and various evidences of a defect in that part of the economy which takes care of the skin, finger nails, hair, etc. The remedy indicated is Graphites. The principal characteristics deciding the choice of this medicine, in this case, as in all similar ones, is the sticky, honey-like character of the discharge which later forms into a yellowish crust, and the locality selected especially for its expression—behind the ears. These symptoms, together with the generally unwholesome skin and brittle finger nails, point unerringly to this remedy as the curative agent. It might have been Zinc; might have been Sulphur; might have been Lycopodium; might have been one of a score of other remedies frequently useful in such cases, as is Graphites, but no remedy except Graphites, the one indicated, will cure this patient. The diagnosis or name we would give to this disease would be eczema capitis, but were the pathological condition or the diagnosis of the disease to be the basis of the prescription, then would only one remedy be needed, and all necessity for study would be obviated, and we would have easy work, albeit inefficient.

A prominent member of our school once wrote an article entitled: "With One Specific Cause, Why Many Remedies?" and instanced Quinine for ague, Belladonna for scarlet fever, Mercury for syphilis, and endeavored to show that it was unnecessary to use more than one remedy in each of these diseases; only Mercury in syphilis; only Belladonna in scarlet fever; only Quinine in ague, and so on. One of the principal mistakes he made was in assuming that the external cause of either of these diseases was the chief consideration in making a prescription for the cure of a patient suffering therefrom, whereas the chief consideration from the standpoint of cause in selecting a remedy is the consti-



tutional predispositions of the patient. This may be illustrated by the fact that a number of men will leave a certain locality and go to another, say a malarial, district. All are living in precisely the same external conditions; sleep in the same room; eat at the same table of the same food; labor at the same employment in the same spot; breathe the same air; drink the same water, and in short live under precisely the same conditions. One will contract fever and ague; he will have a chill regularly every other day, have a hard shaking chill followed by very high fever with terrific headache and delirium, all ending in and relieved by a profuse sweat. On the alternate days he will be comparatively well and free from distress; he will need one remedy. Another will have the chill and fever every third day, but at a different time of day; perhaps he will have comparatively little headache, comparatively little fever which will be followed by no sweat, and his symptoms be altogether different from that of the former; he will require a different remedy. Another will have no symptoms whatever of fever and ague; he will enjoy his usual health; the "malaria" will have made no apparent impression upon him.

What are we to conclude from these well-known facts? Are we to attack that marsh miasm, or are we to attack, in curing these patients, something within them—some morbid, disease-producing tendency, or shall we give them all Quinine? According to the author quoted there has been but one exciting cause—therefore in his language—"Why Many Remedies?" Because there is more than one exciting cause; because there are as many exciting causes as there are individuals affected. The scientific homeopathic physician investigates and ascertains what this predisposing cause is. In number one, who has the regular intermittent fever every other day, he probably finds that *Natrum muriaticum* is the remedy; and he will probably find that *Eupatorium* is the remedy for number two, especially if, in addition to the symptoms related, he has severe aching deep in the bones of his limbs and back. If the malaria is to be the thing attacked, why not give number three, who is not sick at all, Quinine, as well as the others who are sick?

It is not my intention to disparage the study or belittle the importance of pathology and diagnosis. They are, in their proper places, very important and essential branches of your study and knowledge as physicians; but their proper place is not therapeutics. A thorough and accurate knowledge of pathology and diagnosis is a great aid to the physician, and enhances his powers as a healer to a great extent in this way: A young physician is called to his first case. It is an occasion of great moment to him, because on success or failure in this, his first case, may depend his future prosperity or the reverse. He is naturally very much perturbed. He feels as did the inexperienced hunter when he sighted his first deer: he has a mild form of the "buck fever." Now if he feels that he is thoroughly acquainted with the pathology and the means of diagnosing all classes of diseases, he goes to that, his first patient, with a much greater degree of confidence than if he felt himself imperfect as a diagnostician. This confidence materially lessens his fear, his anxiety, his nervousness. He knows that if, after examining his patient in the presence of anxious and skeptical friends, he can tell them positively and unhesitatingly what the disease is called; he will have not only more confidence in himself, which is so essential to the success of a physician, but he will have inspired in the patient and friends a similar confidence, and he will have the battle half won. If, on the other hand, he is uncertain as to his ability as a diagnostician, he feels more frightened than there is any necessity for; he shows a lack of confidence in himself, and that lack of confidence in himself is conveyed to the patient and friends; a feeling of uncertainty is experienced all around, and the result may be his dismissal from the case, and it may be a stumbling-block in that community for all time in the way of his success.

Now, after he has made his accurate diagnosis and has gained the confidence of the friends and has reinforced his own, if he has not a thorough knowledge of the *materia medica*, especially of the characteristics of each remedy, he will at this point experience lack of confidence and will impart this lack of confidence to his patient and his friends. Here, again, trouble may come. If, however, he is thor-

oughly posted in materia medica and the characteristics especially, he will feel that, as the patient comes to relate his symptoms, by and by the key-note of some remedy will be struck which will give him a feeling of confidence, and that here is something tangible to take hold of, and will enable him to follow up the clew and ask questions of the patient as to other symptoms that are likely to follow this key-note; questions that will be *apropos* and to the point, and even may enable him to positively say to the patient, "You have such and such a symptom," knowing that it follows a certain preceding symptom. Thus he not only gains credit for what he does know, but for much that he does not know.

It is essential, therefore, that you should be thorough diagnosticians, be thoroughly acquainted with pathological conditions and all that pertains thereto, but it is infinitely more essential, as therapists—as healers of the sick—that you should be as thoroughly as possible acquainted with your materia medica; and the best means of becoming thoroughly acquainted with materia medica, and having the most useful portion of it convenient for use in your mind, is to learn the characteristic symptoms of each remedy and connect them in your minds with that remedy.—*The Clinique.*

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#### HAHNEMANN'S THREE RULES CONCERNING THE RANK OF SYMPTOMS.

Hahnemann's advice is, to take all the symptoms of each case, as if it were the only one. Comp. Organon, § 83, and following: the same is to be done while proving; write down all the symptoms (Comp. Organon, §§ 138, 139, etc.). In contradiction the common old schools examine each case in order to make a diagnosis and to enable the doctor to tell the patient "what is the matter," and if they talk about the effects of a drug, they ask: "What disease does it cure?" "What pathological generality is its character?" The true Hahnemannian examines each case to get such symptoms as distinguish this case from all others. He observes the strictest individualization; like a portrait painter, he wants a photograph of each single case.

of sickness. Such symptoms or groups of symptoms as distinguished the case before him from others are the characteristic symptoms he aims at. The same in proving. We want the characteristic of a medicine *i. e.*, such symptoms as distinguish it from all others.

Hahnemann's rule sets forth that we must aim to get all symptoms, particularly such as have hitherto been overlooked, neglected, not listened to or sneered at, to get what we necessarily must know. It is the same with proving of drugs. By collecting all and every symptom, and particularly the so-called minutia, we obtain the characteristics. The common old schools are satisfied with a general pathological character by which drugs may be divided into classes, but never can be individualized, each as a thing *per se*.

RULE I.—Hahnemann's first rule is, the characteristics of the case must be similar to the characteristic of the drug. (Compare Organon, § 153, and others.)

This rule has also been expressed in the following words: The symptoms of a case and the symptoms of a medicine must not only be alike, one by one, but in both the same symptoms must also be of a like rank. (Compare Archiv. xl, 3, p. 92.) It is thus the rank according to which we arrange the symptoms obtained by the examination of a case—the rank, the value, the importance of the respective symptoms of the drug—which decides when, as it will often happen, several different drugs have apparently the same similarity: it is this rank which decides in this selection.

RULE II.—Hahnemann has given us a second rule in his Chronic Diseases. We may either adopt his psoric theory or not, but if we follow his practical advice laid down in the said work, we shall, in proportion, have far better success and will be forced to adopt at least all the practical rules contained in said theory.

The pith of this theory is not refuted by the discovery of *acarus scabiei*, nor by the *generative æquivoca*, nor the contagiousness, nor by the propagation of the animalculæ, nor by anything else [not even by the entire tribe of the bacteria.—ED]. The quintessence of his doctrine is, to give in all chronic diseases, *i. e.*, such as progress from

without inwardly, from the less essential parts of our body to the more essential, from the periphery to the central organs, generally from below upwards—to give in all such cases, by preference, such drugs as are opposite in their direction, or way of action, such as act from within outward, from up downward, from the most to the less essential organs, from the brain and the nerves outward and down to the most outward and lowest of all organs, to the skin. (Compare preface to treatise on Chronic Diseases, p. 7, and following.) The metaphysics of our science tell us, that all drug diseases (paranoses) are in their essence and offspring, opposite to the whole mass of epidemic, contagious and other diseases, all of the latter being originated by a conflux of causes (synuoses).

Hahnemann's doctrine of treating chronic diseases, includes another and opposite, viz., the opposite direction in the development of each case of chronic disease. All the anti-psoric drugs of Hahnemann have this peculiarity as the most characteristic—the evolution of the effects from within towards without. Thus all symptoms indicating such a direction in the cases from without towards within, and in the drugs the opposite from within towards without, are of the highest rank—they divide the choice.

**RULE III.**—Hahnemann gives us a third rule, which has been overlooked by all the low dilutionists, or is, at least, never mentioned by them, and has even been entirely neglected by the theorizers of our school, notwithstanding that, without this third rule, the Homœopathic healing art would be a most imperfect one. This rule enables the Hahnemannian artist not only to cure the most obstinate chronic diseases, but also to make a certain prognosis when discharging a case, whether the patient will remain cured or whether the disease will return, like a half-paid creditor, at the first opportunity.

Hahnemann states, in his treatise on Chronic Diseases, American translation, p. 171: Symptoms recently developed are the first to yield. Older symptoms disappear last. Here we have one of Hahnemann's general observations, which like all of them, is of endless value, a plain, practical rule and of immense importance.

It might seem to some so very natural that recent symptoms should be first to disappear, older ones last, that it ought to have been observed by all and every physician at all times. But this is not the case. It was never observed before Hahnemann, nor ever before stated as a rule.

We will here set forth all the consequences of this rule of succession, but first repeat it in another form.

The above rule might also be expressed in the following words: In diseases of long standing where the symptoms or groups of symptoms have befallen the sick in a certain order, succeeding each other, more and more being added from time to time to those already existing, in such cases this order should be reversed during the cure, the last ought to disappear first and the first last.

Suppose a patient had experienced the symptoms he suffers in the order *a, b, c, d, e*, then they ought to leave him if the cure is to be perfect and permanent, in the order, *e, d, c, b, a*. The latest symptoms have thus the highest rank in deciding the choice of a remedy.

Suppose a patient complains of new symptoms, as it often happens during the treatment of cases of long standing, particularly if we have chosen with great care a so-called anti-psoric medicine, and the improvement has, of course, continued uninterruptedly four, six, eight weeks, after which time the improvement gradually ceases, runs out, and the patient begins again to complain rather more. In such cases we will very often find, if we again take an accurate image of the newly increased diseased state, exactly as we did before, that several new symptoms have appeared. We may represent it by the formula: *a, b, c, d, e* have lessened, especially *e, d, c*; and now *a b* are on the increase again, even *c* reappears; *d e* are gone, but another symptom, *f*, has been added, or even *f, g*. These new symptoms are always of the highest rank, even if apparently unimportant.

It may be observed that generally they are such as will be found among the symptoms of the last-given remedy, thus the caution may here be in its place, that after such a long interval, or after such a real gain as the disappearance of *d, e*, the same drug will never be of any more

benefit, the greatest counter-indication being the new symptoms. Another medicine has to be selected, and one which has *f*, or *f*, *g*, especially as characteristic.

The practical influence of these three rules of rank proves to be not only a manifold one, but their observance becomes a characteristic sign of difference between a mere empiric in Homœopathics, a perverted Homœopathician, and a real Hahnemannian. The first will cover symptom by symptom, without knowing or making any distinction; the second will be satisfied with a few such symptoms as tell him what he calls the scientific character, and enable him to go on the stilts of pathology; the third will observe the rules and heal the sick as Hahnemann did. It is thus worth while to look at them closer, and let them pass before our eyes once more.

**RULE I.**—According to the first rule, we must inquire not only for the seat of the symptoms, which organ seems to be the center of the pathological action, but also for the minutiae in locality, notwithstanding their complete unimportance in pathology, viz., little inflammations on the point of the nose or lobe of the ear may help to indicate Nitrum. If any of these sensations of a patient are on one side of the body or the other, if they predominate on one side, or if they pass over from one side to the other, according to this rule we carefully note it down.

2. We further inquire for each kind of sensation with much more accuracy than would be required if we had nothing else to decide than the pathological character; some peculiar sensations, trifles in themselves, may be of importance in the choice of the medicines, even such as are unexplainable by physiology or never taken notice of by pathology, viz., a feeling as “if drops of water were falling,” may help to indicate Cannabis.

3. We must inquire for the time of the day when the symptoms of a patient appear to increase, are ameliorated, or disappear. This is very often the only criterion by which we decide our choice. Even the hours of the day are very often of a decisive influence, viz., the hours after midnight, one to three, may help to indicate Arsenicum or Kali

carb.; from four to seven in the evening may help to select *Helleborus* or *Lycopodium*.

4. Likewise every function of our body; sleeping or waking, eating, drinking, walking, standing, rest or motion, etc., must be taken into consideration, in so far as they may be one of the conditions of aggravation or amelioration of any of the symptoms of the sick.

5. In the same way all connections of symptoms following each other or alternating with one another, whether they have a pathological importance or not, are all for us of the highest rank, if, aided by them, we may distinguish one case from another, or one drug from another. The first rule, then, is, that not only the characteristics must be alike, but there must also be a similarity of their respective rank.

**RULE II.**—The second rule of Hahnemann introduces a kind of distinction between the different medicines which have been proved and applied, which must gradually lead to the adoption of an order of rank among them. It is a similiar division to that of the so-called *Polychrests*. But it is not this alone; the same rule is also of great influence when we arrange the symptoms of the sick.

2. All symptoms of inward affections, all the symptoms of the mind or other inward actions, are, according to it, of much higher value than the most molesting or destructive symptoms on the surface of the body. A decrease or an amelioration of outward symptoms, with an increase of inward complaints, even if the latter apparently are of but little importance, will be an indication for us that our patient is getting worse, and we must try to find out, among his symptoms, the leading one, to indicate another, a real curative medicine.

3. Very frequently we will see ineffectual attempts, as it were, of the inward actions, to throw out and bring to the surface that which attacks the center of life. We must try to assist such attempts, but neither by outward applications nor by a mere removal of that which the disease produces, and still less by medicines only similar to the same outward symptoms: on the contrary, we must inquire, principally, for the hidden inward symptoms, and compare



them with the utmost care, to find among our medicines such as correspond exactly to the subjective or inward symptoms, and by preference among the antipsorics, i. e., such as act more than others from within towards without. The principal characteristics of the antipsorics were obtained from the sick, and only by the use of potencies. Drugs cannot manifest such most important peculiarities except by high potencies, and with the most sensible persons.

RULE III.—The uses of the third rule of Hahnemann are the following:

1. During the examination of the sick we must inquire as much as possible, in which order, according to time, did the different symptoms make their first appearance.

2. After such a careful and complete examination of a case, we must arrange our collection of symptoms according to their value, that is, their importance—as indicative, and we must bring such as have appeared later, in the foreground, of course without neglecting the others and even the oldest. Further, we must compare, when selecting a medicine, and find whether the one to be chosen has a characteristic similarity, particularly with the symptoms which appeared last.

3. If the patient had been drugged by the old school, we must direct our antidotes against the *last given drugs*. For instance, against abuse of alcohol or aromatics, Nuxvomica; against tea, Pulsatilla or Thuja; against Quinine, Pulsatilla, Arsenicum, Natrum mur.; against Iodine and Iodide of Potassium, Hepar; against blistering, Camphor; against cauterizing with the silver nitrate, Natrum mur.; against bleeding, purging or losses of blood, Cinchona; against mechanical injuries by stretching (straining), Rhus; by bruising, Arnica; against Chloroform, Hyosciamus.

4. In every chronic case, after a well-chosen medicine has had time to improve the case, and ceases to do good, and we have to make a new examination to obtain a full image of the new state of the sick, we must again inquire particularly after newly appearing symptoms. As we will find in almost all carefully observed cases, that the new symptoms correspond to the last applied medicine, and as we know a repetition of the same drug would only aggra-

vate, without giving relief, particularly if general characteristics, viz., with regard to times of day, sides of the body or other localities have changed, or if other general conditions are altered; the new medicines must be chosen with regard to such new symptoms, considering them as the most indicative, or of high rank.

5. If we have succeeded in restoring a chronic case of long standing, and the symptoms have disappeared in the reverse order of their appearance, we can dismiss the case with full confidence as being cured, and not being in danger of returning again; if not, we had better tell the patient, even if he should be satisfied with a partial cure, that he may before long, be sick again.

CONSTANTINE HERING, M. D.

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#### CUPRUM-METALLICUM.

Most of the symptoms that were produced by the Acetate of Copper, have been cured with the metal. This is true also of *Calcareo-aceticum* and *Calcareo-carb.*; also of *Plumbum-aceticum* and *Plumbum-metallicum*. The Acetates form such feeble combinations that the metallic element seems always to predominate.

Cuprum acts on the nervous system, especially of the cord and spinal nerves, producing convulsions, cramps of the most violent form, coming on from the disappearance of pains, or discharges, as from the ear or nose; from the sudden stoppage of fistulæ; suppression of eruptions.

If a rash is suppressed or does not appear when it should, congestion of the brain comes on with convulsions, in measles, scarlatina, etc.

In scarlatina, when the eruption does not appear, or suddenly disappears, the urine becomes scanty; then comes unconsciousness and convulsions, and in these cases we must take into consideration the finer conditions of the convulsion: tonic spasm of the thumbs; the eyeballs turn up; opisthotonus; tonic and chronic spasms.

Next to convulsions of muscles stand the mental symptoms: violent delirium; rage. He does not know any one; tries

to hide. There may not be general convulsions, only twitching of groups of muscles, as of the face, eyes, thumbs.

Acute mania, with or without convulsions. Mania with biting, (Bell. Hyos.). Mania with tearing things to pieces like *Veratrum*. Foolish behavior; silly laughter; silly expressions; childish behavior of adults. Fear, anxiety in the pit of the stomach. Afraid of everyone who approaches him; fear of falling, the child clings closely to the nurse, like *Gelsemium*. Full of fear and anxiety. Tongue darting back and forth like a snake's, with fear of falling, and afraid of any one who approaches—in children.

Bellows like a calf during delirium; periodical uttering of shrill shrieks, like *Apis*.

Restless tossing all night. Unconsciousness; perfect stupor, with jerking of muscles (*Apis*. *Plumb.*).

Violent head pains, worse over the left eye; sensation of pressure over left eye and root of the nose, worse from motion, better when lying quiet.

Sensation in brain as if an abscess were forming; most violent pains.

Brain seems paralyzed.

Pains are worse from motion, better lying down.

Violent continuous headache, increased periodically in waves.

Affection of frontal sinuses, with pain in forehead, worse over the left eye and root of the nose; worse from motion, better lying down.

Face and lips blue. Frothing from the mouth. It has cured epilepsy.

Blue skin all over and cold—in convulsions and cholera.

Paralysis of isolated muscles (*Plumb.*).

In the throat there is a sensation of constriction on swallowing; spasm of the throat, preventing speech; singultus and spasm of œsophagus. Gurgling noise on swallowing liquids, all the way down the œsophagus; this occurs in low forms of disease (*Ars. Laur. Hydroc. ac.*).

Craves cold water, which relieves.

Convulsive cough, ameliorated by drinking cold water (*Coc. c. Caust.*).

Vomiting, relieved by a swallow of cold water.

Cannot digest milk.

With the cramps; nausea, vomiting, diarrhœa with rice-water discharges, violent pains, doubling up.

Cuprum, Camphor and Veratrum are our sheet anchors in Asiatic cholera. In Cuprum, cramps and convulsions predominate; all three have coldness, blueness, vomiting and convulsions. Cuprum has especially, violent spasms of the muscles of the chest. Veratrum has copious sweat, copious vomiting, copious discharges from the bowels, watery with cold sweat. Camphor has awful coldness, yet wants to be uncovered.

Deathly feeling of constriction beneath the sternum, with pain behind the ensiform cartilage.

Pressure in pit of the stomach, worse from touch or pressure.

Sensation as of a round ball going to and fro under the ribs, better from tight bandaging around abdomen.

The convulsions of the limbs are better from bandaging and pressure.

Spasms of the intestines and of the abdominal walls, better from wrapping tightly.

Abdomen is tense, hot and tender.

Cuprum has the most marked tympanitic condition of the abdomen. Cutting pains in the umbilical region as if a knife were thrust through to the back, this is one of the most striking characteristics. Cutting, lancinating pains in the intestines, *abdomen drawn in* (Plumb.).

You may often be called to the bed side and find the patient sitting up, he cannot stir head or foot; with every motion, cutting like a knife in the stomach or behind the xiphoid cartilage, as if stabbed; he tells you his symptoms in a whisper; the cutting extends through from stomach to spine, it takes his breath, he says he will die if it lasts much longer: This is an awful gastrodynia and Cuprum will cure it.

Nux vomica, Colocynth and Cuprum run close together in colicky pains. In the awful colic of the intestines, Cuprum is required almost as often as Colocynth and both are better from pressure; in Cuprum, the pains are knife-like, tearing, violent, they come and go and are not ameliorated by heat;

no relief from any thing; they are not quite so violent from hard pressure.

Colocynth patient bends over the back of a chair bearing the whole weight of the body on it. I have seen him press against an old fashioned bed post with all his strength; he could not press too hard, and if he lifted the weight of his body off it the pain would come on.

Cuprum and Nux vomica both have violent cutting in the navel extending to the back (compare Plumbum).

Cuprum corresponds to the most violent diarrhœa, with cramps; cholera morbus. Asiatic cholera, with the gurgling noise in the œsophagus. Laurocerasus also has this in cholera.

Camphor corresponds to a condition that is rare in cholera; unlike Cuprum and Veratrum—he is prostrated, cold and blue; does not sweat nor vomit much; no stools; seems paralyzed; almost unconscious; throws off the covers, and wants to keep cold. This is called “dry cholera;” it is a very bad case and generally means Camphor or death.

Here is a clinical outlay of Asiatic cholera from “Guiding Symptoms:” “Frequent vomiting and stools of copious masses of whey-like fluids, with continuous pains in stomach and abdomen; constant cramps with convulsive motions of lower limbs; eyes sunken, face small, nose pointed, dark blue color of face; blue all over body; tongue cold; aphonia; heart beat weak, pulse scarcely perceptible.”

Another case: “Painful twitching and slight playing motions of muscles; trismus; painful contraction of chest; painful cramps of calves; painful convulsions of fingers and toes; difficult, painful vomiting; pressure in pit of stomach, worse from touch; constant restlessness; fear of death; light delirium.”

A third case: “Deathly anxiety without heat, restless tossing; staring; sunken eyes; pale bluish face, features changed and anxious; hands cold, cold sweat; violent thirst, hiccough, nausea in whole abdomen, but most in pit of stomach, rising up into throat; continuous, violent vomiting, ameliorated by drinking cold water; aphonia, difficult breathing; drawing, spasmodic or digging pain in calves.

Notice that in the colic, sometimes, hard pressure is agree-

able. Often in cholera, the intestines are so very sore that no pressure is tolerated.

The above three cases bring out the characteristics of Cuprum.

The copious sweat, such as *Veratrum* has, is wanting in Cuprum.

Suppressed or scanty urine is a marked feature of Cuprum.

Cuprum is of wonderful value in puerperal convulsions.

In labor, the most violent cramps of toes and fingers. The cramps are so severe they stop the labor pains; the labor pains do not finish themselves, causing great suffering.

Here is a unique case of puerperal convulsions: "Labor began naturally, there was no reason to suspect any difficulty; all at once the pains ceased, she looked around and said: 'Why don't you light the gas?' Although it was daylight, everything had become dark to her, blindness had come on; this was alarming; after an hour or two convulsions began that were like those produced in the proving of Cuprum; one dose of cuprum was given, there were no more convulsions; first the convulsions disappeared, then the blindness, then the labor pains came back; the symptoms disappearing in the reverse order of their coming, showing the curative action of the remedy."

It was common in the provers for the spasms to begin in the fingers and toes; it is not uncommon to notice first, in the sick, an awful dyspnœa, tightness of the chest, constrictive convulsions of the chest muscles.

The restlessness and anxiety are much like Arsenic.

The combination of Arsenic and Copper, Cuprum arsenicosum, is an admirable one; it has relieved the awful neuralgia and enteralgia, with the restlessness, when Cuprum-metallicum covers the conditions in general.

In spasmodic croup, Cuprum is a grand remedy.

Spasms of the larynx, in professional singers; the voice seems natural when speaking, but as soon as it strikes a certain tone, a certain pitch, the voice is lost.

It is valuable to know that sometimes the sudden hoarseness of singers and public speakers from over use of the voice, is cured by *Arum triphyllum*; the voice is almost entirely gone, he cannot make a clear sound; give a dose

of Arum tri. twenty or thirty minutes before he must go on with his speech and he will go ahead almost as if nothing had happened.

Whooping cough with spasms, threatening to suffocate; blood or bloody mucus is coughed up; ameliorated by drinking cold water.

Three attacks of cough in quick succession, most at night, with loss of breath (Stann).

The old impression prevails, that if whooping cough comes on in the autumn it will last all winter, or if in the spring, it will be six weeks coming and six weeks going; this is true under old school treatment, but under the homœopathic treatment it is quite common to have it all disappear in a few days. To accomplish this, requires a knowledge of a great many remedies. Sometimes it is difficult to get the symptoms, so that in a large number of cases you will fail to cure some so rapidly, but where the characteristics of the case are clear, the trouble all disappears in a few days.

Icy cold feet.

In the limbs, the conditions are twitchings, cramps, weakness.

Angina pectoris.

Epilepsy; the convulsions beginning with a shriek.

The epilepsy of Bufo begins with a blood-curdling cry; he falls; while unconscious he cries out so that it fairly makes your hair stand on end.

Cuprum produces and cures great hæmorrhages from mucous membranes.

It has emaciation very much like that of Plumbum, especially with paralysis of parts of the body.

Be sure to remember, for an emergency, the awful convulsions from a suppressed rash (Bryonia has also cured such convulsions.).

J. T. KENT.

PHILADELPHIA.

AURUM produces melancholia even to a suicidal tendency. If this condition is an accompaniment of syphilis it is a better remedy than Arsenicum.—*Allen*.

**THE AMERICAN ANTI-VACCINATION LEAGUE,**

19 BROADWAY, NEW YORK.

ANNOUNCEMENT.

TO ALL TO WHOM THESE PRESENTS SHALL COME. GREETING:

*Whereas,* The English Government, by Royal Warrant, appointed in 1889, a Commission to enquire into the subject of Vaccination: and

*Whereas,* The said Commission has now presented three annual Reports with the minutes of Evidence and Appendices, and

*Whereas,* The evidence thus presented and made available shows:

I. That the history of Vaccination demonstrates that the practice is founded on an empirical and not scientific basis:

II. That the leading advocates of the practice, from the beginning to the present time, have not been agreed as to the best methods of application, either as to the age of the patient, number of times or manner of application in performing the operation:

III. That there is not nor has not been any general agreement as to what virus is the best to use:

IV. That there is no way to distinguish "pure" or good virus from "spurious" or dangerous virus:

V. That the evidence in support of Vaccination is practically of a negative and indirect character:

VI. That the evidence of inefficacy of Vaccination to protect against small-pox is positive and direct:

VII. That the mortality percentage in small-pox is almost identical with the mortality percentage long before Vaccination was introduced:

VIII. That Vaccination is liable to give rise to many severe and even fatal forms of disease.

IX. That hundreds of people have been maimed, crippled, and made life-long invalids from the direct and remote effects of Vaccination.



X. That the mortality records show that large numbers of young children die annually from the direct and immediate effects of Vaccination. And

*Whereas*, Compulsory Vaccination is unconstitutionally enforced by the Local Authorities in the various Cities, Townships and Counties of the United States, under the prevailing erroneous impression that it is necessary so to do in order to protect the people from a possible outbreak of small-pox, thus endangering the lives and health of the people, particularly young children:

*Therefore, be it Resolved*, That it is expedient that a movement should be inaugurated in the United States, and an Organization effected, for the purpose as follows, to wit:

a. To disseminate information concerning the various questions involved by Vaccination:

b. To abolish compulsory vaccination laws:

c. To aid those who are oppressed by the compulsory laws but unable to defend themselves:

d. To provide for the organization of branch societies in each State and Territory of the Union.

e. To establish a central office and provide the necessary funds and means to attain these ends:

*Resolved*, That in furtherance of the foregoing resolution, the recipients of these presents be requested to unite with the AMERICAN ANTI-VACCINATION LEAGUE.

TO THE PUBLIC:

The officers of the American Anti-Vaccination League make no apology in seeking the support of the public in its efforts to present the evidence which an hundred years of experiment and experience has accumulated, showing the utter fallacy of the claims that vaccination is a protection against small-pox, and to exhibit the fearful ravages which the practice has made upon the human family, particularly upon infants and young children.

It is to protect and save the health and lives of our little ones that this League has been formed.

The investigation of the Royal Commission appointed by the English Government to inquire into the subject of vaccination, because of the tremendous opposition to the compulsory laws of that country, has shown that there is

not and never has been the slightest conclusive evidence that vaccination has the least power to check or prevent the ravages of the dread disease. On the other hand there has been presented the most overwhelming evidence of the terrible results following in its wake. Death and disease in the most horrible forms have been its legacy to the hapless victims. An increase of infantile mortality that is simply appalling; a development of the so-called infantile disorders, such as measles, scarlatina, whooping cough, croup, diphtheria, erysipelas and kindred diseases, in some instances a thousand-fold greater than before the practice began; blindness, deafness, scrofula, consumption, syphilis, tuberculosis, leprosy—all are legitimate and direct results of vaccination and are propagated and sustained by it.

This fearful curse,—the most horrible and loathsome practice that has ever been foisted upon suffering humanity as a medicinal or remedial measure—the scourge of childhood, is being forced upon us by irresponsible and ignorant local authorities, through compulsory vaccination laws. Efforts are constantly being made towards a stricter enforcement of these laws, and even to make them matters of State Legislation, and unless some vigorous effort is made to resist and lessen the spread of the evil, ignorance, prejudice and superstition will prevail with all the terrible consequences.

These are causes which have led to the formation of the American Anti-Vaccination League, and every man and woman is asked to join in the effort to protect our children from the awful scourge, to make known the dangers and follies of the practice, and oppose its votaries.

This is a matter which concerns every home in the land, and to carry on this undertaking requires money to meet the inevitable expenses, printing, postage, clerk hire, etc., and therefore each one is requested to contribute one dollar for membership fee and thus aid the good work.

The accompanying announcement sets forth the scope and objects of the League and the basis upon which it was founded, and as rapidly as possible its work will be extended. Meanwhile correspondence is solicited, expressions of opinion, suggestions, and reports of cases will be thankfully received, and names of interested parties are desired.

H. Hitchcock, M. D., Director; E. C. Townsend, Cor. Secretary; Prof. O. M. Curtis, B. A., C. E., Treasurer; Thos. M. Wyatt, Esq., Attorney; E. W. Sawyer, M. D., President, Kokomo, Ind.; T. Dwight Stow, M. D., 1st Vice-Pres., Mexico, N. Y.; Alice B. Campbell, M. D., 2d Vice-Pres., Brooklyn, N. Y.; Alexander Wilder, M. D., 3d Vice-Pres., Newark, N. J.

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#### DR. CHARLES ELMER LANING.

Charles Elmer Laning, M. D., professor of theory and practice of medicine in Hahnemann Medical College, died Saturday, May 21. Two weeks previous he was attacked with a severe cold, which subsequently developed into pleurisy. He rallied somewhat during the early part of the week, but it was only for a short time. The general weakness of his system was unable to bear the ravages of disease, and on Wednesday his aged father and mother were hastily summoned from Chicago Lawn, and were at his bedside when he passed away. Dr. Laning was born in Washington county, Pennsylvania, April 26, 1851. He came to Chicago in 1875 and continued his studies, graduating from the Hahnemann Medical College at the head of his class with the highest honors in 1878. Since then he has practiced his profession in this city. The last few years he was demonstrator of anatomy in Hahnemann College and consulting physician. Considered all through the west as an able diagnostician, his lectures were always listened to with profound attention. He was recognized by the profession in general as one of the brightest lights in the school of homœopathy. He was very successful in his treatment of obscure diseases. Dr. Laning was a member of Lakeside lodge A. F. and A. M., under whose auspices the funeral services were conducted at Dr. Cheney's church.

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**PLUMBUM.**—A person who has lead poisoning never sweats, and the mucus membrane of the intestinal tract is as dry as the skin, hence we have an obstinate constipation by abnormal peristalsis which prevents normal action.

**HOMŒOPATHIC EXAMINING BOARD.**

The Maryland State Homœopathic Medical Society met in its hall, Baltimore, April 27, under the provisions of the law passed by the last legislature: "To regulate the practice of medicine and surgery in the state of Maryland by the establishment of two medical examining boards, each consisting of seven members, and each having the power to examine, pass upon the qualifications of and license its own applicants." The meeting was for the purpose of electing the homœopathic physicians who are to serve on the Homœopathic State Board of Medical Examiners. The physicians chosen are as follows: Milton Hammond, Robert K. Kneass and Thomas E. Sears of Baltimore; Charles H. Brace, Cumberland; W. C. Carsner, Chesapeake City; R. K. Colley, Sudlersville, and Charles F. Goodell, Frederick. The board organized by the election of Robert K. Kneass president and Thomas E. Sears secretary. The Old School Board will be elected by the Medical and Chirurgical Faculty. After June 1 next, all persons desiring to practice medicine and surgery in this state must possess a license issued by one of the two examining boards.

The bill provides that every person not now practicing medicine and surgery, who shall hereafter begin to practice medicine and surgery in any of its departments, except dentistry, shall possess the qualifications required by this act. It creates two separate boards of Medical Examiners for the State of Maryland, one representing the Medical and Chirurgical Faculty of the State of Maryland, and one representing the Maryland State Homœopathic Medical Society. Each board to consist of seven members and each board to have the right to examine, pass upon the qualifications of and license its own applicants. The boards will meet for the purpose of examining applicants for license, once or more each year, due public notice of each meeting being given. Every applicant will be required to be more than 21 years of age, of good moral character, competent, common school education, and to have either a diploma conferring the degree of doctor of medicine from some legally incorporated

medical college in the United States, or a diploma or license conferring the full right to practice all the branches of medicine and surgery in some foreign country, and must pass satisfactorily a written examination upon Anatomy, Physiology, Hygiene, Chemistry, Pathology, Diagnosis, Surgery, Practice of Medicine, Materia Medica and Therapeutics, Obstetrics, Gynecology and Medical Jurisprudence. This examination is to be fundamental in character, and such as can be answered in common by all schools of practice. Applications for examination for license to practice is to be made to the President of either board which the applicant may elect (accompanied with a fee of ten (10) dollars), and when the applicant shall have passed an examination as to proficiency satisfactory to the board a license will be issued to practice medicine or surgery in the State of Maryland. The exemptions from this examination are the surgeons of the U. S. Army, Navy or Marine Hospitals, physicians and surgeons in actual consultation from other States, and midwives or persons who may render gratuitous services in cases of emergency. All licenses issued by the boards, must, to be valid, be registered in the Circuit Court of the county or city in which holder intends to practice, and shall file a certified copy of the license with the clerk for registration in a book kept for the purpose; the fee for registration shall be one dollar. Any person violating this act to be punished by fine, and in default of payment thereof be imprisoned in the county jail until the fines and costs are paid.

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#### THE SIMILLIMUM; POTENCY; REPETITION.

There are three things the true disciple of Hahnemann should keep constantly in mind in management of the sick—especially those whose recovery depends on the skill of the physician. In those who would get well, medicine or no medicine, skill or no skill, it makes but little difference.

The three things are the *Simillimum*, the *Potency* and the *Repetition of the Dose*. The idea that the simillimum is all, that the potency and its repetition make no difference, is a

snare and a delusion. The remedy may be well chosen but fails from potency or its too frequent repetition.

I will report a case or two in illustration of my theory.

CASE I.—Mr. H., a man of middle age, bilious temperament, dark hair, dark skin, large bones, etc., under old school management for seven weeks—two physicians, father and son—all the time, and two others in consultation at times, for a persistent pain in the back of the head, always worse from 4 to 9 P. M., so severe as to cause spasms at times; diagnosed by the physicians as spinal meningitis. He told me his drug bill alone was \$35 and yet he obtained no relief from the large doses of Bromides, Chloral, etc. Here was a grand opportunity to show what skill and science would do. Pain constant, worse in the evening, relieved by pressure and cold. Patient lachrymose—could not keep from crying. Pulsatilla 1000, 3 doses six hours apart, cured entirely in 24 hours. No more medicine. Could anything be more marked?

CASE II.—Called to see Mr. K., age 21, at the end of the second week of his fever (typhoid). It looked as if he would die in 24 hours; diarrhea; bowels sore and tympanitic; pulse 100; temperature 104; tongue dry; nose pinched; upper lip drawn, teeth exposed and covered with sordes; cadaverous smell; a case in which something must be done. Pyrogen cm. three doses, six hours apart. Next day better; in one week clear of fever and made a most satisfactory recovery. My low potency friend and rapid alternater, you never could have done it. I have tried, (many years ago).

CASE III.—Congenital syphilis, three months old, covered with the rash. Syphilinum cm., three doses, one dose a week; in six weeks skin as smooth as a peeled onion. We make such cures daily and weekly.

Do the readers of the *ADVANCE* want any more testimony?

J. EMMONS.

RICHMOND, IND.

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IN using an aspirator in the pleural cavity unless you have a dome pointed trochar so that the sharp point can be turned off, you should exercise great care to withdraw the needle as the fluid is withdrawn so as not to injure the lung.—*Helmuth.*

### IS OUR PRACTICE GUIDED BY LAW?\*

At our last meeting, our essayist on *Materia Medica* suggested the question: "Is our practice a practice guided by the law, 'Similia Similibus Curantur,' or is it careful prescribing?"

Although I know he would answer his own question: "It is both," yet I can see reasons for the suggestion. Had physicians been careful to note each and every symptom in the sick and check off each small deviation from health, which disappeared under drug treatment, against the drug used—as we do in our regular practice—they would probably long ago have had a system of Medicine, from their positive experience, almost equalling our own, and possibly would have led to the discovery of the law of cure hundreds of years before it was published by Hahnemann.

Be this as it may, however, carefulness on all sides is the only safety for a homœopath. The careful collecting of crude substances to prove; careful proving of such substances; careful confirmation of symptoms (given by the provers) in clinical cases; careful noting of symptoms cured that are not found in the provings of the remedies; careful noting of symptoms that come up in the sick, that may prove additions to our *Materia Medica*. In fact, so strict a system requires exactness in every phase of its employment.

*Materia Medica* may be said to be objective and subjective. First, the material used for medicine; second, the description of the effects of these substances on the human system. Considered objectively, we have collection, preservation and preparation.

Collections should be only made by those skilled in the knowledge of the substances collected, care being taken to have them pure and fresh; by pure I mean natural and not contaminated with other substances, not what is known as refined. They should be subjected to preparation immediately, that is as soon as possible. Hahnemann, latterly, advised that each physician should prepare his own medicines; certainly he would then know if they were correctly

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\* Read before the Organon and *Materia Medica* Society of Philadelphia.

prepared, but, generally, circumstances will force him to receive many things at second hand and he can then only demand that they come through reliable parties, and as direct as possible from the prover; if possible being a portion of article proved.

The preparation of minerals and insoluble chemicals, is directed by Hahnemann to be, viz. trituration to the third centesimal degree, then by water and alcohol one degree more, after which he ran the potency up by means of alcohol.

Of plants with small amount of moisture in the same manner. Those with much moisture to have their moisture expressed, mixed with alcohol, allowed to settle, and then run up with alcohol.

It would have been well, I think, had our Master made no exception, but directed all plants as well as other substances to be run up to the 3d degree by trituration and then potentised with alcohol. This could have done no harm, would have promoted uniformity, and possibly would have added something to the active medical properties of our remedies.

In regard to the trituration, Hahnemann directs each potency to be triturated one hour. This long trituration has proven so useful in developing the medical activity, that the allopaths have been led to imitate our method, finding that at least some of the substances they use will give the action they desire to have from the drugs with less irritation of the mucous membranes, while we find it develops more fully the dynamic power of the drug. I believe this will also prove true of succussion. Instead of a few uncertain shakes, to make constant succession of vigorous succussions for the space of one minute at least, this would give it about two hundred shakes and thoroughly mix it, making it uniform throughout; this being done to each potency, continually carrying them higher and higher as time will permit. We would then have a deep acting and, I believe, mild working medicine and be certain what potency we really had.

Hahnemann at one period made but two vigorous succussions for each potency, fearing his medicines would get too powerful; his object was partly to get a smaller dose, in fact, at first that was his sole object. But finding the active principle



so developed by the ten shakes he was in the habit of giving, he reduced it to two to each potency, but as he got more experience in potentizing he directed that 10, 20, 50 or more vigorous strokes should be given, and that the physician should prepare his own potencies so as to be certain they were sufficiently shaken.

We have many ways of potentizing our remedies, and they all make servicable medicine; as they cure when rightly chosen according to our law, we cannot say the method of preparing is wrong. Yet even in the face of the fact that cures are made by medicines prepared in all manner of ways from the shaking of one pellet in a bottle full, or even an envelope full of unmedicated pellets, to the giving of a couple of shakes to a bottle of water with a drop of medicine in it. I hold to the appearance of care in preparation as being more reasonable, and as being totally unobjectionable, if we do not consider the extra time.

What we want is potentization not dilution—to give one or two shakes and then allow the medicine to soak through the mass of liquid quietly is dilution—to hammer the bottle down on a hard cushion 50 or more times is potentization.

Let us not fall into careless methods: there are many temptations to do so, as the putting of a few drops of alcohol in a bottle that had contained medicine and then adding pellets and giving a shake or two; giving two or three shakes in preparing our potencies instead of 50 or more; filling our stock vials of medicine from a large bottle of pellets, instead of pouring the pellets on a powder paper and thence into the vial; another, pouring medicine from a vial on the patient's tongue; all these are objectionable, because unnecessary, and because they tend to encourage carelessness and want of confidence, while a stricter plan would tend to educate us to carefulness instead. Hahnemann's objection to giving too many shakes was that it made the medicine too powerful. Who of us would object to that now? Who now fears an aggravation of a single dose of a high potency of the indicated remedy? We all like a vigorous action in our medicine, and if 10,000 shakes would give it a correspondingly searching and vigorous action, I should certainly give it the 10,000.

It seems that all substances are medicines when potentized and proved, and are poisons, drugs and nutriment when in their natural state. This being the case, all provings are useful, and no one should be hindered from making careful provings, however foolish their selection of a substance to prove may be. This is our rightful method of finding out what are really useful medicines and what are not. It was but natural that we should be led first to investigate the substances used by the dominant school of medicine as well as those used in domestic practice. But it is not reasonable to suppose that either the one or the other knew all the medicinal substances in the world, and after trying the classes of substances usually thought to be medicinal—we have a perfect right to do some original investigation. There are some things I would not know how to triturate or succuss. The state of the weather, the east wind, moon shine, sun stroke, the poles of the magnet, etc., etc., and such, I willingly leave to those that have the ingenuity to handle them. I believe in some things I cannot handle. Mesmerism, faith cure, and the like may have their uses, but as I am not skilled in their use I must leave them to specialists, though I am not in the habit of advising a patient to apply to a specialist unless it may be a surgical case.

All substances having been proven and the original provings put on record for verification, we are then to make complete our repertories as fast as we have confirmations of the symptoms recorded. The substances proven we may ignore; it is only the verified symptoms and the potencies that interest us. I would as willingly use the MM. potency of the north wind as anything else if I could believe the man who claimed to potentize it. Hence I say finally, "Try all things and hold fast to that which is good."

W. A. D. PIERCE.

PHILADELPHIA.

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CAUSTICUM has hoarseness and loss of voice due to the impossibility of approximating the vocal cords on account of their relaxed condition. The aphonia is not produced by congestion or inflammation.—*Allen*.

**FERRUM PHOSPHORICUM.**

In the *Homœopathic Recorder*, vol. 6, No. 5, Dr. William Bœricke, of San Francisco, says: "Others report its (Ferrum phos.) successful use in enuresis, but personally I have no experience with it in this trying affection." I have just used Ferrum phos. in a case of enuresis with excellent results and the article referred to reminds me that some one of your readers may be interested in the case. The patient, a lad 10 years old, had been treated by a practitioner of our school and I naturally assumed that the usual remedies had been tried. The urine was pale, watery and very profuse. Knowing this former doctor quite intimately I was reasonably certain that he had not used the "Tissue Remedies" in this case, and this sent me to my "Schussler." My choice was Ferrum phos. as I have before indicated. It was given in the 6 x potency, a powder in *hot* water three times daily. The result was entirely satisfactory to myself, to the patient, and to his parents. Hereafter I shall remember Ferrum phos. in enuresis as it has formerly caused me not a little annoyance.

C. W. HAKES.

SPARTANSBURG, PA.

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**TREATMENT OF CHOLERA BY INGESTION OF WATER.**

Dr. L. J. Woolen, in the *Medical Record*, writes on hot water as a remedial agent. The doctor mentions the collapse stage of cholera in which the pathology of the disease is due to dehydration of the blood. He suggests that to restore water to the blood as speedily as possible should be the main object of treatment. This he says may be done by taking hot water into the stomach, by injecting it in large quantities into the bowels, and in extreme cases by flooding the peritoneal cavity. This would be rational treatment based upon physiological principles, but success

would depend upon the stomach and bowels retaining the water long enough for assimilation. However, the heat of the water would be beneficial even if not long retained. Others have attempted to accomplish the same object by injecting an artificial blood serum into the veins, by inhalation of oxygen and by medicinal measures, but without flattering success.

In the *MEDICAL ADVANCE*, Vol. 16, (1885,) p. 335 the writer made an original suggestion in the treatment of cholera based upon some experience with lavage of the stomach. The method suggested is to thoroughly wash out the stomach by means of the stomach tube, and leave in the stomach a pint or more of hot water, plain or medicated. We have seen most serious cases of nausea and vomiting, due to causes internal and external to the stomach, relieved at once by this means. In fact, this method of relieving those symptoms has not failed in any case in which we have tried it. It seems to be a physical impossibility for one to vomit with the stomach well distended with hot water. If the stomach be distended the cessation of vomiting may be analogous to the over distended bladder or uterus unable to empty itself. Phillips, *Materia Medica of Inorganic Substances*, Vol. 1., p. 236, explains the relief of vomiting by drinking hot water as due to "distending and paralyzing the stomach." Prof. Ambrose L. Ranney has explained some of the benefits of hot water in the stomach as due to the effects of heat to the terminal nerves and to the solar plexus.

Experience teaches that the relief depends upon taking a large quantity. The advantage of introducing the water through the tube is that a greater quantity can be used than the patient would be able or willing to drink. Any nauseous taste of the water is also avoided. Nutrient and medicated fluids can be used. We claim originality for the suggestion of this method in cholera. In connection with some cases reported in the *MEDICAL ADVANCE* in 1885 we made the following statement: "We believe that by this means hot water in considerable quantity can be introduced into the stomach and that it will be assimilated; that the cramps will be relieved, the normal proportions of the blood

maintained, that suppression of the urine will be prevented and the collapse stage avoided."

Since the above was written the March number of the *N. A. J. of H.* comes to hand with an extract from the *Therap. Monatshefte* on the "Treatment of cholera nostras by the introduction of large quantities of water." This is the report of a successful case of water treatment, the water being taken in the ordinary way. Most of the authorities we have been able to consult restrict water but allow ice in the treatment of cholera. The writer predicts that the water treatment can be made a great success.

TOWANDA, PA.

H. W. CHAMPLIN.

#### DOUBLE SALPINGO: ÖOPHORECTOMY.

Miss—, aet. 23, six months ago during menstruation got her feet wet, resulting in ovaritis and salpingitis. Since then amenorrhœa (menostasia). Every month a great sufferer, with chronic invalidism her future life. Medication faithfully applied gave no relief. Nov. 19, 1891, under chloroform, examined the pelvic organs. The uterus normal, cervical canal patulous. In the hammock-lithotomy position found the tubes and ovaries to be diseased.

Laparotomy confirmed the diagnosis.

The ovaries indurated and atrophied; the right fallopian complete stenosis at its middle; left tube a neoplasm of outer third completely obstructing the lumen. Removed; recovery.

H. F. BIGGAR.

CLEVELAND, O.

#### LYCOPodium IN CHRONIC DIARRHŒA.

June 27. Miss W., aet 36, has for six months been troubled, especially every morning, with looseness of the bowels; has three or four actions in the early morning; feeling of sickness on waking, has lost a stone in weight; has well marked, fan-like action of alæ nasi, breath short; cannot sing because she cannot get sufficient breath. An examination of chest found

pronounced jerking respiration, as if it was difficult to dilate the bottom part of lung; appeared to only use the upper part. Prescribed *Lycopodium*, 12.

July 3. Motions formed, one action a day; respiration almost perfect; continued medicine.

August 3. Remains well to this date.

LONDON, ENGLAND.

ALFRED HEATH.

### THE HOMŒOPATHY OF HAHNEMANN.\*

Gentlemen of the senior class, this is the last opportunity I shall have of addressing you as a body, and, probably, the last time I shall have the pleasure of speaking to any class of students in this college; permit me therefore to recall your attention briefly to some of the theoretical points which I have attempted, (during what I am aware has been a very imperfect course of lectures,) to impress upon your minds as essential to a sound homœopathic practice.

There are many men who would have filled this chair more to the satisfaction of my colleagues of the faculty, and more ably than I am capable of doing, but no one could have done so with greater fidelity to his convictions.

I have endeavored to prove to you that the radical difference between the Homœopathy of Hahnemann and all previous systems of medicine lies in the *unreconcilable antagonism* which exists between rival schools of thought; between conflicting systems of Philosophy—between the Dynamist and the Materialist. A difference so profound as to render all efforts at compromise unphilosophical, illogical and inconsistent.

If one is right, it is *everlastingly* right and unchangeable, and the other is everlastingly wrong, therefore no compromise can be made without a surrender of principle, hence the absurdity of tampering with the fallacious notion of ultimately seeing the two most prominent schools of medicine merged into one, into a sort of a millennial union, where

\*A summary closing the lecture course of Prof. A. R. Morgan at the New York Homœopathic Medical College and Hospital, March 25, 1892.

the old school lion, led by the infinitesimal dose, shall lie down with the homœopathic lamb inside of him, and all be peace.

If the two schools were separated only by a question of Posology, they might finally drift together, but the problem of dose is really a secondary feature in Homœopathy and, for argument's sake, might be held in abeyance, to abide the settlement of other underlying and indispensable features: for instance, the law of similars, the proving of drugs, and the use of the single remedy, etc., as clearly taught in the *Organon* of Samuel Hahnemann.

In announcing our allegiance to Hahnemann, as I have before stated to you, we are not called upon to bow down and worship him; we are not called upon to regard the *Organon* as a work of plenary inspiration, as some of our brethren seem inclined to do. The alterations and changes made by our author in bringing out successive editions of that great work are sufficient to dispel any such illusion.

Hahnemann never attempted the role of an infallible oracle; he possessed too grand and reverent a mind.

While accepting his fundamental doctrines, (the law of similars, the proving of drugs, the single remedy and the minimum dose,) our loyalty and devotion cannot be called in question because we cannot accept literally every minor opinion expressed by him.

Who can tell what subordinate features contained in the *Organon* might not have undergone changes if Hahnemann had lived to publish the much talked of sixth edition contemplated by him.

Before the time of Hahnemann little substantial advancement had been made in scientific therapeutics; in fact a scientific materia medica did not then exist. The world acknowledges its indebtedness to the earlier physicians for their grand achievements in the collateral branches of medicine; *i. e.* in anatomy, physiology, and later in chemistry and pathology, but in the absence of any definite and fixed rule of practice, they, *then as now*, had to depend solely upon uncertain empirical data for their knowledge of drug action. This resulted in what may be regarded as a series of stumbles, more or less significant, but with no substantial

progress up to the proving of drugs upon the healthy by the founder of Homœopathy, which was speedily followed by his announcement of the existence of an universal natural law of cure.

You have been taught that among existing methods of medical practice, Homœopathy alone, lays claim to a fixed and definite natural law of cure; to a law which, if properly applied in accordance with certain definite rules of practice, affords the surest, speediest and safest possible method for curing all curable cases of disease; a law of such infinite scope and efficiency that it is limited only by our limited knowledge of the infinite resources contained in Nature's vast arcanum of unproved drugs; a law no more open to human intermeddling, to revision, amendment or qualification, than is the universal law of gravitation, or any other perfect and eternal law.

The two schools of philosophy take radically different views of cause and effect, of disease and its treatment.

The old school physician looks upon disease as a material entity, something to be combatted *in situ*; something to be neutralized by chemical agents, something to be expelled by detergents, or to be annihilated by anti-parasitic means.

He depends for his therapeutic upon pathological data, he tackles effects rather than causes, and the logical deduction follows that the more pronounced the morbid deviation in any given case from a normal standard, the more unmistakable become his guides to a proper treatment, with, however, the terrible dilemma (from the very nature of his theory,) always confronting him, that an error in diagnosis is liable to be followed by an error in treatment.

The phenomenon of local inflammation, as ancient physicians described it, was and is *dolor*, *rubor* and *tumor*, and, in the estimation of the old school physician, the greatest of these is *tumor*, which he tries to disperse, scatter, or, failing in this, slashes with his knife, or extirpates; while the homœopathist is guided in his selection of the proper curative, first by *dolor*, then by *rubor*, and by the aid of these two strives to eliminate *tumor* from the pathological field altogether.

The homœopathist looks upon tumor as the result of neglect, or as the consequence of ineffectual treatment.



Being a thorough believer in the superior efficacy of potentized drugs, I have endeavored to impress upon your minds the idea that the only rational conception of homœopathic therapeutics from the Hahnemannian standpoint, is found in the dynamic philosophy; a philosophy which teaches that we live in two worlds, a world of causes and a world of effects: that all changes of states and conditions originate in the world of causes, and are revealed to our cognizance through the world of effects; that specific forms of creative energy exist prior to the appearance in material garments of every mineral, plant or animal; that all life and all activity originates in the dynamic field; that the phenomenon of the human organism can only be comprehended by studying the relations existing between the inner dynamic (spiritual) nature of man and its outer representative—the material body.

We witness manifestations of this creative energy and the dependency of one upon another of the three grand kingdoms of nature, the mineral, the vegetable and the animal.

On the lower plane this creative energy, this "life force," if I may be permitted the use of the term, is known as "chemical affinity."

The mineral kingdom is the womb of the vegetable kingdom, and furnishes the materials for building up plants.

The animal kingdom subsists upon the vegetable—including the mineral—and man, the head and crown of the animal kingdom, requires, for his support and use, all the material world beneath him.

Material elements in nature never remain stationary, but revolve in a circle of perpetual use transiently here or there, serving as temporary clothing for the natural bodies of the different kingdoms, and the important question to us as thoughtful beings is, whether the phenomenon called life, depends upon accidental changes of local and mechanical relations, upon a mere natural selection of elements, or upon a spiritual source.

"Is the light of life which glows in the eyes of the friend I love but a transient phosphorescent flash of organized cerebral matter, is it like the fleeting tinge which gilds the sun lit cloud and vanishes, or does it come from some more permanent and intelligent source?"

Are the emotions and appearances of life but the inconstant effervescence of chemical action, the shifting of position among molecular atoms in the body of man, a mere phenomenon of matter, as the materialist tells us, or are they the intelligent manifestations of a higher, nobler, superior and interior dwelling power or being?

These are momentous questions which have a direct bearing upon our subject and which we must decide for ourselves, one way or the other; there is no intermediate ground, and these antagonistic positions, if carried each to its legitimate conclusion, leads either to a material philosophy which degrades our origin to a level with the monkey, the mollusk and the sponge, or to a spiritual philosophy which is capable of elevating man to companionship with the angels.

In the language of Hahnemann "the material organism deprived of its vital principle is incapable of sensation, action or self-preservation; it is then dead and is subject to the physical laws of the external world; it suffers decay and is again resolved into its constituent elements."

"It is the immaterial vital principle only animating the former in its healthy and morbid conditions, that imparts to it all sensation and enables it to perform its functions." Organon § 19.

In our philosophy we regard *health* as that harmonious condition of the body where all functional operations are carried on without our being conscious of separate organs or parts.

We regard *disease* as a discordant condition of the body, where the healthy harmonious relations between the vital force and the material frame-work are so interrupted as to make us conscious of functional disturbances and of the more or less unpleasant existence of different organs and parts.

Disturbed functional action and morbid states are revealed to our consciousness only by uncomfortable and painful sensations and by abnormal conditions.

We hold that, "there is no curable malady, nor any invisible morbid change in the interior of man, which admits of a cure, that is not made known by morbid indications or symptoms to the physician of accurate observation. A provision entirely in conformity with the infinite goodness of the all-wise Preserver of men." Organon § 14.

The necessary corollary therefore follows, that the totality of the morbid indications being removed, the patient is no longer sick.

Again, Hahnemann tells in § 18 of the Organon, that "there can be no other indications whatever, than the ensemble of the symptoms in each individual case, to guide us in the choice of a remedy."

"As diseases are nothing more than changes in the general state of the human economy, which declare themselves by symptoms, and the cure being impossible except by the conversion of the diseased state into one of health, it may be readily conceived, that medicines could never cure diseases if they did not possess the faculty of changing the general state of the system, which consists of sensation and action, and that their curative virtues are owing to this faculty alone." Organon § 19.

Disease is the inevitable penalty for disobedience.

Disobedience is the exciting cause of all evil whether upon the physical or moral plane of life, and the first indispensable step of the transgressor toward recovery must be a return to strict observance of law.

He must shun evil if he would be whole. The Law of Similars and the Golden Rule are parallel methods of the Divine Providence for the "healing of the nations." "Like cures like" belongs to the physical field as unmistakably as "do unto others as you would that others should do unto you" belongs to the moral plane. Both restoration and regeneration follow in the path *similia similibus curantur*.

The Organon teaches that diseases being due to injurious influences from without, which disturb the harmonious play of the vital principles, cannot be successfully met except by the (spiritual) dynamic influences of medicines acting upon the vital energies.

We believe in the modern doctrine of the co-relation and the conservation of forces.

Our conception of the active properties of different drug substances is that each and every individual thing in the natural world embodies in its material form its own characteristic type of potential energy, and that these peculiar

types of potential energy existed as formative or creative forces prior to their appearance upon the material plane.

Familiar illustrations are seen in the formation of crystals from homogenous solutions—sugar, alum, salt, etc.

We reiterate the assertion that the rational comprehension of Homœopathy hinges upon the theory that dynamic forces dominate all things in the material world; upon a philosophy which teaches that all changes of state and condition, all changes of relations, whether in the building up, the maintenance, or the disintegration and decay of material forms, are due to the supreme energy and activity of dynamic forces.

All that we know, all we can ever hope to know of the action of these (dynamic) primary forces, is what we are able to learn from careful observation of their effects.

The problem of dose with us is a matter of fact, not of theory, a matter of experience, not of speculation and conjecture.

As a matter of critical observation, Hahnemann in his efforts to diminish the severity of drug action by reducing (according to a certain mode of procedure) the quantity of crude drug substance, found to his amazement that the substance so treated became invested with additional, new and unexpected properties. He found that substances heretofore regarded as comparatively inert became invested with new powers by his process of manipulation. For illustration we refer to the provings obtained from oyster shells, common salt, crystals of quartz, charcoal, etc.; substances of no medicinal importance in their crude states.

We follow his peculiar attenuating process (called potentization,) until all trace of the original drug substance vanishes; until the finest physical tests known to science fail to reveal its presence; until it seems to be folly to cling to the notion that any of the original material substance remains, but these drugs so *potentized* beyond all tangible recognition, are found not only to produce characteristic symptoms when tested upon the healthy, but when given in conformity with the law of similars are found to act with enlarged scope and with increased subtlety in curing the sick.

We do not claim that the highly potentized drug will always and invariably develop pathogenetic effects upon every healthy subject upon whom the proving may be attempted. Neither will doses of the crude drug affect all persons alike. To attempt to account for the action of highly potentized drugs from a material standpoint, upon the crude hypothesis of an infinitesimal divisibility of matter, demands a greater stretch of human credulity than to accept the whole dynamic philosophy.

To deny the efficacy of potentized drugs upon theoretical grounds only, without having first tested the same in strict conformity with the rules laid down in the Organon, as thousands of intelligent and studious advocates have done, is to be swayed by prejudice instead of being guided by scientific deduction, *i. e.*, by reasoning from cause to effect.

The objections of the professed homœopathist who today sneers at the use of potentized medicines and confines his practice to the employment of "appreciable" doses of crude drugs are precisely those made by the allopaths in early times against the use of the 3d and 6th dilutions by the pioneer homœopathists.

They have wielded the mathematical bludgeon so effectually as to convince themselves that there is nothing in it, except perhaps a *reductio ad absurdum*, yet today we find many of these very over-fastidious men using the dilutions they formerly denounced, although not always in compliance with our law of similars.

They object to the potentized remedy because it is unscientific they say. Unscientific! The abuse and misuse of that word science has converted many timid men into fossils. The root meaning of the word *science* is to know. What we think we know, is for the time being, at least, to us scientific, but history and experience warn us that the accepted scientific conclusions of today are often upset tomorrow by some scholarly Galileo, by some ingenious George Stevenson, Robert Fulton, or some audacious "Tom" Edison, all of whom, together with Hahnemann, were stubbornly opposed by fossilized scientists who knew that the world did not turn around "because the water did not spill from their mill-ponds."

The world has learned to know by experience that opium narcotizes, that castor oil is a cathartic, but we do not know, nor never can know, exactly why one narcotizes and the other purges, any more than we can know why high potencies act, or why the magnet picks up particles of iron filings. *We know they do it.* We observe the facts, but as soon as we attempt to penetrate the mysterious veil of first causes, we are lost in vain speculations.

We administer potentized drugs and get certain definite expected results, and any one who loyally follows "the rules" may do the same. No one will deny this except he who has never faithfully tested the same, or he who "convinced against his will is of the same opinion still."

We meet with people so wise in their own conceit, so infatuated with the notion that there is no science but physical science, that there are no things which cannot be reached by the scalpel, the retort, or the crucible, or seen by the microscope, that cannot be probed, measured, weighed and handled by their clumsy, physical instruments, that they have made themselves believe there can be no transfer of specific energy, without the simultaneous transfer and presence of the original substance in material form. They forget the simple lesson of the magnet, and one of these philosophers, to be consistent, after drawing the blade of his pocket knife along the surface of a magnet and finding it charged with a new and subtle power, should stubbornly close his eyes, shut his knife, and deny the fact. This transfer of force without a transfer of substance belongs to the realm of the imponderables—to dynamics.

I have attempted to impress upon you the fact that the art of making a sound homœopathic prescription is not a gift of genius, unless it be the genius of work.

I have been asked repeatedly by students if I would advise them to take notes and to study their books at the bedside. My reply has always been, certainly. Never, if it can be avoided, never visit the bedside of a patient, without having at hand for reference at least a good repertory. Off-hand prescriptions are apt to be inexcusable and unskillful blunders. If you are shallow enough to be ashamed to be seen consulting your books in time of need, better quit attempting to

practice Homœopathy at once and gravitate straight to eclecticism, where, from lack of success, you will finally land.

The most successful practitioners of our school follow the precepts and example of Hahnemann, who, up to the day of his death, never failed to take copious notes, nor to constantly consult his *Materia Medica*. A man might as well attempt to carry in his head the almost endless mathematical calculations contained in the great book of logarithms, as to attempt to retain in his mind the immense accumulation of symptoms recorded in our ever increasing volume of *Materia Medica*. No human intellect, however capacious, is equal to the task. Depend upon it, if you succeed in curing your patients by consulting your books when necessary, even at the bedside, they will honor and reward instead of deriding you for your studious habits.

The witty and ever genial Dr. Oliver Wendell Holmes, a few years ago, in an address before the American Medical Association, compared "the present status" of Homœopathy to a "rickety three-legged stool," the legs being, he said, the law of similars, the infinitesimal dose, and proving of drugs upon the healthy. Two of these legs he declared—the infinitesimal dose and proving of drugs—had already loosened, fallen out and been abandoned by liberal homœopaths, and the third wobbled in its socket so badly that its abandonment in the near future was practically assured.

Now, gentlemen, from what source do you imagine did Dr. Holmes derive this interesting piece of information? Certainly not from an acquaintance with the faithful followers of Hahnemann, for they have never lowered our flag. Can it be that he had been reading the published transactions of some of our so-called homœopathic medical societies where about everything is discussed except pure Homœopathy, and that scarcely ever mentioned without provoking derision?

Such an inference may not be unreasonable when we find a distinguished professor of our school, whose well-earned fame as a teacher, compiler and author, will, we trust, long outlast the temporary injury inflicted upon our cause by his occasional indiscretions as an ambitious partisan advocate, I

say such an inference is not illogical when we find a distinguished representative of our school, whom we have all delighted to honor, in answer to the important inquiry, "What constitutes a homœopathic physician?" instead of proudly and promptly responding, like a staunch "defender of the faith," "Ye shall know them by their fruits," innocently replying, "the definition of a homœopathic physician is one who is a member of our county society." Heaven save the mark! Why! Such a lame and impotent conclusion would virtually sanction "stealing the livery of heaven to serve the devil in," for it is a notorious fact that some of the so-called county homœopathic societies of our day have become so utterly demoralized and perverted, that members remain in good standing who unblushingly avow themselves eclectics both in theory and practice; societies which are today dominated by those who for the sake of the spoils, persist in parading under the attractive name of Hahnemann, while deliberately imposing upon a too confiding and indiscriminating public, thus bringing odium and reproach upon the fair fame of pure Homœopathy.

Judged by their works some of these practitioners have been not unfairly denounced by our allopathic antagonists as legally liable for doing business under false pretences, and are charged with duplicity and fraud. The loyal followers of Hahnemann are not subject to these disgraceful charges. They strive to cure the sick by adhering strictly to the scientific methods of Homœopathy without recourse to the temporary and delusive palliative methods of the old school.

We warn you against the disposition to apologize for, and to palliate or tolerate, the delinquencies of our half-hearted friends. We warn you against every weak concession to the enemy. Remember *facilis descensus averni*. *You cannot adulterate the truth and maintain your integrity.*

For the benefit of all wavering friends we cannot refrain from quoting, in all kindness of spirit and fraternal regard, the admonition of the Apostle Paul: "O Timothy, keep that which is committed to thy trust, avoid profane and vain babblings and oppositions of science, falsely so called, which some professing have erred in the faith." 1 Tim. 6; 20, 21.

In conclusion. Gentlemen of the senior class you have



finished your probationary course, and if found worthy will soon receive the credentials which entitle you to all the privileges and at the same time places upon your shoulders the responsibilities of legal practitioners of medicine. Your work, however, as students is by no means ended. If faithful to your trust, you will henceforth become more vigilant and devoted students than ever. Never lose sight of the fact that our cause demands not only earnestness of purpose, but unswerving fidelity to the fundamental principles laid down in the Organon of Samuel Hahnemann. Be honest, fearless and steadfast. Quit you like men!

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## 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.**

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THE ANTI-VACCINATION LEAGUE.—To the announcement in this issue of the formation of a national league, the primary object of which is to abolish the compulsory vaccination laws, we ask the serious consideration of our readers. The statistics of small pox mortality, both in America and Europe, conclusively prove, that as a measure of prevention, vaccination is an utter failure. And when, with this fact before us, we consider the sad results of impure vaccination, and the impossibility of obtaining the so-called "pure" virus or of distinguishing the "pure" from the "impure" by any means known to science, it behooves every homœopathic physician to whose care the health and happiness of children are entrusted to carefully and conscientiously examine this question. There is not now to be found a physician, of any school of practice who advocates the arm to arm vaccination as practiced twenty-five years ago. The fear of inoculating syphilis, gonorrhœa, cancer, psora, tuberculosis and a host of

minor evils, has been sufficient to abolish the farce. But pray, how much to be preferred is the tubercular and other equally loathsome and fatal diseases of the bovine? Why abolish one danger to "fly to ills we know not of?" The fact is that the entire process is based on a theory and will not bear scientific investigation.

And by this we do not mean to impute either carelessness or dishonesty in the propagation of the virus. But the stream never rises higher than the fountain. There is no possible way for the physician to distinguish the healthy from the spurious virus, because there is no positive method known of distinguishing a healthy from a diseased animal. The healthiest animal, apparently, in the herd, may be selected for inoculation, and a few days or weeks after the crop of virus has been harvested, she is discovered to be tuberculous. In the meantime the "pure bovine virus," warranted "fresh" has been sent broadcast over the land to do its fatal work. After a time the physician is asked to explain why the patient "has never been well since he or she was vaccinated."

A startling discovery was recently made in the herd of Jerseys belonging to Mr. Gillingham near Philadelphia. One of the animals appeared indisposed, a veterinary surgeon was called and tuberculosis suspected. As a result of Koch's lymph test made by Professor Pearson, of the Veterinary department of the University of Pennsylvania, 30 out of 79 head of cattle injected with the lymph, responded, the temperature being raised from 4 to 5 degrees at once. Six of the condemned animals were sacrificed to science, and in a post-mortem, made in the presence of a large number of professional men, five of the six presented indisputable evidence of tuberculosis. Thus the diagnosis was verified, and yet, "there was not a physical blemish apparent on any of them." In this case, how could the most careful propagator of "pure virus" ascertain the health of the animal? It is nearly 100 years since Jenner published his first memoir on *The Causes and Effects of the Variolæ Vaccinæ* and notwithstanding all the advances made in science, the practice of vaccination remains practically the same as Jenner left it. Pasteur and Koch have attenuated the virus of hydrophobia and tuberculosis by the same crude method with similar crude

results. But why should not the world have the benefit of the great discovery of Hahnemann? Why should not all these poisons be attenuated, or, more properly speaking, potentized by Hahnemann's method, the same as Arsenic, Mercurius, or Sulphur, and used on their symptomatic indications? This method would be entirely safe and much more effective.

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**HAHNEMANN'S RULES.**—At the request of many readers we republish these practical working rules of the Master. Many men had seen an apple fall from a tree before Newton's time, but none ever made such valuable deductions from so simple and plain everyday fact. So it is with these practical observations of Hahnemann. His third rule, viz.: "Symptoms recently developed are the first to yield. Older symptoms disappear last." Of this Hering says: "It might seem to some so very natural that recent symptoms should be the first to disappear, older ones last, that it ought to have been observed by all and every physician at all times. But this is not the case. It was never observed before Hahnemann, nor ever before stated as a rule." If every follower of Hahnemann would master these rules and apply them in practice, they would meet with a success hitherto unknown in the treatment of their chronic cases. In fact, they would cure many chronic cases now considered incurable.

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**DR. DUDGEON AND THE HIGH POTENCIES.**—The reading of the reprint in *New Remedies* of "Hahnemann's Medicines vs. High Potencies," gives rise to several queries:

*First:* What purpose has Dr. Dudgeon in view in his caustic criticism of "high" potencies?

*Second:* Of what value is all his logic, when there is today a steadily growing belief, endorsed by almost every homœopathic journal published, that "high" potencies do cure?

*Third:* Does he soberly and sincerely believe, because *his* ear is unable to grasp sound made by vibrations less than sixteen or more than thirty-eight thousand to the second, that, therefore, there are no such vibrations, and, hence, no sound?

minor evils, has been sufficient to abolish the farce. But pray, how much to be preferred is the tubercular and other equally loathsome and fatal diseases of the bovine? Why abolish one danger to "fly to ills we know not of?" The fact is that the entire process is based on a theory and will not bear scientific investigation.

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## Comment and Criticism.

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

### SPECIOUS REASONING NO. 2.

EDITOR ADVANCE:—Dr. Van Denburg, in the April ADVANCE, offers a criticism of my paper, "Adherent and Retained Placenta" (Dec. ADVANCE, 1891), which is truly a remarkable production.

He takes two propositions as a basis for remarks:

"First, The author proposes to show that the placenta may remain attached, wholly or in part, for hours or days without injury to the patient."

This he tries to show I did not prove. Let us see.

To begin with, I did not deny that placental adhesion, if left to nature and the indicated remedy, might cause trouble, but I argued that the chances of the patient are better, other things being equal, when so treated, than they are where the adhesions are forcibly broken up. Corroborative evidence is the strongest evidence, and my testimony is simply corroborative of Guernsey and others.

Guernsey 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."* (Italics mine.)

I will next quote from the *Medical Summary* (allopathic), April, 1892. "If there be danger to the child in forcing an early expulsion of the placenta, the danger to the mother is equally great, probably greater.

"The practice is almost certain to cause a retention of portions of the secundines, which worry and fret the uterus, causing post-partum pains, frequently post-partum hæmorrhage and various other dangerous puerperal accidents, such as metritis, peritonitis, septicæmia, etc. (Doctor, here is where the indicated remedy comes in.)

*"The conclusion of the whole matter is, that unless there be some positive indication for interference, such as post-partum hæmorrhage, the physician should wait until spontaneous retraction of the uterus has expelled the placenta into the vagina before making attempts to deliver it."* (Italics mine.)

"It may there be extracted without fear of injurious consequences. *When physicians generally learn this valuable lesson, post-partum complications, tardy puerperal convalescence, and cases of chronic invalidism, resulting from mismanagement of the third stage of labor will be much rarer than at the present time.*" (Italics mine.) *Ind. Med. Four.*

Dr. Van Denburg says: "Who has not seen cases that correspond in every important particular to the author's successful cases come out equally well without one dose of the indicated remedy? I have, for one, and not a few of them."

This authority (!) admits that he has seen cases of adherent placenta get well, with no complications, *without either mechanical removal of the placenta or the indicated remedy!* We have no doubt that the doctor has seen not only puerperal cases get well "*without one dose of the indicated remedy,*" (italics mine,) so we shall not dispute this point for an instant.

I should like to ask the doctor, since he has seen so many such cases, how many he has seen succumb on account of the neglect to remove the placenta or give the indicated remedy? He pleads to let Nature alone.

Let us proceed to his second proposition, which is stated thus:

"*Second, That the author believes from his 'observation and experience,' it is wrong to resort to a ('certain') method to attain a certain definite end.*"

The method as shown elsewhere is the forcible or surgical

removal of the retained or adherent placenta, (reference to my article will show that I made no such statement in regard to *retained* placenta). The end is to free the patient from the supposed, or believed to be, dangerous body. The author also thinks it is wrong to resort to this method "whether it means life or death to the patient."

In the next paragraph, after further exposition of his views as to my meaning, he says: "Who does not believe with equal earnestness exactly the same thing? Will any one of any school or pathy withhold immediate and hearty assent?" After this admission, he proceeds to "change his base" as follows: "Who has not seen abundant cases of forcible removal of the placenta, with not a trace of septic poisoning, of metritis, or of any pelvic inflammation following?"

Ludlam in his work on Diseases of Women, says: "Not to be in a hurry to extract the placenta."

I could quote many of them.

Who has not seen abundant cases where the reverse was the result? I did not deny this, but on the other hand stated that cases in which it was necessary to interfere *might* occur.

My argument was simply in favor of nature and the indicated remedy, as against mechanical interference, and in this connection I would like to call attention to the words of Ipallanzani that, "*A thousand negative facts cannot overthrow a single positive fact.*" (Italics mine.)

I would like also to remind the doctor that he has arrayed against him, Guernsey, the patron saint of homœopathic obstetrics, eminent old school authority, and the scientific (!) Dr. Van Denburg.

There is a sentence somewhere in Scripture about a "house divided against itself," is there not?

Now I should like to ask the doctor a few questions:

*First.* By what authority he accuses me of "picking" my cases and "generalizing?"

He himself, in the last paragraph, speaks of a "conclusion that shall satisfy *general principles, which alone are a safe guide in drawing conclusions,*" (italics mine), and yet he scores me for "generalizing."

*Second.* Why did he state that I cited two cases in sup-

port of the first proposition and one in support of the second, when reference to my article shows that *four* cases were cited in support of the first proposition, and *two* in support of the second. It looks as if some one else had been "generalizing," and that, too, rather freely.

The Doctor sneers at the case in which the placenta was not expelled for seven weeks, which of course settles that.

I did not vouch for the truth of the statement, I simply reported it as it was told to me by a man equal in veracity and accuracy to the learned critic. This was indeed a remarkable criticism, but, it is difficult to see how such treatment of serious problems (misstatements and scientific (!) sneers,) helps in any way to their solution.

FREDERICK HOOKER.

PLAINVILLE, N. Y.

#### PERSONAL EXPERIENCE WITH POTENCIES.

I believe that when a man earnestly and conscientiously labors for that which he believes to be glorious truth, he must regard conversions to his faith with some degree of pleasure. When I sat in the chairs of "Old Hahnemann" during the session, of '90-91—one of the senior class of ninety-four students—and listened to the large and able corps of professors, perhaps it was with closest attention that I heard Prof. Allen; not that I was of his faith, but that I thought he would be the most difficult to "pass;" and although I knew his lectures to be always most able and interesting, I still regarded them as amusingly chimerical. Of the entire class not one was a more ardent supporter of "low potencies" than the writer. When some professor would give his testimony to the efficacy of low attenuations in cures effected, I was one of the noisiest in the accompanying inevitable applause; and when, from other professors, the higher dynamizations received the same splendid support, I was one to wear the most cachetic smile. Though graduating a firm adherent of the lower potencies I was nevertheless greatly impressed with the enthusiasm, earnestness and *success* of many high attenuationists.



Among others I closely studied the writings of Hering, Lilienthal, Guernsey, Farrington and Dunham; in fact, of all the more recent contributors to our homœopathic literature. The writings of the two last named impressed me most deeply. Men of deep investigation, superior analytical ability and broad culture, in their zeal, sincerity and simplicity, I found something beautiful. Well may Richard Hughes say: "I have no practical knowledge of the zooths; but if I had no other fact before me than their constant use by so scientific and successful a physician as Carroll Dunham, I should be content to acknowledge their legitimacy." The effect of such study has been in part, to lead to the conclusion that perhaps the action of the higher potencies is one of the many things in nature which the human mind can neither trace nor satisfactorily explain, yet whose effect is evident, and its presence thus established. I frankly admit that I neither antagonize nor support any of the various theories advanced, and simply accept the results.

CASE I. Last winter while attending the Chicago Homœopathic College, I was one day taken in my office with a most excruciating pain in the abdomen that doubled me up. I immediately swallowed Colocynth low, with no effect. Dr. J. G. Seidel came in at this time and after gathering all he could from a man in so vicious a mood, gave me Nux 1000. The effect was quick and most happy. How much medicine did I receive? I care not; I obtained relief.

CASE II. ECZEMA: *Psorinum*. Something more than a year since a young lady came under my observation who had one of the worst cases I ever saw. I have known her from a child, but seen her only at intervals. At 15 years I remember her as attractive and brilliant, with a fine head of hair and one of the most perfect complexions, or skins, I ever saw. Upon questioning her I learned: Family history negative. Had been in every way in perfect health. At 14 years was vaccinated, "worked" well, six months later attended a school exhibition one very cold night in winter and face was considerably exposed. Next morning awakened, face greatly swollen, intensely red, almost unbearable itching. Eyes suffused and injected, ears double their

normal size. Very little constitutional disturbance. Called an allopathic physician who employed local and internal measures with little immediate result. Soon papules were formed, many of which became vesicular and not a few pustular; discharge of a thick, dirty fluid which stained and stiffened linen. Hair was cut close and "locals" applied here also. Week after week she had slight improvements and aggravations. She was of strong allopathic faith yet after three years of arsenic, potash, cathartics, zinc and a dozen other local applications, she sought homœopathic treatment. Appeared to improve for a time, then as bad as ever, and finally returned to Allopathy; finding no relief, employed some patent remedies with apparent transitory improvement. She was now, at the time I saw her, taking nothing at all, had suffered for six years, and was still as bad as ever, or even slightly worse. I found her in mind, though naturally bright and cheerful, very despondent, with even suicidal thoughts, complete despair of recovery. Hair dry and without lustre, eyes somewhat suffused and injected, which condition attends a sort of incipient asthmatic affection, making its appearance each fall; some hoarseness. Face, neck and much of body was coarse, rough and of a dirty brown color. Does not perspire at all. Eruption behaves much the same as at first and above described, itching intolerably, better by gentle scratching which is continued until it bleeds. Between points of eruption skin is much indurated. Eruption surrounded by bluish circle; pruritus worse at night, when undressing, and by warmth of bed. Desquamation is so great that the sheet was each morning shaken and scales swept away. I went to work with a faint heart, feeling that I was somewhat lacking in *uncommon* and *peculiar* symptoms. I prescribed Psorinum 200, (B. and T.,) a powder each night dry on tongue, for a week. At end of one week wrote me she was no better; at end of second week wrote she was much disappointed in being markedly worse, as shown by a more general eruption than ever. At end of fourth week wrote me of considerable improvement, and from that time this has continued. She now has natural perspiration, hair regained pliancy and lustre, skin smooth, clean and of usual fairness. She calls herself well,

and has been admitted to a first-class hospital as a candidate for training, having passed the physical examination. She rightly gives Homœopathy the full credit and is grateful and happy to a degree which ought to make any man thank God that he is a homœopath.

SYRACUSE, N. Y.

CLARENCE EDWIN STEPHENS.

[The experience of Dr. Stephens is a practical repetition of that of every homœopath who has ever put Homœopathy and the potentized remedy to the test. If the remedy be correctly selected, it will do its cure work in the 200th or 1000th potency as promptly as it does its sick-making in the crude form. Prejudice, ridicule or sneers have as much effect on the action of a remedy as faith, belief or disbelief. It is just as easy to explain how Ipecac. 1000 cures a patient suffering from nausea and vomiting, as it is to explain how 10 grains of Ipecac. crude will produce nausea and vomiting when given to a healthy person. The allopath cannot be induced to give Aconite 3 centesimal a trial, because he cannot see, taste or smell the Aconite. But our low potency friends who have put it to the test in the most severe and dangerous cases, give it with complete confidence, and yet there is no method known to science, save the physiological test, by which the third centesimal may be detected from the 200th or the 1000th. The homœopathic physician who neglects to avail himself of the powerful aid of *all potencies* in the cure of the sick does but half his duty to the patient entrusted to his care. ED.]

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#### NO SECTS IN HOMŒOPATHY.

SAVE US FROM OUR FRIENDS.—“Homœopathy can easily defend itself against its enemies; its worst foes are some of its friends. The occasion of this remark is an editorial in the March *ADVANCE* in which one of its editors, Dr. J. B. S. King, assimilates homeopathy to the teachings of Swedenborg. The columns of a medical journal are not the place to discuss the doctrines of the New or any other church, whether the journal be the *ADVANCE* or the *Clinical Reporter*, and we are not here going to engage in a discus-

sion of church doctrine. Right or wrong, Dr. King has a right to his own opinion, but, right or wrong, he knows that the vast majority of the Christian world believes that the true in Swedenborg's writings is not new, and the new is not true, while, outside of the few adherents of the New Jerusalem doctrine, the most charitable view entertained of Swedenborg is that he had that sort of genius that is not without a good deal of admixture of insanity."—*The Clinical Reporter*.

MINORITIES.—“ In all matters in which progress is possible, the probability is always, that the majority is wrong. Truth, being infinite, must necessarily unfold her secrets gradually, and she unfolds them first, to those who love her for her own sake—always a minority, alas! \* \* \* The sceptre of intellectual and moral rule has always been, and always will be in the *hands of minorities*.”—*The Clinical Reporter*.

These two quotations from neighboring pages of the *Clinical Reporter* furnish an amusing instance of a man cutting off his own head, kicking over the house, which he has laboriously constructed, exploding the balloon which he has just been at the pains to fill, or, in other words, of answering his own argument. If truth unfolds her secrets always to a minority, then the “ few adherents ” of the new church doctrines must be right. If “ the probability is always that the majority is wrong,” then the “ vast majority of the Christian world ” who entertain so poor an opinion of these doctrines, must be wrong, and so on. Thus the editor answers himself.

The article, in question, in the March *ADVANCE*, has caused considerable unfavorable comment in journals and also in private letters. These were almost without exception simply expressions of prejudice, without argument, by writers who profess no special knowledge of the subject. It is singular, how ready people are to criticise such books as the *Organon* and the writings of Swedenborg and yet how unwilling to give them impartial study.

The article did not say, nor was it intended that it should say, that no one could be a good homeopathic prescriber

without a knowledge of new church doctrines, as some seem to have inferred. Skill in the art of Homeopathy, is not confined to Methodists, Baptists, Catholics, Atheists, or New Churchmen. That men of widely different beliefs or of no belief at all, may be equally skilled in the art of prescribing is so apparent as scarcely to need stating. All that was intended to be conveyed was that a better understanding of the *Organon* and a more complete and satisfactory conception of homeopathic philosophy could be attained by a study of the writings of Swedenborg than in any other way. Anyone may differ from this opinion, but no one need be offended by it.

J. B. S. K.

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## New Publications.

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**PRINCIPLES OF SURGERY.** By N. Senn, M. D., Professor of Principles of Surgery and Surgical Pathology in Rush Medical College, Chicago. Illustrated with 109 wood engravings. Octavo. Pp. 611. Cloth, \$4.50. Philadelphia: F. A. Davis.

This is one of the most noted books that has been added to our surgical literature in 1891. Such has been the demand for it that although but a few months from the press, it is now in the second edition. The author is not only a graphic and brilliant writer, but an able and experienced operator; and his experiments in intestinal surgery during the last five years have made him famous as an original man. Few books on Surgical Pathology have received such general and generous praise as Senn's, and since Virchow's Cellular Pathology appeared none have so well deserved it. In it are to be found all the latest and most approved theories and facts concerning the germ theory of disease, and every physician and surgeon who desires to become familiar with it, and thus abreast of the times, should read this book. Not that the reading or study of the book will enable him to do better work in either medicine or surgery, for it is impossible to base successful therapeutics on a theory, but it will enable him to discuss understandingly one of the popular fads of

the day. When Virchow promulgated his cellular pathology, and attempted to found a system of medicine upon it, great expectations were entertained by the professional world that a new era had dawned upon scientific medicine, but neither medicine nor surgery as an art of healing were in the least benefited. It was simply another kaleidoscopic view, another illustration of the ever-changing basis of empirical medication. This time it is the microbic theory which has taken the profession by storm, but it has yet to be demonstrated that the germ is the cause of disease, or that antiseptic is superior to, or even equal to, aseptic methods. As a work on the Principles of Surgery and Surgical Pathology it is unique and original.

THE GUIDING SYMPTOMS OF THE MATERIA MEDICA. By C. Hering, M. D. Vol. X. Philadelphia: Published by the estate of Constantine Hering.

At last this great work, the ideal of Hering's genius and for which he collected data and material for fifty years, is completed. It is not only a monument to the memory of the author, but its completion marks an epoch in the advance of pure Homœopathy in this country, if not in the world. The preface of the present volume tells its own story.

"At last the tenth and final volume of *The Guiding Symptoms* is completed, and the promise made to Dr. Hering, shortly before his death, and subsequently to the homœopathic profession, that the literary executors would finish the colossal work, is fulfilled. Too much cannot be said in praise of the assiduity and faithfulness of Drs. Raue, Knerr and Mohr in the execution of their editorial labors, covering a period of nearly a dozen years. And to Walter E. Hering belongs the credit of furnishing the means for the mechanical execution of his father's *chef-d'œuvre*."

"It now remains for the homœopathic profession, for whose weal the genius and fifty year's labor of Dr. Constantine Hering were ungrudgingly given, to receive the completed work and use it, as intended by its projector, for the healing of the nations."

THERESE HERING.

Philadelphia, Oct. 31, 1891.

The volume includes remedies from Staphisagria to Zizzia. But the symptoms of Tarentula, Theridion, Trombidium,

Tuberculinum, Vaccinum and Variolinum, Vespa and Viburnum Opulus will be especially welcome. Many of these remedies sadly need re-proving, which will be done in time, but what we here have will give many an idea of their value and induce further experiments and clinical verifications. In the proper place in previous volumes will be found provings of Lac Caninum, Medorrhinum, Syphilinum and others not to be found in any other work on *Materia Medica*, and these morbid products when properly proved form valuable additions to our armamentarium, and as they "have come to stay," every homœopathic physician should master them. Those who have been waiting until the completion of the work before they subscribed, fearing it would never be finished, will have no further excuse; and those also who have never used it do not know what they have missed during the years it has been growing, volume by volume, into its perfection. It is by far the most helpful work on *Materia Medica* which has yet been placed in the hands of the profession.

**ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES.** A yearly Report of the Progress of the General Sanitary Sciences throughout the world. Edited by Charles E. Sojous, M. D., and seventy associate editors; assisted by over 200 corresponding editors, collaborators and correspondents. Illustrated with chromo-lithographs, engravings and maps. Five Vols. Philadelphia: F. A. Davis.

Although delayed by the loss of the valuable services of some members of the editorial corps, yet the Annual of 1891 is the most complete and comprehensive of the series.

**VOLUME I** contains articles on the diseases of the Lungs and Pleura; Heart and Blood Vessels; Mouth, Stomach, Pancreas and Liver; Intestines and Peritoneum; Digestive Organs of Children; Animal Parasites and their Effects; Urinalysis and Diabetes; Scarlet Fever, Measles and Rôtheln.

**VOLUME II:** Diseases of the Brain; Spinal Cord; Peripheral Nervous Diseases, Muscular Dystrophies and General Neurosis; Mental Diseases; Blood and Spleen; Uterus, Peritoneum, Pelvic Connective Tissue; Disorders of Menstruation; Ovaries and Tubes; Vagina and External Genitals; Pregnancy; Obstetrics; Puerperal Diseases; Diseases of the

Newborn; Dietetics of Infancy and Childhood; Growth and Age.

VOLUME III is well illustrated and marks, perhaps, the most important improvements and rapid advances in Surgery of 1891. This is especially true of the Surgery of the Brain, Spinal Cord and Nerves; Thoracic Surgery; Surgery of the Abdomen; Orthopædic Surgery: Amputations, Excisions and Plastic Surgery; Diseases of the Bones and Joints; Fractures and Dislocations; Injuries of the Arteries and Veins; Traumatic Neurosis; Anæsthetics, etc., etc.

VOLUME IV: This volume is exceedingly well illustrated, especially in the sections on Diseases of the Skin; Ophthalmology; Otology and Diseases of the Nose, Pharynx and Larynx. The sections on Inebriety, Morphinism and Kindred Diseases and Medical Demography, which has attracted so much attention in France in the last few years, are of great interest to every physician. In fact this volume alone is worth the price of the entire set.

VOLUME V contains the sections on General Therapeutics, Experimental Therapeutics, and Electro-Therapeutics, which are necessarily the most meagre and uninteresting of the work. Not that the associate editors have not labored as faithfully as those of other sections, but because of the lack of progress to report in this most vital of all the departments of medicine. And we do not see how any vital improvements can be easily made until empiric methods give place to law in the domain of therapeutics.

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#### THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Arrangements have been made with the Baltimore & Ohio to carry western members to the meeting at Washington for a fare and a third for the round trip. A special car will be attached to the through express Saturday and Sunday afternoons, June 11th and 12th, (2:55 P. M.) There is a morning train at 10:10. Tickets, however, can be purchased on the 10th or earlier if desired, but not later than the 14th. Any member who desires to prolong his stay after the meeting must so arrange when purchasing ticket.

The most direct route and the most comfortable one, with some of the finest scenery in the country thrown in, is afforded by the B & O. They make no extra charge for their fast trains or luxurious coaches. The Chicago members will take the Sunday afternoon train. Speak early for your berths. Mr. W. W. PICKING, Passenger Agent B. & O. Railroad, 193 Clark street, Chicago, will attend to this for members out of town requesting the favor.



## IMPORTANT NOTICE TO SUBSCRIBERS.

THE MEDICAL ADVANCE has no authorized agents, with the exception of one at each Homœopathic Medical College, who is authorized to take student subscriptions only.

A person calling himself CHARLES A. HOLLIE, agent of the St. Louis Library Association, has been taking subscriptions to THE MEDICAL ADVANCE through the South. He has no authority from the publisher and all persons are warned not to pay any money to anyone claiming to be an agent of THE MEDICAL ADVANCE, except to the above mentioned students.

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Advertisements of "For Sale," "Practices Wanted," etc., will be inserted in this department for twenty-five cents per line each insertion.

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WANTED.—A copy of Part I, Volume II, HOMŒOPATHIC JOURNAL OF OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY. Address, D, 1, *Medical Advance*.

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LIPPE'S REPERTORY.—A few more copies of this work on hand and will be sold at the following rates: Cloth, \$2.50; postpaid, \$2.62. For particulars address, Mrs. G. A. Lippe, 301 D. Street, N. W., Washington, D. C.

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WANTED.—A copy of Guernsey's Bönninghausen. Address, Dr. W. E. Waddell, 201 Center St., Chicago, Illinois.

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FOR SALE.—A \$4,000 Homœopathic practice in the garden spot of Ohio, with office fixtures, horse and buggy, etc., or without.

Address Lock Box 27,  
Jeffersonville, Ohio.

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FOR SALE.—For two thousand dollars (\$2,000); five hundred (\$500) cash, balance may be made out of practice and paid for in installments, I will sell my instruments, medi-

cines, and office furniture, worth \$600, and a satisfactory introduction to my patrons; or for one thousand dollars, (\$1,000) a one-half interest in my practice, established eleven years, six to seven thousand per annum, worth 90c. on the dollar.

Purchaser must be a good man and a good Homœopath, of some experience. My health is not good and I must have help without delay.

THOS. H. BRAGG, M. D.,  
Austin, Texas.

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THE WORLD'S COLUMBIAN EXPOSITION.—Send 50 cents to Bond & Co., 576 Rookery, Chicago, and you will receive, post paid, a four hundred page advance Guide to the Exposition, with elegant Engravings of the Grounds and Buildings, Portraits of its leading spirits, and a Map of the City of Chicago; all of the Rules governing the Exposition and Exhibitors, and all information which can be given out in advance of its opening. Also, other Engravings and printed information will be sent you as published. It will be a very valuable Book and every person should secure a copy.

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The July number of *Lippincott's Magazine*, ready June 20th, will contain a comple novel entitled "White Heron," by M. G. McClelland, author of "Oblivion," "A Self-made Man," etc., also, "The Newspaper Illustrator's Story," by Max de Lipman, "Canoe Life," by W. P. Stevens, "Peary's Expedition," (illustrated), by Drs. Sharp and Hughes, "James Russell Lowell," by Richard Henry Stoddard. This number will be profusely illustrated.

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Every spring, at about the time when onions begin to sprout, and the fresh graduate is seeking for a location, the Hahnemann Medical College, of Chicago, gravely announces that a new college and hospital is to be built by the beginning of the next term. This annual announcement of its good intentions has once more been made. The work, however, is not yet begun.

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A case of variola has been imported into Chicago. Active measures have been taken to prevent its spreading.

The Illinois state association of homœopathic physicians closed its convention yesterday at the Tremont House by the election of the following officers:

President—Dr. A. K. Crawford.

Vice presidents—Drs. Downey and Lucy Waite.

General secretary—Dr. W. A. Dunn.

Provisional secretary—Dr. S. N. Grosvenor.

Treasurer—Dr. W. A. Whipple, of Quincy.

Next year a convention will be held in Chicago at the call of the executive committee.

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A Grand Crossing physician reported a well developed case of small pox, in his parish. The Board of Health with its host of vaccinators precipitated itself upon the neighborhood, and after having injected vaccine poison into the veins of the entire population, discovered the case to be chicken pox.

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The *Homœopathic News* for May, is a flagrant example of the kind of rot that cloaks itself under the name of homeopathy. On pages 200 and 201, is a list of combination tablets of twenty different varieties, each containing from two to four ingredients. Here are a few samples:

“No. 2, for biliousness and torpidity of the liver, composed of Nux. vom. 2 x, Podophyllin 2 x, and Merc. Viv. 2 x.”

“No. 3, for cough, hoarseness and bronchitis, composed of Bryonia 3 x, Phos. 3 x, and Causticum 6 x.”

“No. 10, for chronic catarrh, composed of Kalic Bich. 3 x, Spongia 3 x, Merc. Biniod. 2 x, and Tartar Emetic 3 x.”

There are seventeen others as bad, but these are enough to exhibit the invincible ignorance, the dense stupidity and the colossal shamelessness of the one who offers to the profession such relics of barbarism and poly-pharmacy under the name of homeopathy. “They are largely used by eminent homœopathic physicians.” Heaven save the mark, what can such physicians be eminent for, except for lack of discrimination, blundering pathology, and gun-shot prescribing.

Why should anyone trouble their head about the peculiar

cough and hoarseness of Bryonia, and how to distinguish them from those of Phosphorus or Causticum, since we have all these widely different remedies combined in one tablet? Let the cumbersome *Materia Medica Pura* be banished to the top shelf of our libraries. There is no longer any use for it.

No need to fret one's brain over wearisome diagnoses and tedious list of symptoms; just ask the patient what's the matter with him. If the answer is biliousness, refer to list and give him No. 2, because the list says that No. 2 is good for biliousness. What a thought saver! What economy of cerebral substance!

Turning the page we find erysipelas treated by 15 grains of sulphite of sodium and the application of a volatile and stimulating liniment.

On page 208 occurs the following: "The true office of the physician is to promote health and prolong life." Undoubted truth; but listen to the means, one-fourth of a grain of calomel every hour. This mercurial is "to unload the bowels, arouse glandular secretions, and deplete the turgid blood vessels." Katharmon and chloral or ergot follow.

A homœopathic physician presents a case on another page for advice; never mind the case, but read the treatment: "In treating him I have used Apis 3 x, Apoc. Can. 1 x, Arsen. 3 x, Dig. 2 and 3 x, and Spigelia 3 x. His prescription now is, Apis. 3 x, Dig. 3 x, Verat Vir 1 x, and Apocyn. Extract, alternate every hour, but he is at a standstill."

Between the spavined, knock-kneed, ram-shackle, bleary-eyed, Homœopathy usually taught at Homœopathic Medical Colleges and Allopathy, there does exist a vague, shadowy sort of a dividing line, but the therapeutics of the *Homœopathic News* out-Herods Herod and a little exceeds in inanity the average efforts of the old school.

Moral obliquity as well as therapeutical inanity is visible in the pages of the *Homœopathic News*. An article is copied from another journal without credit, the name of the author only being attached to give the impression that it was written for the *Homœopathic News*. Moreover, the article is altered so as to advertise one of the nostrums in

which the publishers of the *News* are interested. This kind of thieving, for it scarcely rises to the dignity of robbery, is about on a level with the *News* therapeutics.

The *Weekly Medical Review* furnishes the following information on Bichloride victims: Press dispatches announce another of Dr. Leslie E. Keeley's bichloride of gold cure patients has become insane. The person is Mrs. Evelyn Garretson, the beautiful and talented wife of William Garretson, of 30 Gardner avenue, Jersey City Heights, who was found by the Hoboken police in a demented condition at the door of the church of Our Lady of Grace on Willow avenue, Hoboken, April 2.

Policeman Weihe found her surrounded by a crowd of children who had gathered in front of the church and were held spellbound by her rendition of a plaintive ballad. The police officer himself was charmed by the singer's sweet voice and respectfully listened until she had finished. Then he asked her why she sang there. To his surprise she took no notice of his inquiry but resumed her singing. In her arms she had several rolls of music.

Convinced that she was not in her right mind, Weihe took his fair prisoner to the station house. A physician was called in and pronounced her insane. As the woman would speak to no one, the authorities were at a loss to know what to do till a card found in her pocket disclosed her identity. Her husband was summoned and explained to Recorder McDonough that his wife had been subject to fits of temporary insanity at frequent intervals since she had left the White Plains Keeley Institute last summer. He said he would take care of her and she was given into his custody.

Mrs. Garretson's case is a repetition of many others alleged to have resulted from the Keeley treatment, only a few of which have been made public. Walter B. Earle, only of Keeley's much talked of "cures," died a raving maniac in the Poughkeepsie Insane Asylum.

Luther Renson of Indianapolis is now in an insane asylum. Isaac Mailhous, a salesman at 364 Wynne street, New York, is said by his friends to be on the verge of insanity. Both men were "cured" Keeley patients.

C. N. Vaughn, another patient, of Denver, became insane February 24, last, and tried to murder his landlady. The deaths of Colonel Mines ("Felix, Old Boy") and James G. Fair, Jr., son of Nevada's Senator, from heart trouble, were attributed directly to the Keeley cure by their physicians.

Ex-Congressman Stephen T. Hopkins, president of the White Plains Bichloride of Gold Club, was, "cured," but went to drinking again and committed suicide.

Harry H. Ansley of St. Joseph, Mo., died February 21, while being treated at the Dwight Institute. Lawyer Isaac Angel of New York was rendered a physical wreck by the Keeley treatment for the morphine habit and contemplates legal measures for redress.

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**THE ELECTRIC LIGHTER.**—One of the most delightful of the minor accessories that electricity furnishes to the household is the newly-invented "Electric Lighter." This is a beautiful ornament for the parlor, dining room or chamber, always instantly responsive to a call for light and of valuable service in other ways to the family.

It is operated by pressing the little button seen at the top of the centre rod, when the light instantly appears at the opening under the ornament upon the upper band. It is made of highly polished nickel plate, is but six inches high and occupies only six square inches on the table or mantel. Its construction is so simple it can be readily taken to pieces and as easily readjusted to working order. It needs no wires or connections, the current of electricity being generated by chemical action within the cylinder. It is perfectly safe, always secure, and a child can operate it.

The material used in the battery is sold by every druggist, and a charge costing but 10c. is sufficient to keep it in constant service for thirty to sixty days. With usual care it will last a lifetime, and if it should become disabled by an unfortunate tumble, any damaged part can be replaced at trifling expense. Its construction is so handsome and ornamental it will readily find its place among the bric-a-brac of the choicest apartments and is easily portable from room to room.

It will be found a most desirable companion for the mer-

chant or lawyer in his office, the professional man in his study, the student in his lodgings, as well as the housewife, and its neatness and quick responsiveness will recommend it to all.

It is manufactured and sold by the Barr Electric Manufacturing Co. at Nos. 17 and 19 Broadway, New York. The price is \$5, a veritable trifle when its beauty and service are considered.

Though originally designed simply for a lighter, it has been found practicable to add several useful accessories. A Medical Coil with hand electrodes can be readily attached, by which either gentle or sharp electric shocks can be given to a member of the family afflicted with Nervous Affections, Rheumatism, Neuralgia, Lumbago, Sciatica, Headache, etc. This attachment can also be connected by wire to the doors and windows of the house, thus providing the homestead with a complete and perfectly reliable electric burglar alarm, or, if in a city, it can be connected with a street wire to the nearest police station. The price of the medical coil is \$3.50.

Another adjunct is the call bell, which is also easily adjustable and operated by pushing down the central rod, as in a dinner table or call bell. The price of this, with 100 feet of wire, is but \$1.25.

The merits of this novel invention cannot properly be described in a newspaper article. It needs to be seen to be appreciated. Its beauty, quick service and simplicity of construction make it an instant favorite.

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THE MALTED MILK CO. desire to call the attention of the profession to the following letter:

Malted Milk Co., Racine, Wis.

In January I was attacked with Influenza and Pneumonia. During the convalescence I was very weak. I bought a 6 lb. jar of your Malted Milk, and took two tablespoonfuls of the same every five hours. In a short time I regained my strength and was able to take up my practice again. At bedtime I take two heaping tablespoonfuls of the Malted Milk in a cup of hot coffee, and then I can sleep all night. When I make a trip into the country (I am a country doctor,) I always take a cup of coffee and Malted Milk, also when I

return. By doing this I gained 23 lbs. in four weeks, and I also feel well. I don't say that the Malted Milk is altogether responsible for this, but it certainly aided me wonderfully.

By taking Malted Milk in hot coffee I have a nutritious drink, as pleasant as a cup of chocolate, as delicious as a cup of cocoa, and as stimulating as a cup of egg-nog.

With many thanks I remain, yours truly,

JANPER, IND., Feb. 27, 1902.

DR. E. J. KEMPF.

We publish the above in full as it contains suggestions which will be of value to many physicians. Samples of this preparation are furnished free on application to the manufacturers.

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SUBSTITUTION AND ITS ATTENDANT EVILS, by John Aulde, M. D., of Philadelphia, Pa. (Published by *The Journal of The American Medical Association*, Chicago, Ill., December 5th, 1891.)

The evils attendant upon substitution and sophistication of remedial agents have long been surmised; they have not, however, until recently, received attention at the hands of the medical profession. Increased diagnostic skill, along with greatly improved facilities for the manufacture of medicaments, favor an approach toward mathematical exactness in computing therapeutic results. When these are wanting we challenge the character of the remedy. The question which presents itself is: Has our patient received the true medication or a base counterfeit? However attractive in theory, it will be found impractical for the medical profession to drift away from the pharmacists, and it should be our aim to reward the faithful and bring the guilty to punishment. The friendly bond between the two professions should be honesty, as neither can afford to work independently; there is an interdependence which makes them mutually helpful.

It is said of Lawson Tait that he has returned to first principles, and carries a mill with him, so that when ergot is needed he prepares it fresh with his own hand. The reliable character of Squibb's ether has been maintained through his business sagacity in having it prepared chemically pure and distributed all over the world in sealed cans, thus precluding the possibility of sophistication or substitution.



The life of a patient suffering from rheumatism may depend upon his being supplied with sodium salicylate prepared by a combination of Merck's chemically pure bicarbonate of soda and true salicylic acid obtained from oil of wintergreen, and yet few pharmacists, even in large cities, pretend to keep either in stock. They are the exception in Philadelphia, and doubtless the same is true of other cities.

Some years ago Dr. Squibb, of Brooklyn, set his seal on Marchand's Peroxide of Hydrogen, by endorsing its character and defending its merits as the most powerful and yet harmless bactericide which could be employed in the treatment of various formidable and fatal diseases. Dr. Robert T. Morris, Dr. Paul Gibier, and other well-known authorities have corroborated his statements from clinical observation, and as a consequence, a revolution has taken place in our methods of treatment in both medical and surgical practice. The efficacy of this simple remedy, its innocuousness and extended field of application, have shed a flood of light upon modern therapeutics, but at the same time there has followed in its train a host of worthless imitations.

The substitution of the commercial for the medicinal peroxide is calculated to work serious injury and destroy our confidence in a most potent remedy. In the treatment of diphtheria, for example, the commercial product is positively harmful. When death results, shall we blame the attending physician or the unscrupulous druggist who substitutes a base imitation for the genuine product? And still pharmacists, who claim to be respectable, do not hesitate to trifle thus with human life. Is it any wonder then, that our mortality percentages are on the wrong side?

Cascara Sagrada has been counterfeited and sophisticated until it is almost impossible to secure a reliable preparation of this most useful medicament, although Parke, Davis & Co., the pioneers in its introduction, have adopted every means in their power for the protection of the medical profession. Antipyrin, a patented preparation, has met with phenomenal sales, and possesses distinct therapeutic properties, and, as a result, imitations and substitutes are offered to take its place in medical practice. Whether these imitations are better or worse than the original product, I do not care to discuss,

neither is it for the druggist to decide. The decision here as to any special remedy or preparation, rests entirely with the physician, as he alone is responsible for the condition of his patient; no one else, not even the druggist, should be permitted to interfere with his directions. Substitution is an evil which should be guarded against; it is an evil which must be eradicated, or the entire medical structure will collapse. It is a duty we owe to ourselves and to our patients to look after this unnatural condition of affairs in which we are so vitally interested, and the time is near at hand when a systematic effort must be made with a view to accomplish the desired end.

This subject is commended to the attention of the American Medical Association, with the suggestion that a committee be appointed who shall recommend suitable measures for the protection of the medical profession from the evils of substitution and sophistication on the part of unscrupulous pharmacists. Shall we have a "list?"

4719 FRANKFORD AVENUE.

THE NORTH AMERICAN REVIEW for June opens with a symposium by three Senators on the Harrison Administration. Senator Dawes was born at Cummington, Mass., in 1816, and graduated from Yale College. He has been a school teacher and editor, and a lawyer. He was elected to the United States Senate to succeed Charles Sumner. Senator Dolph was born in Dolphsburg, N. Y., in 1835. He began life as a school teacher, afterwards entering the profession of law. He settled in Portland, Oregon, in 1862, where he has since lived. He was elected to the United States Senate to succeed Lafayette Grover, and was re-elected in 1889. Senator Colquitt was born in 1824. He studied law and graduated from Princeton College in 1844. During the Civil War he distinguished himself on the Confederate side, rising to the rank of Major-General. Subsequently he was twice elected Governor of the State of Georgia, and then entered the United States in 1883, to which he was re-elected in 1888.

THE MONIST for April is a very bright and interesting number. This magazine is rapidly coming to the front as an exponent of philosophical thought in America. Pub-

lished by *The Open Court Co.*, Chicago. Edited by Dr. Paul Carus.

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THE CENTURY FOR JUNE.—Roswell Smith, the late President of The Century Co., is the subject of a number of contributions to the *June Century*. There is a frontispiece portrait, a poem by Edmund Gosse, a biographical sketch by the Rev. Dr. Gladden, an editorial in "Topics of the Time," with brief statements of Mr. Smith's connection with the Tract Society, the Congregational Club, and Berea College, Kentucky.

The leading illustrated article of this number is by Dr. Albert Shaw, whose timely and interesting papers in other numbers on modern municipal governments will be remembered. In this paper he describes the rise of a new metropolis — "Budapest." The paper is brightly and profusely illustrated by Joseph Pennell.

A paper also of timely interest in view of the approaching presidential campaign is Joseph B. Bishop's article on "Early Political Caricature in America," which is illustrated by facsimiles of caricatures which were famous in their day. Some of the pictures have been made from the original drawings.

"Mount Saint Elias Revisited" is a description by Israel C. Russell, of the United States Geological Survey, of his second attempt to reach the summit of that famous pinnacle. In the April number of last year he described the expedition of the previous year. This second expedition was perhaps more eventful. He describes the desolate region seen to the north from the highest point reached on the mountain, and furnishes new data as to the height of the mountain and its position with respect to the international boundary. The article is illustrated from photographs taken during the trip.

Senor Emilio Castelar's second article on Christopher Columbus describes the great explorer "In Search of a Patron." In this paper an account is given of the perfidy of the King of Portugal, who, after encouraging Columbus and getting from him his views and plans, sent a private expedition to reap the fruits of Columbus' anticipated discovery; but the commander of the vessels lost courage before he had proceeded far, and returned. Columbus then left Portugal

for Spain. His experiences in the latter country will form the subject of the July paper.

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SCRIBNER'S MAGAZINE for June continues the series on "The Poor in Great Cities" (which is attracting the widest attention), with an article on "Life in New York Tenement-Houses, as Seen by a City Missionary," by the Rev. William T. Elsing, who for nine years has worked in the tenement-house district in close association with all phases of that life.

Closely connected with this series is a wonderfully sympathetic account of "The Drury Lane Boy's Club," London, by Mrs. Frances Hodgson Burnett, who has not contributed to any magazine for several years. The remarkable thing about this club is that it originated in the mind of a poor boy himself, who felt the need for such an organization, and who called around him a handful of similarly-minded poor boys who met for a time in his mother's cellar, because, as he expressed it, "if two or three of us stopped a bit to talk on the street the policeman came and told us to move on." By the aid of a young man and woman this club had grown to be more prosperous, though when it came to Mrs. Burnett's attention it was still in very modest quarters. In memory of her own son Lionel, who died not long ago, she recently presented a reading-room to the club. Her account of the origin and growth of the club, and the opening of the new reading-room has all those qualities of sympathy and appreciation with child-life which have made her stories among the most popular in the language.

The Rev. David Swing, D. D., contributes to the "Historic Moments" series "A Memory of the Chicago Fire," which is a most graphic word-picture of what he saw and felt on the night of October 8, 1871, when nearly the whole city was swept away.

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"ABORTED THE USUAL CORDEE."—One of our contributors lately told us of a case in which five grains of Antikamnia, taken at bedtime, aborted the usual cordee. On a subsequent night it returned slightly, but upon the patient's taking another five grain powder, it promptly left him.—*Editor Medical and Surgical Journal*, Aug. 1891.

VOL. XXVIII.

JUNE, 1892.

No. 6.

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AND A LECTURE ON

Cuprum Metallicum, by Prof. J. T. Kent.

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## TABLE OF CONTENTS.

JUNE, 1892.

	PAGE.
The First Hours of Life. G. W. Winterburn.....	401
Some Eye Problems. Arthur G. Allen.....	415
The Value of Guiding Symptoms. W. J. Hawkes.....	419
Hahnemann's Three Rules Concerning the Rank of Symptoms. Constantine Hering.....	427
Cuprum Metallicum. J. T. Kent.....	434
The American Anti-Vaccination League.....	440
Dr. Charles Elmer Laning.....	443
Homœopathic Examining Board.....	444
Simillimum; Potency; Repetition. J. Emmons.....	445
Is Our Practice Guided by Law? W. A. D. Pierce.....	447
Ferrum Phosphoricum. C. W. Hawkes.....	451
Treatment of Cholera by Ingestion of Water H. W. Champlin.....	451
Double Salpingo: Öophorectomy. H. F. Biggar.....	453
Lycopodium in Chronic Diarrhœa. Alfred Heath.....	453
The Homœopathy of Hahnemann. A. R. Morgan.....	454
EDITORIAL:	
The Anti-Vaccination League.....	465
Hahnemann's Rules.....	467
Dr. Dudgeon and the High Potencies.....	467
COMMENT AND CRITICISM:	
Specious Reasoning No. 2. Frederick Hooker.....	469
Personal Experience with Potencies. Clarence Edwin Stephens.....	472
No Sects in Homœopathy. J. B. S. K.....	475
NEW PUBLICATIONS.....	477
MEDICAL ADVANCE MISCELLANY.....	481

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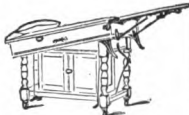




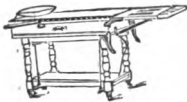
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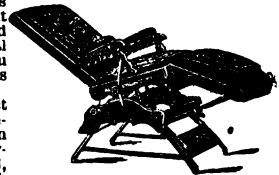
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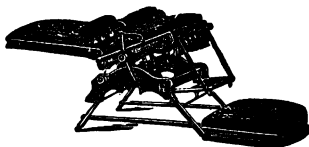
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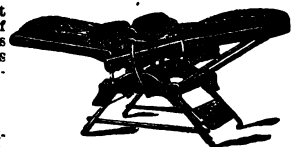
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