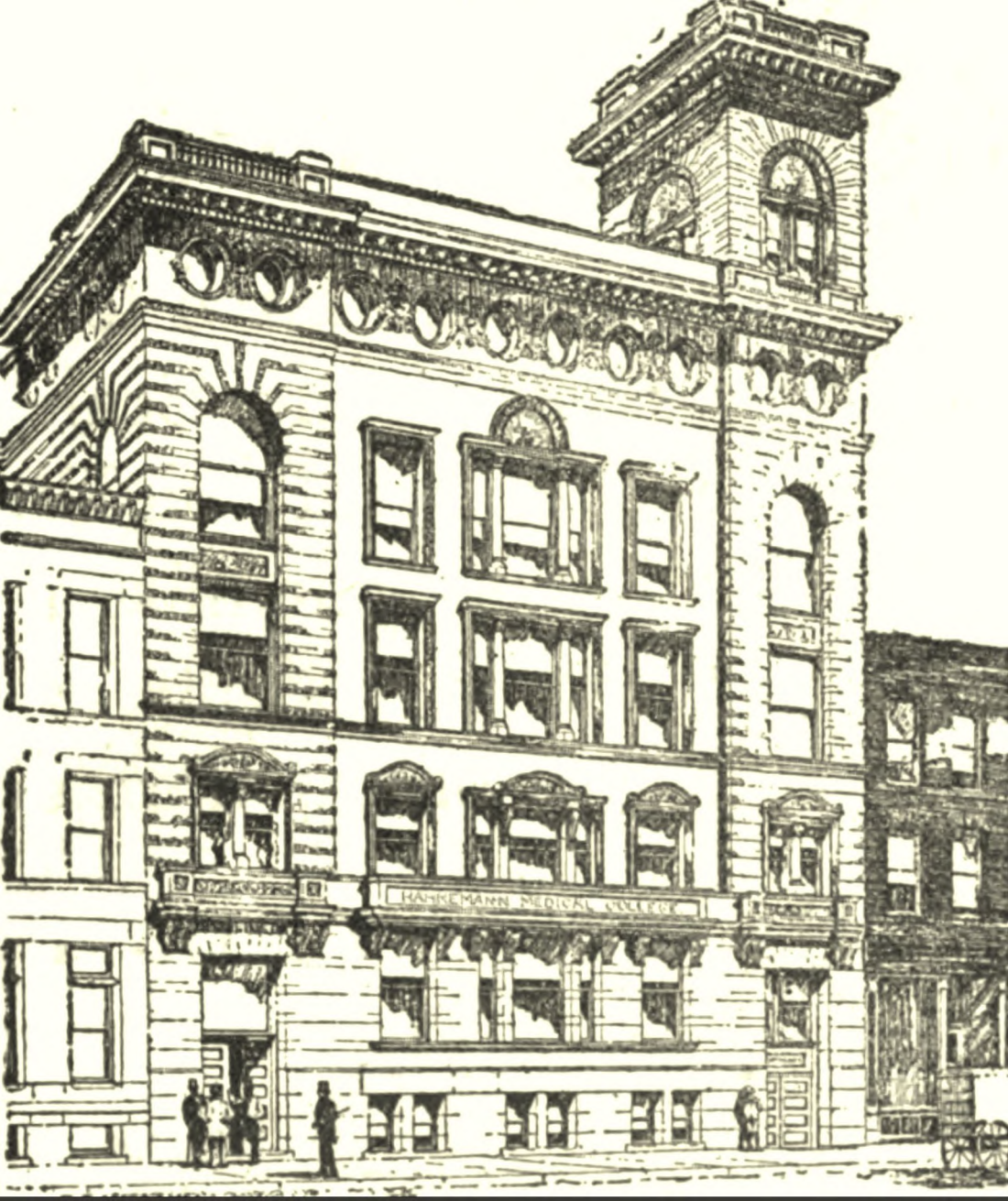
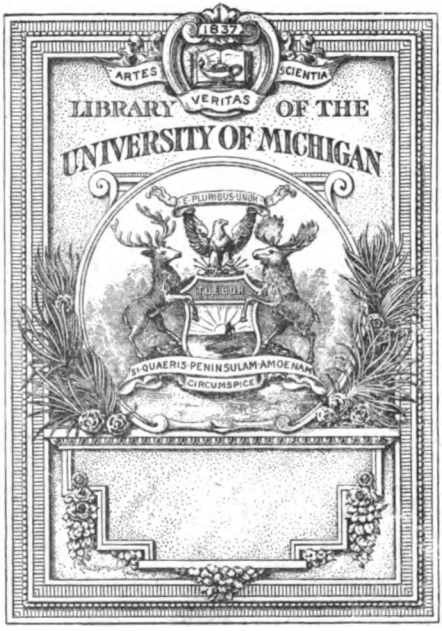


The Medical advance



THE

MEDICAL ADVANCE

A MONTHLY MAGAZINE OF

HOMOEOPATHIC MEDICINE

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

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

VOLUME XXIX.

JULY TO DECEMBER, 1892.

JOHN RICE MINER,
CHICAGO.

DARIUS D. THORP, PRINTER AND BINDER,
LANSING, MICH.

INDEX.

THE

MEDICAL ADVANCE.

A HOMŒOPATHIC MAGAZINE.

VOL. XXIX. JULY, 1892. No. 1

NON-VALVULAR HEART MURMURS.

An enumeration is here made of certain abnormal sounds produced by cardiac action. These peculiar sounds are frequently met with. In a long series of heart cases they will constitute a small proportion. They are of very great importance, and their importance lies in the fact that their characteristics resemble somewhat the murmurs that are present in cases where there is or has been inflammatory valvular disease of the heart, with all of its subsequent changes. It is necessary to recollect that they but resemble these murmurs, and have no connection with them. Merely determining their presence is but one step in the diagnosis. It is more important to interpret their significance and to differentiate them from the sounds that are the result of changed conditions in the heart from inflammatory action. They bear but little relation to therapeutics, although the diseases producing certain of the conditions may be treated with benefit. To the patient their importance consists in the prognosis which may be given in the individual case. It is a well-recognized fact that the state of the nervous system—hyperactivity or depression, showing itself in neurasthenic conditions—has a controlling influence over the action of the heart. Anxiety and constant worry about bodily conditions may have a depressing influence upon the health. Giving undue importance to the presence of abnormal cardiac sounds may affect the prognosis in the case, and in itself cause harmful results.

The reason that these peculiar sounds may be misinterpreted, after their due recognition, is, that in the study of heart cases only one method of physical examination is frequently used. Upon the findings of that method the diagnosis is made. The other means of examination are either not used at all or are given a secondary place. The notes of recorded histories of heart cases that are frequently met with in studying the literature of cardiac disease, bear strong testimony to this fact. It is common in the examination of the case that the ear or the stethoscope is at once applied to the area of the apex. Perhaps a loud, roaring sound is heard there, transmitted or not. Very little importance is give to the basic sounds, because something definite and striking has been found at the apex. This is at once called mitral regurgitation, and the patient is put down as a chronic organic heart case. In a large number of cases such a conclusion would be absolutely incorrect. I have made from my series of heart examinations in the last three years a list of all cases in which there was an apical murmur, systolic. Then I have ascertained the diagnosis in each case. Of this number, thirty-six per cent were cases in which there was no inflammatory valvular disease. In other words, sixty-four per cent were cases of mitral regurgitation.

The interpretation of the sound should come after its recognition, and this can be done only by employing all of the methods of physical examination of the heart. A systematic course of examination should be pursued. Were I to name these methods in order of importance—*i. e.*, giving precedence to those by which we find the most of the condition of the organ—I would say that first came palpation, next inspection, next the associated percussion and mensuration, and then auscultation. The last tells of a condition. The others tell what that condition means, and they with the pulse will frequently make the diagnosis.

If our illustrative case had been one of mitral regurgitation, the entire diagnosis would have depended upon right ventricular hypertrophy. Muscular change in the heart can always be diagnosed by the first methods of examination, whether it be from inflammation of its own structures, or from disease in organs far removed. These methods would

have discovered, in this case, *five* signs, all resulting from and all pointing to a certain condition, giving positive testimony that there was no change in the left ventricle. Upon auscultation *three* more signs (not including the apical murmur) would have been found, making with the pulse *nine* in all, the murmur giving merely additional testimony, but its presence alone would never mean organic valvular affection. As shown by the percentages given above, auscultation alone would have placed in the same category cases resulting from endocardial change, and cases in which no such grave disease had been present.

The study of the sounds here presented has been upon the clinical examination of cases and upon observations of the cardiac area in post-mortem examinations. The combination of these two has resulted in a series of theories, some of which are still theoretical, while others have been proved in the dead-house.

I. THE POST-MORTEM EXAMINATIONS.

It should here be noted that in the examination of heart cases there is only one important area of cardiac dullness. This is the superficial area. It is in shape an irregular triangle, about two inches in each direction, extending from the apex to the left para-sternal line, up the left para-sternal line to the fourth cartilage, and then curving out from that point to the apex. The deep area of dullness, for the finding of which, so many rules are given in the books, need never be ascertained in heart examinations. It is of no value.

The first point in making a series of post-mortem examinations (for cardiac conditions) was the appearance of the external surface of the pericardium, *in relation merely to the aspect of its extent.* Two conditions were noted: The membrane *smooth* and the membrane *wrinkled.* The extent of this area in the dead body, in some cases, was similar to that in the living subject. In other cases it had no particular shape and no particular dimensions. The ordinary expansion of the chest wall upon opening the thorax is one factor in the production of the change. But such change would affect merely the size. Judging from the continued results

obtained, the condition of the normal area (such as is found upon clinical examination) is seldom changed. Should there be no alteration in adjacent organs, no adhesions, or adhesions equal in amount on both sides, the pericardial surface will be *smooth*. It will be *wrinkled* either by pressure or by traction. The *pressure* may come from an excess of blood in the middle and lower right lobes, an enlarged liver, a distended stomach, pleuritic adhesions on the right side, emphysema of the anterior margin of the lungs. The *traction* may come from a distended left lung, pleuritic and pericardial adhesions, excessive amount of connective tissue in any part. It has been of interest to observe that enlargement of the left abdominal organs has produced no change; also that excess of blood in the lower left lung tends to draw that organ away from the heart and not toward it, as on the right side. The presence of the liver on the right side giving greater space for movement on the left accounts for this. Next the condition of internal pericardium was noted; then the cardiac muscle, searching for a "white patch." This was most generally found on the anterior portion of the right ventricle and not so frequently over the conus. The condition of the tissue about the heart is examined, and then the position of the pulmonary artery. In some cases, as Gray says, the vessel went obliquely upward, backward, and to the left, but in others it was found to go straight up and to lie very close to the aorta. Its size must be ascertained, and also any peculiarity at the point of division. Pleuritic adhesions of all kinds and emphysematous patches must be searched for.

II. THE CLINICAL EXAMINATION.

Five elements have entered into the study of these sounds:

1. The time.
2. The position.
3. The character.
4. The influence of rest and action.
5. The individuality.

The principal rules for the interpretation of the sounds have been two in number:

1. The presence or absence of muscular hypertrophy.
2. The individuality of the sound.

This latter is most important. It bears the same relation to cardiac disease as the individuality of the pleuritic friction sound bears to pulmonary disease. In addition to the rubbing friction sound is heard far away, remote but distinct, the vesicular murmur. So in these cases, with one exception, the murmurs bear no relation to the cardiac sounds, first and second. They are heard in addition to them, not taking their place.

The cases have been in hospital, dispensary, and private practice. They represent, therefore, all classes of society.

In this paper the terms murmur and sound are used interchangeably. Dr. Gee has defined a murmur as a sound produced by the flow of fluid, liquid or gaseous, along a tube. All murmurs are therefore sounds. Although the reverse statement is not true, yet there are many sounds that have a murmurish character. Certain of these peculiar cardiac conditions are typical murmurs, as they are produced by a fluid vein. Others have merely the elements of sound with varying degrees of pitch and intensity.

The murmur of anæmia is here merely mentioned. It does not wholly belong to this category, as there is often dilatation of the ventricles, but still in some cases it is non-valvular.

A term has been used to embrace all these murmurs, which has certain exceptions to be noted.

Mention will be made without description of sounds about the heart, resulting from well-marked disease in other organs.

With these explanations, therefore, there are certain abnormal sounds produced by cardiac action. Nine of these are here considered.

I. OF ANÆMIA.

Reference is made to a paper read in this place some time since on an analysis of one hundred cases of the above disease which contained a description of the murmurs found in thirty-one cases of that series with a discussion as to their causation. The following words are quoted here: "A soft blowing murmur; in point of time systolic; never taking the place of the valvular sounds; most frequently a continuous murmur, occupying the whole of cardiac action, intervals

between the cardiac sounds and the murmur being rare; made more intense by exertion; not always disappearing when in the recumbent position.

2. OF RAPID ACTION.

Occasionally during the first part of an examination of the heart, where the action is rapid, a faint, left apical, systolic murmur may be heard. During the latter part of the examination this murmur may disappear. The general nervousness of the patient is always very apparent. Temporary nervous activity causes the murmur. Upon holding the breath it becomes progressively fainter and then disappears. It is not heard in the recumbent position. Upon having the patients violently move the arms, and so increasing cardiac action, it was noted that the *pitch of the murmur was raised, but that the intensity was not changed*, contrary to usual rules. In no case was there a history of nicotine poisoning. Only once was the murmur heard in a child. The highest pulse 150; the lowest 112. In seeking for the ætiology of this murmur, the question arises, was there reduplication of the first sound, the mitral and tricuspid valves closing at different times? This was excluded, as such reduplication is generally considered as leading to a præsystolic sound. The explanation may perhaps be found in recalling the formation of the mitral valves. Their edges are slightly uneven, but so adapted to one another that coaptation is perfect. In this series of post-mortems the tube test has been used to note the competency of the mitral valves, a long glass tube three-quarters of an inch in diameter being passed through the aorta into the left ventricular cavity, below and behind the anterior mitral valve. The valves were then blown up, similar to being floated up by the blood in the active heart. It is not always possible, when imitating rapid action, to bring about perfect closure on account of the uneven edges. It is not improbable, therefore that, in rapid action, in certain cases, where the valves are coming frequently together, time is not allowed for perfect closure causing a mitral regurgitation, there being of course no incompetency. The fact already mentioned, that exertion in the cases examined raised the pitch but did not affect the intensity, strengthens this view.

In studying these cases another question arose—Why is not such a murmur heard in the rapid heart of disease—for instance commencing febrile affections? After examining a number of such hearts, two answers can be given:

1. The recumbent position.

2. Because in inflammatory conditions, where the heart muscle at the commencement of the disease is normal, there is present a pulse, the description of which may be given in three words which have become classical: full, hard, bounding. The activity of the arteries is increased. Their greater contracting power carries away from the heart with perfect ease the extra blood thrown into them. In the form of rapid action first described these arterial conditions are absent and a murmur results.

3. OF DISTURBANCES OF RHYTHM.

In a few cases murmurs were heard in patients suffering from severe stomachic disorders, the urinary organs being normal. As the conditions improved the murmurs disappeared. In one case it was a typical præsystolic sound occurring toward the end of diastole.

The ætiology of the sounds in these cases is very obscure. I have thought that the fact that motor fibres from the pneumogastric went to both heart and stomach might be an explanation.

4. OF THE ROUGHENED AORTA.

This is almost invariably a double murmur, having a late systolic and an early diastolic element. Sometimes the systolic portion may be heard in the neck; the diastolic portion never. The second aortic sound is clear and distinct, or weak, depending on the condition of the muscular fiber. The murmur is high pitched, harsh, blowing, distinct in varying degrees. In one case it was heard at the apex and up and down the sternum. In the majority of the others it was limited to the aortic area. In many of the cases there was a syphilitic history, which would account for weakening of the muscular tissue. The roughening which causes the murmur in this peculiar state may be said to be atheroma, using the word only in the most strict sense of its meaning

in the original, and not discussing in detail causations. The growth must be in excess of the basic foundation, which is its commencement and beyond which it sometimes does not go. In other words, *elevation must be present* or no murmur results, as both clinical examinations and post-mortem observations have shown. Atheromatous changes without elevation were found in cases where the heart was examined before death and no murmur discovered. The appearances found were: A simgle patch, numerous small patches arranged in a circle, with staining of the vessel between them, a long line, and well marked points. The condition being an early one, need not be associated with dilated aorta, and marked constriction is not always present when there is syphilis. Hypertrophy of the heart never exists in these cases. While this is the most grave of the conditions presented here, it is the simplest in its nature and illustrates perfectly the usual causation of murmurs. From the study of these cases it seems apparent that this atheromatous patch must be in the aorta, away from and not in the immediate vicinity of the aortic valves, and the reasons for so saying are two: *a.* Theoretically. *b.* The result of a post-mortem examination.

A. THE THEORY.

Many years ago Chevau stated that in valvular disease of the heart the murmurs found were due to a fluid vein, by which eddies were formed. He defined a fluid vein as a jet of fluid flowing swiftly enough out of a narrowed orifice into a wider space. It is of great service in the study of pulmonary diseases to widen the definition and apply his principles to columns of air. For our purposes here a simple experiment was performed. One end of a rubber tube, sixteen inches long and one-half inch in diameter, was placed in the mouth, and a current of air blown through. There was heard a low pitched sound. Pressure was made on the tube at some part of its length, causing a narrowing of the caliber. The pitch of the air current was immediately raised, a change from the first or normal sound. There had resulted a fluid vein. The mouth was the left ventricle; the tube was the aorta; the constriction was the narrowed orifice, and

the wider space *i. e.*, wider than the constriction, was the tube beyond. But it was found that the position of the constriction had a great influence on the sound produced. If the lips and teeth produced it, no change occurred in the pitch, because no fluid vein had been produced, there resulting merely a smaller tube at the commencement, which lessened the amount of the air current but offered no interruption to its progress. It was necessary therefore, for the constriction to be away from the mouth.

B. THE POST-MORTEM.

In December, 1890, a woman, aged fifty-six years, was admitted to St. Peter's Hospital with abdominal ascites. The examination of the heart revealed no change, except that the sounds were very clear, even forcible. Its action seemed to be that of a heart working very energetically in a cramped position, due to pressure from below. Advanced hepatic cirrhosis caused the patient's death. The post-mortem examination showed that a mistake had been made as to the true condition of the heart. There was a great thickening of the aortic valves and their attachment, explaining the accentuated sound. Near the heart the aorta was smooth; well down in the vessel it was roughened. But between the middle and right cusps there was an atheromatous elevation, firm, solid, intact. When the valves were open, its summit was on a level with the orifice, between two of the cusps. When they were shut, its base was close to the circular valvular attachment, being of necessity placed low down at the bottom of the sulcus which is immediately behind the valves. No murmur had been heard in this case, because when the ventricle contracted, no obstruction had been offered to the size of the blood current, and because, when the recoil came, so close was the growth to the valves that the blood could not eddy around it. In the roughened aorta, therefore, the growth must be away from the valves, near enough, however, to receive the direct force of the blood current. In this condition there exist the aorta on one side, the constriction (the growth), and the wider space (the aorta beyond). This is a typical fluid vein. The systolic portion of the murmur comes from left ventricular contrac-

tion; the diastolic portion comes from the aortic recoil. To this condition in my note-book I have given the name of *extra-valvular vascular*—outside of the valves in the great vessel.

5. OF THE DILATED PULMONARY ARTERY.

The following is an illustrative case: A systolic murmur heard in the region of the pulmonary valves, at the left parasternal line (fifth and sixth cartilages) at the apex and faintly in the back, being of high pitch at all points except the apex, where it was of low pitch, in a man forty-four years of age, with great muscular development and a chest expansion of five and one-half inches, who since the age of nineteen had been accustomed to violent gymnasium exercises, such as demanded great exertion, as swinging upon the parallel bars with the body nearly horizontal with heavy weights attached to the feet, and who was accustomed at the time of the examination to run long distances daily. There was no increase in the size of the heart. The sounds were all present, but not accentuated. The murmur was regarded as coming from dilation of the pulmonary artery, for eight reasons. 1. It was late systolic. 2. Its maximum intensity was at the base of the heart. 3. There was no accentuation of the pulmonary second sound. 4. Its duration was short. 5. Its cessation was quick. 6. It had the element of directness (as though produced in a small space). 7. The important history. 8. The absence of all symptoms. This man was an athlete who daily during his exercise had produced an overdistention of the circulation in the lungs, a damming back upon the pulmonary artery and the right heart. Muscular strength was greater than vascular strength, and the vessels yielded. This murmur bears no relation to one coming from the dilatation of the pulmonary arterial branches. It is found only in athletes, runners, oarsmen, etc., because they demand instantly and for a relatively short continuance increased exertion. In the intervals there is no extra demand. In hundreds of examinations of the heart in laboring men, especially longshoremen and porters, I found no dilatation of the pulmonary artery, because their work is more moderate, does not tax the right heart as much, is con-

tinued longer *continuously*, and produces from its nature different chronic changes.

In other cases of the dilated pulmonary artery pulsation of the vessel was found upon examination. In the first part of the paper attention was called to the position of the pulmonary artery, and its relation to the aorta. In these cases it is possible that eddies may be found in the blood current from too close contact of the vessels during their movement. This would explain at once the murmur sometimes heard in the back.

6. OF THE PULMONARY ARTERIAL BRANCHES.

The following cases illustrate this sound: There was heard a soft, breezy, systolic murmur over the greater part of the cardiac area and upon the mammary regions on both sides. It did not come with every cardiac beat, but still was regular in its occurrence. In the recumbent position it became fainter. The person examined was a locomotive fireman, who was constantly "firing the engine." Similar sounds were found in longshoremen, laborers, and porters. Their work requires frequent, repeated, long inspirations, and also holding the breath. Consequently distension of the alveoli occur. This is attended by a temporary stagnation of blood, with neither diminution nor increase in amount, in the pulmonary arterial branches. A deep *expiration* occurs, and the sudden release of the blood in the vessels causes irregular pulsations, giving rise to the sound. The constancy of the work probably causes some organic change which becomes chronic; in other words a habit is formed; by this habit, what at first was only heard at times, becomes chronically present.

7. OF PERICARDIAL FRICTION.

Ten cases are reported. The murmur is generally, but not always, limited; heard at the right apex, left apex, or anywhere where the right ventricle comes against the chest wall. It is grating, harsh, hard, and may be systolic or diastolic; if diastolic, it comes from the rebound of the heart.

Pericaridial friction sound has been described for many years. The impingement of the conus arteriosus against the chest wall has been said to be the cause. My own experi-

ence has been almost invariably to limit the sound produced by the conus arteriosus to cases of organic valvular disease, finding a friction sound in addition to the murmurs or murmur, and upon post-mortem examination finding the so-called "white patch" upon the conus. But in this series of post-mortems the white patch has been found more commonly over the lower portion of the right ventricle. A friction sound could of course result from it in that position.

To this view are here added two observations. 1. The recorded notes of these cases say that there was found occasionally a general systolic murmur, which in some cases had a soft, wavy character. If this be so, it is possible that the pericardium was *wrinkled*, due to the causes already mentioned, and by the pulsations of the heart these folds were being constantly brought in contact, causing a sound. In a case but recently examined of enlarged liver there was heard an apical murmur, which was non-valvular. Hepatic enlargment has been mentioned as one of the causes of *wrinkling of the pericardium.* This case was a perfect illustration of such a condition. All other causes could be excluded. 2. Sometimes a systolic murmur is heard at the apex in dying patients. In a post-mortem made recently, the results of which are in keeping with others, acute pericarditis was found with bands of lymph, well formed, running from heart to pericardium. A murmur was heard in this case before death. It is not impossible that the movement of such bands caused the sound.

8. OF EMPHYSEMA.

In no case of general emphysema was a non-valvular murmur heard, but there were a few cases in which the area of cardiac dullness was diminished where a systolic murmur was heard, generally a little above the apex. It is probably due to an emphysematous patch along the anterior margin of the lungs. Why this localized emphysema should be produced is not always apparent. It may perhaps belong to the class which Strümpell has demonstrated as "vicarious emphysema." It is interesting to observe that here the condition is also one of a fluid vein. There exist distended alveoli, slow and imperfect emptying of air (with a tendency for

some to remain), upheaving of the heart, driving the air out in regular and successive beats; all of which make the cavity, the orifice, and the wider space beyond, *i. e.*, the steadily increasing air tubes. The sound disappears in the recumbent position and *immediately upon deep inspiration and holding the breath.* Holding the breath without deep inspiration will cause the sound to become progressively fainter before disappearing. In a few cases an emphysematous crackle from the beating of the heart against the stretched pulmonary tissue was heard. A few of this last variety were in cases of pulmonary tuberculosis.

9. OF THE PLEURITIC CLICK.

In only one case was this heard at or near the apex. It is a friction sound in the pleura caused by the cardiac pulsation. In this particular case the pleurisy near the heart was the inner end of a long band of dry pleurisy, the outer end of which was at the posterior border of the axillary space.

But far more important than this is another sound which may be pleuritic in character. This is the general systolic murmur. This has already been mentioned and will again be referred to. In studying it clinically, the question arises, could it be pleuritic? With this causation, three conditions would be necessary:

1. Thickened or adherent pleura.
2. A space for movement.
3. A moving body.

Post-mortem observations, upon the positions of the lobes (more especially the right) and the condition of the pleura in the sulci between them, found, with certain anatomical facts, the three necessary conditions, showing that the theory might exist clinically. Adhesions in the sulci, not causing union between the lobes, are common without any great diseased conditions. They may be at the bottom, in the center, or a simple band at the top going from side to side between the lobes. The middle and lower right lobes were frequently thus found. If the adhesions be at the inner end of the sulcus, cardiac or vascular pulsation may cause a murmurish sound by movement of the bands.

There were found in a few cases of cardiac irritability,

associated with deficient excretion of urea, abnormal sounds. Vascular murmurs are very common in pulmonary tuberculosis, either from destruction of lung tissue exposing the pulmonary artery, or as pointed out by Dr. Douglas Powell, from twists in the aorta, due to the development of fibroid tissue. These sounds are not permanent, however, coming and going with the progress of the disease. A few cases were examined where changed conditions in some part of the boundaries of the thoracic cavity produced abnormal sounds, the location of which depended upon the portion affected and the result upon the position of the internal parts.

In reviewing these sounds attention is called to the *general systolic or diastolic murmur.* By that I mean a sound heard all over the cardiac area, and often beyond the limit of that space over the surrounding pulmonary regions. The murmur is frequently discovered by accident. The person being examined gives no evidence of cardiac disease. The first means of examination show there is no muscular change. But the murmurish sound is there. What may be its cause? In certain cases it can be definitely stated. In others it is difficult to find. Each case must be studied by itself. A selection may be made by further analyzing the nine sounds already discribed. The murmur may be from:

1. Dilatation of the Pulmonary Artery.
2. Dilatation of the Pulmonary Arterial Branches.
3. Wrinkling of the Pericardium.
4. Emphysema.
5. Adhesions in the Sulci.

The diagnoses of these sounds are made by what is found and by what is not found. The individuality of the sounds must always be recollected. The sphygmograph gives most certain and positive results; for, while it will not tell of the nature of the condition, it will tell what the condition is not. It is of the greatest value in the roughened aorta, where double aortic disease is simulated, for the needle shows that there is neither valvular stenosis nor regurgitation, and the sphygmograph never fails to diagnose aortic regurgitation, alone or with other lesion, always giving the typical tracing belonging to the pulse of "unfilled arteries."

The therapeutics, when treatment is necessary, consist in

giving rest where there has been strain; improving nutrition and breaking up adhesions by the systematic use of oxygen. The roughened aorta and the conditions associated with it may be treated by the Iodide of Potash. A combination of Ergot and the Iodide gave most satisfactory results in many of these cases.

In conclusion, the methods followed in this series of heart examinations are again emphasized: To recollect that *auscultation* must be given a secondary place; that from *inspection* may be learned the shape and movements of the cardiac area, the recession and advancement of the apex beat, the impulse of ventricle and auricle; that *palpation* shows the strength, rapidity, and extent of the impulse, diastolic movements, abnormal pulsations, and thrills; that *percussion and mensuration* show the area of dullness; that increase of dullness in the direction of the long axis of the heart means hypertrophy of the left ventricle and points to aortic disease; that increase of dullness transversely means right ventricular hypertrophy and points to mitral disease.

By this method we anticipate auscultation, and by so doing will place in our note-books two classes of heart cases, where there are murmurs: on the one side will be those resulting from inflammatory valvular disease, with all its subsequent changes; on the other, those presenting conditions similar to what has been described to-night, the most important of which is the extra-valvular vascular.

DISCUSSION.

Dr. Dickinson.—It is scarcely competent for a man who is not a specialist to venture to discuss so scientific and thorough a paper, but as laying added stress on the importance of such a subject, I would like to present the results of some recent examinations.

The commonness of murmurs in men supposed to be healthy has been a great surprise to me during the last three years of civil service examination. The examinations held for firemen, in which about 1,400 have appeared, are known to be rigid, and we only get men who think themselves perfectly sound and well; men who have been examined before they come to us by some other physician. During the last exam-

ination I have laid special stress on that matter, examining each man in various postures, and after exertion, as well as while quiet on his back. The subjects are teamsters, expressmen, longshoremen and laborers, remarkably muscular and well-developed men. Among these men I have been able to find or develop cardiac murmurs in twenty per cent. In ten per cent. organic lesions were found valvular disease. The functional murmur in such active, hard-working men, which has been most common, has been developed by exertion—violent swinging of the arms above the head—and has been usually a systolic murmur at the apex, carried a few inches toward the left of it, occurring at the end of inspiration, and disappearing when the breath is held. A murmur over the pulmonary valves, systolic, and occurring during inspiration, is almost as frequent and very often accompanies the apex murmur. HENRY CONKLING, M. D.

"TIC DOULEUREUX," *

"Tic Douleureux" is a good mouth-filling foreign expression, one which will instantly class me with eminent pathologists, and therefore, if you have with you today, either as members or visitors, believers in Scientific and Advanced Homœopathy, my title will secure gentle criticism and possibly some commendation. Here, in Cleveland, I am usually pointed out to little children as a symptomatologist, a high potency fellow, a faith-curer, much as in ye olden tymes, every decrepit old woman was pointed out as a possible witch; hence, dangerous to irritate her by making mouths or biting your thumbs at her. And because I refuse to *prescribe* on a pathological condition, I am accused of being averse to pathology as a science and a valuable and very necessary adjunct to every medical man's knowledge. But as I grow older and lay off my "youth and experience," perhaps I may yet be accredited with not being an ignoramus, although I am not afraid to use a high potency when I see my way clear.

---

* Indiana State Society, May 1892.

At the risk of destroying the good and scientific impression thus far erected, I must admit that I did not christen this baby. The "tic douleureux" was the name given to this patient's trouble, by several of my predecessors, and, for want of anything better or worse, I have permitted the foreign expression to continue in undisputed possession.

On August 12 of last year, I was treating a patient for another pathological condition, called—by others—spinal irritation; by some happy chance I succeeded in relieving this patient's immediate trouble with a few powders of Lycopodium; the news spread quickly, so that I was invited to see a neighbor who had been ailing for some time with tic douleureux.

My first visit was on August 12. I found a very intelligent gentleman of 66 or thereabouts, a practical, hard-working carpenter, a master builder and superintendent. The surroundings, his family, and his description of his trouble, convinced me that I was looking upon a gentleman who by some mischance had missed his calling—which was along the line of some profession—and been fettered to an uncongenial occupation. This man had resisted for many days the solicitation of his neigbhor already referred to, because he didn't believe in any Homœopathy doctors; he had had the best and the most powerful of remedies of the allopaths without effect; where then was the sense of taking a drop of medicine stirred up in a hogshead of water, or smelling of a smell that had been let loose in a ten-acre lot. My reception, therefore, was anything but soul-vivifying. I found a man with a large and expanding forehead, deep set black eyes, sharp nose and chin, compactly put together generally, and in constant motion —kept the rocking chair going all the time of my examination. Two years before he had noticed a little twinging and creeping in his right nostril so that if he undertook to bore his nose, or blew it out sharply, he felt an uneasy shock extending over the whole right side of the face up into the top of the scalp. This grew worse little by little until he learned to keep his fingers away from it. He was not greatly alarmed because it did not interfere with his work, and trusted to time to wear it out. Last winter (1890–91), some time, he took the grippe. Then matters came to a

head, or, rather to his head. He found that any touch, however slight, of his nose on the right side, sent an electric shock through his eye, forehead and scalp which was frightfully, agonizingly painful; he laid off from his work because he also found little by little that any sharp motion of other parts of the body, or a sudden draught of cold air, sent this electrical shock through nose, eye, forehead and scalp. So he sat at home and waited. The affection grew continuously worse until the shocks came without any visible exciting cause, and shock followed shock in such rapid succession that the interval of quiet, as to him, was absent. They came at any time. He consulted eminent counsel here of the old school, who laughed at him because it was only tic douleureux, and easily manageable. They gave him salves to apply locally, and bottles of nervines internally. They applied the battery until, about the time I came in, he had made up his mind that the battery, in the strength applied, was more dangerous to his health and sanity than the tic douleureux. One doctor took out two of his sound upper teeth on that side of his face believing that they were the *fons et origo* of his nervous trouble. And so forth and so on to the end of the allopathic decalogue. He did not dare to eat anything that required motion of the jaws because he had discovered that occasionally when he was masticating his food the shocks would come; so he drank his victuals. Pretty soon he found that he could not wash his face, that the touch of water at times set him going. While he lay down he was measurably free of the trouble, though not fully. The shocks had laterally become so painful that he had almost fainted, and he and his household looked forward to nothing pleasanter than death or insanity. It was therefore, as to me and my absurd system of quackery, "any port in a storm."

I found that this patient had always been a coffee drinker, also a moderate drinker of alcoholics; also an inveterate user of tobacco. Back of him there was a family history that might account for some of his exceeding nervousness if not for his "tic douleureux." Added to this was the heroic dosage of the old school, my immediate predecessors, so my first prescription was two or three drops of *Nux vom.* tincture in

a half glass of cold water, a teaspoonful every half hour—this was in the afternoon—until asleep. For the next remedy I left *Rhus tox.* in potency, to be taken on awaking, in divided doses. When I returned August 13, the next evening, he said he was better; so I made no change in the remedy. Between midnight and daylight of the ensuing night he had, however, had an attack that nearly killed him; his eye and forehead on the right side had swelled up, and but for my precaution to take no other medicine, and make no other application than as I had directed, he would have gone back to some of his old remedies that had sometimes given him temporary relief. But that was the last positive shock he has ever had since I took him in hand. I had suggested to him the propriety of a thorough examination of the rectum to discover and remove what I supposed might have given rise to this tic douleureux. He submitted to a number of operations, the removal of papillæ and so forth, and thorough dilatation. He grew stronger, his face ceased to hurt, he ate and drank and smoked, walked out of doors and eventually returned to his work. At any rate, on September 26 I dismissed myself.

I then lost sight of him until, on January 12, of this year, at noontime, he came into my office, his face ashen-gray, his manner very quiet and his movements cautious. As he set down his dinner-pail he began to tell that that morning, while at work in the shop, the old twigging sensation came back. He held his breath for a second, then, as formerly, put his finger to his nose, and promptly there followed an electric shock, not as bad as formerly. So he picked up his belongings and came to me. I examined the rectum, stretched it five days in succession, put him on *Rhus* and told him to be quiet in doors until the snowy weather disappeared. During this time and for a week following he had little premonitory twinges, and the old dread came back on him that he was past help. The case naturally worried me. It was in a neighborhood intensely and rabidly allopathic; it was known widely that I had restored with Homœopathy medicine in a few hours what the old school doctors had utterly failed to do in months. Now, to have the whole thing come back was exceedingly annoying. About this

time I was preparing a lecture for the Cleveland Medical College on *Coffea*, when, to my great astonishment, I found this patient's present simillimum as plainly as if he had written his history in the proving. Therefore, on January 24, I took him a two-drachm vial filled with discs medicated with Coffea 72 m. (the only "Coffea" I had in my office) and directed him to take them. Some day when the spirit moves I will write out his description of the *immediate* effect of that vial of discs. Time will not permit now. That gentleman has been at work ever since—excepting a few days or a week, owing to the inclemency of the weather—and has not had another shock.

I have reported this case not as a triumph of the high potency but solely because of its victory over the allopaths. Until my last prescription I was in doubt as to the curative agent, whether it was the Nux, the Rhus, the orificial work, or just because I happened to get there as the allopath's medicines were getting the man cured. But the subsequent failure of orificial work to stop the spasms, and the dilatory action of other appareutly indicated remedies, and the prompt and, up to this time, total relief following the administration of Coffea 72 m. inclines me, and I think justly, to say that this particular case of tic douleureux was checked and held in abeyance by Nux and Rhus and cured by Coffea.

CLEVELAND, OHIO. FRANK KRAFT, M. D.

RHUS VERIFICATION.

March 1st, 1890, I received a telegram from the village of W., about seventy-five miles distant, requesting me to visit a young man of that place, who had been confined to his bed seven months, with inflammatory rheumatism. I found him very much emaciated from his seven months' sickness, or active allopathic treatment, I am unable to say which. There was the usual smell of drugs pervading the whole house, and there were bottles and boxes enough to start a small-sized drug store.

When taken sick, the patient was working at a lumber camp, about twenty miles from home. He had been out in a rainstorm and got very wet, and as is usual with men

who work in the pineries, wore his wet clothing all day. That night he was taken with a severe chill, followed by fever and pain in the ankles. By morning his ankles were so sore and swollen that he was unable to move them. In this condition he was taken home. His father informed me, that when he arrived at home, he had a very high fever, wanted a drink of cold water every few minutes, and was so restless that he would change his position very often, thinking that he got some relief by so doing.

A physician was called, who diagnosed inflammatory rheumatism, and gave the young man some medicine, that quieted all pain like magic, and produced sleep. The disease progressed, however, and one joint after another became involved, until every joint in his body was affected. He had been continually under the care of the same physician, who had called all the others of the town in consultation, and one or two had been called from neighboring towns. His friends had given up all hope of his recovery, but as a last resort, and very much against the wishes of the attending physician, who could see nothing but a waste of money in such a course, they were persuaded to try Homeopathy.

When I saw him, he had probably taken nearly all the drugs in the allopathic Materia Medica. He was kept under the influence of morphia, and was unable to raise his hands to his head, or move himself in any way. His tongue was thickly coated, his bowels had not moved for many days, and his breath was very offensive. Urine scant, high colored and passed with great difficulty. He had been sick so long, and had taken so much medicine, that I was unable to decide what conditions were produced by disease and what by drugs. I directed that no more medicine be given, but that every box and bottle be removed from the house. Telling his friends that I would call again in the course of the evening, I went home with a friend to supper. I could not remain longer than till the next morning, and after thinking the matter over, I concluded to give Rhus, as I believed that remedy had been indicated at the time he was taken sick.

I called again at about nine o'clock that evening, and placed upon his tongue, one dose of Rhus 200, and left a few powders of placebo, to be given at intervals through the night, should he

not rest well. I called again the next morning. Patient had rested so well that it was thought unnecessary to give any of the powders through the night. He could raise his hands to his head, something he had not done for weeks. After leaving plenty of the placebo powders, and instructing his friends to allow no other medicine in the sick room, I returned home.

March 11th, I received a letter saying that improvement had been steadily going on, and that the patient was now able to sit up. Appetite good, bowels regular, sleep natural, swelling and soreness nearly all gone. Medicine also nearly gone. More placebo was sent, with same instructions as before.

March 17th, had walked down town and back, about half a mile, without the aid of even a cane; was gaining in flesh and feeling well.

March 26th, still improving.

April 1st, walked into my office entirely well. Went back home in a few days, and a month later was working in a saw-mill and has done a man's work ever since.

OSCODA, MICH. A. L. RUFFE, M. D.

SURGICAL CASES HOMŒOPATHICALLY CURED.

WHITE SWELLING: *Silicea:*

CASE I. Young man, scrofulous habit, aged 19. Cachectic mother. Injury to left knee two years ago proved the exciting cause of "white swelling" of the knee joint. Limb semi-flexed; tumor size of child's head; white and shining; three sinuses, each discharging sainous, ill smelling, watery pus, containing osseous speculæ. Probing showed all accessible bone surface to be carious. Profuse night sweats; progressive emaciation; loss of appetite; obstinate constipation; excessive pain in knee at all times, aggravated at night. Articulation anchylosed. Silicea 200; ten doses, one daily at bedtime.

After first dose, no more night sweats. Character of pus changed within two weeks, becoming laudable, and the offensive odor disappearing. All outward symptoms gradually abated and disappeared, and at the end of three months the knee was entirely healed. He now does general farm

labor, and is rugged and well, the only remnant of the disease being the deformity.

INGUINAL HERNIA: *Nux*:

CASE II. Young man aet 20. Left inguinal (oblique) hernia, gut descending into scrotum. History: Immediately followed severe muscular exertion. Concomitants: Nausea, constipation, severe contusive pain, and considerable febrile reaction. Reduced the hernia, and prescribed only moderate exercise, a common scrotal suspensory and Nux. 3x, four doses daily. Recommended that during walking, straining at stool, and when ascending stairs, he keep ring closed as much as might be by fingers of left hand.

There was no return of the hernial protrusion and in two months active physical labor was indulged in to accustomed extent, including trying gymnastic exercise. No truss was, or ever has been worn, and the cure is complete. The medicine was continued for about seven weeks.

DOUBLE DIRECT HERNIA: *Nux:*

CASE III. Male child aet. 18 months. Double direct inguinal hernia. Appeared suddenly. Causation unknown. Reduced tumors easily, applied a roller bandage, giving instruction for its constant employment. Prescribed recumbent posture and interdicted attempts at walking for some time. Exhibited Nux. 5x, thrice daily. I do not know how well the accessory treatment was carried out, but I know that the hernia never returned; that the child is active and well, and that nothing was done for the child except as I have outlined.

E. B. GUILE, M. D.

ANGELICA, N. Y.

GLANDERS.*

Some time ago a gentleman brought to our town a fine large sorrel mare to sell. She seemed to be in fine condition every way with the exception of a slight discharge from the nose. Several "*knowing*" persons examined the case and pronounced it curable. Upon the positive assurance of a friend that the animal was perfectly sound and that the discharge was only of a simple catarrhal nature, Mr. D.

---

*Read before the California State Homœopathic Society, May 11, 1892.

purchased the mare. Mr. "Friend" found that the trouble was much more stubborn than any one had anticipated, in fact, was really incurable. As soon as the owner became satisfied that this was really the case, the animal was turned out in one of the river pastures, and left alone to see what rest would do for her case, with no better result.

Mr. A. who was working at the time with a team, assisting to repair the Payne break in the levee, asked, and obtained permission to put this mare into his team, in place of one of his own animals. In the course of a little while, all the horses in the team were suffering from the same kind of a nasal discharge, but nothing was thought of it and the team was turned out on the owner's place among the other horses and mules, when in a few weeks nearly all the animals on the ranch were afflicted with a similar discharge. Upon the solicitation of some person in the neighborhood, a veterinary surgeon visited the place, examined the horses, and found them to be suffering from glanders. Due report was made to the County Board of Supervisors, who, instead of having the stock destroyed, as should have been done, merely made an order that the animals be kept 40 feet from all outside fences. A short time subsequent to receiving this order the owner sold all his real estate, and in order to dispose of his horses and mules that were not salable, he gave them away to anyone who would take them. One of the animals so afflicted fell into the hands of our patient, who used it as a family horse, and all the while was trying to cure it of its ailment, which, of course, he was unable to do, the animal all the time becoming poorer, thinner, and less able to eat, while he himself became inoculated with the disease.

Glanders in the horse is too common to need any extended exposè from me. In the chronic or latent form it is often quite difficult to diagnose, and may continue indefinitely. Over work, poor feed, or exposure are quite liable to precipitate an acute attack in these cases, when diagnosis becomes easy. The acute form is very severe, runs a short course, and is usually fatal, although some cases have been known to recover, while others have become chronic or latent. The development of farcy may be acute or chronic, depending very much upon the manner of receiving the virus. Should

this be taken through an abrasion of the skin, an acute attack of farcy glanders will likely follow. Should the poison be taken by the digestive tract, the chronic form of either or both may follow. Should the infection be from direct inoculation of the mucous membrane of the nasal passage, the acute and most dangerous form of the disease will be developed. The discharge from a chronic or latent case is just as poisonous, and as infectious in proportion to the amount, as that from the acute disease.

CASE:—July 28, 1891. Mr. G. came to my office, complaining of a difficulty in swallowing; every attempt to eat, drink, or swallow saliva caused excruciating pain, with a slight spasm of the muscles of the pharynx. Pains shoot up right side to neck and ears. Tongue swollen, and takes imprint of teeth, coated, slimy, dirty white. Neither the back part of the throat nor tonsils showed either inflammation or swelling. At the root of the tongue the papillæ were very much enlarged and swollen, in fact the entire parenchyma of the tongue was swollen, which increased to such a degree that it protruded from the mouth more than an inch. The submaxillary glands and lymphatics were very much swollen, with considerable salivation and a very fetid breath. In about three days the swelling of the tongue subsided so that it could be returned into his mouth, and he could swallow tolerably well. In a few days an abscess in the root of the tongue broke, discharging quantities of bloody pus. On the next morning there was a similar discharge of bloody pus either from the same abscess or another. The difficulty of swallowing now became extreme. In fact it was almost impossible to swallow anything. Fluids would return through the nose, and solids could not be attempted. Up to about this time his remedy had been Mercury, followed by Sulphur. The most painful seat of the disease seemed now to change to the left side, with shooting pains into the left ear. He discharged quantities of thick, viscid, stringy mucus from the mouth, which had to be removed from the lips with a cloth. On the evening of this day, August 2, 1891, another large quantity of pus was discharged. Although we had suspected poisoning from some outside source, we did not get hold of the fact until now that

he owned and tended a glandered horse, the history of which we have given above.

In consideration of the nature of the infection and the character of the change of symptoms, he received Lachesis 200, every two hours. He seemed to improve for about four days, when symptoms of general blood poisoning became manifest. The swelling around the throat subsided considerably, the tongue could be managed much better, and we were able to examine the throat. Near the root of the tongue we found an ulcer, in character very much like a syphilitic ulcer, with raised, irregular edges, of a dark red or purple color, shading lighter as it extended farther from the sore. The base of the ulcer was of a dark, livid hue, which in time changed to a dirty gray, and that to a more healthy color as healing progressed. Ulcer after ulcer of this kind forms and heals on a glandered surface, while the patient lives.

August 15, distinct twitchings were noticed in the hands and feet, with a considerable general restlessness, and throwing off the covers. He often complained of being alternately hot and chilly, which continued only a short time before distinct rigors set in, lasting anywhere from ten minutes to three-fourths of an hour, followed by a rise in temperature. Then, after a short interval, the patient would be bathed in a cold perspiration with temperature below normal.

August 19, an abscess formed behind the right eye ball first, then the left, pushing them nearly out of their orbits. This process of abscessing extended to the brain, causing the patient to become comatose. Previous to this, however, the heart's action had become very weak and its beats muffled, while the lungs as yet showed no signs of abscessing, and he died on the 21st of August.

Drs. Thos. Ross, L. M. Gray, H. M. Kier, J. Clark and H. D. Lawhead all saw the case with me at different stages of progress and confirmed the diagnosis.

WOODLAND, CAL. J. T. MARTIN, M. D.

[We think Anthracinum was the remedy in this case. Compare symptoms as given in Hering's Guiding Symptoms.—ED.]

THE AMERICAN INSTITUTE OF HOMŒOPATHY.*

MONDAY EVENING.

Representatives of the "new school" of medicine, disciples of the doctrine of *similia similibus curantur*, have gathered from all points of the compass, and almost every State of the Union, to attend the forty-fifth session of the American Institute of Homœopathy, and have incidentally pre-empted a large section of the city for the rest of the week. Evidently the word "American" is one of the emphatic features of the name of this society, for when the delegates gathered in Cornwell's Hall yesterday afternoon, they found the walls completely covered with the national colors. The work of the decoration was in charge of the local committee of ladies, who secured the loan from the War Department of a number of fine old flags and banners. These were artistically draped about the walls by seamen John Rhoades and John O'Hare, of the U. S. S. Dale, and being relieved here and there by bits of greenery, ferns and palms, the effect was fine indeed.

At the appointed time an audience of fully 500 delegates, their wives, and friends, had gathered in the hall, and President Kinne's gavel fell in a sharp call to order. Dr. Kinne is noted as a model presiding officer. In a few brief words he announced his motto of "promptness and dispatch," and declared the forty-fifth session of the institute open for business. Proceeding quickly in accordance with the program the various committee reports were called for in order.

Dr. J. H. McClelland, of Pittsburg, presented the report of the program committee in the shape of a neat and complete pamphlet, giving the whole proceedings of the session, together with much valuable information concerning the city.

Dr. Pemberton Dudley, general secretary of the Institute, reported on behalf of the executive committee, and also the publication committee. The latter contained some items of interest concerning the printed proceedings of the Inter-

* From our Washington correspondent.

national Congress of last year, 1,264 copies of an edition of 1,500 having been distributed.

Dr. E. M. Kellogg, Treasurer, gave an encouraging report of the financial affairs of the Institute, showing that after the expenditure of $5,610 last year, there still remained a balance of $817.22 in the treasury. Drs. Higby, Williamson and Spaulding were appointed a committee to audit the treasurer's accounts.

Dr. T. Franklin Smith submitted an excellent report on organization, registration, and statistics, which showed among other items, the existence of three national and two sectional homœopathic societies, 30 State societies, 23 medical clubs, 40 general and 39 special hospitals, 55 dispensaries, and 30 medical journals of the new school in the United States.

Verbal reports concerning the state of their societies were then received from the following delegates: Dr. Duffield, of Alabama, the Southern Homœopathic Medical Association; Dr. Amelia J. Burroughs, of Omaha, of the Nebraska State Society; Dr. Dills, of Kentucky; Dr. Fisher, of Texas; Dr. Nottingham, of Michigan; Dr. Cushing, of Massachusetts; Dr. Williamson, of Philadelphia; Dr. E. C. Price, of Baltimore; Dr. Ballard, of Birmingham, Ala.; Dr. Julia Holmes Smith, of Chicago; Dr. R. B. Johnson, of Ohio, and Dr. Higby, of St. Paul, Minn.

Dr. T. R. McDonald reported on behalf of the Washington Society, which numbers forty-two members, while Dr. Custis extended an invitation to the members to visit the Homœopathic Hospital, Second and N streets northwest, between the hours of 10 A. M. and 4 P. M. each day, and Dr. Ralph Jenkins announced that the Free Dispensary on Massachusetts avenue would be open to visitors from 9 to 10 A. M. daily, with special committees of ladies in attendance.

Dr. Custis also announced, on behalf of the local committee on arrangements, that on Tuesday morning the lady delegates would be given a ride about the city by the local ladies, carriages to start from Willard's Hotel at 9:30 A. M. At 1:15 P. M. the Institute would call in a body upon President Harrison, afterward being photographed by Brady on the steps of the State department.

Dr. Tullio S. Verdi offered a preamble and bill for the

encouragement of a high standard of medical education in the United States, providing

That the President, by and with the advice and consent of the Senate, shall appoint a board of medical examiners, composed of eight members learned in the science and art of medicine and surgery, whose duty it shall be to examine candidates for the degree of United States Master of Medical Science (U. S. M. M. S.).

The bill further provides that the President shall, through diplomatic channels, secure the recognition of this degree in foreign countries, where the American medical diploma is now looked upon with disfavor if not absolute scorn.

The resolution was seconded by Dr. Custis and referred to the committee on legislation, which will report it back on Wednesday.

Then came the addresses of the bureaus of ophthalmology, otology, and laryngology, by Dr. A. B. Norton; obstetrics, by Dr. George B. Peck, and gynæcology, by Dr. M. T. Runnels. All were excellent papers, interesting and instructive.

Dr. J. D. Buck reported a list of twenty-three homœopathic publications on behalf of the committee on medical literature, and Dr. E. F. Storke read the report of the committee on foreign correspondence. In his report the latter gentleman referred to the Catholics as being slow to accept the new school of medicine. This was strenuously objected to by several delegates, and by motion stricken from the report.

Dr. Kinyon from the board of censors, reported a number of applicants for membership, and after these had been passed upon the Institute adjourned until 8 P. M.

The day session was, however, but preliminary to the brilliant reception at the New National Theater last evening, where, amid music, flowers, and eloquence, and in the presence of an enormous audience, members of the American Institute were formally welcomed to Washington and tendered the freedom of the city. The large auditorium, handsome in itself, had been rendered still more attractive by profuse decoration of the balconies and boxes, while the stage was a bower of beauty. The proscenium arch had been draped with banners the colors of the Hahnemann College, of

Philadelphia, Pulte, of Cincinnati, and the New York Homœopathic College, and from the center hung suspended a fine large portrait of the founder of the new school, framed in immortelles and incandescent lamps; above this was a floral scroll from which sprang, at the touch of Electrician Lockhead, the magic name of "Hahnemann" in letters of parti-colored lights; still above this and running across the stage in brilliant letters was the legend *similia similibus curantur.*

Upon the stage, in a dignified circle of dress suits and immaculate shirt fronts, sat the officers of the Institute and speakers of the evening. There were President Kinne, Chairman Custis, of the local committee; Hon. J. W. Douglass, Hon. John Dalzell, Dr. Verdi, and Rev. Dr. Bittinger, together with the following ex-presidents of the Institute: Drs. J. P. Dake, F. H. Orme, A. C. Cowperthwaite, O. S. Runnels, J. D. Buck, J. C. Sanders, B. W. James, Conrad Wesselhoeft, I. T. Talbot, and Reuben Ludlam, of Chicago.

Behind these, their scarlet coats just showing through a handsome hedge of palms, sat the musicians of the Marine Band, while just beneath a canopy of American flags, looking like King Humbert of Italy—minus the pompadour—stood the favorite conductor, John Philip Sousa, wielding his magic baton, which soon shall wave in Washington no more.

As has been intimated, the audience was allopathic in size, but it followed the good homœopathic principle of "like cures like" by endeavoring to counteract the excessive warmth of the atmosphere by equal warmth of enthusiasm. They cheered everything; the fine music of the band, the pretty electrical effects, and the equally pretty pyrotechnics of the orators.

After the opening selections and the invocation by Rev. B. F. Bittinger, D. D., chairman J. B. Gregg Custis called the assemblage to order, saying it was very fitting that they should meet in our city, and very fitting that they have chosen this year to be with us. The school of which this association represents the most progressive and most earnest workers stands in the same relation to the noblest of all sciences—the science devoted solely to the welfare of mankind—as the United States stands to the political world.

The desire for liberty, as a means of personal development and advancement, was the thought and motive that has resulted in the establishment of our glorious country, whose watchword is liberty; liberty meaning freedom to think, to worship, to teach and to work.

Hahnemann, dissatisfied with the results and with the progress of the medical practice of his day, as the result of his investigations, re-discovered the old law of *similia similibus curantur.* His love for liberty, his demand for it, forced him to proclaim his discovery; he saw the way open; the fight began; and the school we represent is the result. We claim that, by virtue of this revolution, of whose sons the American Institute is composed, freedom in medical practice was first made possible. Freedom to work for the good of mankind, to work not only for the healing of the sick, but also for the increase of man's days of usefulness.

Mankind has thus become freed from the hazards of misguided experiments, freed from the play of superstition and incantations. No license to experiment on the sick; no room for intolerance of any man's opinion or methods; no interference with any one's right to investigate. And we can be allowed tonight to say that we are proud of the result. All schools are slowly but most certainly adopting our methods of investigation, as well as our forms of preparation and our administration of remedies, and we prophesy that just as surely will the law be accepted. He closed with a brief peroration as follows: God and the law is religion; Hahnemann and the law is medicine, which sentiment was greeted with a thunderous outburst from the audience. Then, in a few well chosen words, welcomed the guests on behalf of the local committee. He was rewarded with liberal applause and a big bouquet of red roses, after which he introduced Hon. J. W. Douglass, who voiced the official welcome of the District of Columbia. As the genial commissioner's portly form appeared before the footlights he, too, was welcomed with a round of applause which compelled him to bow his white head several times in acknowledgment. Mr. Douglass' discourse was strong and moving, as the old-fashioned doses of calomel and jalap, of which he spoke so feelingly, but covered withal with a pleasant sugar-coating of humor.

In conclusion he said: "The Capital, in her summer dress of green, greets you on every hand with a smiling welcome, which I in turn reiterate on behalf of her people."

The "American Patrol," by the band was encored and responded to with the old favorite, "Darkey's Dream." The dapper figure of Hon. John Dalzell next appeared at the front. Senator Gallinger being unavoidably absent, upon Mr. Dalzell devolved the double duty of addressing the audience in his double capacity of Congressman and president of the National Homœopathic Hospital Association. This he did in his accustomed crisp, witty style, paying a particular tribute to the homœopaths of this city and their noble assistants, the women of the hospital. After detailing its rise from small beginnings to one of the most prosperous and important institutions of its kind in the capital city, he said that it was homœopathic in management and treatment but there its Homœopathy ended; for it was catholic in hospitality, caring for all afflicted humanity without regard to race or creed. In illustration of this sentiment of its love for all fellowmen, he recited Leigh Hunt's poem of "Abou Ben Ahdem," and retired amidst great applause. Sousa's symphonic poem, "The Chariot Race," won just favor with the visitors, after which Dr. Tullio S. Verdi, one of the veteran homœopaths of the District, detailed the struggles of Homœopathy for national recognition, in which he himself played no small part, and said:

After thirty-four years of fellowship I am glad to meet you on this auspicious occasion. I look for my old comrades who fought with me the early battles of Homœopathy. Ah, I see but few! To the few I bid welcome. But the ranks are full. The young and strong have, in multiplied number, come to fill the places of those who fell. If they are as courageous as the heroes of old, as true to the principles of their science, Homœopathy will still carry the flag of the victor.

Dr. Verdi's address was most interesting, both as a historical review of the progress of Homœopathy in the District of Columbia, as well as a literary effort, and if its delivery was marred by a slight foreign accent, it was equally assisted by eloquent gestures also indicative of the speaker's foreign extraction.

Then came the masterly oration of Dr. Theodore Y.

Kinne, the popular and efficient President of the Institute. His delivery was distinct and impressive, and this feature as well as the subject matter of the address commanded the closest attention of his hearers throughout.

PRESIDENT'S ADDRESS.

Members of the American Institute of Homœopathy:—

One portion of the fundamental law governing this organization requires your President, at the opening of each session, to present for your consideration such suggestions as he deems necessary for the welfare of this institution, the prosperity of our profession and the advancement of our cause. In addition he shall give a resume of the progress of Homœopathy during the preceding year. Besides these he may also consider any subject relating to medical science. To fill the full measure of this duty would weary your patience, tax my ability and occupy a volume. I regard the office as mainly executive, and him who holds it as one who scans the field wherein the workers labor, and who endeavors to direct their efforts toward the accomplishment of the greatest general good. Meeting and communing as you do for so brief a space of time, it could hardly be expected that full justice would be done to all your varied interests, yet your committees have earnestly striven to equitably arrange for the different departments in accordance with your instructions heretofore given. Whatever of suggestion or recommendation I may make, let me assure you it is the result of a somewhat attentive observation of the practical workings of our organization, and the requirements of the profession at large. The Secretary has already shown you in the transactions the gratifying growth of our numerical strength, and the Treasurer will present you with an equally pleasing exhibit of our financial condition. Our increase in numbers necessitating additional clerical work, I suggest the election of an Assistant Treasurer who shall serve without pay save his actual expenses. Inasmuch as our laws and resolutions enacted at different times are in some instances conflicting and in others ambiguous, I recommend that a special committee be appointed to revise, harmonize and adapt them to our present and prospective needs; such com-

mittee to report at the next session of the Institute. I earnestly advise extending the time limit of our annual sessions. In earlier years, four days were all-sufficient for those who wished to present records of research, experiment and practice, but that is no longer the case, for our membership has more than trebled, and investigators in every department of medicine and surgery have increased an hundred fold. Today we number less than one-tenth of the registered homœopathic physicians in this country and while our proportion is greater than in the allopathic association, yet it is much less than it should be. I believe the only hindrance to our reaching the magnitude and power which the cause demands has been the inability to adequately provide for the different specialties which now are rapidly coming to the fore. Last year's experience demonstrated in a measure the correctness of this statement. All agree there has never been held a more profitable session, and mainly because able men felt that the time given to the different departments warranted their making the effort which would be deliberately reviewed and considered. Already do we see the restiveness of those who give their energies and strength to particular work, and not without reason do they feel that the results of their investigations and experience should be submitted to the ordeal of discussion—approved if found correct; modified if otherwise. I am free to admit that the daily attendance might be less but the aggregate would be far more. Many physicians feel they cannot be present during the entire time, and being more interested in one bureau than another could choose the days most profitable to them. Again, others with equal interest in two or more departments could give the attention and assistance which now they are unable to render. To meet this want, societies are already formed and others, are projected, which can only militate against and work injury to this organization. If we are to succeed in this cause to which we have given our lives it *must* be through union. The bond which unites the profession must be not a rope of sand, but a threefold cord, and so strong as to resist all assaults from without, and all variances within. No one will accuse me of pessimism, but in all seriousness I say this body has outgrown the

wrappings which gave warmth to its members, enabling them to withstand the chilling frosts of ostracism and the cold blasts of persecution and contumely. I am not a radical and fond of change, but I look forward and with the eye of faith behold the structure for which you are called to lay the foundation. A plan broad enough to invite the allegiance of all who "name our name" and space to provide for any who bring their contributions and lay them at our altar. In carrying out this scheme lessen the number of your committees and bureaus. For instance, unite the executive, publication and program and business committees, and add to its duties that of methodizing the business sessions. Give each bureau its day and let the sectional addresses be then delivered and discussed. Possibly the transactions would be more voluminous, even requiring two volumes, but the added expense would be more than met by the increased membership. Should you desire to consider this matter; a plan can be presented which appears feasible, comprehensive and practical. I suggest a committee on time and place of meeting before whom advocates of different localities can go and present their attractive pleas. While no mistake has been made in selecting Washington as our meeting place, yet there is sometimes danger that enthusiasm may overbear the sober judgment. You will be called to act upon an amendment to your constitution, which shall prevent embarrassment that has occurred through the enforced absence or disability of presiding officers. I ask that a modification be made in the manner of selecting bureau members. The chairmen are announced not later than the Thursday morning session. Then the chairman selects his assistants so their names may be given. The shortness of time often prevents the selection of those who could and would do most thorough work. It seem proper that a special committee for the International Congress be appointed to which full power shall be given to arrange for transportation to and participation in the next meeting whenever and wherever it shall be held.

Another matter, second to none I have mentioned on account of its paramount importance to the homœopathic profession throughout the world, I wish to set before you. The

advice of your President was sought by members of the Committee on International Pharmacopœia regarding the nomenclature to be adopted, and as the question seemed to be an important one from its bearing on Homœopathy as well as literature and science, he advised delay until the subject could be presented to the Institute for definite and final action. Whatever be your decision it appears most desirable that there shall be uniformity with the other standard works on materia medica and pharmacy. We should avoid the rocks on which allopathic pharmacists have split, and establish a permanent name for each medicine which shall be the same in all countries and for all languages. As our nomenclature now stands it is characterized by regularity and harmony, and you will agree that nothing should be done to unsettle the teachings or confuse the minds of our practitioners while searching for assistance in their daily practice. I need not particularize instances to point my meaning for that will be most fittingly done in the report of the committee.

Thus I have briefly outlined those matters which seem to demand your thoughtful deliberation, with fullest confidence that you will act both wisely and well.

The progress and success of Homœopathy during the past two years has been most gratifying to all who have carefully studied the logic of events. We pause to greet each other here, and to our comrades send a cheer for hard fought fight and victory won, through faith and duty nobly done.

In the Augustan age of Rome's political and literary existence, upon the Capitoline Hill there was erected and for centuries stood a golden pillar which marked the ideal center of the Roman Empire. From it diverged all highways throughout her vast dominion, and on the farthest confines of the then known world the weary wayfarer knew the path he trod, if followed, led him to the acme of his heart's desire. When marshaled host went forth to conquest, they gathered at its base and swore a solemn oath to do or die; while war-worn veterans came, as conquering heroes come, and gathering round its sacred shaft their joyous shouts and sheathed swords proclaimed their vow performed. Tonight *we* stand where two ways meet and, in this center of our country's greatness, with gladsome hearts uprear the altar of our faith.

Upon its sides in glowing lines is inscribed our creed, while just above, as with an aureole, appears the form of our Great Master, whose mind conceived the law that with rich fruitage has brought life and health to millions. We look adown the past and see the road o'er which we toiled in the accomplishment of our great mission. Some of our comrades have been called to rest and for their requiem we give our sighs. With us they labored and by faith they saw the success of the cause for which they lived and died. Of this cause we are to note the progress. In 1825 there was but one lone representative; today we number 15,000 in the profession, while there are as many more of the laity who are doing noble service. Our progress in numbers has been in geometrical proportion every four years. In 1836 the first homœopathic college in the world was incorporated, issuing diplomas to 16 physicians in six years. Now we have 16 colleges, graduating annually 500 students. In facilities for didactic and clinical instruction these schools are the equal of any in the land; and to a homœopathic college is due the honor of first insisting upon an extended course of study of four years, with thorough preparatory education. With pleasure we note that allopathic institutions are wheeling into line and elevating their standard of preparatory and collegiate instruction. From all over the land is heard the Macedonian cry for help and healing; but our college faculties have grandly and wisely taken for their motto not how many, but how thoroughly prepared shall be the physicians who profess and practice Homœopathy.

To paraphrase an old couplet. The schools of homœopaths grind slowly but they grind exceeding fine, though with patience they stand teaching, the relief will come in time; and the final result will be all the more helpful and glorious. Connected with or related to these colleges are 76 hospitals with a capacity of 5897 beds, and 47 dispensaries wherein thousands of the poor receive gratuitous attendance each year. Why do I give these facts? you ask. Because in all this you have a vital interest. Interested because of your faith in a system which has brought health and happiness into your homes through saving the lives of those you love. Interested, because you have given of your substance to

the support of these various institutions until their valuation reaches into the millions, and you should know the return for your investment. Interested, because far beyond a monetary value there is the blessedness of assuaging suffering, relieving misery, and restoring the light of reason to the darkened mind. Interested, because of the comparative results with other institutions similar in character. The mortality in all these hospitals last year was but 3.12 per cent. I need not cite instances or diseases; the record books are open for inspection and so patent are the facts that "he who runs may read." During the last two years about the usual number of panaceas and prophylactics have been brought forward, given pre-eminence, had their brief day, and then relegated to the archives where rest their predecessors in the dusty past. Men have said lo! here, and lo! there, while eager thousands have made haste in search and found, alas! untempered mortar and the shifting sands. Amidst all this our noble science, art and faith have moved serenely on, noting all advances made; proving all things; holding fast that which was good in every department of the world's great progress. Gigantic strides have been made along various lines of research, but the results have not been of much power because, like beautiful blocks of marble, they lacked the designers chart to mould them into one harmonious whole according to an infinite law. We speak much of the law of Homœopathy, before which we reverently bow, acknowledging its supremacy. And what is this law? Briefly stated it is the formulation of a theory philosophically explaining phenomena based upon facts. Cullen said there were as many false facts as theories in medicine. But when the facts are corroborated by countless observers we are warranted in assuming the theory to be a verity. Homœopathy needs no apologetics. We are not even its defenders in the sense of its needing any defense. We do declare our faith and are justified by our works. The criticism to which we have been subjected has been a means of grace. It has made us more thorough, more thoughtful, more considerate and more zealous in our ministrations. Is it not strange that those who revere the ancient writers and imitate their practice should deride and depreciate the inspired mind which carried out their observations to a logical conclu-

sion and evolved the most unique and beautiful truth ever known to medical science? One only plea I make, and would to God it might ring in the ears of our opponents throughout the earth, and it is this—Homœopathy claims of believers and unbelievers close, patient and unprejudiced study. It is not every one who has the right to deny its truth or efficiency. A belief which has worked itself into the heart and brain of humanity and given force and direction to the noblest lives, should not be rejected without the impartial investigation which it invites and welcomes.

"Yet when the new light which we beg for shines in upon us, there be who envy and oppose, if it come not first in at their casements. What a collusion is this when, as we are exhorted by the wise men to use diligence, to seek for wisdom as for hidden treasures, early and late, that another order shall enjoin us to know nothing but by statute? Who ever knew truth put to the worse in a free and open encounter? Who knows not that truth is strong, nor strategems, nor licensings to make her victorious."

Instead of this what do we find? In nearly all the States of this union inimical legislation has been had for the sole purpose, either avowedly or impliedly, of exterminating the troublesome sect to which you belong. In some sections it has amounted to proscription, in all it has worked hardship. Is this fair? Is it honest? Is it honorable? There are grave doubts as to the constitutionality of such proceedings, for it contravenes the principles of that declaration which made this nation free and independent. Not many weeks ago, in the hall of yonder capitol, there lay the mortal remains of one who died at the post of duty. With aching hearts and tearful eyes friends gathered round, while over his senseless form were repeated the beautiful words of hope and consolation which in life had been the rule and guide for his faith and practice. Pharisees there were who protested, but the low meaning undertone of indignation showed the sentiment pervading the American heart. What! deny a man the liberty to worship according to the dictates of his conscience and be buried in the faith of his fathers? And shall a like liberty be refused those who minister to the bodies of God's noblest handiwork? or will you accede to the modest request

to entrust your well-being to those only who can utter Shibboleth according to the dictum of a self appointed Sanhedrim? If medical college charters and restrictions be not sufficient, then let the general congress here assembled enact a just and equitable law which shall be equally applicable to New York and Alabama, to Maine and Minnesota; recognizing all schools of medicine which have been dignified by State ordinances, so that any one, who through force of circumstances may cross imaginary State lines, shall find his warrant recognized and his liberty untrammeled. Standing here tonight as the humble representative of thousands of earnest, devoted and self-sacrificing physicians, and of millions of people that depend upon them in disease and distress, in sickness and in sorrow, I utter a solemn protest against any and all individious distinction in medicine as in religion, whether its adherents ride the cane brakes of the south, the snow clad hills of the north, or the thoroughfares of your metropolis. Food bills and sanitarium bills are steps in the right direction; and here let me say all honor to him who when asked to explain the phrase "Regular Medical College" as defining the qualifications of medical officers in the Army and Navy said—"the term 'regular' is used in its most comprehensive sense as indicating that a medical college is well equipped and prepared to cover the whole ground of the science and art of medicine in its teaching, and requires not less than a three years' course of study to secure its diploma."

Thus much of the road past—what of the future highway? If history be the prophesy of the past, then is prophesy the history of the future. What basis have we for our hopes? I believe in the trinity of God and men—of drug and disease. The first two correlative in a regenerate state, the last two in pathological conditions, all four harmonious throughout the natural and spiritual worlds.

Our creed is but a simple one with just this article of faith: I believe in the law of "Similia Similibus Curantur." I do not say it is the *only* law of cure, but I affirm it the best yet given to man. It is inscribed upon the banner that floats at the head of our column. Our shields are emblazoned with the motto of this Institute, and it regulates our conduct

toward our fellows. "*In certis unitas, in dubiis libertas, in omnibus charitas.*" What warrant have we for prediction? The parallelism of advance in other departments of truth, science and art. Tonight the world is bathed in the effulgence of the electric light—the light of the nineteenth century. But two short decades since it existed only in the brain of man—now we chain it to our chariot wheels, it carries our burdens, it lessens our cares, it blesses our life. I stand in awe and wonder of earth's possibilities, and think perchance the time is near when we shall pierce the secrets of those stars which in the firmament above are lights along the highway of our God. And will He not heed the cries of His suffering ones and give to man the wisdom to minify the curse entailed from the genesis of creation? If in power His "lightnings enlightened the world" then in mercy "He healeth all thy diseases."

When the nation's hero uttered those memorable words—"I shall fight it out on this line," he recognized the fact that human life was cheap compared to the assertion of an eternal principle. So too, with us. We may die without the sight—our bodies quiet sleep within the bosom of our common mother, yet our dreams shall be pleasant in the consciousness that if He "blesses our labor the word shall accomplish that whereunto it is sent."

My friends, we live but for the future. In ourselves we evidence all good which preceding generations have wrought out, and so the future shall show forth our acts. Each thought, each word, each deed shall leave its impress on posterity. The ceaseless beating of the sea which breaks down all resistance is not more certain than the result of aggregated, prayerful, faithful effort in this grandest labor of a life.

"Wave after wave successively rolls on and dies along the shore, until more loud one billow with concentrate force is heard to swell prophetic, and exultant rears a lucent form above its pioneers, and rushes past them to the farthest goal. Thus our unuttered feelings rise and fall and thought will follow thought in equal waves, until reflection nerves design to will, or sentiment o'er chance emotion reigns, and all its wayward undulations blend in one o'erwhelming surge."

After the address, Dr. Kinne was tendered a reception on the stage, the audience passing through the boxes on each side of the house and then on to the stage. The following ladies formed the reception committee: Mrs. Dr. Custis, Mrs. Dr. King, Mrs. Dr. Janney, Mrs. Dr. Gardner, Miss Correy, Mrs. Dr. Pope, Miss Kinne, Mrs. Dr. T. F. Smith and Mrs. Dr. Strong.

TUESDAY.

Most of the lady visitors went for a morning ride about the city with the local homœopath ladies, but the convention assembled at 9:05 A. M., with the vice-president in the chair. After the reading of the first list of applicants by the board of censors it was directed that the names of the dozen or more aspirants for membership be posted for six hours prior to election, in accordance with the rules of the association.

The chair then appointed the following committee on President's Address: Drs. A. C. Cowperthwaite, T. F. Allen, and C. E. Fisher.

Dr. Kinne then took the President's chair, and action was taken upon the amendment offered at the last session of the Institute to modify its constitution by the election of two instead of one vice-president, which, after a full discussion, was adopted.

Dr. James, acting chairman of the committee on publishing the official list of graduates, submitted a report, strongly recommending the continuance of the publication, which he regarded as a protection against men of inferior education becoming members of the Institute. This recommendation was unanimously approved.

Dr. B. W. James, the acting chairman of the bureau of sanitary science, submitted the annual address, the author of which was Dr. D. H. Beckwith. The address stated, in brief, that one of the greatest needs of our highly developed modern civilization is a perfect and general sanitation. In this important field the scientists are now carrying the "war into Africa," and so rapidly is the work being pushed that it is well nigh impossible to even keep track of all that is being done on behalf of humanity in this line. A constant and unrelenting war is being made upon shams and adulterations of every kind. Life and death are in the hands of the men

who march in the vanguard of this typical modern movement, the result of whose labors has driven back the most terrible epidemics to their lair; plagues have well nigh become annihilated, and hundreds of thousands of fires burn with increased brightness on the hearthstones of homes blessed by the watchful care of sanitary science.

"Over birth, growth, development, decay, and death," said the doctor, "this art exercises a wise and beneficent influence. For the present generation we labor with results that can have no equivalent in silver or gold, for they are outweighed by the value we add to human life. Millions could not buy what we freely bestow upon all classes of men, no distinctions of race, or color, or costs modify our work, and wealth cannot hedge us in by trusts or combinations. Free as the air, bounteous as the ocean are the gifts we bestow."

The laws which have regulated the perfection of plant and animal life, the doctor thought, should be largely the principles to guide us in the improvement of human, physical, mental, and moral condition; a perfect physique betokening the best promises of a perfect mentality. He showed how practically and directly sanitary science in its official as well as professional aspect is influencing the condition of all classes in their homes, as well as of the young in our schools. In conclusion he stated that the present condition of this science was a formative one—that the facts were now being gathered which will in the not distant future develop sanitation into one of the most exact sciences, with an incalculably important result upon our knowledge of the fundamental laws of life. To the sanitarian no greater pleasure has ever fallen than his labors for the prevention rather than the cure of diseases.

Dr. Dudley, chairman of the special committee having charge of the reinstatement of lapsed members, reported that the sense of the committee was that any member dropped from the rolls should have the privilege of reinstatement in his Institute membership, provided he had not left the second time.

Dr. McClelland, in submitting a motion calling for the appointment of a committee of five to take under considera-

tion some proposition for erecting a memorial to Samuel Hahnemann as the greatest leader in medical reformation, recommended that this matter be pushed vigorously in view of the coming Columbian Exposition, and suggested that a committee be appointed by the chair to report upon the matter the following Thursday morning.

Dr. H. M. Smith spoke in favor of the erection of this monument, saying that there was but one insignificant monument to Samuel Hahnemann, and that was in the old town of Leipsic, Germany, and considered to be a very poor likeness. There was only one recognized standard likeness of this great reformer, and that was the colossal bust by the great sculptor, David, from which a number of medallions have been struck, which latter Dr. Smith was able to state was absolutely correct, he having received this assurance from the lips of Madam Hahnemann herself prior to her death.

The labors before this committee, the doctor said, in erecting this monument might last for years, and could not be commenced too soon. Contributions should be looked for not only from the homœopathic physicians of this great nation, but also from the millions of laity, who have been the chief beneficiaries of the blessings of the Hahnemannian discoveries.

The motion of Dr. McClelland was unanimously carried, and the chair appointed the following committee in accordance therewith: Drs. J. H. McClelland, J. P. Dake, I. T. Talbot, J. S. Mitchell and H. M. Smith.

President Kinne also appointed the following committee on foreign correspondence: Drs. I. T. Talbot, J. S. Moffat, T. S. Verdi, T. C. Duncan and J. H. McClelland.

Upon receiving a letter of resignation from Dr. W. H. Winslow, the Institute formally dropped his name from its roll. Dr. H. M. Smith, of New York, addressed the convention in favor of having some special insignia whereby its members could recognize each other wherever the institute men happened to meet abroad through the country. The doctor recommended the wearing of an "Institute button," such as the Grand Army and other organizations are now using, as this was the most popular and convenient method of distinguishing the members of the society. He then sub-

mitted a resolution that the chair appoint a committee to select and order a supply of suitable buttons for the members to wear when in attendance upon the great medical conference next year. President Kinne announced that he would appoint this committee later in the session.

Dr. J. S. Mitchell moved the appointment of a special committee to be devoted to forwarding the interests of Homœopathy at the World's Medical Congress at Chicago in connection with the World's Columbian Exposition next year. This great occasion he said would afford the best opportunity they had ever had to demonstrate the influence of Homœopathy upon the intelligence of the world. This medical congress at Chicago has been sanctioned by the United States Government, and an appropriation of $200,000 already secured for paying its general expenses, while a resolution has recently been introduced in Congress to further secure an appropriation for the special purpose of paying for the large amount of printing which will be necessary to record and preserve its proceedings, which the doctor felt assured would receive favorable action.

Dr. Julia H. Smith spoke in favor of Dr. Mitchell's motion, especially urging the importance of this measure upon the women physicians belonging to the Institute, and making a gratulatory reference to the equality which is now extended to women practitioners in the ranks of Homœopathy.

In a brief and humorous speech Dr. Ludlam, of Chicago, also urged the importance of the movement proposed by Dr. Mitchell, and recurring to the subject of monuments, said that in his judgment the best kind of a monument which could be erected to Hahnemann would be a building, and as they were now engaged in building one in Chicago they were quite prepared to receive monumental subscriptions from any one so disposed.

Dr. Talbot likewise advocated the necessity of the Mitchell measure, and recommended especially that there be an effective organization by States of the homœopathic school with a view to securing their best interests at Chicago. "Take the dispensaries, hospitals, and colleges under our care," said the doctor, "for the last twenty years, and it answers forever the idea that Homœopathy is a mere side

sect, a schism in medicine. It proves that it is that part of medicine which is permeating the whole profession, and I hope that we may be properly represented in Chicago next year."

After a brief speech by Dr. James on the same subject, the motion of appointing the special committee of five was unanimously carried, and the chair announced that their names would later be given to the convention.

Almost immediately after the adjournment of the morning sessions, before many of the visitors had time to lunch, the Institute gathered at Willard's Hotel and proceeded in a body to the White House. President Harrison received the homœopaths cordially, and devoted nearly an hour to shaking hands. After a brief inspection of the executive mansion, the delegates and visitors gathered to the number of nearly 500 upon the east steps of the State, War and Navy building, where a large group photograph was taken by Brady.

For the rest of the day and evening it would have puzzled a lightning calculator and a corps of detectives to keep accurate account of all the numerous meetings of the members. There were three or four sections in session at one time, and each member was free to seek the specialty of his choice. Then there were committee meetings and reunions of the "seniors" and the graduates of the various colleges. In one instance two sections got mixed up in the same hall and had a pretty lively time straightening themselves out again.

The intercollegiate committee of the American Institute met in the parlors of the Willard Hotel at 3 o'clock Tuesday afternoon, Dr. I. T. Talbot in the chair. The discussion turning upon the methods of marking students' proficiency for receiving diplomas, various opinions were expressed as to the methods now in vogue at the different colleges, and the discussion was participated in by Drs. Talbot, Schneider, Obetz, Cowperthwaite, Leonard, Buck, and Allen, of New York. Upon motion of Dr. J. D. Buck, a resolution was adopted as the sense of the committee that in no single branch of study should the percentage of attainment be accepted below 50 per cent, whilst the average should be not less than 75 per cent.

Upon motion of Dr. Obetz a resolution was adopted that no student going from one college to another without having passed final examinations should be admitted in the new college without a certificate stating his standing in the old. Dr. Talbot brought up the subject of a uniform curriculum for all homœopathic universities, and this idea was warmly advocated by a number of experienced physicians present, its advantages being too obvious to need special argument; but the main question to be considered at present was the most practical means of effecting this desirable measure. A great many different views were expressed upon the subject, and definite action will probably be taken by the committee in some form before the end of the Institute. As this committee is officially representative of the interests and sentiments of Homœopathy in all its institutions of learning in America the importance of its work and decisions is exceptionally widespread. With the completion of the discussion on curriculum the committee adjourned for the day.

From 5 to 7 P. M. Dr. and Mrs. Pope threw open the doors of their hospitable home at 1109 Fourteenth street, and a large number of the delegates and their friends attended what proved to be one of the most pleasant receptions of their visit. Mrs. Pope was assisted by Mrs. Custis, Mrs. Gardner, Mrs. Commodore Farquhar, Mrs. Rockwood, Mrs. and Miss Harter, wife and daughter of Congressman Harter, of Ohio. With music, refreshments and social chat the time passed quickly until the sectional meetings of the Institute were resumed.

In contrast with these staid scientific seances was the social dissipation across the way. The long parlors of Willard's were filled last night by a brilliant company of the members of the Institute and ladies.

An interesting concert, which had been arranged by the local committee, was given by Washington talent exclusively. The entertainment was very informal in character, every variety of costume, from full dress to the most striking warm weather neglige, being noticeable. The ladies predominated in the company, lending it a decidedly different tone from most scientific conventions.

The musicians who appeared were all accomplished per-

formers, and apart from its social nature, the concert was a decided success. Among the performers were Prof. and Mrs. Mauro, Rev. Mr. Sewell and daughter Anna; Mrs. Frank Nute, Miss Bertha Lucas, Miss Nolan, Miss Alice Ster, and Messrs. Charles Naecker, William and John Haley. Then the chairs were cleared away and the younger guests danced for an hour or more, while the veterans figured as wall flowers and discussed topics of professional interest.

At 10:30 P. M. the graduates of the Hahnemann College of Chicago, and the Hahnemann College of Philadelphia, held a short business meeting in their respective parlors upstairs, after which all were invited to a bountiful collation by the Washington Auxiliary of the Alumni Association of Philadelphia.

WEDNESDAY.

The members of the American Institute of Homœopathy were on hand again promptly at Cornwell's Hall this morning, and held what was probably the largest and most important meeting of their session. Not only was a long and interesting program of papers read and discussed, but there were also the reports of several important committees, and, most important of all, the election of officers for the ensuing year.

Immediately after the call to order by President Kinne, the Board of Censors reported seventy-seven applicants for membership, whose names were ordered posted according to the custom of the Institute. The auditing committee then reported that Treasurer Kellogg's accounts were correct as usual, the report was accepted and the committee discharged.

Dr. A. W. Woodward presented the report of the directors of provings, entitled "A series of experiments with Cinchona, Ipecac, Pulsatilla, and Rhus tox, made for the purpose of learning the common sequence of effects produced by each of these drugs upon the healthy body." This report was both elaborate aad complete, showing the results of long and careful investigation, and the conclusion arrived at was not especially complimentary to the old school practice of administering heroic doses of the above drugs. After some general discussion of these papers the committee on life

insurance examiners, through the chairman, Dr. A. C. Cowperthwaite, presented a report.

This committee was originally appointed for the purpose of securing recognition of the new school by life insurance companies, and the employment of homœopathic physicians as examiners. The report showed that although a few companies still held out over two-thirds of all the life insurance organizations of the country now employed homœopathic examiners. Dr. Cowperthwaite was of the opinion that the committee could do no more, except by allowing time to establish the prominence and rights of Homœopathy, and asked that it be discharged. This the Institute declined to do, however, and after the appointment of Dr. Strickler in the place of Dr. J. W. Dowling, a deceased member, the committee was continued to carry on the good work.

Dr. Millie J. Chapman then read the report of the bureau of pedology. Dr. Chapman's life work has been principally among children, and her thorough knowledge of the diseases of infancy has been supplemented by a truly feminine love of the little ones and sympathy with their sufferings. Moreover, her address was read in a clear, penetrating voice, which commanded the attention of all, and her effort was heartily applauded at the close.

A PLEA FOR BETTER HOMŒOPATHIC PRESCRIBING.*

The address of the Bureau of Clinical Medicine necessarily opens with a necrological report. From among those whose names formed this bureau as filled out two years ago, three have been summoned from this land of toil and heartache into that world of mystery and uncertainty, represented in *fact* by the grave, in *faith* by an eternity of joy, in *conviction* by that indefinite word, "where." Dr. J. W. Dowling, of New York, Dr. Samuel Lilienthal, of San Francisco, and Dr. C. M. Dinsmore, of Omaha, were each to have extended to us a helping hand this day in the work of our bureau. Eternity has drawn the curtain separating our resting brothers from the toilers who are left. May we be so guided in the pathway of our profession that when we are called to lay

*Address of the Bureau of Clinical Medicine and Special Therapeutics, by Horace P. Holmes, M. D., chairman, Omaha, Nebraska.

our burdens down it will be said of us as we gratefully say of them: "Well done thou good and faithful servants!"

In the address of the Bureau of Clinical Medicine, I wish to make a special plea for greater loyalty to our cause—for more careful prescribing—and to urge a faithful adherence to the tenet which separates us from all other medical denominations. Through a mistaken spirit of supposed liberality many members of our school have been led away from the path of true duty, and feel obliged to fly the track of *similia similibus curantur* whenever brought face to face with acute suffering. First relieve the pain and prescribe for the disease afterwards, is their favorite motto. Homœopathy is well enough, they say, when you have plenty of time, but you have to go outside of it in emergencies. And they make their reasoning an excuse for finding emergiencies very frequently. And what are the results?

Several. In the first place a direct injury to Homœopathy —to the cause they represent to the laity; second, a detriment to themselves and every brother practitioner in not making use of their talent and sowing the seed of such professional merit as their followers may afterwards reap and appreciate; third, they are dallying with disease by temporizing with it, instead of seeking to find that remedy which will not only palliate but cure; and, again, they are false to the world, for they are posing as members of a sect whose laws, in time of need, they fling to the winds for others they really know not of.

I believe I may take it for granted that no one today in the actual practice of Homœopathy questions the power of the indicated remedy to relieve pain as promptly and as thoroughly as anything known outside of our school. I grant that this is not always possible to find, as the mind of the prescriber is not omniscient; but the inability of the physician in an exceptional case to find the true simillimum is no argument against the efficacy of our law of healing. Such being the case, it emphasizes the strength of the question as to why so many homœopathic practitioners are not homœopathic in their practice.

Let me ask if, when called to treat a severe attack of periodical enteralgia, where a careful examination of the sub-

jective and objective symptoms would indicate Colocynth as the simillimum, would it be right to ignore our school and give a hypodermic injection of morphine? Or, if called as a last resort to take charge of a patient suffering from sick headache, would it be loyal to the cause or justice to the patient to give any of the coal tar derivatives as an anodyne when Spigelia is the indicated remedy? The result might in either case be a temporary relief from pain, but the treatment would never cure the periodicity of the attacks. The proper homœopathic remedy would not only promptly relieve, but would cure. Practitioners of Homœopathy, let me say that the chronic periodical diseases that are as a rule considered incurable, even by the majority of our own followers, (sick headache, rheumatism, asthma, etc., for example,) are curable affections under our law. The requisites are a careful prescription from the physician and a faithful adherence to directions on the part of the patient. How it came to be an accepted fact among the rank and file of our school that our remedies were inefficacious in acute suffering, or the more deeply seated inveterate chronic affections, can only be explained on the ground that not enough care is taken in the handling of the case and consequently a lack of faith on the part of the practitioner as to what his system of medicine can really do. Certain it is that it never emanated from those masters in prescribing whose constant plea was to be careful and to do only good homœopathic work.

A common argument against a painstaking prescription is the lack of time on the part of the physician. Here the old motto: "Anything worth doing is worth doing well," is *apropos*. A case in point is that of a physician who came to me for assistance in finding the remedy for a peculiar case. The patient had, among other attempts at a cure, employed homœopathic physicians for some four years without relief, or, at least, any material benefit. It took the doctor and I some little time to chase the remedy down and to so corner it that we were certain we had found the right one. When that was done, it required but three prescriptions to make the patient say he was well, and at this writing many months have elapsed without the return of his supposed incurable malady. In reporting this case, and the method of finding

the similar remedy, to a medical society, it immediately met with the argument that a physician busy in practice could not take the time to prescribe for a patient in that way. The only reply to a statement of that kind is to question the professional honesty of the one making it. To let a disease drag along and take a patient's money, month after month, confessing all the while to yourself that you have neither the time nor inclination to find the indicated remedy for the case, is certainly not fulfilling one's sphere as a true minister to the sick. It would be better far to make fewer prescriptions, to receive less money and earn it honestly than to do work in a way that is neither fair to your profession, the patient nor yourself.

When a surgeon is about to perform a difficult operation, in a field whose anatomical ramifications may be unfamiliar to him, he closets himself with all the text-books and authorities he can bring to bear on the subject to the end that he may be thoroughly informed in every particular feature of the case. No one questions his ability, and no one would accuse him of superficiality in the work he is undertaking. When an attorney is retained in an important legal matter, involving many complicating features, he is not accused of lack of talent if he asks a few days time to look up the authorities bearing upon the case in question. And why, in all reason, should not the same pains be taken in the medical treatment of diseases? Too often the physician is hurried in his work of taking the case and prescribing for it by the fear that he will lose the patient's confidence if he seems to study over the case. This is a mistake, as a rule, for more patients will praise a painstaking physician than will censure him for seeming careful where all predecessors have evidently jumped at conclusions and missed the mark.

Members of the homœopathic profession, we have the honor of our own particular school at stake in every case to which we are called. How often we hear of a homœopathic physician being asked to take charge of a case that had exhausted every available old school method, and as a *ressort dernier* the patient had abandoned polypharmacy and called in our homœopathic friend in hopes something could be done to allay the intolerable suffering from his malady.

And what was the homœopathic prescription? is the next question. A hypodermic injection of morphine or some one of the anti-somethings is the reply, because the patient was in such pain that "something had to be done." I would ask our profession if this is right? Is it justice to the patient and is it honorable to Homœopathy? And, again, is a physician necessarily a crank because he objects to such methods from a homœopathic standpoint? The plea of the suffering patient was for something else; every feature known to the so-called regular system had been tried, and now, when the patient comes to our ranks seeking the aid that a good homœopathic prescription very likely would give, he finds a deceiver for himself and a traitor to our cause. No, doctor, do not try to answer the charge by saying the patient was in great pain and you wished to make an impression by relieving him promptly. Those methods had been tried before and, besides that, the most agonizing pains borne by mortal man have, as a rule, been promptly relieved by the homœopathic remedy. Unfortunately the above experience often occurs where the patient has been accustomed to good homœopathic treatment, and through necessity is compelled to call in a stranger homœopath, only to find that he has fallen into the hands of one of these would-be progressive physicians and does not receive homœopathic treatment at all.

The necessity for our physicians to fly the track and resort to old school procedures occurs so seldom that the exceptional cases are not worth considering. Should one of our profession find such a case it would be better by far for him and our school if he would honestly refuse to take it. In comparison to the above methods listen to the words of our immortal Samuel Hahnemann written only a short time before his death: "My conscience is clear; it bears me witness that I have ever sought the welfare of suffering humanity, that I have always done and taught what seemed to me best, and that I have never had recourse to any allopathic procedures to comply with the wishes of my patients, and to prevent them leaving me. I love my fellow creatures and the repose of my conscience too much to act in that manner. Those who follow my example will be able, as I am, on the verge of the grave, to wait with tranquility and con-

fidence till the time comes when they must lay down their heads in the bosom of the earth and render up their souls to a God whose omnipotence must strike terror into the heart of the wicked."

Dr. C. E. Walton, of Cincinnati, Ohio, was to have delivered the report of the bureau of surgery, but owing to his illness this item of the program was postponed.

The report of the committee on medical education was presented by Dr. C. E. Fisher. It was an important report, and was exhaustively discussed. In commenting upon the report Dr. Fisher said that the year now drawing to a close was a memorable one in the history of Homœopathy. The decree of this Institute went forth three years ago that after 1891 no college graduating students on less than three courses of six full months would be recognized in this body, nor would the graduates of colleges not meeting the requirements be admitted to membership in it. The date upon which that decree was to have gone into effect had passed. Dr. Fisher said that to the honor and credit of our homœopathic institutions of learning, be it said, that they have met the reqirements to the letter, and the two courses of lectures is a thing of the past. It is an hour for rejoicing, he said, and every devoted friend of Homœopathy may justly be proud of the advanced position its national association has taken in the direction of a high order of medical education, and of its already finished work in this direction.

This report was supplemented by the papers of Dr. T. G. Comstock, on "Shall our colleges adopt the recitative plan of teaching?" Dr. Orme, who contended that "The hospital should precede the college," Dr. H. E. Spaulding on "Private pupilage," Dr. Talbot with "A plea for better methods in medical teaching," Dr. F. O. Baker with "Some thoughts on medical education" and "A high standard demanded, but wise caution requisite to Homœopathy's growth."

Dr. Orme submitted the following resolution, which was duly adopted:

WHEREAS, the American Institute of Homœopathy has been in advance of all other medical organizations in its efforts toward the elevation of the standard of medical education, especially in requiring colleges represented in its body to exact attendance upon three courses of lectures of at least six

months each in connection with four years of study as pre-requisite for graduation; and

WHEREAS, the Institute desires still further to promote improvement in the qualification of graduates from medical colleges, therefore be it

RESOLVED, That the American Institute of Homœopathy would look with decided disapprobation upon the organization of college faculties in cities where ample hospital and clinical facilities shall not have been previously provided.

At the conclusion of the discussion Dr. Fisher, the chairman of the committee on education, by special permission of the Institute, filed his address with the secretary without reading.

The next business before the Institute was the report of the committee on legislation, which, in the absence of the regular chairman, was submitted by Dr. Orme. The first subject treated of in the report was the section pertaining especially to the relations of Homœopathy to the army and navy, which was prepared by Dr. Orme personally. For a long time, he said, it had been a serious question whether homœopathists were admissible for examination for admission to the army and navy, under the special regulation established by the War Department that no one should be admitted to such examination who was not a graduate of some "regular" school. Upon inquiry by the Iowa Homœopathic Society, which corresponded with the War Department, the surgeon general of the army made the statement that the meaning of this rule made by the Department was not exclusive in intention, and the term "regular" was used simply as meaning a well-equipped medical college requiring not less than a three years' course to secure its diploma. This lets in Homœopathy, said the doctor, "as all our colleges are well equipped and require a three years' course before graduation. Therefore our practitioners are now, by reason of this important decision, upon an equal footing with all others in entering the army and navy." General applause greeted this announcement.

Dr. J. P. Dake said that he had had correspondence with the members of the national board of health and had learned that the bill introduced in Congress asking for the establishment of a national department of health, with a health secretary in the President's Cabinet, was not likely to become a

law. He also stated that it was not advisable to go before Congress and ask for legislation proposed in the resolution offered last Monday in the session of the institute by Dr. Verdi, of Washington.

Dr. Verdi and Dr. Custis vigorously championed the bill, but after a heated discussion lasting an hour or more it was put to a vote of the Institute and defeated by two-thirds majority.

Dr. J. S. Mitchell, chairman of the committee of the Institute to see what action it would take concerning the world's congress of Homœopathy to be held in Chicago in connection with the Columbian Exposition, on behalf of the committee recommended that the meetings of the World's Congress and the American Institute be held in connection after the plans of the previous congresses; that the officers elect of the Institute for this year hold office for two years; that the business meetings of the Institute be held daily during the congress and the Institute then adjourn to meet with the congress; that the bureaus of the Institute and its scientific proceedings be held at the meeting of 1894; that a committee of the Institute consisting of the officers elect and five others be appointed to work in connection with the local committee in the interest of the congress.

The convention then proceeded to the election of officers which resulted as follows:

President, Dr. James H. McClelland, of Pittsburg, Pa.; first vice president, Dr. E. C. Fisher, of San Antonio, Tex.; second vice president, Dr. Millie J. Chapman, of Pittsburg, Pa.; treasurer, Dr. E. M. Kellogg, of New York city; assistant treasurer, Dr. T. F. Smith, of New York city; general secretary, Dr. Pemberton Dudley, of Philadelphia; provisional secretary, Dr. T. M. Strong, of Boston; board of censors, Drs. Rush, Cowperthwaite, Julia H. Smith, Hoag and Kenyon.

Dr. H. M. Smith, of New York, was appointed necrologist, vice Henry D. Payne, of New Jersey, resigned.

Chicago was unanimously selected as the next place of meeting, and the time was left to the executive committee.

At two o'clock the Institute adjourned and proceeded in a body to the wharf where the handsome steamer, Charles

Macalester, lay waiting to take them down the Potomac at the invitation of the local committee. A jollier or more representative crowd never assembled on her decks, and when all were on board the register showed 756 passengers.

The first stop was at Mount Vernon, where an hour was spent viewing the beautiful home of the "Father of His Country." The party then proceeded to Marshall Hall opposite where a bountiful dinner, followed by a *fete champetre* was enjoyed until a late hour.

THE BUREAU OF MATERIA MEDICA.

In the absence of the chairman, Dr. E. M. Hale, of Chicago, the bureau selected Dr. W. E. Leonard, of Minneapolis, as temporary chairman; Dr. Frank Kraft, secretary.

The paper of Dr. Richard Hughes, of England, "The Teaching of Materja Medica," was read by the secretary, after which the following discussion ensued:

DR. T. F. ALLEN: It seems to me that this paper of Dr. Hughes should not be permitted to pass unnoticed. I have listened very carefully to it from beginning to end to find out the cause of Dr. Hughes' lamentation. I cannot understand why it is that Dr. Hughes assumes that in the homœopathic colleges of this world, all of which are contained in the United States, the homœopathic materia medica is not well taught. I tried the coat on myself and it wouldn't fit. I know a good many of the teachers and am familiar with their methods of teaching, and I must say that Dr. Hughes labors under some misapprehension as to the methods of teaching materia medica, and I think perhaps he has estimated the plan of teaching in our colleges from his reading the American medical press. It would not be at all peculiar for a foreigner reading our literature to form a wrong estimate of our college work. As I understand the methods of teaching materia medica, and I have had considerable experience in that line myself—some twenty years—I find that we cannot read a list of symptoms to our students as was done in the former time; that is now absolutely impossible. Let me state briefly my mode. I would take, let us say, one of the potashes; I would call their attention to the cases of poisonings, which I would read in detail from

the cyclopædia; then I would explain to them carefully the symptoms that might be expected from such a poisoned condition of the system, and thus gradually build up the homœopathic edifice. I cannot recommend a better book to an allopathic physician to study from than this cyclopædia; but to the young student something else must precede, or some additional explanation must be given. The allopath can read the history of the drug perfectly well and intelligently; the student will do better if you build up the drug for him by easy stages. Some such plan as this is in vogue I believe in every college of the land. So that I think all teaching of materia medica should begin, not perhaps with the general history of the drug, but by a species of illustration so that you could impress the student with a few characteristics as you go along, and in that way require him to remember those very marked features of the drug. I take issue therefore with Dr. Hughes, and say that our students are very well grounded in the study of the materia medica.

DR. A. L. MONROE: I have been looking about since Dr. Allen was speaking and I have recognized in this room at least ten of the sixteen professors of materia medica of the American colleges. And the remainder of our audience, or the great majority of the remainder, are men and women who are known in the journals for their special admiration and study of materia medica. Therefore, I want to say that I never saw a better time for an experience meeting. I must say with Dr. Allen that I do not quite understand Dr. Hughes' remonstrance with our ways of teaching. I think he is very much mistaken; indeed I know he is. I have watched the journals, and I have talked with students of the different professors and am more or less familiar with their work and ways of teaching materia medica. I do not know of more than one or two who read from manuscript or from the text-book. They may sometimes do this for an explanatory or historical note, but if they persist in taking up the whole hour with reading they ought to step out. I think it best to begin with some remedy which produces one or two or three effects upon the human body; either an ncrease of function, or a decrease of function, or a perversion of function. If it produces increase of function we dis-

tinguish carefully where and why that occurs; we get that from the Cyclopædia of Drug Pathogenesy. Where it reduces the function we find where it arises—the central symptom—the sympathetic symptoms through other parts of the body; for this we have got to study anatomy, physiology, and pathology. If we find a perversion of function we must study out the origin of the perversion. After we get our students grounded in the generalities of our subject, in the material action of the drug, then we begin to go about from place to place and show other symptoms more remarkable and more intimately connected, and thus fasten them upon the mind. We can do that theoretically in every remedy, but not always practically, for we cannot always tell why the material changes in the brain arise that make the difference between the sleeplessness of Ignatia and Coffea, the one from grief, the other from joy. This is where the theory of the dynamic action of our homœopathic remedies comes in; but it is difficult to explain. And it is also the great dividing line between our therapeutics and that of the allopath; that shows our superiority over the allopath in having better means upon which the prescription is based. My plan is not to endeavor to cover the whole materia medica—I concede that that is an unwise attempt—but to lecture on the polychrests. Most colleges have several assistants who can cover other ground. You take a drug like Euphrasia, which you rarely think of except in eye troubles, and it would be manifestly a loss of valuable time to dilate upon that with the energy and study that you would give to Aconite or Sulphur. Still it is important to know it, and it therefore comes in either at a later time in the course or through the assistants to the chair. I generally begin with Aconite and run along pretty close to the old and well tried remedies, viewing each remedy in its various relationships to all other remedies; placing it in classes according to its special functions. The students very soon begin to learn this relationship by a species of association of ideas, so that the old fashion of memorizing is practically done away with. I generally begin by saying that Sulphur is the best remedy, the biggest polychrest to use as a foot rule in studying chronic diseases; and why is it a chronic disease remedy?

Simply because it is a venous remedy. Lycopodium is very much like it but different in its physical characteristics. So I run along associating remedies of a class and declaring their relationship, their aggravations and ameliorations, until the student has grasped the idea and is enabled to piece it out at his leisure with more accurate and closer fitting relationships.

DR. C. S. MACK: As Dr. Hughes' paper was being read there were two or three things entered my mind which I think entirely justified the remarks he has made. The study of the materia medica pura is a study of the drug pathogenesy, and he is concerned lest our records of pathogenesy will be marred by other things than those concerned by the pure study of the drug. One illustration to which he refers or has an allusion is the matter of clinical verifications. I think he views with concern and questions the propriety of according to the clinical symptoms the prominent place they are given in most of our text-books of today. I tell my classes that so far as the clinical symptoms are concerned they are purely the deductions from practical tests, frequently if not wholly empirical, drawn from the practice of many physicians, but that they are not the provings of the drug upon the healthy as we are directed to do by our master. I caution them in regard to the value of these clinical verifications; and I direct carefully to the proper study of the drug. A great many of the text-books, if you read them over, are so arranged that you will find something that is perfectly marked and very peculiar apparently to the drug under discussion or study; it is a very extreme effect from the toxicology of the drug and is a very distinguishing effect of that drug. Now the student is justified in acquiring that as a necessary part of that drug for his future use; but then in the very next line he will perhaps find a diametrically opposite symptom, not distinguished from the drug effect by any mark, and he is at once in a quandary as to the propriety of studying either symptom. There is nothing in many of our text-books to differentiate the value of the symptoms given; there is nothing to show the student how to estimate their value. I find that this system of studying a drug, the inclusion of its clinical symptoms, is measurably dying out. The text-books are changing rapidly from the manner of detailing the values of

a drug in vogue thirty years ago. Today there is a disposition to go to the basis of our study. The practice of Homœopathy is thoroughly in accord and sympathy with the drug pathogenesy and pathology. It is absolutely wrong and indefensible to say that because you have relieved a patient of such and such a symptom with a certain remedy that, therefore, that symptom or its correction belongs to the pathogenetic action of that drug. Therefore, I think Dr. Hughes' position, while a little extreme, is not so far out of the way; for he has, of course, no better way of judging of our work in the colleges than the fragmentary reports made in our journals, which, we all know, do not always truly represent the proper spirit and teaching.

Dr. Chas. Mohr: In the teaching of materia medica in the Hahnemann College of Philadelphia, the method outlined by Dr. Hughes in his paper is pretty closely followed, and therefore I may say that his paper is not a criticism of the methods of the Philadelphia school. I presume, however, that Dr. Hughes was led to write this paper because of the non-acceptance, popularly, in the profession, of the Cyclopædia of Drug Pathogenesy, of which he is the principal author. I have not examined into that question but I have no doubt that if our college announcements, in which text-books are recommended, be examined it would be found that very few of them recommend this work as a text-book; and I want to say that in my judgment it ought to be recommended. So far as I am concerned I would base my lectures upon the Materia Medica Pura of Hahnemann and the Cyclopædia of Drug Pathogenesy as we have it now, rather than upon any other text-book that is issued; because there is a fundamental ground on which to base lectures, and I believe that if the pathogenesy was presented in accordance with the symptoms, and in accordance with the explanatory notes in the beginning of each remedy in Hahnemann's Materia Medica Pura, we would give our students a good, clear understanding of drug action which they can afterwards enlarge upon and apply according to the methods of Homœopathy. While I say this, I do not discourage any other text-book; indeed, standing as I do, the successor of Dunham and Hering and Farrington, I should perhaps stultify myself

if my statements be taken as condemnatory of their work and text-books. Hering and Lippe and Guernsey and Farrington and Allen—their works are our text-books and reference books, and give the teacher incalculable aid in the teaching of materia medica, and in giving to their students a correct understanding of the correct action of drugs, and do it also in a very desirable form; but they approach the subject from different standpoints. Let me give an illustration. Take Hering's Condensed Materia Medica. The student who has not heard a lecture on materia medica, who has not been shown how to study materia medica, is very much at sea as to drug action if he tries to memorize the symptomatology there recorded. He must have something either before or in addition to Hering's forty-eight chapters with which to give himself a foothold. In other words, the materia medica thus gained seems to be principally by memorizing, so that when the student goes into practice and attempts to apply his memorized facts he is wholly at sea. By studying the materia medica intelligently, with the aid of Hahnemann's Materia Medica Pura and the Cyclopædia of Drug Pathogenesy, he will find himself safely anchored in homœopathic materia medica.

DR. J. C. MORGAN: I think Dr. Hughes has given us an admonition that is timely, though it would be wrong to follow his advice as if he were infallible and possessed of plenary inspiration. I do not think that Dr. Hughes would have us so do. I would say that the views of Dr. Hughes are to a large extent an antithesis of those of Drs. Hering, Lippe, and Guernsey. While there is a great deal of truth in them, a great many of those suggestions bring us back to first principles. In justification of Dr. Hughes' position, it may be well to declare that the profession is and has been divided, first of all, as to the material interests of this life, as everybody else is. They must find the remedy for their patients as quickly as possible; they must do their work by cross-cuts through wildernesses. And, therefore, much clinical work is done in this way, and has to be so done and always will be so done. The present generation of homœopaths have a larger field in which to work than their immediate predecessors. Every day some new remedy is introduced

into the pharmacopæia requiring new study and new application of homœopathic rules. Where is the man with a practice who can give the necessary time to such going back to the drug pathogenesy of every symptom he may use as a leader for his remedy? Naturally, therefore, such generalizations arise as Rhus for sprains, Nux for constipation, etc. How do these generalizations arise? How were they first discovered? It was by the methods advised by Dr. Hughes. Dr. Dunham discovered many such, and Dr. Allen has contributed a quota. They are discovered in the practice of a life time; by their constant reappearance in many cases. Dr. Hering's life was largely given to this development of clinical symptoms; he was a clinician par excellence. When he found a symptom that was prominent in his patient that disappeared repeatedly under the administration of a drug that had not that symptom in its proving, he made a note of it; and so he was able to give the world that master-piece of homœopathic therapeutics which is but now completed. I want to identify Farrington's work with Dr. Hering's. Dr. Farrington's work is simply Dr. Hering's remodelled by a young and capable editor and with great ability and power. From the first to the last you will find Hering's ear marks in Farrington's book.

Dr. J. P. Dake: It is nearly forty years since I stood upon the platform to teach materia medica in Philadelphia; and I know, and I think I appreciate the views stated by Dr. Hughes; his criticisms I quite agree in. I also agree with Dr. Allen that Dr. Hughes has formed his opinions largely from the text-books and articles that have appeared in our literature in America. When I began to teach materia medica the text-books that we have today were not known, nor had we all the facilities. Hughes' Manual was the great storehouse of symptoms. The symptoms were put there with little distinction between those that were taken from healthy subjects who had proven the drugs, or from people sick and taking drugs to cure them; there were marks that would indicate curative symptoms; and different sized types were used to show whether symptoms were characteristic or common. My idea is this, and I have learned a great deal since that time: Before I concluded the teaching of materia medica

I had learned by closer study that all the symptoms there were not of equal value by any manner of means. I came to doubt the plan of reading symptoms growing out of clinical experiences, and I have come to believe that the only way in the world, safely to get characteristic symptoms is to mark them down as the repeated experiences under thus and such a remedy on healthy provers. (Applause.) It is the most unsafe thing—it has been so and is so yet in our profession—to take the symptoms of the sick room and assume or presume that a drug can produce certain symptoms because they disappear in the sick while that remedy was being administered. And when we get down to it and read the symptoms according to their frequency in the provers, then we get on safe ground, and in my judgment that is the only safe ground.

DR. C. B. GILBERT: I am not a teacher of materia medica, but I want to say a few words from a clinical standpoint. I am thankful for every clinical verification I can find in the books or in my work, or from the mouth of my teachers. They are always welcome. I don't believe it is necessary to confine ourselves to the limited pathogenesy of drugs upon the healthy body. We cannot imitate disease at all fully in a healthy body, in fact we do so in a very limited degree; the processes are not the same; the causes are not the same. We can imitate partly, and the difference between the imitation and the actual disease must be filled in by clinical experience of physicians gained at the bedside. I am thankful for the symptoms in old Jahr and for those I get anywhere, and of course they increase in value as they are verified. As to Dr. Hughes' Cyclopædia. It reminds me of the man who while driving met with an accident which required that he leave one horse at the blacksmith shop, but who then went on driving with the other horse hitched to the pole. It is a one-sided affair. He has stopped with the 12th potency; why, I do not know; and yet every practicing physician today knows that the symptoms of drugs upon the healthy person have been repeated time and time again with potencies above the 12th decimal, fully corroborating the symptoms below that power. Recently I read a paper for a medical society here and I had occasion to state some facts in relation to Nux and Sulphur. I found in Dr. Allen's Ency-

clopædia that Nux vomica in the 1000th potency, and in higher potencies, produced symptoms diametrically opposite to those found in the crude drug and in the lower potencies; and the same is true of Sulphur. That being a demonstrable fact, why were these symptoms omitted from the Cyclopædia? Is not this important information for the student to have? Should he not be armed with this action of Nux as well as the action when given in the other and cruder form? The great trouble with our text-books is that they try to blow hot and cold at the same time. I am not in favor of throwing out the clinical verifications. They are God sends many times.

Dr. J. S. Mitchell: I have had about 25 years of teaching and I want to say this, that if there is any one thing that is well taught in our homœopathic colleges it is certainly materia medica. Whenever we find a student not quite up to the mark in general, we usually find that if he knows anything at all he knows his materia medica. I was going to say it makes no difference from what college he comes, but it does make some difference. But from wherever he comes he will usually pass well in materia medica. I have regretted all my medical life that I did not have, when my mind was young and receptive, a course of instruction in homœopathic materia medica. I had the misfortune to graduate at an old school medical college; it was a good college, but it did not teach materia medica; and I have had to burn a good deal of midnight oil, to say nothing of gas and electric light, in order to make up for the deficiency. I want to say to these ten professors of materia medica that it always makes me provoked every time a new drug comes up like Antipyrine, etc., to go to our homœopathic therapeutics and find a little paragraph, perhaps an inch in length, briefly dismissing the article. I want to see in our homœopathic materia medica a wider and more liberal study of the new additions to the therapeutics of medicine; it ought to keep pace with the old school literature; complete and full provings in regard to the new drugs. I want to see them put in the light of the very best examinations—physical and otherwise. I am sure they can be made so with all the aids of art and science at our command today, and I want to see them

equal in extent and importance with the old school efforts.

DR. T. C. DUNCAN: The point I want to speak about particularly is this. It is one thing to teach elementary materia medica—the primer for beginners; but it is quite another thing to teach it to practitioners. The professors in the old school commence where the student can remember something. He must commence with clinical symptoms; what clinical symptoms have value; what have corroborative evidence of such value. It must be something that has been proven and repeatedly, over and over again, until we can say that is characteristic of that remedy. I don't like to see so much confusion created in the minds of the students and practitioners. Materia medica is a very broad field, and when the essayist tries to lay out a course for the professors of materia medica to follow he has a gigantic task on his hands. He has a variety of means of equal importance. I once asked Dr. Lippe how he studied a new remedy? He answered that he read it over the first time he got a chance, and continued to read it over and over again until he saw something which was different from all other remedies that he remembered—something that seemed absolutely characteristic; and the first time he got a chance to give that medicine he would do so and watch the effect upon that symptom or series of symptoms, and if it produced an amelioration or a decided cure he put it down in his book as well as in his mind. Dr. Hughes is apt to be a little too critical. We are all apt to be so with a younger man or one a little less experienced in our specialty. I think there is not an elementary materia medica today from which a student can obtain a knowlege of the first laws of prescribing. When I graduated I knew but two symptoms, and those were the aggravation and the amelioration from motion. But from that I was afterwards enabled to build up a fair amount of materia medica knowledge. It seems to me that there ought to be some means devised whereby the student could gain a fair practical knowledge of the foundation of our practice.

DR. T. F. ALLEN: One of the most valuable modes of teaching materia medica is clinically, and I must say that I have learned something from every man that has spoken. The last two or three years has convinced me of the neces-

sity of teaching materia medica clinically. I had never tried it until three years ago, and it proved so popular with the class that I wish all you teachers would try it. The first case I took from our professor of clinical medicine; he had during the previous hour had an extremely interesting case of chronic myo-carditis. I had never seen a case of that sort, and during the interval between the hour the history had been carefully written out by the assistants of the previous professor. Those symptoms remained upon the board when I entered the lecture room. I said to the class that here is the case of a man I had never seen, suffering from a disease that I had never seen; there are his symptoms on the board. That man wants help and relief of his pains. No man has ever cured a case of this kind; what are you going to do about it? We turned to an index of materia medica, or Bönninghausen's Therapeutic Pocket-Book and we found forty or fifty drugs for the first symptom; another lot of drugs for the second symptom; another for the third; and so on to the bottom of the list, until we saw Rhus tox, standing out prominently, and the patient was given it. That work impressed upon the minds of the class the importance of studying all the symptoms, and also fixed the leading lines of Rhus. From that time on we have had a therapeutic clinic every week. We do not attempt any diagnosis; we take the symptoms of some case that has been in a preceding hour, or one that has been prepared before we get to the lecture platform; or, if the case promises to be one of especial interest, I take the symptoms home with me the night before, and carefully look them over, in order to present the matter clearly the next day. Homœopathy depends upon our clear and precise understanding of the principles underlying our materia medica. It is the most important subject with which we have to deal, and I find that this clinical way is a very satisfactory one, and leaves an impression upon the student not easily erased; and one certainly which no amount of text-book reading could ever have produced.

Dr. A. L. Monroe: I generally begin the term by teaching my students what I call twelve aphorisms. They are

not absolutely aphorisms but they are a sort of *multum in parvo* for the students.

Dr. J. D. GRAYBILL: I desire to call attention to the teaching of the chemical affinity in drug study. Every drug has some effect upon the right or left side. For example, Quinine and Cinchonidæ, which were put in the same list, were found to be radically different in their power to turn the plane of polarization to the left or right; Quinine turning it to the left while Cinchonidæ turned it to the right. Veratrum Viride has the power to turn the plane of polarization to the right, while Veratrum Album will turn it to the left. So we can go through our materia medica. Every remedy has a distinct action upon the sides of the body. This is very clearly explained in Found's Elementary Chemistry.

THE EVOLUTION OF MATERIA MEDICA,

was read by W. E. Leonard, M. D., of Minneapolis.

DR. T. F. ALLEN: There are two thoughts in this paper that I wish to speak about. The first one is that the American Institute of Homœopathy has put its extinguisher upon the making of provings. It has discontinued the old-fashioned way of making provings, which was that any individual might take a drug and report the indications and symptoms. It was frequently made very carelessly and the Institute very properly put a stop to it. But this stopping of all provings has lost us many valuable aids in our work. The Institute by throwing so many safe guards about the work of proving has made it a very difficult task, and this will account for the little that is done in that way. I have been trying to make a proving of Cedron on a woman but absolutely without any symptoms. I could get no provings that I deemed of value. I kept her under surveillance for over a year paying her $5 a week, and I found nothing until I began to tabulate the urine; and here I at last discovered some most remarkable changes. Because of this great expense and the extreme difficulties thrown about the work it is self evident that the work will have to be done with great deliberation and slowness. The essayist speaks of fragmentary provings and isolated observations. It is neces-

sary to make them in an isolated form. We must keep them until we can connect them; we must work them over and over again, year after year, until they cease to be isolated observations. A lady had been treated for what had been called a form of house malaria. She was very anæmic. She had suffered for a year or two. She had taken Quinine and Arsenic; had had Arsenic baths in France; had been all over the continent and had taken all forms of medicines from all sorts of doctors and she could not get rid of her malaria. While I was treating her daughter in New York, this lady came and in the course of our conversation declared that she would be glad to the end of her days if I could relieve her of one very distressing symptom—as she did not anticipate that she could ever be cured—but this one distressing symptom had made life a burden to her, a nuisance to family and friends. This was that her perspiration smelled like garlic. I hunted and hunted for that symptom until I found it in Artemisia Vulgaris. I gave that and it stopped the perspiration in twenty-four hours and gradually brought on or re-developed an acute catarrhal conjunctivitis. After six or eight weeks it returned in a light form and she again took the remedy and cured it permanently.

Dr. Conrad Wesselhœft related the instance of the young doctor who had been called to a distance to see a baby patient, and as he neared the place discovered that he had forgotten his medicine case. In going through the lane he absent-mindedly plucked some of the flowers of Artemisia, and chewed some of the stems. Before he had quite reached his patient he discovered some of the characteristic qualities of the plant. Reaching the patient, found it to be a case of diarrhœa, very nearly simulating his own proving. He promptly assumed a magisterial air, ordered this plant to be prepared as a tea and given the baby. The baby recovered.

Dr. C. B. Gilbert: I have cured that sweat when confined to the armpits with Aloe. Thuja has the same indication. In teaching materia medica and in studying it we need every aid that is possible to find. It is not correct to confine ourselves wholly to the pathogenetic effect, any more than we should give all our study to the pathological effects. The secondary effects have no place whatever in a symp-

tomatology. Hahnemann's Materia Medica Pura does not incorporate the secondary symptoms which are not the results of drug proving. Allen's Encyclopædia has corrected these errors in many respects.

THURSDAY.

Of the many important results of the meeting of the American Institute of Homœopathy none perhaps will give greater satisfaction to the members throughout the country than the determination yesterday, backed by $1,000 subscribed, to erect in Washington a monument to Samuel Hahnemann, the founder of the homœopathic school of medicine.

In submitting the report of the special committee on this subject, Dr. McClelland said that the committee was unanimously in favor of the plan, and considered that this year was a most appropriate time for a memorial to the Columbus of medicine.

The committee also decided that the proper location for the monument was the national capital. This report was received and adopted amidst great enthusiasm, and Dr. H. M. Smith was immediately appointed to take subscriptions. Dr. I. T. Cook, of Buffalo, had the honor of putting his name first upon the list, with $50 after it. President Kinne raised him $100, which President-elect McClelland covered with another hundred, and in a little less than an hour $1,000 had been subscribed to the fund. Dr. Smith is still receiving contributions, and if the profession throughout the country respond as readily to the call it will not be long before another handsome statue will adorn the city of Washington.

The report of the committee on pharmacy was made by Dr. C. Wesselhoeft. He gave a profound description of the original reasons for the creation of the homœopathic scale of dilutions, attenuations, and triturations in administering medicine. He said that the original reason for the dilution of remedies by homœopathists was to reduce the virulent effects of the very powerful drugs while retaining their safe remedial processes.

The establishment of the principle of similia similibus curantur, under which the quality rather than the quantity of the drug is looked to for its power of operation, has

been a great benefit to humanity, and it will never be known how many thousands of lives have been saved by its employment in preference to the systematical man-killing method of the olden time.

The chair also appointed the following chairmen of committees:

Pharmacy, Dr. E. M. Howard; pharmacopœia, same as last year; program and business, Drs. C. E. Fisher, J. S. Mitchell, T. Y. Kinne, P. Dudley and A. L. Monroe; materia medica and general therapeutics, Dr. Frank Kraft; clinical medicine and special therapeutics, Dr. J. M. Shley; obstetrics, Dr. Julia Holmes Smith; surgery, Dr. J. E. James; opthalmology, otology and laryngology, Dr. T. M. Stewart; gynæcology, Dr. W. E. Green; pædology, Dr. W. W. Van Baun; mental and nervous diseases, Dr. S. H. Talcott; provings, Dr. A. W. Woodward; life insurance examiners, same as last year, excepting Dr. Strickler, vice Dr. Dowling, deceased; medical education, Dr. H. E. Spaulding; special committee to assist the executive committee in the matter of the world's congress at Chicago, Drs. J. P. Dake, A. C. Cowperthwaite, B. W. James, T. Y. Kinne and T. F. Allen.

Dr. Grunewald, a new corresponding member of the American Institute from Frankfurt-am-Main, who is now visiting this country, was introduced to the assembly by President Kinne, and was received with applause. He made a brief address. The doctor spoke of the strength of Homœopathy in Germany, which, he said, was the land in which it was born and cradled as an infant, but that the infant had been taken to America, and had there grown into the strength of a full and glorious manhood. In concluding the doctor eloquently bade the Institute God speed in its labors for humanity.

Dr. Monroe, of Louisville, Ky., on behalf of the senate of seniors, submitted to the convention the following resolutions relative to the use of patent or proprietary medicines. The reading of the resolution manifestly occasioned something of a sensation, and the chair ruled that no discussion would be allowed on account of the large number of participants liable to engage and the brief time for business before the Insti-

tute. The text of the resolution, which was referred to the senate of seniors, is as follows:

WHEREAS, It has come to the knowledge of certain members of the American Institute of Homœopathy that certain of its members are using secret and proprietary medicines in their practice and advertising themselves as so doing, all of which is in flagrant violation of the code of ethics of the Institute, and

WHEREAS, It is advisable to properly warn such members of their mistake and thus prevent their expulsion and disgrace; and

WHEREAS, The senate of seniors is intrusted with all ethical matters of the Institute.

BE IT RESOLVED, That we hereby call the attention of the senate of seniors to this subject, as stated in the preamble hereto, with the request that they take whatever action in the premises which seems in their judgment best calculated to correct this evil.

The committee on President's address submitted its report, the leading recommendations being:

That an assistant treasurer be appointed to serve without pay for his services excepting for necessary official expenses; that a special committee of five be appointed to revise the laws and rules and procedures of the American Institute; that the time of sessions of annual meetings be extended on account of the great amount of business to be transacted, in accordance with the president's suggestion; the committee expressed entire concurrence in the President's recommendation of the necessity of a special committee on transportation to attend to the interests of the members in going to Chicago next year. The committee concurred in the President's objection to extreme changes in the names of chemical drugs used by the homœopathic school, considering that the employment of the modern names would often prove hazardous to those whose education had trained them to understand the older names. They were not in favor of changing names nor of indicating chemical combinations, when the old Latin names indicated with sufficient exactness for all practical purposes the composition of the compounds in question.

Upon motion the recommendations of the committee on President's address were taken up for discussion *seriatim*, and the first four were promptly adopted as read. The fifth recommendation, however, was specially discussed by Dr. Wesselhoeft, who said in brief that this recommendation was, in his judgment, entirely too hasty; that the order had been given some years ago by the Institute that a special committee on pharmacopœia be given charge of the matter of nomenclature, and after years of careful application to the subject were now ready to report; and not having been heard

by the Institute, they were anticipated by this ill considered action.

At 2 P. M. the Institute resumed session and an animated one it proved to be. The members expected a struggle and were on hand promptly. The board of censors first reported several more applications for membership.

Notice of an amendment to the constitution to provide for the election of an assistant treasurer was made by Dr. T. M. Strong, in accordance with the action taken in adopting the recommendation of the committee on President's address.

The report of the committee on the Cyclopedia of Drug Pathogenosy was called for. Dr. Dake said he understood that this committee had completed its labors and gone out of commission a year ago. Then the chairman of the committee on pharmacopœia, submitted its report. This was the point referred to in Dr. Cowperthwaite's fifth resolution, and proved a serious bone of contention. Even the committee was divided upon the question, standing six for and six against the proposed change. Dr. Wesselhoeft was, as before, the chief champion of the change, but was vigorously opposed by Drs. Cowperthwaite, Sherman, and others. They contended that the abandonment of the old familiar Latin names of the chemical salts in favor of the modern names, which were only fully understood by a few scientific chemists, would cause endless confusion. Moreover, the attempt of this Institute to overthrow the usage of centuries would only result in failure, and derision on the part of rivals. After a long and animated discussion the calmer, more conservative element prevailed, and the proposed innovation was defeated, although by a small vote. A resolution was adopted instructing the committee on pharmacopœia to use the old Latin names alphabetically, with their modern equivalents in a secondary column.

After a few announcements had been made the Institute adjourned until 8 P. M., leaving the hall for the remainder of the afternoon to the bureau of materia medica. This meeting was small, but composed of many prominent professors of materia medica. In the absence of Dr. E. M. Hale, Dr. W. E. Leonard, of Minneapolis, was called to the chair, and the following program of papers was presented and discussed:

"The evolution of materia medica," by W. E. Leonard, M. D.; "The teaching of materia medica in homœopathic colleges," by Frank Kraft, M. D.; "Proving of saw palmetto on a woman," by Will S. Mullins, M. D.; "What are the laws of cure," by M. W. Vandenburg, M. D.; "Proving of Ficus Indica," by Dr. B. N. Banerjee; "The history, synthetic symptomatology, therapeutic application and comparison, of Thuya Occidentalis," by the Medical Investigation Club, of Baltimore, Md.

Dr. John C. Morgan, of Philadelphia, also presented a paper, and the session was prolonged until the dinner hour.

MATERIA MEDICA TEACHING IN COLLEGES.

I must premise that I speak wholly from my own experience first as a practitioner, and, second, as a teacher in our medical colleges for a couple of sessions. Anatomy, Surgery, Gynecology, Obstetrics, Ophthalmology, Otology, and other of the chairs included in a modern medical school, have valuable assistance in the fact that they appeal in the majority of their lectures to a visible, tangible something, and (on the principle that you remember better what you see than what you hear), are consequently fairly able to interest and hold the attention of the youngest student of the youngest class. But when we attempt to lighten the gloom of materia medica, that elusive, wearisome, cut-and-dried, impalpable, yet enormously important subject, we are at once confronted with a problem of no mean merit or dimensions. What is there possible in the way of originality to enhance this topic? What can we, who are deeply imbued with the beauty as well as necessity of materia medica, we who do not profess to be surgeons or gynecologists or O & O men—what can we do to keep materia medica where it ought to be in Homœopathy, i. e. in the very front of our profession? The subject not admitting of change—that is to say, Bryonia is today what it was in 1842 or 1796, or at the dawn of creation, and as it will continue to be in 1950 and to the uttermost limits of time—therefore the subject itself admitting of no variation, there is but one other avenue left open and that is the proper presentation of the unchangeable subject.

What is there to present in materia medica of today that will

make it any different from the materia medica with which our text-books are filled; or if that be not to our purpose, then what is there to present in a visible form that will cause the student to give as much attention, and as willingly, to materia medica as he does to exhibitions of rare ability with the knife or the speculum? My own answer to this question is: *Visualize* and *Colloquialize* your work. Get from behind the text-book, the written lecture; sometimes completely forget it. Address yourself to the class in language that is neither stilted nor bookish—a bad habit we get into when we carefully write out and read our lectures; fill in the necessary weariness of the dry subject with recitals of apropos cases; always bearing in mind the two great rules of all public speaking: Never to let a single auditor grow tired, gape-y or snapping his watch or looking back at the clock; and, second, always address yourself to the average intelligence of your audience; you may descend at times, and gracefully, into kindergarten practice, and again, may reach higher and display your profundity, but both extremes are dangerous as well as pedantic.

I have taken the second part of my answer first, and discussed the colloquial part. Now, what is meant by visualizing materia medica? Simply, if before a class, use a blackboard; write out the important symptoms, show the relation between the written symptom and the genius of the remedy under discussion. If the symptom will permit, make a picture of it on the board, calling attention to the peculiarities and characteristics of the face, the head, the arm, the body, or what not; in this manner impressing the features of the picture indelibly upon the student's mind.

To speak more particularly, and to apply my suggestion, permit me to refer to the remedy Natrum muriaticum as given by me at the beginning of our last college session. I began by giving the chemical symbol, briefly describing how salt was found and some of its important historical facts. Then I spoke rapidly—for I did not want any notes taken, as I explained to the class, except only in the important symptoms, because notes should be crutches, never feet —I spoke rapidly of the effects which salt had produced in times gone by on people in various parts of the world, each

descriptive effort on my part purposely closing with EMACIATION, until presently the class discovered that the key-note of Natrum Muriaticum—the note which governed the whole musical composition—was and is EMACIATION. Then I reasoned with them, appealed to their judgment, to their general knowledge, to their knowledge of physiology, chemistry and allied sciences, as to what the process would be following the improper use or abuse of salt which might result in EMACIATION; what kind of blood did the student expect to find in the veins of a man who had used his individual salt not wisely but too well; and if he found an impoverished, watery, acrid fluid, would he not also expect that man to be a cold blooded person, easily taking cold, easily chilled; and if the blood and the secretions of the body were permeated with this salty condition, would it not be natural to expect that the mucous membrane of that body would be dried up, because the water, such as it was, was in the blood vessels? Further, would not the student expect that if those salty discharges eventually passed out of an orifice of that body, that the orifice would be scalded by the discharge, would cause fissures, and outside of the orifice cause pearly blisters to form; whether that orifice be the mouth, the eye, the ear, the urethra, the vagina, or the rectum?

Could he not now begin to understand and easily account for that insatiable thirst—that longing for cold water "from the bottom of the well." So, to be brief, I dwelt upon the physiological and pathological effects of salt, until the genius of the remedy was so thoroughly appreciated by the class that the reversal of the wheels, and giving them the homœopathic use of salt was not only an easy but a pleasant exercise, because I saw that every member of that class had now a clear understanding of the corner-stone and unalterable foundation of the remedy, and whether he took notes or not of the specially recorded symptoms of the books, or such only as I wrote upon the black-board, I felt confident that he would never wholly forget Natrum muriaticum, and that he would—or will when he has finished the lecture—recognize a Natrum muriaticum case very nearly at first sight; and it will not be necessary for him to be able to carry about with him an ability to differentiate between five or six hundred

diarrhœas of our materia medica, or as many headaches, or stomachaches; when he once has his clue he will be able to thread the labryinth of materia medica in safety.

To recapitulate: My idea of inculcating materia medica is not to read from manuscript or text-book, except only such absolutely necessary detail as must be written in order to fortify the *res gestæ;* talk and argue, plead and exhort, "pound" and expound, make it a personal matter between yourself and the student or class; tell it to him as if you had him in your back office and he had asked you the explanation across your desk; put it in "talkable" English and don't "let up" on him or them until you see the conviction written in their faces. If you must use a big word, don't be ashamed to explain it carefully, spell it, put it on the black board. Let him see it. The best doctor is not always he who comes to the medical school with high school and academic honors and diplomas. More often the poor country boy, too poor to go through any literary course greater than his village school, carries off the college honors as in after life he does the professional honors. Show him what you mean with black board and chalk as well as manuscript and talk. Fill yourself full of your subject, read up to the last issue of the medical journal to which you subscribe, fortify yourself with "subhead" notes as a possible help in an emergency, encourage honest questions not alone in the quiz but as well in the lecture. Show the class that you are there to help them understand materia medica, not to air your learning, and they will not abuse your confidence in them. The class will constitute itself a committee to frown down or hiss down any impertinent question. You will have won your class; and you will hold them from the opening to the closing bell. Never be dictatorial. If you do not understand the symptom of the book, don't touch it. Let it religiously alone. Have a good reason on tap for everything you say to your class. And the poorest of all poor reasons is to say that Dunham or Hering or Allen or Kent or Cowperthwaite says so. If you don't know yourself why they say so, don't say so.

I think this Institute will agree with me in the advisability of making materia medica study not only attractive but rational, so that we shall not much longer have our sensibili-

ties harassed and lacerated with the lazy talk about "belief" and "faith" from practitioners who ought to know better. Materia medica treated of in some such fashion as this,—the detail to be supplied by each teacher after his own pattern—will be as charming and almost as palpable as surgery or gynecology. FRANK KRAFT.

CLEVELAND, Ohio.

The section in surgery held a very delectable discussion upon the following program of papers:

"General considerations of visceral surgery," by Charles E. Walton, M. D.; "Appendicitis, diagnosis and treatment," by A. Boothby, M. D.; "The treatment of pulmonary abscess," by W. F. Knoll, M. D.; "Surgery of the gall-bladder," by Horace Packard, M. D.; "Surgery of the kidney," by George F. Shears, M. D.; "Laparotomy in the treatment of epilepsy," by S. B. Parsons, M. D, and "Prolonged abdominal irrigation in overcoming tumor adhesions," by M. O. Terry, M. D.

Simultaneously the section in pædology held session in parlor T. at Willard's Hotel, with Dr. Millie J. Chapman in the chair. Papers were presented by Drs. W. W. Van Baun, C. D. Crank, J. C. Nottingham, Lizzie G. Gutherz, Martha G. Ripley, B. F. Dake and R. B. House, and discussed at length by members of the Institute who make a specialty of the diseases of children. This session was prolonged all the afternoon.

Prior to the adjourned meeting in surgery at the Ebbitt House, during the afternoon, the surgeons gathered in the red parlor to discuss the project of forming a separate organization of their own, an idea which a large number of their friends expressed the opinion would not be necessary in order to secure a full opportunity for their work, and so the surgeons themselves decided, after a brief discussion of the matter, and voted to remain under the protection, encouragement and prestige of the Institute, after which President Kinne made them a little speech of congratulation upon their wise action.

At the evening session of the Institute at Cornwell Hall—the memorial services—Dr. B. W. James in the chair, over fifty of the most honored members of the Institute were

reported deceased during the past year, several of the men of especial service to the medical profession, and eulogistic remarks were made by Drs. James, Allen, Moffatt and others.

ALUMNI RECEPTION.

The most brilliant of the social events, which have been a prominent feature of the convention, occurred at the Ebbitt. A body of the alumni of the New York Homœopathic College and Hospital tendered a reception to the members of the American Institute of Homœopathy from 9 to 12.

The spacious parlors on the second floor of the Ebbitt were thrown open and were filled throughout the evening. Nearly all of the prominent members of the Institute, many Washingtonians, and a delegation from the college in New York, were present. The halls and parlors were elaborately decorated with bunting, the colors of the college, gold and white, with the stars and stripes predominating.

The guests were received by Dr. J. B. G. Custis, Mrs. G. W. Pope, and Mrs. Dr. Janney.

A variety of amusements were provided for the guests. An elaborate musical program was given, in which several of the best known local artists took part, among them Mr. Herndon Morsell, Mrs. C. B. Rheem, Mr. Paul Miersch, Mr. Johannes Miersch, Mrs. Thomas B. Baxton, Mr. Frank B. Reeside, Mrs. Frank A. Gardner, and Mr. Henry Xander.

A fine collation was served, and the younger people passed a pleasant hour in dancing.

FRIDAY.

The homœopaths have gone. They have practically owned the city most of this week, but they were the most pleasant proprietors imaginable. Indeed a more pleasant party of nearly 1,000 individuals has seldom visited this city of excursionists. Washington will always welcome such homœopathic doses, and be ever ready to respond with allopathic hospitality. In only one respect is their doctrine of *similia similibus curantur* at fault, and that is when it refers to good will. In that case, as was proven by the mutual good fellowship established between the citizens and their visitors, it should read *similia similibus creantur*, or "like

creates like." However, the monument to Hahnemann, which they propose to erect in Washington, will probably prove a sort of shrine to which every homœopath will make a pilgrimage, so that as individuals, if not in a body, the city will often entertain the Institute. The lady delegates especially are delighted with the courtesies they have received through the medium of the ladies' auxiliary committee.

When the convention met in final session at 8 o'clock this morning the first report was made by the board of censors, showing an increased membership and that 175 had applied for admission to the Institute.

The intercollegiate committee, having had several satisfactory conferences, reported that the increased requirements for graduation had operated advantageously to the entire number of homœopathic colleges in this country. All the colleges have adopted the four years' course of study, with three year's attendance upon lectures of not less than six months each year. In three of these colleges these yearly courses have been lengthened to eight, and in one to nine months.

The effect of the adoption of the four years' course, as compared with the three years' course formerly pursued, is very gratifying. Instead of driving away students to other schools with less requirements it has actually increased the total number of students in these schools from 1,276 the preceding year to 1,389, an increase of nearly 10 per cent. At the same time, the faithful adherence to the four years' requirements is shown by the fact that, although the number of students was increased by more than 100, the number of graduates diminished from 406 to 310, nearly 25 per cent.

The report of the senate of seniors is an official proclamation that patent medicine men and specialists who belong, or claim to belong, under the particular protection of Homœopathy will be summarily ousted from its ranks, if the charge of charlatanry is established against them. The report positively forbids any homœopathic physician from advertising himself possessed of any remedy or method of cure not known and capable of being used by the entire medical profession, emphasizing that the physician should depend for his stand-

ing upon his able judgment and training, and not upon discovering quack cures.

The reading of the report was constantly interrupted by wild huzzahs and stamping of feet and clapping of hands, and at its conclusion the venerable Dr. Dake, its chief formulator, and the president of the "senate of seniors," arose amid unbounded enthusiasm, and proceeded to pitch into the "chloride of gold" cure without gloves, saying that many homœopathic physicians, mostly the men of less experience, had been beguiled into following this latest fad of medical invention. There was only one remedy which could prove effectual against such heresies, and that was the formal discountenancing of all who participated in them in any way.

Dr. Bushrod W. James offered a resolution to incorporate a reserve fund out of the treasury for unusual expenditures. The resolution was adopted. The executive committee by a resolution offered by Dr. T. C. Duncan, has been arranged for the ensuing year so that the duties of the members will not conflict with other sections of the Institute. Dr. Hanchett offered a resolution indorsing the pure food bill, introduced by Senator Paddock of Nebraska, which has passed the Senate and is now pending in the House. The measure introduced in Congress by Senator Gallinger giving the President power to withdraw from sale public lands adapted for a national sanitarium for consumptives was indorsed by the Institute.

Dr. F. H. Orme, one of the ex-presidents of the Institute, presented a resolution thanking the Ladies' Auxiliary Society of Washington and the local committee of arrangements for the admirable manner in which they took charge of the visitors.

The report of the bureau appointments was deferred owing to the international homœopathic congress to be held in Chicago during the Columbian fair.

A vote of thanks was tendered Dr. Kinne, who responded in a happy speech that at its close got three cheers and a tiger from the enthusiastic delegates. There being no further business before the Institute, it adjourned subject to the call of the president at some period during the world's fair.

The local committee and the ladies and physicians of Washington deserve great credit for the perfect arrangements for the entertainment of the members of the Institute, and their unprecedented hospitality will not soon be forgotten.

COMMENTS.

The medical world here is so quiet as to be oppressive after the largest convention ever held by the Institute, representing twenty-nine States, from Maine to Texas, N. Dakota to Georgia, and California to Maryland; besides we were honored by a visit from Drs. August Grunewald and Frederick Deloza from Frankfurt, Germany. The older members were pleased to see again the venerable Dr. Jones, of Albany, N. Y., who, though he has not been to a meeting for some time, has lost none of his genial art: "Why, Dr. Jones, how-do-you-do?" cried Dr. Verdi. "Why, how are you Verdi? I haven't seen you since–since–since I was a little boy!" holding his hand at the level of his knee; pleasant reunions were everywhere.

The members must have been in earnest else they would not have braved the heat of gas illumined parlors for adjourned sessions of bureaux, which they did bravely; every *orifice* in the skin of the ardent Pratt was opened by the heat and from it rolled in ceaseless flood that by which he earns his bread; others with papers at night were also "orificial;" the highest average maximum for the third week in June for eleven years in this city, was 84°; but the heat averaged from 86° to 92°, the only consolations being in a good breeze and the fact that it was hotter everywhere else.

The papers were mostly good; some however, like Prof. Danforth's on "Obstetric Antisepsis," threw Homœopathy to the winds and outraged nature; here was an excellent opportunity for the members of I. H. A. to do valiant battle for Homœopathy *where it is assailed*, instead of going into sham battle at the safe distance of Narragansett Pier.

In Materia Medica the small attendance was noticeable, but the papers were of great interest. Dr. Richard Hughes lamented over the way materia medica is taught in our colleges, but none of the teachers present could see that it applied to them. He seemed to think that if it should be

taught from the recently completed Cyclopædia of Drug Pathogenesy that it would be all right. It was evident from the discussion that the science is not taught from symptomatologies and that Dr. Hughes had talked at windmills.

On the whole it was evident that all the knowledge in regard to the *science* of medicine is not confined to the old school.

In 1870 there were two homœopathic physicians here; there was no medicine to be had other than that sold by physicians, except a few remedies in two drug stores. The meeting of the Institute then surprised the community with its numbers and evident intelligence. Now there are fifty physicians, a pharmacy employing three persons, a hospital with fifty beds, and two dispensaries. The public appreciate this year's meeting and especially the forward movement in study requirements; they appreciate the strength of numbers, the increase of one hundred and seventy-five in membership, and not least, the quality of the personnel. The stimulus to personal effort was shown in the desire of some bureaux to form separate organizations within the Institute in order to get more time, a movement which has ceased, at the request of President Kinne, until the matter can be discussed by the executive committee.

As to the social aspect of the meeting, we may say that it was successful if we can rely upon the voluntary expressions of the visitors, which have been very gratifying to the local committee and to the ladies committee, which supported them. We have enjoyed ourselves as hosts and shall look forward to the next meeting here with great pleasure. Some well known faces were missing, as the editor of the ADVANCE, but we hope that their hearts were with us. In their first circular the local committee set the key note of "Unity and Fraternity" for this meeting, and the members have well responded to it.

The movement for the erection here of a monument to Hahnemann meets with approbation, and it is believed that the citizens of Washington will not be backward in forwarding the object.

The cheers which at the close were given for President Kinne were hearty and well deserved. We send kind greeting to Chicago and hope to be well represented there next year.

CHAS. B. GILBERT, M. D.

Editorial.

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

THE HERING COLLEGE OF HOMŒOPATHY.—When in the course of medical events it has become necessary for the preservation of a knowledge of the Homœopathy of Hahnemann to establish a college for the teaching thereof, a profound respect for the opinion of the profession requires that some of the causes which have impelled its organization should be given. The demand for a college in which Homœopathy, unmixed with the empirical fads and palliative measures of modern medicine, should be taught, is not new; in fact, it has for years been "a long-felt want." An active and prominent member of the Southern Homœopathic Association while on a recent visit to Chicago, remarked: "I am a graduate of one of the Chicago homœopathic colleges, but the knowledge of Homœopathy which I received was so imperfect that if I had a student I do not know where I could send him for a homœopathic education." We have for many years heard similar remarks and similar regrets from many of our ablest and best known writers and practitioners; and when we have remonstrated with them for sending their students to allopathic colleges, while we had so many colleges in our own school, have been met with the same complaint, that the only way in which a satisfactory knowledge of Homœopathy could be obtained was to instruct them in the science and philosophy of similia under their personal supervision. Then we *thought* them mistaken; now we *know* they were right. It is true that in nearly all our colleges there is one, or perhaps two members of the faculty, who teach Homœopathy as it was taught by Hering, Lippe, Guernsey, Dunham and Farrington. But they are overshadowed by the other members of the faculty who never lose an opportunity to promptly antidote their teaching or ridicule it as "moon-shine;" and they gravely assure the student that intermittent fever cannot be be sucessfully treated without massive doses of Quinine, that

severe pain can only be met by Morphine, etc., etc., to the end of the chapter. In fact the latest fads of palliative medicine are "lauded to the sky" as the only safe treatment "in an emergency." As a consequence the young graduate loses confidence in his system and his methods, and, like an inexperienced workman, begins to find fault with his tools. He has never been taught how to use his Materia Medica, and, taking his cue from his professors, he thinks it sadly "needs revision."

The method of treating diseases of the skin are not only unsatisfactory but unsafe, and directly opposed to common sense and the teaching of Hahnemann, for he says, Organon, § 203:

Many kinds of external treatment are in vogue for the removal of local symptoms from the surface of the body, without curing the inner miasmatic disease. It is customary, for instance, to remove the itch from the skin by all kinds of ointments; to destroy chancres externally by cauterization; and locally to exterminate sycotic excrescences by excision, ligature or the actual cautery. This method of external treatment, hitherto so common, is pernicious in its results, and is the most general source of innumerable chronic diseases with and without names, under the burden of which the human race suffers; although one of the most culpable habits of the medical profession, it was hitherto generally introduced, and is proclaimed by professors as the only reliable method of practice.

Yet the student is not to blame, for in nearly all our homœopathic colleges the professor of dermatology has adopted the palliative methods of Allopathy, and both in the lecture room and clinic advises and uses local medicated applications, like his allopathic brother. Prof. Hoyne, late of Hahnemann college, is the only exception to this rule with which we are acquainted.

No better illustration can be found, and no more practical reason given for the necessity of a new college for the teaching of a better Homœopathy than in the tone of a paper on "Croupous Pneumonia," by Dr. Crawford, professor of Theory and Practice in Hahnemann College, read at the late meeting of the Illinois State Society. Except for the unhomœopathic reference to Bryonia, the paper, which is well written, would have been a credit to the American Medical Association. We say unhomœopathic reference to Bryonia, for Bryonia is not indicated in pneumonia according to

"stages," and he who uses it in such an empirical manner must expect to find "heart failure threaten." We give the treatment as published in the daily papers, and we doubt if any true homœopath will feel very proud of it.

We know there are several modes whereby pneumonia may terminate in death. For instance, the intensity of the fever may burn out the vitality of the patient, and he succumbs to exhaustion; or the consolidation may prove to be so extensive that apnœa ends his existence; or in consequence of the nervous shock of the disease, such as witnessed after major surgical operations, the vagi become paretic, and the patient cannot expectorate the sputa, or inhale oxygen enough to aerate the blood—then he dies asphyxiatus.

But I do not consider any of these to be the common cause of the majority of the sudden deaths which occur in pneumonia The heart is the organ at fault, and to it should be directed the closest attention of the physician.

The knowledge that the heart is taxed in this disease is the common property of the profession. We see every day in our practice how the heart can accommodate itself to changes which demand compensatory hypertrophy, but the alteration in the strength of the muscle calls for time, which is not allowed in pneumonia. Therefore, given the conditions of a sudden effort required by a thin-walled circulatory organ to move an over supply of blood, the outcome will quickly tend to dilatation of the cavity, and the result cessation of action in diastole.

Such I believe to be the rationale of the suddenly fatal termination of patients suffering with croupous pneumonia, and similar to this are the post-mortem records of cases dying from Bryonia alba poisoning. But as you all use Byronia in both the first and second stages of pneumonia and still the symptoms of heart failure threaten, something else must be resorted to if you would tide over a dangerous period and carry the patient through to convalescence.

The ammonias will first come to mind. One drop doses of the carbonate, well diluted and frequently repeated, will show its effect almost immediately if it is going to accomplish any good. The chloride is sometimes preferred, fifteen drops in sweetened water once in about six hours, which allows plenty of time intervening to ply other adjuvants. What one or the other of these will not do cannot be done by the aromatic spirits, so the choice had better be between the two former. Digitalis is hardly the remedy to prove of value in this peculiar condition of the heart, therefore I would advise leaving it severely alone, especially as we have other remedies which possess greater proven worth.

If the patient is already in profound collapse, resort should be had to the hypodermic method of medication. With ten minims of Ether and a modicum of Atropia or Strychnia the centers of circulation and nerve force will revive an impetus that may prove the turning point to resuscitation and recovery. For this condition of the patient I must record, with the highest word of praise, the action of Veratrum album. Given in the alcoholic dilution directly upon the tongue, many of the gravest symptoms of collapse disappear as if by magic.

It would be reviewing for you only half the means we hold in our hands for the sustaining of these subjects if I omitted naming, and did not advise using, distilled or fermented spirits. In the form of good ripe whiskey, pure old French brandy, the best sherry wine, or champagne, there is variety enough to choose from, and all have at various times served the purpose intended.

We do not require to look far in the annals of medicine to find the records of lives saved by liquors alone, and this, I think, has proven true more often in pneumonia than in any other malady.

When whiskey is the stimulant used the limit for a man is twelve ounces per day, which calls for one tablespoonful each hour. As soon as this amount can be reduced it is a good plan to give what is required in milk and repeat it each two hours. I have elsewhere spoken of an element which is found in old brandy and also in old sherry which have been stored in glass for a period of, say, two years. A very volatile and stimulating ether is propagated in the ripening of these liquors, which wood allows to escape. Therefore, if you would have your patient benefit by this ether, see to it that the sample prescribed has been bottled more than a year—if more than two years so much the better.

If the formidable mortality from pneumonia is ever to be decreased the teaching in our colleges and the papers in our societies must not be so nearly related to allopathic methods. If Homœopathy be right, because guided by law, then Allopathy is wrong, because empirical; and the farther the homœopathy keeps from allopathic methods the better for him and for his patients. Truth can never be improved by an admixture of error; law is supreme in the domain of therapeutics and should be so recognized by homœopathic teachers.

The Hering College will be opened in the autumn with a full corps of teachers, every one of whom is a Hahnemannian homœopath, and some of them have earned a national reputation. Abundant clinical facilities will be offered advanced students and graduates who wish to perfect themselves in the philosophy of Homœopathy. They will receive practical instructions in the taking of a case, and how to find and how apply the simillimum in both acute and chronic disease, so that morphine and other palliatives will not be found necessary "when the law fails." The announcement will be ready early in August.

NEW PUBLICATIONS.

PROCEEDINGS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO. Twenty-seventh session. 1891.

This volume contains the usual number of papers and the subsequent discussions thereon. The address of the President is especially worthy of note. Our Ohio brethren know how to make a live State society.

PSYCHO-THERAPEUTICS, OR TREATMENT BY HYPNOTISM AND SUGGESTION, by C. Lloyd Tuckey, M. D. Octavo. Pp. 321. Third edition. Revised and enlarged. London: Bailliére, Tindall & Cox.

Since 1860, when Dr. Liébeault opened his public dispensary at Nancy, more or less has been written on the method known as "Treatment by Suggestion." At first the works on this treatment were few, but of late they have multiplied rapidly. In the years 1888, 1889, nearly 400 books, pamphlets and articles appeared on hypnotism, and the present work has reached its third edition, the second edition having been exhausted within two years. This shows the interest which is being taken in the method. The present work is perhaps the largest which has appeared in English and gives a complete exposition of the present status of the practice.

A MANUAL OF HYPODERMIC MEDICATION: The Treatment of Diseases by Hypodermic or Subcutaneous Method, by Roberts Bartholaw, M. D. Fifth Edition. Revised and enlarged. Philadelphia: J. B. Lippincott Company, 1891.

The sadness cast over the review of this work by the recent affliction of the author lends an additional interest to its pages. As a work of reference even the most advanced homœopath may frequently consult it; but for the sake of the profession and the memory of the author we sincerely trust that the new term suggested in the title may be generally adopted. It is undoubtedly more correct and more expressive. And we also hope that the warning words on "the morphine habit" may be noted by every member of the profession who uses the deceptive needle for subcutaneous medication. If, for nothing else, we gratefully acknowledge our obligations to the brave and fearless author for his timely warning.

MEDICAL ADVANCE MISCELLANY.

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.

Advertisements of "For Sale," "Practices Wanted," etc., will be inserted in this department for twenty-five cents per line each insertion.

WANTED.—A copy of Part 1, Volume II, HOMŒOPATHIC JOURNAL OF OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY. Address, D 1, *Medical Advance.*

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.

FOR SALE.—$4,000 practice and house and lot. Located in the most beautiful valley in California. For particulars, addesss, S. E. CHAPMAN, M. D., Watsonville, Cal.

A physician in a city, in the Eastern states, of 55,000 inhabitants, with a well established cash paying practice, (for good and sufficient reasons which will be given on application), wishes to dispose of the same, to some well recommended homœopathic physician. For further particulars, address with references, stating where, and when graduated. E. F. G., care Mr. W. J. Whiting, 351 Canal street, New York City.

CÆSAREAN BIRTH.—A surgical operation which will attract general attention in the medical world was performed yesterday afternoon at the Huron Street Hospital. It was conducted by Dr. Biggar, Prof. J. C. Sanders and Dr. H. Poemroy. The operation is termed a Cæsarean birth.

Two weeks ago a Mrs. Salter appeared at the hospital. She was pregnant and her period of gestation was reaching a close. After an examination Mrs. Salter was informed that she could not give birth to her child without endangering both her own life and that of the infant, and was told that her only resort was to submit to a removal of the child from the womb by way of the abdomen.

Mrs. Salter accepted the counsel of her medical advisers and decided to submit to the operation suggested.

Six years ago the same woman was successfully delivered of a child in the same manner. The child is now living and the operation before was not serious. The infant that was rescued yesterday is of normal size and is healthy and well.

Cleveland Herald.

CATARRHAL AFFECTIONS.—An excellent cleansing and disinfecting solution for free use in the nasal cavities, by means of the spray apparatus, douche or syringe, is prepared as follows:

℞	Acidi Boracici . . .	ʒ i	
	Sodii Boratis . . .	ʒ i	
	Sodii Chloridi . . .	ʒ ss	
	Listerine	℥ ii	
	Aquae Puræ . . .	℥ vi	*M.*

THE MAGAZINE OF AMERICAN HISTORY for June has "Historical Reminiscences of our New Parks" illustrated by Fordham Morris, which forms a brilliant introduction to this most entertaining and readable monthly. The frontispiece is a fine engraving of George III, from the original by Sir William Beechey. It is a splendid number.

A QUESTION OF LITTLE PILLS.—Our homœopathic friends are on a still hunt, and if the statements of those most interested are capable of proof, they should be successful. If, as they say, the patrons of Homœopathy pay one-third of the taxes of the State, homœopathic lunatics

and deaf, dumb, blind and feeble-minded homœopaths, (if there be any of the latter class,) should not be coerced into allopathic hands when sick. Not only this, but the present State policy, in the matter of the distribution of the medical patronage, savors strongly of class legislation, and is opposed to the doctrine of equal rights—two points in State policy especially emphasized in our new Constitution and forming always the cardinal principles of republican government. Petitions have been extensively circulated in Louisville and elsewhere, asking that Homœopathy be shown some consideration by the powers that be, and signatures obtained not only from the followers of Homœopathy, but from many prominent men, not themselves converts to the tenets of the new school, but alive to the broad principles of justice hereinbefore set forth.

Our most progressive sister States have long since placed themselves on record in this matter. Michigan, Iowa and Kansas have for years had Homœopathy taught alongside of Allopathy in their State universities. New York, Massachusetts and Michigan have their lunatic asylums apportioned between the two schools. Cook County Hospital, the largest in Illinois, and one of the largest in the world, is manned half by physicians of each school. Other States have placed elemosynary and criminal institutions in homœopathic hands. The States that have thus honored Homœopathy have benefited themselves in several ways, not the least of which is the generous rivalry created between the two factions, each to excel the other in brilliancy of results and economy of management. The history of such attempts in other States, and even in conservative old England, finds the press ever on the side of right; and while personally not biased in favor of Homœopathy as against the faith of our forefathers, who bled and died under the strictly scientific treatment of the old school, *Truth* hopes to see the champions of the "wee sma" dose stand up so valiantly for their rights in this matter that the General Assembly, before whom the petition will come, can not ignore them.

Louisville Truth.

"THE PHYSICIAN'S BATTLE." Lewisburg, Pa., June 5, 1891. Gentlemen:—Please send me some Antikamnia Tab-

lets, that I may test their convenience, not their merits, for I have tested Antikamnia so thoroughly for six months past, that it is no longer an experiment with me.

It strikes directly and effectively, without bad results, at the two most characteristic points in disease, viz.: Fever and Pain. With these two points well under control, the physician's battle in acute attacks is nearly won.

Respectfully,

PULASKI F. HYATT, M. D.

THE INTERNATIONAL MEDICAL MAGAZINE, published by the Lippincott Company, and edited by Judson Daland, M. D., is one of the latest candidates for professional patronage. It is "dignified in tone, liberal in spirit, practical in teaching, reflecting what is best in thought and work of the medical world." This is its high and honorable standard and judging from its first numbers it bids fair to make good its announcement. It is a 112 page monthly, well printed, on good paper, and has an important announcement: "Manuscript accepted will be liberally compensated, or reprints furnished in lieu of such compensation." We wish the venture what it deserves, success.

Many physicians are recommending the use of Horlick's Malted Milk as a table drink in place of tea, coffee, cocoa, etc. The evil effects of the long continued use of tea or coffee are well known but the difficulty has been to provide a pleasant and satisfactory substitute. Malted Milk served either hot or iced makes one of the the most pleasant, refreshing, and nutrititious drinks imaginable, little if any more expensive than the ordinary drinks, and of course far more healthy and nutritious. Does not stimulate but aids digestion. Prepared by simply adding water. Address the Malted Milk Co., Racine, Wis., for samples.

F. E. Watts, M. D., has removed from Port Alleghaney, Pa., to Olean, N. Y.

H. C. Allen, M. D., to 5144 Washington Ave., Chicago.

J. W. Krichbaum, M. D., from Sloan's Valley to Burnside, Ky.

J. D. Parr, M. D., from New Cumberland to Huntington, W. Va.

THE

MEDICAL ADVANCE.

A HOMŒOPATHIC MAGAZINE.

VOL. XXIX. AUGUST, 1892. No. 2

THE PERINÆUM IN ITS RELATION TO NORMAL LABOR.*

The purpose for which the obstetrician exists is to furnish to the parturient woman, and to her child, the greatest opportunity for safety during the trying ordeal to which they are about to be exposed. Even if that highest ideal of normal labor, as one in which extraneous assistance is not required, be attained by reason of perfect development and perfect health on the part of the mother, the birth of the child is still an ordeal to both mother and babe, the full significance of which is not realized by either of the participants. It is much more so under the circumstances as they actually exist in every-day experience. The dangers here to both are multiform, and are rarely so completely overcome as to leave no trace of their effects, if careful note be made of these.

In every department of mechanics it is deemed necessary that the workman should thoroughly understand his trade; and the success of the work done, as an example of wise expenditure of force, is proportional to the thoroughness of the workman's preparation for the duties he has assumed. It is the same in obstetrics; the careless or incompetent work-

* Read by special invitation before the Homœopathic Medical Society of New Jersey, at the annual meeting, in Trenton, May 3, 1892, at the annual meeting of the Connecticut Homœopathic Medical Society, in Hartford, May 17, 1892; and at the annual meeting of the Homœopathic Medical Society, of Michigan, in Detroit, May 18, 1892; and in abstract, before the American Obstetrical Society, at the semi-annual meeting, in Philadelphia, April 20, 1892.

man will botch his job. Unfortunately, it is as easy to cover up poor work in obstetrics as it is in building a house. The man who buys a house only to find his chimneys smoke, the plumbing unsatisfactory, the roof leaky, may have his remedy in the law, but he is a wise man if he pockets present loss, and invests not in that costly method of adjusting his wrongs. But the man whose wife or child has suffered at the hands of a blundering accoucheur is even less able to exact a recompense, and indeed, is more likely to be oblivious to the wrong that has been done, the full force of which only develops as time goes on.

The perinæum is so important a structure in its relation to childbirth as to deserve the most careful study on the part of him who would essay to guide a case to successful completion. It is so evident that he ought to know its minute anatomy, and the evolutionary methods by which it has come to be what it is, and the physiology of its functional life, that it seems but the veriest truism to mention it. And yet how many of the fifty thousand men in these United States, who attend one million confinement cases annually, have any such knowledge or any comprehension of its necessity? It is not enough for him to know the names of the perineal muscles, or the sources of their blood-supply. So much is desirable, but he must go beyond this, and be able to project subjectively the modes of action by which they perform their work under the stress and strain of labor. Unless he can do this he is not the master of the situation.

I do not intend in this place, and before so intelligent a body of physicians, to describe the anatomy of the perinæum, or to demonstrate the manner in which it fulfills its function. I can readily believe that everyone within the sound of my voice understands these things quite as well as I do, for it is here in our State meetings that we find assembled the best of the profession. While I presume you have here, as we have in other states, a few wire pullers, who come regularly to the meetings for the offices they can get, yet the bone and sinew of the association, here again as elsewhere, is doubtless made up of the progressive, conscientious, educated medical men of this commonwealth, who desire not so much to benefit themselves as to lift the standards of medical practice to a higher

level, and are willing to sacrifice present profit, and somewhat of ease and comfort, to come up to these meetings. If I speak then of self-evident things it is that we may bring our collective influence to bear on those other fellows—the thousands that are not here.

My theme then is the perinæum in its relation to the conduct of a normal case of labor. And I premise, as the basis of all the help the physician can give, an intimate knowledge of that structure which has been picturesquely called the floor of the pelvis. This knowledge is a prerequisite to midwifery practice; and this it is incumbent upon every one, who essays our art as a livelihood, to obtain in the dissecting-room and the library, and not in the parturient chamber, and at the expense of the patient. I do not like to appear censorious, and it certainly does not become one so fallible as myself to sit in judgment on others; but I candidly believe, from a somewhat extended knowledge of the profession gained by six years of experience as a college professor, and five years as an editor, that there are not a thousand men in America who possess the knowledge here considered requisite to the obstetrician in the practical, usable, every-day-shape indicated. For it must be understood that I do not mean mere undigested anatomical knowledge, but that intimate understanding of the philosophy of the adaptation of means to end that enables the accoucheur to take advantage of every circumstance that arises, and that can be made to tell in his patient's favor.

Now the thing which impresses itself very strongly on my mind is this, that the forces which have molded the human body into what it is have produced the best results obtainable under the circumstances. By that I do not mean that the human body is perfect, for we know it is not. It has inherited from the forms out of which it has grown various imperfections which militate very decidedly against its complete adaptiveness to the work we require of it. 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. But these parts, which make for diseases are, in the main, vestigial

ones, like the pineal eye, or that section of the intestine which has been turned into a central support of the spinal cord. The parts which have been adapted to use answer perfectly to the use to which they have been adapted. If they had been specially created by Divine fiat they could not more completely serve our purpose. The human hand, as is convincingly shown in the embryo, is but a developed fin, which through countless ages of evolutionary adaptation has grown at last to be the ready agent of our thought. The delicacy of the human hand compared with the clumsiness of the horse's hoof lucidly illustrates how the forces of nature adapt a part to the office it is called upon to fill; for from the same root both these grew.

The human perinæum has in like manner, been adapted to its office. It, for unnumbered thousands of years, has been doing certain kinds of work; and it has learned how to do that work. It is by no means a fanciful idea that there resides in each part of the body a certain individual intelligence. The intelligence of those little beings, miscalled cells, which make up the different parts of the body, as, for instance, the perinæum, may not, and indeed is not, equal to the sum of intelligence which would have been possessed by them if they had retained their individualism, and continued as amœba-like creatures. In becoming organized into a community they lose their freedom, and their power of individual expression. But slaves think, even when chained together and worked like some huge machine. And so, though merged into tissue, these little creatures remain living beings, with an appreciable psychical life, with capacity for modification as a community according to the demands made upon them, and so adapting themselves to the exigencies of the case. The philosophy of the physiological action and power of adaption of the perinæum will be readily understood if this idea be kept clearly in view.

It was then, after this evolutionary manner that woman has come to have a perinæum which is capable of doing a certain amount of work without injury to itself; and it was not until a class of men arose, who called themselves gynæcologists, that it was even suspected by women themselves what an unstable and irrational thing a perinæum is. Our grand-

mothers had children by the dozen, and knew not the advantages of perinæorrhaphy under antiseptic procedure. 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; and there is no more occasion for their 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. The law of the survival of the fittest is not a law of the whole organism only, but of its various organs also. The extinct animal forms, such as the mammoth, or the hipparion, suffered and died out because their organs could not adapt themselves to changing environment. In the broadest sense those women become mothers who are most fitted to become such. And any variation in a type of woman which prevented them from assuming the ordeal of motherhood without detriment would cause that type, or racial variety, to disappear under the well-known law of aggregation of the effect of a deteriorating tendency. If there were inherent tendencies in women to have perinæi which could not perform their duties, either those tendencies would gradually be eliminated, and a more useful form of perinæum come into existence, or women would become more and more liable to imperfect perinæi, and would consequently cease to exist. For race perpetuation depends upon the perfection of the sexual organs; a type of animal whose sexual organs gradually become incapable of doing their work will die out. Man may become, as time goes on, a bald-headed and toothless race, because hair and teeth, though ornamental and useful, are not essential parts of his organism, but deterioration in the sexual function implies rapid disappearance from off the face of the earth. We realize, however, that man is not disappearing, but is increasing in numbers, and this in spite of many sexual sins which tend to prevent conception and to cause the destruction of the unborn. It is then evident that the perinæum is, on the whole, doing its duty, and it only remains for us to do our duty by it.

My contention is this; laceration of the perinæum should be of very rare occurrence. It is a contradiction of all we

know in regard to the processes of nature to claim that she cannot make a perinæum that is able to stand the stress and strain which any natural use can put upon it. Labor being a physiological process, and a basic element in the problem of the continued existence of the species, it would be folly to assert that the necessary organs were not developed in a way to secure their possessing the physiological functions for which they were created. I do not doubt perinæi rupture; but I do doubt the frequent necessity thereof. That there are men who claim, and are known to claim falsely, to have enjoyed a large obstetrical practice for years without ever having a perinæum lacerate, does not militate against the fact that perinæi ought not to lacerate. I am speaking not of results that are, but of what ought to be. And to assert, as one writer has recently done, that "the obstetrician who knows how to diagnose laceration of all degrees, and repairs, or causes them to be repaired, is not remiss in his duty," is to set up a very low standard, and in my opinion a discreditable one.

I plant my argument firmly on the basis of evolutionary necessity. It is evident that parts which have had constant necessity to adapt themselves to use through thousands of years have not been made through that use on so insecure a plan as to break down in a large proportion of cases. If rupture occurs it is the result of mismanagement somehow. The accoucheur may not be to blame, but some one is; perhaps the woman herself. The medical man who has had the supervision of a case for months before the confinement, and the profession should make their moral influence felt in the community to the extent that it shall become a matter of course that cases are thus supervised, and then has a laceration of the perinæum, when neither mother nor babe is markedly deformed or disproportioned, must have a tough conscience unless he feels that he deserves censure. The easy-going optimism which permits laceration, because it is such "good form" to be able to do a perineorrhaphy neatly, and neatness means frequent opportunity for experience, is, to speak moderately, misplaced. The recent graduate rather prides himself on the number of his "interesting" cases. He has sat on the benches and seen the

professors of obstetrics, and gynæcology, and surgery operate with *eclat* on the cadaver and the living subject until "complications" have no terrors for him. I had occasion, in my editorial capacity, to interview a young practitioner recently, who had reported a case of vaginal thrombus occurring during labor. The management of the case was, from a surgical point of view, unexceptionable. But the man who does midwifery practice should be an obstetrician. The more he is an obstetrician, and the less he is a surgeon, the better for his patient. In this case, the paper which had been read struck me as such an apt illustration of "how not to do it," that I desired to publish it, believing that it would carry its own proper lesson to the readers of the *Journal of Obstetrics*. But my young man hesitated. He was not sure he wanted to print the report of only one case, but would prefer to wait until he had some others! It is ordinary human experience for a person to find that for which he is looking. The man who is expecting to find thrombi in the vaginæ of the parturient, will have use, alas, for his bistoury.

It would be a sign of healthy growth in scientific midwifery if our young men were taught by the professors of obstetrics in our colleges, that they ought to be ashamed of themselves if any of these so-called "accidents" are many times repeated in their practice. It is well for the young man to be taught how to stitch up a laceration, but it is better for him to learn how to prevent one. A young man of some thirty-one summers, who graduated a few days ago from the New York Homœopathic Medical College, said to me, about six weeks before his graduation, that he had had one case of labor to attend. In that case the perinæum had been completely torn through, but said he, "I learned more from that case than I would if everything had gone right, for I saw how the professor stitched it up." Not so, young man; you failed to learn how to prevent such accidents; and that is a far higher kind of knowledge than the ability to deftly use a needle on quivering and bleeding flesh.

It has come to this, that our young men go out into practice with the idea that laceration of the perinæum is a very common thing; that it is naturally to be expected in one out of every three cases; and if it occurs oftener than that, well, it

does not much matter, for perinæorrhaphy will set it all right, and a fellow must have cases in order to get experience. Indeed, even the laity have heard so much about lacerations that women are beginning to feel that they are somehow defrauded of their inalienable rights if the doctor does not put in a stitch or two. I had this illustrated to me this very day. About three weeks ago I confined a primipara, whom I had under preparatory treatment for four months. The fœtal position O. D. P. The first stage lasted five hours; the second, two hours; the third, ten minutes. By manipulation through the anus, and slowly shelling the head out between the pains, I got that baby delivered without even a nick of the fourchette. The case was in an apartment house where five other children (none of them my cases) had been born within a few months. When the time came for visitors the new-made mothers came, one by one, to call on the newest one. Each had the question to ask, "How many stitches did the doctor put in?" "None! why my doctor put in" three, or five, or eight, as the case might be. Each of the five had been lacerated, under the wise care of five individual doctors, and each of the five had been stitched up. Now do not misunderstand me as deprecating the "stitch or two." I always put them in myself, if there is a tear extending further than the fourchette. And I might just as well say right here that I aim to practice what I preach, but that my practice sometimes falls below the ideal.

There has been a great change in the attitude of the profession in regard to laceration of the perinæum within the past twenty-five years. I attended the lectures at the New York Homœopathic Medical College in the winter of 1869-70, and I well remember the sentiment then expressed towards men who permitted that accident to occur with much frequency. It is possible that there was at that time a lack of frankness in reporting cases. That laceration occurred much oftener than the reports would seem to indicate. It is, also, doubtless true that there was a certain carelessness in making post-parturient examinations to determine the actual condition of the uterus and the perinæum at the end of the lying-in. It was taken for granted that if the woman complained of no feeling of soreness, if the lochia ceased at the

usual time, and convalescence seemed fairly established, that everything was right, and the woman was allowed to go on her way rejoicing, or otherwise. I am not attempting to disguise the fact that the gynæcologist has been a thorn in the side of the obstetrician, and has made us more watchful of our cases, and of our reputation. The obstetrician, who, a year or two after delivering a woman of her first-born, is brought face to face, in the office of his brother gynæcologist, with a wrinkled perinæum which he has left to heal of its own sweet will, and whose own sweet will it has been to heal in a puckered and disreputable manner, is not likely to forget the sensations of that "*mauvais quart d'heure.*" Trusting to time as a remedy is a poor resource when a lacerated perinæum is in evidence. This moral suasion, this fear of exposing ourselves to ridicule, which the gynæcologist has held over us, has awakened in us a healthy desire to do better work. But the gynæcologist has now advanced a new idea. It is claimed that the obstetrician is incapable of properly repairing the perinæum which has ruptured before his eyes. That the wisest thing for him to do is to nurse the case along for two or three months, and then to turn it over to the gynæcologist.

The purpose of this thesis is not criticism but suggestion; and although I am compelled to denounce what seems to me erroneous tendencies in modern midwifery in regard to the management of the perinæum during and subsequent to labor, I am yet not content to stop here, but would demonstrate what I conceive to be a more reasonable and satisfactory method of procedure. I have elsewhere claimed,* and cannot too persistently repeat, that the doctor who omits to carefully watch his patient during the whole course of pregnancy is recreant to his calling. To be sure, the profession has been so negligent of their opportunity that women do not realize how much can be done for them by medicine in preparation for parturition. While it is possible that not much could be accomplished to strengthen or render elastic the tissues of the pelvic floor by ante-parturient medi-

* "Commonplace Midwifery," page 15. "On the Relation of Therapeutics to Midwifery," page 10. "The First Hours of Life," page 23.

cation, yet it is no fanciful supposition that the causes which operate to impair the functional vitality of the pelvic viscera are not without effect on the pelvic floor. We know so little about the ultimate operations by which tissues are built up, that we ought not to attempt to draw hard and fast lines as to what may or may not be done. If we carefully study the import of all the objective, and still more carefully all the subjective symptoms which arise during pregnancy, and apply the simillimum, we will greatly reduce the chances of disaster during parturition. The real reason of lacerations, and other "accidents," is that the woman is not prepared for the ordeal as she ought to be. There are comparatively few doctors who consider this a matter of much importance. They may have a vague idea that perhaps something might be done to help matters along, and give in a routine way Pulsatilla or Cimicifuga as a preparation for parturition. But this is not at all what I mean. Pulsatilla or Cimicifuga are not indicated in all cases, or even in a majority of them. The pregnant condition is a physiological one, and if the woman was perfectly healthy no medication would be needed. But where is the perfectly healthy human being?

Fortunately during pregnancy women are very susceptible to the action of remedies; and conditions which make for disease also show themselves now, in evanescent and subtle ways, as if to invite attention and rectification. There is no time in the life of woman when the family doctor can do so much for her, to undo the mischief of inheritance, and to make her the fit mother of a sturdy race. It is rarely that the family physician lives up to his opportunity. He cannot if he assumes too extended a practice; the best work is not consistent with money-getting; and the man who aims to make all the money he can will not find time for thankless work such as is here indicated. Besides this, he must have what is really a rare combination of knowledge, the broadest understanding of general pathology, and an equally comprehensive knowledge of the materia medica, and deftness in fitting the remedy to the case. Not that he is to apply his remedies along pathological lines; he will not do much for his patient if he attempts that. But unless he has an intelligent and comprehensive knowledge of general pathology he

will not appreciate the meaning of evanescent symptoms. When he knows what he has to treat then he should treat it homœopathically; and the Organon is his sufficient guide.

Having then brought his patient to bed in the best possible condition, his work is more than well begun, it is already half done. His dependence may now be, as mine is,—on lard. Lard is the friend of the perinæum, and the more unnatural the condition of the perinæum the more it will do for it. I learned what lard would do for a heated and irritated tissue many years ago, in using it as a local application in erysipelas, where it not only allays local irritation, but calms nervous erythism, and reduces the systemic temperature. Finding its action so genial in a cutaneous disorder, I tried it in dry and heated vaginæ, and found that here, too, it not only acted locally as a lubricant, but that the tissues sucked it up greedily, and seemed to incorporate it, giving to them an elasticity which nothing else does. No other form of grease —vaseline, lanolin, etc.,—can replace lard. Its power of penetrating tissue, especially morbidly irritated tissue, is really wonderful. It also has here, as in erysipelas, the power of calming the nerves and preventing that rise of temperature which comes from worry and excitement. The woman will say, "Oh, how nice that feels," and her face loses that expression of extreme distress, and she bears her pains better. I never, however, use the ordinary lard of commerce, as it is not prepared with sufficient cleanliness; but have four or five pounds of leaf tried out, and kept on hand for the occasion. Used in the form of little nuggets, from the size of an almond to a pullet's egg, introduced high into the vagina, and slowly and gently, but persistently rubbed into the tissues it will break down the rigidity of the most obstinate perinæum, and prevent rupture. This furnishes a sufficient occupation for the doctor during the first stage of labor. The doctor who sits out in the dining-room smoking and telling funny stories to *paterfamilias*, or regaling himself with beef and ale, will probably have a lacerated perinæum to repair; but he who takes care of the perinæum in advance will have little use for the needle afterwards. It is commonly supposed that the doctor's presence is not needed during the first stage of labor, but he can make him-

self as useful then as he knows how to be. His presence in the sick-room will be an annoyance or a pleasure to the patient in just proportion to his adaptability to midwifery work. And during the first stage is the time to rectify malpositions, and to prevent the occurrence of many minor difficulties that are apt to arise in unwatched cases.

It is the doctor's duty to support his wife, but not the perinæum; it is able to support itself; that is what it was made for, and give it a fair chance and it will do it. And a fair chance consists in properly preparing the woman for childbed, and so controlling the downward thrust of the fœtal head that no undue strain is put upon the perinæum; but it will stand without rupture a surprising amount of distention if rendered elastic by inunctions of lard, as already described. To be of real service at this critical moment the obstetrician must have such complete knowledge of the whole mechanism of labor as to do the right thing promptly and automatically. The experienced man knows that the inspiration is born of the emergency. Every case is a law unto itself. The man who works along predetermined lines, and manages his cases after certain set rules, will never achieve the best results. There is no department of medical practice where plain common sense is more helpful than in midwifery.

This address, already too far extended, necessarily leaves many points in this discussion untouched. The relation of the forceps to the perinæum and the selection of the proper forceps, might well claim attention; these are important topics. The various conditions of the perinæum, an undue muscular development, making it firm and unyielding, or the antithesis of this, a pelvic floor so soft and yielding as to allow the too rapid passage of the head; and, again, varicoses, excess of adipose tissue, and other local pathological conditions; the relation of abortion, or attempts at it, to subsequent laceration, would deserve attention if there were time to consider these, but I have already trespassed too much on your good nature.

Just one word in conclusion. Let us strive to develop obstetrics into what it deserves to be, a noble and ennobling art. The supreme test of the real civilization of a people is the care which it gives to its child-bearing women. It is to

the credit of these United States that nowhere in the world does the gravid woman receive such chivalric courtesy as here. It is here, therefore, that we may expect to find the highest ideals of the obstetric art, and its best practice exemplified. Let us honor the memory of our mothers, and demonstrate our loyalty to womanhood, by exerting our best endeavors to make American midwifery the beacon of the world.

NEW YORK. GEORGE W. WINTERBURN.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The International Hahnemannian Association opened its thirteenth annual meeting in the parlors of the Mathewson Hotel, at Narragansett Pier, R. I., on Tuesday, June 21, 1892.

The President, Dr. James B. Bell of Boston, called the meeting to order at 11:30 A. M., with about seventy-five members present. His address as President of the Association was a brief but well read and eloquent summing up of the assets and debits of the Hahnemannian, and was well received by the society.

ADDRESS OF THE PRESIDENT.

It gives me much pleasure to welcome you to this thirteenth annual meeting of our most noble Association. I feel it to be no want of modesty thus to designate this society of men and women, whose high calling it is, to heal the sick in the only pure and perfect method known to man, by unfailing devotion to the divine law of cure, and by a strict adherence to all the principles that grow out of that law. Our patent of nobility, too, comes rather from our calling than from ourselves. However unworthy we may feel ourselves to be, and however imperfect in our attainments, yet we are called, as an Association, to be the official and international custodians of the great legacy left to the world by Hahnemann.

A sense, therefore, of responsibility to humanity should guide all our deliberations, discussions and conclusions. In

casting about for some practical subject for the time-honored "President's address" it occurred to me that, as there is in the commercial world an indispensable process, albeit a musty, dusty and laborious one, called "taking account of stock," and which has to be done once a year, or else all business would come to chaos—so it might be well and profitable for us, after thirteen years of existence as a society, to follow the same process, and to take a candid and honest survey of our assets and liabilities as Hahnemannians, of the discouragements and encouragements of our cause, of the things that are for us, and the things that are against us, that we may know, as well as we can, exactly where we stand, and may be able, on the whole, to press more closely together, and to carry on the work more bravely and steadily than before.

The chief value of such meetings as these comes from the inspiration that they give, rather than from the actual amount of knowledge imparted or received.

Working, as many of us must, almost alone and by ourselves, we need very much, at least once a year, to experience the fellowship of numbers. This is also the time and place, in the sunshine of our united enthusiasm, to face those things that sometimes almost appal us when they come to us in the darkness and solitude of our work. Let us drag forth then all those things that even seem the worst to us, and balance against them all that seem the best, and see if we shall not feel repaid for doing so.

We might find something easier and more poetic to do, but nothing, I think, more practical. The influence of this process, I trust, will be to increase our assets and diminish our liabilities.

As against us we will notice: First, *Our compararative fewness of numbers*, here and in all the world. Our society numbers in active living members about 150, and it would be a generous estimate, I think, to double that number as representing in the whole world all those who may be called true Hahnemannians or who are becoming such.

If we have patients going to other cities, especially in the west and south, how rarely can we recommend a physician to them, and if the patients are going to Europe or England we know of but five or six men in the great cities to whom

we can safely entrust them. We have also lost 23 by death in 13 years, which is a large number for us to lose. The American Institute has about 1,300 members.

What have we to put down as an offset to these facts?

Well, first, I think, *quality* as mentioned in my opening sentence. As I think over the roll of members I should not know where to search in any medical society for men and women of an equal average of ability and character.

If I may judge those whom I do not know, I feel sure that the average of mental power, of intellectual honesty and general professional acquirements; of those qualities fitted to deserve and gain the confidence of the better classes in all communities, is much above that of all other medical societies.

I do not wish to seem invidious in this comparison, but I think that we are entitled to this comfort in view of our small numbers.

I cannot properly cite the names of the living in proof of what I say, but glance over the names of our honored dead, those of whom we know most, Baer, Ballard, Bayard, Brown, the Ehrmans, Fellgar, Foote, Gee, Gregg, Hawley, Keith, Kenyon, the Lippes, Pearson, Wells. Does not the memory of these men sustain my claim?

In numbers, too, our increase has been satisfactory. In 1880 we had 16 members, in 1883 we had 88, and all were living. In 1886 we had 117 living and five had died.

If we add, as we expect to, about 15 members this year, our total of 165 will represent a gain of 1,000 per cent in 13 years, but as that is made up in the first years of those who were already confirmed in the faith, it will be more fair to take the last five years, which will give us an average gain of 10 per cent a year. This will double our number every 10 years and fairly represent the influence of this Association upon the homœopathic profession. Our large death rate we trust will now be reduced, as we add each year so many younger members.

Our third offset to the fewness of our numbers is the extent of our influence as an association. Influence is of course a hard thing to measure, but I feel it safe to assert that if this Association had not been formed 13 years ago there would not have been one-half as many Hahnemannians

as there are in this country today, nor would there be one journal of that type, one hospital, one dispensary, or one local Organon society, or one post-graduate school. The parent society gives strength and courage to all these. I have not had time to look over the recent transactions of the American Institute, but I am informed by those faithful brethren who are good enough to attend the meetings of both societies that the papers and discussions have greatly improved in the tone of their homœopathics since this Association began to loom up as a power in the land. We know how much encouragement it is to the younger men and women who are coming on in the right paths to find such a foster-mother ready to shelter and develop them.

Second. But we must turn again to the other side of the ledger and must observe *the entrenched position of those who are opposed to us, in almost everything but the name.* They have all the colleges and hospitals except an occasional teacher or staff attendant in some of them. They have all the journals but two. The graduates of those schools are rapidly increasing their numbers and, as I much fear from what I can learn, deteriorating in Homœopathy, openly spousing and using the most anti-pathic and allopathic methods.

The total number of so-called homœopathic physicians practicing in this manner in this country cannot be less than five or six thousand. They number many able, and, I have no doubt, honest men of great influence in their respective communities.

If our patients or families find themselves in their localities they will be strongly urged, if ill, to call the popular physician, and will probably do so, and get a dose of Morphine, Quinine or Anti-Pyrine before they get away.

These men also have the control in most of the State and local societies, as well as in the Institute, and are thus extending their influence by their reports and discussions.

Per contra to the entrenched position of the "liberal" wing of our school we have much to encourage us. Whether we will it or not, Homœopathy in the public estimation, in its legal and social status, stands as a unit, and the number of the physicians, the extent and work of the hospitals, schools

and dispensaries redound to the credit of all and save us all from being pariahs, out-casts and martyrs as were our predecessors of a generation or two ago.

Those representatives of our views who are attached to these institutions are doing good work, so far as I know, and entirely unhindered by those with whom they are associated.

I am sure that Dr. Wesselhoeft and I have no fault to find with our colleagues in the Massachusetts Homœopathic Hospital, and we have often been pleasantly surprised to find the internes, who had been appointed solely on their merits, were also good Hahnemannians, and this without any effort or even knowledge on our part. Three such, since graduated, are present at this meeting, or will be here. I also expect that before we close this session we shall have reports from several institutions already in existence, or about to be organized, in addition to the Post Graduate School of Philadelphia and the Rochester Hahnemannian Hospital. In many journals there are scattered articles and reports which are sound and instructive in pure homœopathic principles. We have now every reason to believe that, if we are faithful and united, we shall see these tangible and visible proofs of vitality and growth in the shape of new institutions and public services as the sure result.

Third. We must turn again to the other side, and find our next count to be, *the danger of disruption*, even in our small body, and this danger never greater than now. There have always been diverging elements and interests in the Association, personal, professional, temperamental, and perhaps geographical, and there is danger now that the centrifugal force may become greater than the centripetal.

The moon falls, as all falling bodies should, according to law, sixteen feet every second toward the earth, but it also travels just far enough in its every second to find the earth moved just sixteen feet farther away. If this balance of forces should be lost something disastrous would happen. Two bodies of equal weight and moving with equal force, meeting at right angles, move off *together* in a new direction. This resultant motive is *progress*. But if these bodies meet in opposing directions, the result is heat and destruction.

This very tendency to dissension is keeping many valu-

able men out of the Association. Only a few days ago I had a letter from one who is the peer of any of us in character, skill and faithfulness to our principles, in which he said, "I have always tried to practice Homœopathy faithfully, as you know, but I have never become a member of the I. H. A., because I did not wish to be bound by an iron-clad interpretation of homœopathic doctrine." I know of many others who are kept away from us by the same impressions and sentiments, who would do us honor as members and who ought to be with us.

What do we find now upon the credit side of the ledger?

The spirit of union is stronger than the spirit of dissension. The spirit of brotherly confidence, respect and affection is stronger than that of doubt, discord, and censoriousness. This has proved to be so for 13 years, in spite of all tendencies, and I believe it will be so still,—only we must see to it that it is so.

The very cause of possible disruption is to some degree a favorable one. We cannot occupy the advanced position which we do unless we are persons of strong individuality, deep convictions, courage and strong wills. We are not men and women of policy, but of principles. We are not luke-warm, but in hot and eager earnest in following our convictions. As these differ, the result will be a strong centrifugal force.

But the balancing force is absolute unity in purpose and in fundamentals, and we must see in all our discussions and decisions this balance is not lost.

Thus each of us, revolving in his own orbit, and together around the central sun of pure Hahnemannian principles, will form a little solar system of our own, with room for even a comet or two, with or without tails, and this will make an ideal I. H. A., both for the present and the future.

The resultant motion of heavy bodies, moving rapidly and meeting thus at right angles, will be progress and life instead of injury and death.

I should be glad to utter a warning upon this point, the effect of which might last for many years, long after many of us shall have the star before our names upon the roll of members.

I am the more confident that this will be so because I can conceive of no selfish or personal advantage to any of us in having it otherwise; we all know the weakness of poor humanity upon the side of self, but we have not come into this Association for gain, whether of honor or filthy lucre, or for the sake of having our own way. I have not heard that the Secretary or Treasurer has gotten rich out of it or that any President, chairman or censor has added in any way to his professional laurels by serving in the post to which we have called him, or that any of us have been gainers privately and professionally by our membership.

It may be different an hundred years hence, but I trust that the same simplicity and singleness of aim which brought us together will govern us to the end.

Fourth. We come now to things which we have to meet in single combat. Let us group them together.

a. The popular impression that the old school has been much improved by the new, so that it does not make much difference, after all, what kind of a doctor is employed if he is only one who "does not give much medicine."

b. The popular impression that anything is homœopathic which bears the name, whether it is a doctor or a nostrum from a "homœopathic" pharmacy.

c. Popular indifference to the danger of the prevalent abuse of fashionable drugs, Quinine, Anti-Pyrine, Bromo-Caffeine, etc., and the difficulty of convincing people of this danger.

d. The popular love of dosing in general with nostrums, tonics, bitters, plasters, and salves.

e. The difficulty, ever in semi-homœopathic families, in keeping patients from taking the great variety of sure cure mineral waters, and applying "Pond's Extract" to every accessible part of the human body.

f. The difficulty of impressing people with the true pathology, especially in chronic diseases and thereby leading them to give sufficient time for their cure.

g. The popular impression increased by the multiplication of specialties, of the necessity of local treatment for all sorts of affections.

h. The occasional failure of our best efforts and most

faithful labors—followed perhaps by the success, or apparent success, of some allopathic brother in the same case.

These are enough for our present purpose.

Are there any encouragements to apply the only remedy to these difficulties, viz.: *a campaign of education?* Can we overcome ignorance, prejudice, false conceptions, bad habits of thought and action, love of immediate ease and comfort, and the mighty weight of authority against us?

I think we can all see signs of improvement along these lines. In those families, and with those patients who have been long with us, we hear no more of those things. It is mostly with the new patients that we have these difficulties, and even with them it is often very interesting to notice how they gradually get rid of all these ideas and practices, which trouble us.

I think we have every encouragement to persevere in giving the light of truth and wisdom upon all these points,—but I must pause right here to inquire if we are really doing it as we should? and how it ought to be done?

I spoke of the matter in my letter of acceptance, and will now say further that I think we are very deficient in proper literature, simple, plain, brief, pointed tracts or leaflets, fully explaining our philosophy, methods and purposes, and opposing the errors and practices of which I have spoken.

The year which marks the appearance of such a set of tracts, or a variety of them, will be a red letter one in our calendar. Some of our most brilliant men or women must do the work, and let many of them try, and the fittest productions survive. Let some of them deal with principles, some with abuses and errors, some with objections and difficulties. Political parties and religious societies know well the importance and value of good expository literature, and make free and constant use of it. I am fully persuaded that the want of it is one of the greatest hindrances to our rapid and solid growth today.

Personal interviews accomplish much, but quiet home reading will do a great deal more, impresssing as it does the eye as well as the ear, and more lastingly. We need fear no rivals in this field for a long time. We could use thousands of such tracts every year. I recommend that a committee be

appointed to consider the whole matter, to invite and solicit members to take up the work, to receive and pass upon such tracts as may be presented, to accept such as meet the requirements, and to arrange for their printing, in a neat and attractive style, by the association for its benefit, and bearing its its imprint and approval.

Fifth. There is another subject which is difficult to classify, because it seems to be both for and against us, as we look at it from different sides, but on the whole I place it upon the credit side of the ledger. I refer to the subject of recruits, whence and how they come. There is a law in the making of pure homœopathists which the evolutionist would call the survival of the fittest, and the Calvinist the election of grace.

We all recognize this law, I think, but it has not received sufficient attention. It is important that we bear it in mind, in order that our efforts may be wisely directed towards increasing our number. The fact seems to be that not every man or woman, under the most favoring circumstances, can comprehend, accept, or follow the teachings of Hahnemann in their purity and completeness. It is useless to waste time with such. They may have great ability and gifts in other directions, but they can no more become followers of Hahnemann, than may of us perhaps could become disciples of Beethoven or Mozart.

They have no ear for that kind of music. Do we not call to mind prominent men of decided talent, great industry and devotion to their work, who began their career under the best instruction, even under Hering, Dunham or the elder Wesselhoeft, and who ran well for a time, as we know by records of their former work, but who have now gone entirely over to the other side, and promulgate teachings, which logically carried out would wholly destroy Homœopathy as it seems to us.

I am not going to attack them for this. The trouble is in their make-up, and I only cite them as illustrations.

On the other hand, how many of us have come up out of the darkness of Egypt and across the waters of the Red Sea; have rowed up stream and against the tide; have climbed from the shaded valley to the sunlit mountains, *always toward the light.*

Take our Sherbino or Cohen in the southwest, our Chapman or Martin on the Pacific, our Balch of the northwest, our Holmes of Omaha. These men and many others, although cut off from the personal teaching and example of the fathers and brethren, yet how rapidly they have grown into the stature of full men in the faith. We and they take no credit for this. We are also made up that way. I doubt if any of us really could have been mongrel homœpaths or allopaths any more than we could have been tight rope performers or prize fighters.

We should sooner have perished with disgust and disappointment if condemned to those delusive methods of healing the sick. The law seems to be that certain ones, here and there, will struggle towards the light as soon as their longing eyes perceive it. Our simple duty then is, *to turn on the light*, to keep it bright, and to lead them gently to it.

That I conceive to be one of the chief functions of the association.

Sixth. I give you now one asset which covers all liabilities and leaves us a very large surplus. *We are in the right and we know it.* This may sound very bigoted, very narrow, very illiberal and very opinionated to some, especially to our friends on the other side. There are so many conflicting opinions upon politics, religion and medicine, that some say we can never know when we are right. That we must always be in a more or less hazy and uncertain condition upon all these subjects, just because other people are just as sure they are right as we are. Now this view of things assumes that there is no such thing as certainty in anything, either because there is no abstract or concrete truth, or else that we poor human beings can never attain to it. If this were true our courts of justice, both civil and criminal, might as well go out of existence at once, because both sides appearing there for trial are equally sure of the justice and righteousness of their cause. But for all this, the judges and juries hear the cases, weigh the evidence and listen to the arguments, and on the whole reach wise conclusions and render substantial justice. With minds properly poised in the judicial attitude, and with like processes, we may do the same. Somebody must be in the right and why not we?

Homœopathy has been on trial about eighty-two years, and now presents a great mass of evidence, in the form of arguments, reflection and experience, and our verdict is unanimous and cannot be set aside.

I do not believe you can find anywhere a hundred and fifty men and women, who are more solidly convinced of the certainty of their position than we are. No failures can daunt us, no imperfection of knowledge or means can discourage us, no taunts or sarcasms can affright us.

Turn by contrast to the other side, whether in ours or in the other school. A wide reading of the journals and best text-books, will show you that our friends have some certainty in pathology and diagnosis, but when it comes to therapeutics they are practically agnostics. They *don't know* whether they are really doing any good or not, and the size of the "don't know" increases with their experience.

Sometimes, indeed, an occasional cure with a similar remedy, accidentally selected, will set them off all in a flutter to try and do it again on any case of like name, with the usual painfully disappointing result.

I am so thankful that I not only know that we are right, but I know it more surely every day, as the evidence accumulates from each day's work. I do not forget that we sometimes do say "we know," even almost through our tears, when after faithful work we see death at last the victor. But even here we can say this as no others can, for the memory of many sure and swift successes, of hard fought battles won, enable us to do this.

We have most of us shown the depth of our convictions by trusting those dearest to us, to the purest Homœopathy, in the most dangerous conditions, and I have no doubt, that many of you as well as I, have had your reward for this faith in their speedy and perfect cure.

These convictions will doubtless be deepened by what we shall hear at this meeting. We know we are right, because we are founded upon the immutable laws of nature.

Here is a paradox: We *conquer* nature in proportion as we *obey* her laws. All progress in the sciences is but a record of greater *obedience* to laws which were either unknown or but partially understood before. All the recent progress in

electrical science and art illustrates this, and these are whispers of yet much greater things in this department, just at hand, all to be yielded to fuller knowledge and better obedience.

Now, we want to be just as broad and just as narrow as nature and nature's laws, and I can conceive of no other rational place for a rational man to occupy.

Bigotry, exclusiveness or narrowness, do not reside in the intellect, nor in the strength and firmness of intellectual convictions, but in the *spirit towards others* with which convictions are held. It will be a great gain to scientific progress in many directions when this fact is more fully apprehended.

At the close of the address Dr. B. Fincke presented to the Association a fine photograph of Hahnemann, with the request that it should be exposed in full view of the members during the meeting.

The report of the corresponding secretary, Dr. Wm. P. Wesselhoeft, was meager, consisting of two letters. His efforts to get information from foreign homœopaths, although persistent, were for the most part unavailing. One letter was from Dr. C. W. St. Johns of the West Indies, the other from Dr. Anser of Germany.

Dr. Wesselhoeft also announced the encouraging fact that in all probability there would soon be established in Boston, on good and solid foundations, a homœopathic hospital. It was due to the munificence and magnanimity of a man who was rich, and who had experienced in his own person the benefits of genuine Homœopathy. The management would be by genuine homœopaths only, and the institution would be generously remembered in the will of the donor and supported during his life. He begged, therefore, to propose three rousing cheers for Charles N. Melon of Boston, which were lustily given.

The treasurer's report was eminently satisfactory, and showed a balance on hand of over $329.

The report of the necrologist followed. Drs. P. P. Wells, E. A. Ballard, G. M. Pease, R. H. Bedell, T. F. Pomeroy and H. H. Hatch had died since the last meeting, and received eloquent and fitting tributes from Dr. B. LeBaron Baylies.

The various societies represented by delegates were then given an opportunity to report.

Dr. T. S. Hoyne made a verbal report as delegate from the Materia Medica Club of Chicago, and also from the Hering College of Homœopathy, and on its behalf announced its organization, stated its aims and intentions, and asked the support and endorsement of the Association.

This report was received with great enthusiasm. It was conceded that a college in which all the professors were Hahnemannians was one of the crying needs of the hour.

Reports of progress were received from delegates from many Organon societies and Materia Medica Clubs from widely separated parts of the country.

Dr. W. M. Johnson spoke earnestly and warmly in behalf of the Post-Graduate School of Homœopathics of Philadelphia.

Dr. King read a letter from the Dunham Medical Society of Chicago, informing the Association of the proposed publication of Gregg on Diphtheria under the auspices of that society.

Drs. Howard Crutcher, L. A. L. Day, G. W. Winterburn, John H. Fitch, Alvah Harvey, Volney A. Hoard, F. W. Patch, John Storer, W. E. Waddell and E. E. Reininger, being favorably reported on by the board of censors, were then severally elected to membership, and Drs. Milton Powell, Evelyn C. D. O'Brien, Alfred J. Norman, A. L. Geddes, Ira W. Dennison and D. C. Adams to junior membership of the Association.

The charges preferred against Dr. J. B. Bell of Boston, by Dr. Harlan Hitchcock of New York, were next taken up for consideration. It was moved and carried by a large majority that the consideration of these charges should be indefinitely postponed.

The Bureau of Homœopathics, Dr. B. Fincke, chairman, was opened at the evening session with a philosophical and thoughtful paper by the chairman on the Dynamical Spirit-like Force. Dr. A. R. Morgan followed with an excellent paper on the Question of Dose.

A paper on the Philosophy of Homœopathy by Dr. J. H. Allen of Logansport, Ind., and a translation of a very inter-

esting paper by Dr. Gustav Jæger, relating to some interesting experiments with various homœopathic potencies, pleasantly occupied the major part of the time of the evening session.

The greatest amount of discussion, however, was excited by Dr. A. G. Allan's paper on paragraph 16 of the Organon. This brought up the question of repetition of the dose, a never failing red rag to the average Hahnemannian, as it is a question that allows some room for difference of opinion.

During the afternoon session on Wednesday Dr. J. B. G. Custis announced that there was a project on foot, originating in the American Institute, to erect a monument to Samuel Hahnemann in Washington, D. C., and that a monument to Hahnemann, in which the International Hahnemannian Association did not have a hand would be an unheard of thing. He therefore proposed that a committee of three be appointed, who should receive contributions from the members of the Association for that purpose—the sum raised to be handed in in the name of the Association. Some few members objected to contributing in this way, as the contribution would be merged with the Institute. The question was raised—would the name of the American Institute appear on the monument?

Dr. Custis answered that he could not give a guarantee that such would be the case, but still he could say that his idea was that the statue was to be erected by and in the name of the homœopathic physicians of America. In that light the members of the International Hahnemannian Association would certainly want a hand in it. The consideration of the matter was referred to a special committee. Three long sessions were held on Thursday, during which a large number of exceedingly interesting papers were read and discussed. At this time also the committee on the President's address reported, congratulating the society upon its sterling character. It suggested that the President's estimate of available Hahnemannians in the world was too small by about one-half, and advised that the secretary be directed to communicate with the Organon clubs and Materia Medica clubs as far as known in this country, in order that a list of names and addresses of members might be furnished the Asso-

ciation for publication in the transactions. Also that the corresponding secretary be directed to communicate with foreign Hahnemannian physicians with the same object in view.

A paper by Dr. Fincke on the effect of potentized remedies on chickens called forth the greatest amount of discussion, and a very large number of cases were reported of rapid cures of serious cases of sickness in horses, cats and dogs—cases of great importance, for they eliminate the elements of faith entirely.

One of the most interesting papers of the session was that of Dr. Stuart Close on vaccination. Dr. Hitchcock also presented a paper on this subject, including a legal opinion on the subject of compulsory vaccination. These papers excited a great deal of discussion, the sense of which seemed to be, with very few dissentient voices, unfavorable to vaccination. Homœopathic vaccination by the internal use of potentized Variolinum was spoken of with favor. The following resolutions were offered:

Resolved, That vaccination with the crude virus is in practice and theory contrary to the law of Homœopathy, and without fact or logic for its support, and the practice is hereby condemned.

This resolution was not adopted but referred to a special committee consisting of Drs. Close, Custis and Allen, to report at the next meeting of the Association in 1893. The following resolution, however, was unanimously adopted:

Resolved, That compulsory vaccination is unjustifiable and contrary to the rights and privileges of the people.

The first order of business on Friday morning was the election of officers and resulted as follows:

Dr. E. Rushmore, president; Dr. T. S. Hoyne, vice president; Dr. S A. Kimball, secretary; Dr. Frank Powel, treasurer; Dr. S. Long, corresponding secretary; Drs. Wm. P. Wesselhoeft, H. C. Allen, A. R. Morgan, E. T. Adams and B. LeBaron Baylies, board of censors; Dr. Allan B. Carr, necrologist.

The following gentlemen were appointed chairmen of the bureaux which appear after their names:

Dr. G. H. Clark, Materia Medica; Dr. A. R. Morgan, Clinical Medicine; Dr. Julia M. Plummer, Obstetrics; Dr.

W. L. Reed, Surgery, and, as previously mentioned, Dr. B. Fincke, Homœopathics.

After this business was satisfactorily disposed of, the Bureau of Obstetrics was opened and four papers read. A short discussion followed and, there being no more business, the meeting was adjourned.

Thus closed one of the most sucessful and profitable meetings of an Association noted for the high class character of its work. The papers were almost without exception scientific and scholarly, and the discussions fair and impersonal.

Harmony, zeal and confidence are the striking characteristics about the meetings of the International Hahnemannian Association. Harmony in principles and practice, zeal in their diffusion, and confidence in their truth.

J. B. S. K.

THOUGHTS ON THE PSORIC MIASM.

It would be impossible to give more than a passing notice of psora in the necessary limits of this paper, though we hope to present a few facts in relation to this, the greatest of chronic miasms.

The discovery of psora as a cause of chronic disease is peculiarly the property of Homœopathy, for, so far as we have been able to learn, no medical writer anterior to the writings of Hahnemann had hinted at psora as a deep seated chronic miasm, much less demonstrated the truth of the theory by actual practice.

This psoric theory, as many are pleased to call it, was not a child born of the imagination, as they would have us believe, but it was the result of twelve years' painstaking labor and investigation, during which time Hahnemann had put his theory to the severest practical test, and as a result it had borne ripe fruit in the way of cures long before he announced it as a truth, the understanding and application of which is the only principle that has ever guided the physician to the curative remedy in chronic diseases.

When we turn our attention to the life work of Hahnemann we can but regard him as the greatest of medical philosophers, and yet we can have but the slightest glimpse at the enormous amount of thought which he must have

expended in clearing away the debris of effete and exploded medical systems to give place to his theory of the psoric miasm, which he erected on the broad and eternal foundation of truth, where it will stand as a monument to his genius and a guide to the treatment of chronic diseases during the lapse of the ages.

Strange as it may appear, all who claim to be homœopathic physicians do not endorse those potent facts so plainly taught in sections 79, 80 and 81 of the Organon.

"They by their opinions, oppositions and strange imaginations attempt to substitute a better plan," hence we do not find them treating the cause of disease but its effect, which leads them into all kinds of by and forbidden paths until they are hopelessly lost to the art of healing.

Overwhelmed by the mist of polypharmacy, or what is the same thing, medicines in alternation, they satisfy their conscience by treating an external manifestation of an internal psora by local remedies, ignorantly subjecting their poor confiding patient to some one of the results which are named in section 80 of the Organon.

Dr. O. W. Holmes in his "Essay on Homœopathy and other Kindred Delusions," dismisses the subject of psora in these words: "It entered into my original plan to treat of the doctrine of psora or itch—an almost insane conception, which I am glad to get rid of, for this is a subject one does not care to handle without gloves." Such is the disposition of a profound and important subject, hardly worthy the reputation of so learned a man; but it is a happy illustration of the words of the greatest of teachers: "They have ears but they hear not; they have eyes but they see not."

He who would touch the sympathetic chord and cause it to vibrate in perfect harmony must do it with an ungloved hand; and those who would comprehend the doctrine of psora as taught by Hahnemann and his followers must approach the subject with a clear head and an honest heart.

Ever since the morning on which Adam learned the external application of fig leaves it has been appointed unto man to eat his bread by the sweat of his brow. On the other hand, it is no compliment to our knowledge of a profound subject to dismiss it without an investigation as to whether it

is true or false, and these conclusions cannot be definitely settled in the minds of those who have not arrived at mature judgment through the "sweat of the brain."

I do not think there are many who would have anything like a correct idea of psora by reading sections 79, 80 and 81 the first time. But what physician who has given those sections of the Organon careful and patient thought, standing in the light of experience, will say that the doctrine of psora as taught in the above named sections is a delusion and has no foundation in fact? The opponents of Homœopathy, and even some who are favorably inclined to the law of cure, insist that psora and the itch are synonymous, but unless I am mistaken the Organon does not so teach, but it does teach that psora is the result of scabies—or itch—which if left uncured may be and often is transmitted from generation to generation, and in this way becomes more potent from having passed through the systems of so many different individuals. This is a fact in harmony with the law of potentization, and while observation teaches that scabies in its primary stage is not a difficult disease to cure, psora in its different forms may severely tax the skill of the physician, and when complicated with either of the other chronic miasms (syphilis or sycosis), it may defeat his best efforts. See section 206 Organon which teaches the possibility of a complication of the above named miasms.

But it is the secondary symptoms of psora with which we, as homœopathic physicians, have to deal—some deep seated dyscrasia, handed down from our ancestors from generation to generation in its numerous forms, with its multitude of symptoms—presenting every phase of acute and chronic difficulty known to the catalogue of diseases. From a large experience in the treatment of both acute and chronic diseases I am more than satisfied that if it were possible to eradicate the psoric miasm from the human family that sickness would be reduced to the minimum, and, barring accident, man would live to a painless, happy old age, and fall quietly to sleep in death.

The fact that psora is a potent factor in all diseases, both acute and chronic, has not escaped the observation of a large number of physicians who have had an experience in the treatment of the so-called zymotic diseases, as small pox,

scarlet fever and measles, from which object lesson they have learned that the malady will be mild or severe in ratio to the individual psoric condition of the patient.

In conclusion it may not be amiss to say that though this scientific discovery cost Hahnemann years of patient investigation and thought, he so thoroughly simplified and demonstrated it as the only principle which accounts for a large majority of human ills, that a failure on the part of the physician to investigate the doctrine of psora in all of its details cannot be regarded as a neglect of duty only, but, in the light of the success which has ever attended its true and faithful adherents, such neglect becomes a crime.

Section 80 of the Organon is replete with practical suggestions which shine as brightly as a beacon light to guide the homœopathic craft clear of the rocks and shoals of empiricism.

CLINTON, N. Y. I. DEVER.

SURGERY VS. MEDICINE.

The public has become so enamored with the word surgery that a physician who should say to his patrons that he is a physician and not a surgeon, would be ostracized and looked upon as a nincompoop, in whose hands the lives of the community would be in jeopardy. What does all this mean? Whither are we drifting? Is it generally believed that medicine is a deception and a snare, and that the medical profession is a fraud?

The surgical treatment of disease has become so popular that the once prevalent idea that there existed such a thing as "Science of Medicine" has been forgotten, and today the laity and physician have gone crazy on surgery. Every M. D. has assumed to be a surgeon, and the result is that diseased conditions once treated successfully by the indicated remedy are now treated surgically, and the patient is forced to undergo a surgical operation, generally by an unskilled operator, because it meets the requirements of the latest fad, and the approbation of the people. The subject may die, but the skill of the operator is not impugned. Medicine has become, in the hands of a large majority of physicians, an unknown quantity, and is prescribed empirically.

What has caused this change of base? It is because surgery offers positive results and the application of medicine does not. Surgery is mechanical, medicine theoretical. The former deals wholly with material things, while the latter deals with the manifestation of life, which is unseen, unfelt only by the senses. The tendency is toward materialism.

The craze to perform laparotomy in almost all cases of uterine or ovarian irritation, a large majority of which would yield to good homœopathic treatment, has resulted in sacrificing scores of useful lives, simply to appease that insatiable desire for gore. Women who would have lived to a ripe old age in fair health have been induced to submit to a hysterectomy, being led to believe that in these days of surgical lore and antiseptic methods that the risk is nil, and that those doleful days of misery she is destined to suffer will speedily end, and that the operation will give immediate and certain relief to all her ills and pains.

These surgeons will be met on the other shore by many a patient who will welcome them to their long home and greet them with the biblical phrase: "Welcome here, for when I was sick ye visited me, and when I was in distress you cut short my earthly career that I might go on before."

Surgery is all right in its place; but the prominence given surgical men in our state and national societies leads the practitioner to believe that there is no royal road to professional fame only *via* surgery.

When I say that it requires more skill to treat a child successfully that is suffering with diarrhœa than it does to perform laparotomy for pio-salpinx, you may think me somewhat of a jester, but any one who will candidly look at the facts will agree with me in this seemingly extravagant assertion. While 45 per cent. of all children born die before they are five years of age, it would seem that there is a wide field to demonstrate the efficacy of drugs in this line alone.

In the treatment for cancer of the uterus the application of drugs in these serious conditions, even in the most crude and unsatisfactory manner, could not show a much poorer record than surgery does.

Vaginal hysterectomy for cancer is the fad of today. Let us look at the records as published in the Annals of Surgery.

M. Bouilly, up to 1890, had performed fifty vaginal hysterectomies for cancer, with *sixteen* deaths from operation—this is a 32 per cent. death rate from operation alone—but recent statistics show only 23½ per cent. of loss.

Seventy per cent. relapse within two years, making 93½ per cent. unsuccessful; and even after two years quite a number relapse, making the per cent. of recoveries still less; just how many is not known. We are safe in saying that only about five per cent. of all cases of cancer of the uterus get well by surgical measures. Now is it possible that medicine, if properly understood and homœopathically applied, would not show a better result than surgery? Cancer today is considered an incurable disease, because we have not as yet found the drug whose pathogenesy corresponds to the cancerous condition.*

It may truthfully be said that the practice of surgery as applied to the diseases of women today is born of a distrust in medicine, and the more skilled the surgeon the less faith he has in medicine. Did you ever see or hear of a surgeon in the homœopathic school who believed in high potencies? † On the contrary, did you ever see a homœopathic physician who believed in high potencies and dynamization of drugs that believed in surgery except in emergencies?

Surgery should be a *dernier ressort* when medicine fails, not as it is applied by the empiric, but by the believer in "similia similibus curantur" and after an honest effort has been made to restore the equilibrium of the body by the skilled application of drugs and other more humane methods now known to man.

The greatest field for renown today is in the study of materia medica. Carrol Dunham says, "a study of materia medica will yield a better return than any other department of medical science."

A return from the sanguinary fields of surgery to the more peaceful pursuits in the study of drugs will help restore

* Cancer must be cured in the premonitory onset, if cured at all, and for this condition we have an armamentarium now if properly applied. No single remedy will ever be found equal to the task.—ED.

† Yes! we have Bell, Carleton, Gilchrist, and perhaps others who not only believe in but use potentized remedies in practice.—ED.

Homœopathy to its rightful position as the great benefactor of the human family. Let *surgeons* who are *surgeons* follow in the wake of the true physician and not lead the van as the conqueror goes forth with sword to conquer or to kill.

TROY, OHIO. J. W. MEANS.

WORLD'S CONGRESS NOTES.

The decision of the American Institute to hold its next session in connection with the World's Congress of Homœopathy at Chicago, in 1893, will insure the largest and most representative meeting of our school ever held.

* * *

The congress will convene Monday, May 29th, 1893, and continue its sessions through the week, the last session being held June 3.

* * *

The International Hahnemann Association has been invited to take part in the Congress.

* * *

The Great Northern hotel—new and elegantly furnished—absolutely fire-proof, has been engaged for the headquarters of the Congress. It is about three blocks from the Art building, where the sessions of the Congress will be held. Rooms will be furnished at regular rates. Application should be made at once to Dr. J. H. Buffum, Venetian building, Chicago.

* * *

The magnificent Art building, to cost $1,000,000, in which the meetings of the Congress are to be held, is now being rapidly built, and will be completed May 1st, 1893. It will contain two audience rooms, seating 3,500 each, and a dozen or more halls, seating from 300 to 700 each. Ample facilities will be afforded for introductory exercises, general sessions, and committee meetings, under the same roof.

* * *

The new four mile intake will be ready for use in a few weeks, and Chicago will then have one of the best systems for securing pure water in the world.

One of the most interesting studies for physicians at the Exposition will be its sewerage system; 6,000 sanitary closets will be built in marble compartments. From these the sewerage will be conveyed to large tanks at the southeast corner of the grounds, there purified by chemicals, its solids pressed into cakes and burned in furnaces. Arrangements are made for a permanent city of 300,000 inhabitants. This method will therefore receive a thorough test.

* * *

It is hoped that the attractions of the Exposition, with those of the Congress, will secure a large representation of physicians of our school from foreign countries. The committee will make earnest endeavors to secure such delegates.

CACTUS GRANDIFLORUS. *

The proving of this grand remedy was made by Dr. Rubini and wife, of Naples, Italy, leaving effects of the poison remaining in the system for many years.

Cactus is particularly characterized by constrictions, periodicity and spasmodic pains. Spasmodic pains, periodically returning at longer or shorter intervals, sometimes marked by rapidly returning spasms, with a rebate of a longer interval, taking place with great regularity. These pains cease, and come again; cease and come again.

Cactus is also noted for its violent congestions to the head with heat and throbbing like Glonoine and Belladonna; the blood vessels leading to the head are enormously distended, as in those remedies.

Cactus has a broad field in all organs or vessels in which are found the circular muscular fibres, hence we read such symptoms as follow: Sensation as of the clutching of an iron hand upon the heart, or as if a band prevented the normal movements of the chest, as in myelitis. We have constrictions of the heart, of the sphincters, of the circular fibres at any given point in the alimentary canal, of the uterus, scalp, abdomen, of the knees, and all joints.

We have dryness of the tongue, as if burnt with constriction of the œsophagus; patient needs large quantities of fluid

---

* Notes from a lecture by Prof. J. T. Kent, M. D.

to force the food down the canal; constrictions of the throat as in Lachesis and Apis.

Spasmodic constrictions of the uterus, causing her to cry out with pain. Cactus pains are so violent that she must cry out even if inured to pain. Chamomilla cries out because of increased sensibility to pain.

Constrictions in the bladder, causing retention of urine; in the vagina, causing vaginismus and preventing coition; in the anus, preventing stool; in the hypochondria; of the diaphragm.

You would naturally expect to find in a remedy so full of congestions to the various organs and vessels abundant hæmorrhages, and we do find them. Hæmorrhages from the nose, lungs, uterus. The blood is b ack, pitchy and very readily coagulable. Many of the symptoms are aggravated by lying down; many of the conditions come on when lying down. Menorrhagia ceases when lying down, hence the provers wrote, "flow only in the daytime." The symptom is drawn from the cessation when lying down. The ready coagulation of the blood, the cessation when lying down, will exhibit this condition; we will find great accumulation of blood in the vagina while lying down, which will coagulate in large, black clots, flowing away quickly upon assuming the upright position.

Hæmorrhage from the kidney falling into the bladder, forming clots before the urethra, causing the symptom of dribbling of the urine, like Conium, Clematis. When the clot can be forced away, the urine flows freely again. In Conium and Clematis the symptom is caused by constriction of the inner sphincter of the urethra.

Headache, associated with heart symptoms, worse upon the right side, flushed, red, or bluish face; a sense of great weight on the top of the head, ameliorated by pressure and associated with heart symptoms. Headache, if obliged to pass the dinner hour, like Ars., Lach., Lyc. Blue, cold hands and feet associated with pain in the back of the head and with constrictions of the heart—hands and feet feel enlarged, especially the left hand; it may be but a sensation or it may be a reality.

The cardiac symptoms are more marked than those of the

lungs; yet, we find profuse, salty, and sometimes offensive expectoration. We find numbness and tingling of the left hand, associated with heart symptoms, as in Puls., Rhus, Lach., Dig. Rhus has numbness and pain of the left hand.

Cactus is a frequently indicated remedy at the climacteric period; also in hysteria, associated with heart disease. In hysteria the patient is seemingly unconscious, refuses to talk. After the first few cases hysteria will cease to frighten you, and you will learn to recognize it, no matter how violent the form it takes, or how many relatives think she is dying. It is always a woman you know. There is something in the very position the body assumes, something in the motion, in the effect of the whole picture, that betrays to your practiced eye hysteria. In the Cactus patient during hysteria, watching closely you will find evidences of the symptoms, numbness and tingling in the left arm being present; the arm feels uncomfortable even in this semi-conscious state, and almost unconsciously she picks at it to restore the sensation. At times you will find she has taken the skin off in little bits with her nails, quite over the arm.

Mental.—During menses, hysteria. Preceding the menses, aggravations, showing great irritability of the uterus; cries, she knows not why. Consolation aggravates like Natrum mur.; unaccountable sadness; fear of death with melancholy and despondency. Thinks he cannot be cured; thinks he has heart disease, or worries about some other incurable disease.

Increase of pulse.—Good prescribers and students of the materia medica have made quite a study of its effects upon the heart murmurs, the results having proved the observations to have been of value. In the provers Cactus did not produce organic disease of the heart, but so many of its symptoms are similar to those found in disease of that organ that, in the hands of good prescribers, it has proved of great value in treatment, and of sufficient breadth to clear up and cure cases that had heretofore been considered incurable; as remains of endo-carditis, etc.

A pain in the chest occurring without organic disease is of more value as a symptom for a remedy than those occurring in organic disease, for in the latter conditions, before we

realize that which we are doing, we are led to prescribe for pathological changes to our utter discomfiture.

Cactus has all the weakness and coldness of the extremities usually found in organic lesions of the heart; another reason why it is broad enough to cover and cure these conditions. Cactus is a great heart remedy.

Cactus has a chill, fever and sweat, aggravated according to time, 11 P. M. and 11 A. M. It may be at 11 A. M. one day, at 11 P. M. the next, or it may come each day at 11 A. M. No thirst during chill; violent thirst during sweat, like China. Fevers from exposure to the rays of the sun; arteries are more involved than veins. Affections are of the arteries and arterial side of the heart. Extremities ameliorated by heat; body needs the heat, yet head is aggravated by heat, like Phosphorus. S. L. G. L.

THE TWO METHODS OF HOMŒOPATHY.*

Our highest aim as physicians is to relieve and cure the sick as promptly, safely and permanently as possible.

Whatever will accomplish this end should be adopted by all, and whatever fails should be cast aside.

Hahnemann's law — *like cures like* — we as physicians have adopted as the very best to secure this end. He gave the system its name Homœopathy; and the methods he adopted for the cure of disease we profess to follow. But in many cases treatment of disease by professed homœopaths certainly does very widely differ from the rule he laid down, viz.: the indicated remedy—*not remedies*—from the totality of the symptoms.

With Hahnemann there was no polypharmacy, nor alternation of two or more remedies; but he ever and invariably taught and practiced as well the use of one remedy at a time.

I propose to present a few thoughts this evening in regard to these two methods of practice:

Those who practice the alternate use of remedies doubtless believe the employment of two medicines is justified rationally.

---

* Read before the Omaha Homœopathic Medical Society, June 16th, 1892.

First. By the complex or compound nature of disease.

Second. By the insufficiency of the recorded pathogenetic effects of one medicine to cover all the symptoms of a case.

Third. By its success in practice.

I remark in answer to the first reason given viz: The complex or compound nature of disease. — That Hahneman's statement in the Organon Section 169 is worth repeating as an answer.—He says:

It may easily occur on examining a disease for the first time, and also in selecting for the first time the remedy that is to combat it, that the totality of the symptoms of the disease, is found not to be sufficiently covered by the morbific symptoms of a single medicine. And two remedies dispute the preference as to eligibility in the present instance. The one being homœopathic to one part of the disease, and the other still more so to another. It is then by no means advisable, after using the preferable of the two remedies, to take the other *without examination;* because the medicine given as the inferior of the two, under the change of circumstances, may not be proper for the remaining symptoms; in which case, it follows that a suitable homœopathic remedy for the new set of symptoms should be selected in its stead.

The second reason.—The insufficiency of the recorded pathogenetic effects of one medicine to cover all the symptoms of a case—therefore use two or more in alternation.

That is, use bipharmacy or polypharmacy, leaving the totality of the symptoms with the single remedy out of consideration; and assuming that two or more remedies will be more successful than one. But this is in line with the so-called scientific medicine; and leads me here, to record the following broadside into an epileptic patient not a great while since.

"Recipe—Iodide Potassa
Syr. Tolu, ā ā ℥ iii
Syr. Ipecac, ℥ i ss
Fl. Ext. Verat. Viride ʒ i
Sulph. Morphia grs. iii

"M. 1 dram in the middle of the forenoon, another in the middle of the afternoon, another on going to bed.

Also, to take Bromide of Sodium in increasing doses every four hours until bromism is produced.—

Also, to take Blue Mass *to alter the Secretions.*

Also a tonic of Cinchona and Iron.

Also to keep the bowels open with pills made as follows:

℞ Aloes. Ext. Hyosciam. ā ā ʒ i.
Ext. Nux Vom. (Alcohol) gr. x ii.
Ipecac. gr. vii.
Mix Ft. Pill xxx.—

There! Iodine, Potassium, Tolu, Ipecac, Veratrum Morphia, Bromine, Sodium, Mercury, Cinchona, Iron, Aloe, Hyoscyamus, Nux vom.—Fourteen function deranging agents, duly commissioned to cure that poor epileptic—*quickly, safely and pleasantly;* ahem!—

This was scientific medicine in 1879. But it shows progress since the year 1662, when a scientific disciple of Sydenham prepared his celebrated "Theraiaca Andromichi" containing only 65 articles. Fifty-one articles dropped in 197 years. And now in this year of grace, 1892, through, as we believe Homœopathy, two and three agents are found sufficient in scientific medicine; and we who have enlisted under the banner of Hahnemann find our greatest triumphs in the use of the single remedy.

But third.—The two or three alternating remedies prove successful, and then we do not use any purturbating crude articles, but the 2d, 3d, 6th, 12th, 30th and 200th potencies, so no possible injury can occur from the use of two, more than one, if they fail in the purpose for which they are given. This we cheerfully admit is an advance in or out of scientific medicine. We go much further, we do not doubt a scintilla, that it is at times successful. But the radical question is,—is it the *most successful method?*

Is it the way that opened the door of such pre-eminent success to Hahnemann and made his name imperishable?

If it is right to lay aside his law—*that like cures like* and *not* to use the *one* remedy that is most like the totality of the symptoms because all the symptoms are not covered by one remedy and therefore use two.—why not use a remedy for each and every symptom presented? If not, why not?

No, the Master was right in his great law. His life work proved it, and those who have faithfully followed in his footsteps have, not only added uncontestible proof of its truth, but have also won immortality, because they were a constant benediction where they spent their lives in practice.

But in the use of alternating agents in practice even under the presumption that success follows, what produces the cure? Is it the first or the second remedy? Or is it both agents? If both, then why not combine them as our so-called scientific school administers them? For if success follow they have

the advantage of knowing that their *compound* has done the work; while doubt and uncertainty must forever cloud those who use them separate and in alternation.

But another point to be considered is this. That in using two or more agents, we cannot only not know which is efficient, but it is impossible to foresee the variety of effects the two or more medicines might have, or how one might modify or counteract the effects of the other when thus introduced into the human body.

But let us now return to the single remedy and see if a simple medicine, well selected, will by itself be quite sufficient to act as a curative egent in diseases where the totality of the symptoms is accurately known.

Does the history of Homœopathy for nearly a century, as practiced by not only Hahnemann, but by its most illustrious physicians, not bear positive and indubitable testimony that the single remedy, and *it alone* proves the law, *that like cures like* to as great a certainty as any physical law of the universe?

Follow the practice of Hahnemann, of Bönninghausen, Gram, Jahr, Gray, Hering, Lippe, Lilienthal, Wesselhœft, Wells, Dunham, Farrington and a host of the living who may be added to this galaxy of the dead; all stood, and stand to-day, incontestible witnesses of the fact that the single remedy in accordance with the totality of the symptoms has ever been verified in their practice as the sole cause of their triumphant success; never failing when they adhered to the law, to find unvarying success, when success was possible.

What an amount of testimony could be presented if time would permit, outside of my own. I abandoned the practice of old physic, in which I had been educated and practiced over thirty years, because, when I was given up as incurable, the single homœopathic remedy restored me to comparative health. It has done the same for the past twelve years for all my own patients when I have followed *the law* and they were curable.

But when such men now in the practice as Brownell of Rochester, Nash of Cortland, Baylies of Brooklyn, T. F. Allen of New York, James B. Bell of Boston, Butler of New Jersey, Kent and Guernsey of Philadelphia,

H. C. Allen of Chicago, McNeil of San Francisco, Reed of St. Louis, Cowperthwaite of Iowa, and hosts of others who stand head and front in the homœopathic ranks, testify by their writings and practice that their grand success comes solely and alone from a faithful adherence to the single remedy to cure disease, as well as relieve pain, should it not satisfy every rational and intelligent physician, that TRUE HOMŒOPATHY consists in the administration of the single remedy, in accord with the totality of the symptoms.

Permit me now to present testimony more definite in regard to these statements, by presenting a few cases from men whose character for truth is unimpeachable.

The late Dr. P. P. Wells, of Brooklyn, gave the following case: A boy in that city had his right humerus broken near the middle. A leading surgeon adjusted the fracture, but weeks passed, and the fracture did not unite. Months passed and though the most eminent surgeons were called in and every process known to allopathic surgery used to create a union, but all in vain.

At the end of a year there was a false joint, showing how utterly futile had been their alteratives, tonics and appliances. Dr. Wells being called in to see the sick mother, incidentally the boy's condition fell under his notice. Having learned all the facts he said to the mother: "Madam, I think I can cure your boy." "What, doctor, after the most eminent surgeons of New York have failed?"

Permission however was given, and in four months from that time the boy was out playing base ball, using that arm as well as any of his fellows used theirs.

By what means was this marvelous work accomplished? It's the story of Goliath and David over again.

The single stone, true to its unerring aim, triumphed over the giant with all his arms and armor; so our David with his one remedy, Inula, well potentized, triumphantly overcame the modern Philistines. Yes, Inula alone, the single remedy, did the work.

Now does any intelligent and honest physician believe that Inula alternated with another remedy, would have done that work so soon and so well? Would the two, indeed, have done it at all? Such is the triumphant power of true Homœopathy

in surgery; for this case is only one of very many that might be given.

But let us have a few more facts. The late distinguished W. A. Hawley, M. D., of Syracuse N. Y., said: "I abandoned the methods of the regulars thirty-five years ago, and never since have I in one single instance had occasion to resort to other than the homœopathic remedy to relieve the sufferings of the dying. He gives cases of phthisis, tumors and cancers and in all of them, he was able to control the pain, without any thing but the single remedy at a time. He gives this case, as one of many: Miss A. F. C., aged forty, was under my care from spring till October. The disease was cancer of the breast extending into the lungs, with death from hydrothorax. She suffered often from the characteristic pains, but was *always* soon relieved by the indicated remedy. Her death was as peaceful as possible and was unaccompanied by a single struggle, as I stood by her side and saw her expire." Would two alternating remedies have acted as well?

Dr. W. P. Wesselhœft writes: "During a practice of thirty-five years I have become more firmly convinced from year to year that the homœopathically indicated remedy is in all respects the best to give patients relief, whether in the agonies of death or during the course of an incurable disease." Then relates this case: "One of the most painful cases of disease coming under my notice was one occasioned by an embolus in the femoral artery of a lady, aged 75 years. The symptoms at first, pointed strongly to Secale, which was given for several hours without relief. Arsenicum also failed. Cantharis, however, cured the pain in a few hours, and the limb remained absolutely painless for nineteen days, during which time the limb mummified, and a distinct line of demarkation formed below the middle thigh. Amputation was performed on the twenty-first day after the formation of the embolus. The patient is still living and in good health, now in her eighty-sixth year."

Now can we not, with justice, ask what would have been the result of this under alternating remedies, or had she been drugged with opiates?

But why multiply cases which could be done, *ad infinitum*, from our best and greatest men?

To my mind it is impossible to conceive why there should be the least doubt as to whether it is more natural and rational to prescribe a single well known medicine at a time for a disease, or to give two or more different medicines. Is it not useless to apply a multiplicity of means, where simplicity will accomplish the end? For it stands as an incontrovertible fact, now for a century, that the single remedy chosen in accord with the totality of the symptoms has gained such triumphant success as to render absolutely certain that it will continue to move forward under the simple law of like cures like, until it downs every other system and reigns supreme a benediction to our race. Thus frankly have I expressed my views on this subject. But some of you may widely differ from me. Then all I can say is this appropriate motto: *In certis unitas, in dubiis libertas, in omnibus charitas.* In that which is proven (let us have) unity; in that which is doubtful, freedom; and in all things (let us have) charity.

Yet, nevertheless, the *law*, like cures like, and the single remedy, in accord with the totality of the symptoms, have come to stay; and will be as enduring as our western granite mountains.

OMAHA, NEB. JAMES F. BRUNER.

"TYPHOID FEVER."

The above was the title of a paper, by Dr. R. W. Foster, presented at the recent meeting of the State society held in this city. Though not a sensational subject, nor yet a sensational paper, it nevertheless created a sensation.

As soon as the paper was read (and "more time" had been voted), some half-dozen members were on their feet ready to discuss it; but more than its allotment of time had already been consumed, so that the presiding officer ruled them out of order and no talk was permitted. One irrepressible, however, would not be choked off, and said: "I protest! As a member of this Association I protest against going on record as subscribing to that paper." Another, bound to be heard, said: "This society now stands committed to the views set forth by Dr. Foster, and we don't want to do it." But the president's authority was respected

and beyond a few grunts and sniffs of disapproval, nothing further was said.

There were two statements contained in the paper that seemed an innovation on the generally accepted ideas of typhoid fever, which seemed to call out opposition.

First. *Any* continued fever showing the thermal wave steadily progressing, then receding, and lasting for two weeks or longer, is typhoid fever; and

Second. A patient will never have typhoid fever but once. The one attack consumes the soil on which the typhoid fever depends for generation, hence immunity for all future time.

We have always been taught, have held and taught, that typhoid fever was characterized by involvment of Peyer's patches in a process of ulcerative inflammation, and that the malignancy and violence of the attack depended upon the extent and violence of the inflammation.

We have also held and taught that what is known and described as bilious remittent fever, or gastric fever, shows the same thermal range, runs the same continued course, having critical days and periods as typhoid fever, and also having associated the same tendency to delirium.

We have also held that what is described as cerebral typhus was distinct from typhoid or typho-enteritis, though showing the same thermal range, the same periodicity, and crises. Now Dr. Foster may entertain ideas of a new pathology, etiology, nosology, and from the standpoint of a Hahnemannian we hope that he does; that he had in mind the dynamic cause of disease.

It may be true that all these differently described and named diseases are owing to the same morbific dynamic disturbance—the same perversion of energy—the difference depending on individual dyscrasiæ or idiosyncrasy. It may be true that there is but one mode of disturbed vital force that manifests itself in continued fevers running a definite periodic course. This idea, however, is so at variance with the generally accepted theory of typhoid and kindred fevers that the profession as a whole will not accept it at once, and there will doubtless be many protests in the minds of the fraternity, if not expressed.

The other proposition, viz.: "That a patient will have typhoid fever but once." We are not prepared to contradict it from any personal experience or observation, but there are many who will. Yet, why not? Disease is a perversion of energy, a mode of force made manifest. In the exercise of force, a definite arrangement or adjustment of elements result; a polarization of elements. Elements once polarized remain so, till a force is applied of sufficient strength to resolve the elements or effect a solution of continuity. *Elements once resolved cannot be made to resume a former adjustment.* A mode of force is made manifest in typhoid fever; there has been an adjustment of elements. During the course of the fever these elements are resolved; and as elements once resolved can never be made to resume a former adjustment, so the peculiar mode of force made manifest in typhoid fever will therefore never reappear in its former adjustment. A law that is operative in physics should also be operative in the realm of metaphysics.

Last summer, while a resident of Gainesville, Texas, there came under my professional care two cases of fever which were as tedious and severe as any I have ever attended. One, a young man of twenty, lived in a high and healthful part of the city. The other, a girl of twelve years, was not so favorably located, but had been away from home for some weeks. Both were surrounded with every comfort, care and attention. Both ran about the same course, showed about the same fever range, and the time of the sickness was about the same, I being in attendance in each case about five weeks, though in each instance they had been sick for some days before I was called.

According to Dr. Foster both were cases of typhoid fever, though beyond the facts above stated there was nothing in common between them except inaction of bowels, neither of them having evacuations oftener than seven to ten days. I did not call it typhoid fever. In fact I did not see a case of what was known as typhoid fever in the North ten years ago, during my ten year's residence in the South. The young man went through the whole course of the fever and did not show the least symptom of delirium, night or day, from the beginning to the end.

The girl was delirious almost from the first. For three weeks she showed no consciousness of events. For three weeks she opened not her mouth, swallowed neither food nor drink, and lay almost in a state of complete coma.

Both made perfect recoveries, but the girl lost a suit of beautiful hair: her head was quite bald in a fortnight after convalescence.

I named one gastric fever, the other cerebral typhus. But "what's in a name?" It is absolutely valueless, when we come to seek for the simillimum.

3120 WABASH AVE., CHICAGO. S. MILLS FOWLER.

SYPHILINUM.

Rev. D., aged about 30, tall, dark complexioned, free from any venereal taint, came to my office stating that he must have help or he could not preach on the next morning. He complained of a constant, dull, heavy ache above the inner angle of the right eye, above the brow, very distressing, with an occasional *thrust as of an iron rod from the same spot directly through to the lower part of the occiput.* This *thrust* was very excruciating. He looked haggard and as if he could not stand the pain much longer. I gave one dose of Syphilinum cm. He preached the next morning as usual, and reported that before he reached his home, about a mile, he was entirely free from pain, and that he was perfectly well the next morning and remains so.

NONCHALANTA, KANSAS. W. A. YINGLING.

TWO CASES OF TRAUMATISM.*

SYMPHYTUM.

One evening last autumn Mrs. Irick of Gainesville, Texas, while walking her yard in the uncertain twilight, stepped on the edge of a piece of two by four scantling and turned her ankle. Intense and agonizing pain set in at once. She screamed, and said, "My leg is broken." "The bone is broken," etc. In a short time the region of the ankle was much swollen. "Twice its natural size," Mr. I. reported.

Resort was immediately had to lotions and liniments of all kinds, and whatever came to the minds of the family and

*Read before the Materia Medica Club of Chicago.

neighbors, but without in the least mitigating the intense suffering.

Mr. I. reported to me about an hour after the accident. The symptoms described were these: "As though the flesh was being torn by the rough ends of the broken bones." "As though the sharp ends of bone would protrude through the skin." On these indications I sent Symphytum cm. one dose, to be dissolved in water, a teaspoonful every ten or fifteen minutes till relieved.

I heard nothing more of the case, much to my surprise, as they had for months been among my best patrons. Meeting Mr. I. on the street sometime after, I ventured to inquire about the broken ankle.

The answer: "O! she is all right. The pain stopped in a minute or two before the time for the second dose of medicine. She got up the next morning, put on her stockings and shoes, and has been doing her work ever since. There has been no complaint since, except of a little soreness." To say that I enjoyed a pleasant surprise is stating it mildly.

LEDUM.

A few mornings since, Mr. S. on boarding the State St. cable car missed his footing, and struck his shin against the car step.

There resulted a punctured wound, involving the periosteum and bone.

The puncture, by the way, was *not* done with a splinter or rusty nail, but with the sharp edge of the tibial spine, as shown by the hole through the flesh and under clothing, but *not* through the pantaloons.

He said: "It hurt terribly, I nearly fainted from the pain. I was never hurt so before in my life. But I managed somehow to hang on to the car and save myself, though I don't know how I did it." Through the day he applied remedies of unknown composition and different kinds, but the pain and aching continued incessantly and distracting. About eight o'clock P. M. he reported to me as follows:

Pain or aching very severe, but of no *peculiar* character. Pain in the ankle below, and in the thigh above, remote from

the seat of the injury, which was about the junction of the upper and middle thirds.

Pain aggravated by sitting, or at least the pain was so severe that he seemed impelled to move about, shaking and rubbing the limb. He said also: "I feel a kind of stiffness, a drawing in my mouth or jaws."

Ledum 200, one dose dry on the tongue, removed every symptom in ten minutes.

3120 WABASH AVE., CHICAGO. S. MILLS FOWLER.

PREFACE TO THE FIRST EDITION OF SAMUEL HAHNEMANN'S ORGANON, 1810.*

According to the avowal of all times, no business has been more unanimously declared to be a conjectural art, (*Vermuthungs kunst, ars conjecturalis,*) than the medical art. None is therefore less justified to withdraw from a searching inquiry as to its sound foundation, for on this art leans the dearest good of earthly life, man's health.

I reckon it to my honor to have been the only one in these latter days who has instituted an earnest, honest revision of the same, and who has placed the conclusions of his convictions before the eye of the world, some in nameless and others in specially named writings.

During these enquiries I found the road to truth, which *alone* I had to pursue very far removed from the road of common medical observance. The farther I progressed from truth to truth, the farther I found my observations, of which I accepted none without the conviction of experience, to be deviating from the old edifice, which is composed of opinions and upheld by opinions only.

***Editor Advance:* To-day being a cool and pleasant day, and an hour of leisure at hand, I took down from the book shelves the dust-covered old edition of "*Organon der Heilkunst,*" 2d edition, 1819. Master Hahnemann begins the preface of this 2d edition by showing in the first sentence how much he had already been abused since the first publication of the Organon in 1810. He says: "The physicians are my human brethren; against their person I have nothing. The healing art is my object." I turned the leaf back and read the preface to the first edition and thought: There may be many of the present generation of physicians of our school who have never seen the Organon who might be interested in seeing at least the preface to the first edition, so I will translate it for them and the ADVANCE may perchance find room to place it before their eyes.**

MOBILE, ALA. F. F. DEDERKY.

The results of my convictions are in this book. It will be seen now whether physicians who mean sincerely with their conscience and mankind will continue to adhere still to the bad tissue of arbitrary guess-work or be able to open their eyes to the beneficent truth.

So much I caution at the beginning that indolence, love of ease and obstinacy exclude from the service at the altar of truth, and that only unprejudiced candor and indefatigable zeal enable one to the most holy of all human work to the practice of the true healing art. The healing artist in such a spirit, however, stands next to the godhead, the creator of the world, whose men he helps to preserve and whose approbation makes his heart thrice blessed.

SAMUEL HAHNEMANN.

A NEW MAGAZINE IN A NEW FIELD.*

[We publish the prospectus of Dr. Winterburn's new magazine with much pleasure, and trust he will have a subscription list commensurate with his enterprise.]

The need of a monthly journal whose dignified and scholarly tone, liberal and comprehensive spirit, and practical, common sense teaching shall clearly reflect the best thought and work of the human mind in all that concerns the welfare of the child will be apparent to every one who has a personal interest in child culture, when attention is directed to the fact that in the overflowing field of periodical literature a vacancy exists which none have attempted to fill. Such a journal the editor proposes to furnish in *Childhood.* He realizes the magnitude of the responsibility he thus assumes, but the urgent need that the work be undertaken by some one is his excuse, and he hopes that the magazine may be so conducted as to be gladly welcomed into every home to which it may come.

Until within the past two decades the interest and concern of readers has been directed chiefly to what relates to the affairs of an adult's life. It then entered into the consciousness of men that the large silent majority of unrepresented youth, heretofore ignored, should receive some consideration,

*Childhood, a monthly magazine of all that concerns the welfare of the child. A. L. Chatterton & Co., Publishers, 78 Maiden Lane, New York.

and in consequence a new literature has sprung up devoted to the entertainment and instruction of the juvenile population. Succeeding this there has come into existence many departments of domestic journals, and one or two magazines whose title-pages evidence their exclusive devotion to the subject of the care and guidance of infancy. So far, so good. But physical existence is not all of life; and between the periods of infancy and maturity is a long hiatus. It is the aim of the editor of *Childhood* to fill this hiatus, and not only that, but to supply as far as may be possible, all that has been lacking up to this time, in the lore of infantile training and development. Not confining itself to the departments of either physical welfare or intellectual development, it will cover both these and extend beyond either, in considering everything that bears directly and indirectly upon the symmetrical and healthy growth of the child from the indefiniteness of fetal existence into the positive character of an independent individual. Science, constantly becoming more exact as well as more far-reaching in its experiments, now asserts the fact that to understand the position and destiny of any organism you must study its origin, and consider its relations with all other organisms. Nothing can be taken by itself. So, to understand the child, it must be considered from the point of view of heredity, as well as from that of its present condition. Furthermore, to understand the child it is necessary to have sympathy with him; to be able to put ourselves back again into the mental attitude toward the world which we ourselves occupied as children. This is as difficult as it is for the civilized man to sympathize with and understand the savage. Its difficulties do not, however, lessen the obligation.

But although specialists in psychology and biology will be engaged to give the results of their study and research upon these important topics, *Childhood* will not by any means be a *technical* magazine. The intention of the editor is to make it a bright and spirited exposition of the most living subject in the world, and sketches and incidents of the daily life of children will be welcome to its pages, as well as more complete papers upon the cause and use of the less comprehended expressions of their existence. It will appeal

to every mother and father in the land; to every teacher who desires to be more than a routinist and dogmatist, and to every man and woman interested in the development and highest welfare of the child.

Each number of the magazine will contain sixty-four pages royal octavo size and will be made up for the most part, of contributions from writers of known ability with original views. Without desiring at this time to make definite promises as to the actual contents of future numbers, the editor may be permitted to say that the list of those whose aid has either been secured or promised comprises many notable and representative names.

All important articles bearing upon this subject appearing in current English, French, German, Italian or Spanish literature will be carefully read, and when of sufficient merit will be reproduced, in condensed form, in this magazine, or commented upon in a crisp and concise manner. And all books, published either in Europe or this country, relating to the psychical or physical development, and the moral or intellectual training of the young will be carefully reviewed, in such a way as to convey to our readers a just idea of their merits, and the scope of the thought expressed. GEORGE WILLIAM WINTERBURN.

THE HERING COLLEGE OF HOMŒOPATHY, CHICAGO. ANNOUNCEMENT.

LECTURES BEGIN OCTOBER 4, 1892.

To the Medical Profession:

In announcing the organization and establishment of the HERING COLLEGE OF HOMŒOPATHY, those responsible for its existence hardly feel that an explanation is demanded beyond the statement that the institution is to teach the philosophy of Homœopathy and the facts of the Homœopathic Materia Medica. It is true that there are a great many medical colleges in this country, some of which are homœopathic in name, but there is not one college in America or in the world that thoroughly, courageously and persistently teaches certain truths which we hold to be as essential as they are eternal. Upon the truths of the Organon of Samuel

Hahnemann, as illustrated and confirmed in practice by men such as Dunham, Farrington, Lippe, Hering, and Guernsey, is founded the Hering College of Homœopathy, and we submit the justice of our plea and the uprightness of our purposes to those who believe that the appropriate place to test medical theories is the sick room. We shall teach anatomy, chemistry, and sanitary science as thoroughly as it is possible to teach them; we shall teach the physiological man and the pathological man with great care and thoroughness, but as we believe the first and highest duty of the physician to be the restoring of health to the sick, we shall devote extraordinary time and effort to the teaching of the facts of the Homœopathic Materia Medica and the principles governing their practical application, for nearly all young practitioners fail because they have not been taught how to apply the remedy.

The Hering College of Homœopathy represents no faction or clique; it counsels no division; it claims no light not visible to all mankind; it welcomes every student of scientific truth; it proscribes no one; it maintains that the Homœopathy of Hahnemann properly applied will cure all that is curable in disease, and it will teach how to apply it.

The faculty is composed of men of character and responsibility, many of whom are known to every reading practitioner of the homœopathic school. Some are veterans in medical teaching. Their sole aim is to teach students of medicine a safer, surer and speedier method of healing the sick.

With no enemies to punish, no personal fortunes to aggrandize, no specialties to advertise, no doubtful objects to pursue, and with no principles that it is either afraid of or ashamed to defend before the medical world, the Hering college welcomes to its halls men and women who desire to know the Homœopathy of Hahnemann as he knew it and practiced it, and as it will live and expand for all coming time.

An appropriate building, suitable for college and hospital purposes, has been secured in one of the most refined neighborhoods in Chicago, and lectures will begin on Tuesday, October 4, 1892, and continue six months. Examinations for matriculation will be conducted by persons who have no

personal interest at stake, and who, above all, are not members of the faculty of this college.

A detailed announcement is in press, and will be ready for distribution in due season.

For further information address,

L. A. L. DAY, M. D.,
70 STATE STREET, CHICAGO.

THE HOMŒOPATHIC HOSPITAL COLLEGE will dedicate its new home September 20, at eight P. M. The oration will be by Dr. J. H. McClelland of Pittsburg, President of the American Institute. The poem will be by Dr. T. P. Wilson, and a reception by the trustees and faculty will be held at the close of the exercises. This splendid building is a monument of perseverance and industry and demonstrates what united effort can do when well directed. We sincerely trust its halls may be filled by the largest class in the history of the college.

DISEASES OF CHILDREN.

Diseases peculiar to children constitute no small factor in the physician's daily practice. It has been estimated, and I think correctly, that one-third of the human family perish before they attain the age of five.

Why this great mortality during the first five years is a question which well may engage the attention of both physician and philanthropist.

We have neither time nor space to enumerate the many conditions of infancy which present themselves to us as physicians. Volumes might be written on the subject and then the half would not have been told. But we will content ourselves by calling the attention of members of the profession to the fact that there exists in a great majority of mankind a chronic miasm or psora, (see Hahnemann's Organon, sections 80 and 81,) which is transmitted from parent to child. Such children are deficient in life force during infancy, and it needs but an exciting cause to develop the disease to which the individual is by inheritance predisposed. "Sow to the flesh and reap corruption," has a double meaning in this connection, for no patient who has had syphilis or sycosis

driven back into his system by allopathic local applications can ever expect to beget a healthy progeney. Children of psoric parents furnish the physician with a large share of practice, for their difficulties are legion and they cry to us for help with a thousand tongues.

No man or woman has a moral right to assume the relation of parent who has reason to suspect that his or her system has been contaminated by a specific disease. Such persons finding themselves about to become parents should place themselves under the care of a good homœopathic physician who should examine the case with care and prescribe the antipsoric remedy presenting the greatest number of symptoms corresponding to those found in the case. (See Organon, Section 147.) Such a course of treatment will benefit both mother and child, and the latter will be the better prepared to assume an independent existence.

Children whose inheritance is scrofula are subject to many difficulties. They have a hard time cutting teeth and they are subject to diarrhœa and cholera infantum of which many die. Sweating about the head is a symptom which calls for early interference on the part of the physician, for such children invariably have a hard time teething.

No Homœopathic physician can consistently ignore Hahnemann's psoric theory in the treatment of children, for it is during the tender receptive period of childhood that antipsoric remedies well chosen will transform the whole physical nature of the child, as it were, into a new being.

Do you question my statement? I think not, for there is no Hahnemannian who cannot point with pride to cases which he has restored to health after they have received a hopeless amount of all kinds of treatment from allopaths, and another class of physicians who are all things to all men. I have in mind one or two cases which I will here state, though I am not forgetful that one case is not sufficient to prove anything. During the month of February I was called to see a child ten months old; I found the little fellow on a pillow; he was the oldest looking child that I ever saw, skin and bones are the words which expressed his condition. The abdomen was large; the legs very small and he cried all the time. This child had been under treatment since birth. Silicea 2c fol-

lowed by Sac. Lac. cured the child, or I might say caused him to take flesh on his bones.

The next case was a child who had been treated with crude medicines in large doses for two weeks, for diarrhœa. He had offensive passages in which were green lumps; he cried all the time and kept his face down in the pillow. He smelt badly and would dig his hands into his eyes. I prescribed one dose of Psorinum 2c which cured the child but it brought out a crop of blue boils which he delighted to scratch, and which did him no harm for they soon disappeared.

J. DEUER.

CLINTON, N. Y.

FACIAL NEURALGIA CURED BY SPIEGELIA.

Mrs. M., thirty-two years of age, had, for more than a year, been treated with Morphine, Quinine, and various patent medicines, for a very severe pain in left side of face and head occurring daily. The treatment having afforded only slight temporary relief she was induced by friends to resort to Homœopathy, and she called on me accordingly.

A study of the case led me to suppose Spigelia was the remedy indicated. I gave Spigelia 12 x., to be dissolved in water and taken, a spoonful four times per day. About ten days from the time of prescribing she reported as having been entirely free from pain for six days. The next day after commencing the medicine the paroxysm was much more severe than usual, but on the next day was much less, on the third day it was less still, and after the third day there was no return of the paroxyem, and has not been to this date, an interval of about five years.

My object in reporting this case is not to enable others to successfully treat a somewhat similiar case but simply to show that a very *minute quantity of a properly selected remedy will cure a very painful affection after the failure of large quantities of crude medicines given empirically*, hoping thereby to encourage the doubtful, and those weak in faith, to always strive to find the homœopathically indicated remedy, instead of administering, as any ignoramus can, large doses of poisonous drugs, to the great injury of patients. One other consideration: While it might have been good

practice to have given only a single dose of Spigelia, or at any rate to have stopped the use of the remedy on the occurrence of the aggravation, we see that a cure was effected notwithstanding the fact that these rules were not observed.

URBANA, OHIO. W. M. HOUSTON.

ONLY AN ORDINARY COLD.

The patient walked into the office rapidly as if he were pressed for time, remarking, after brief salutation, that he wanted something for a cold.

"What kind of a cold?" I asked. "How does it affect you?"

"O just an ordinary cold," he said, "the same kind I always have; you have given me medicines for them dozens of times."

Mark the expression. I had given medicine dozens of times; he did not say I had cured him even once.

A guilty conscience troubled me. The ghost of much bad prescribing rose up and shook a reproachful finger at me. It was true I had given medicines dozens of times for ordinary colds, but had I ever given the one medicine homœopathic to the case then before me. Since this patient's last cold I had advanced considerably. I had attended a meeting of the International Hahnemannian Association, I was reading the Organon a little, I had a dozen new repertories and works on Materia Medica and I was trying to use them. The day when Allium cepa 2nd and Arsenic 3rd were my stock remedies for all the cases of coryza whose unhappy lot brought them under my care had departed, never to return I hoped. I tried to ask a few questions, calculated to bring out the symptoms, and was met with "O bother! it is just an ordinary every-day cold. I'm all bunged up; you know how a fellow feels with a cold; give me some medicine."

Here was a patient whom I had brought up and educated, so to speak, into bad habits; he expected medicine to be given him right away without any questions, and on his own diagnosis. Thus do the boomerangs, let loose in our immature youth, return after many days and hit us on head or shin.

While these thoughts were passing through my mind, he

reiterated with some impatience that he had no special symptoms, just a plain cold in the head and chest.

Most of us wear a mask behind which we conceal our real feelings, and with which we assume those we do not have. The mask which I directed toward my patient may have had a bold front and expressed confidence and serenity, but the real face behind the mask, if it could have been seen, was relaxed with confusion and despair.

"My friend," I said at length, "there are probably five hundred kinds of colds and you have only one kind. In order to cure you I have got to find just what kind of cold you have. Now let us talk it over a little; it won't take long and it will save time in the end. You certainly feel differently from what you do when you are well; now simply tell me those differences and I can cure you."

Thus urged, the patient started in and described his symptoms, and after some patient cross-questioning and elimination of unnecessary verbiage the result was thus:

As soon as he found he had a cold he had snuffed Listerine up his nostrils, with the result of making his head ache.

Dullness and heaviness of head.

Headache worse out doors.

Nose stuffed up, (dry cough).

No appetite with craving for he knew not what.

Cough with occasional scanty expectoration.

Dry cough as if his tubes were full of sulphur fumes.

He coughed on talking and on taking a deep breath.

I pressed a finger lightly on his throat with the result of making a suffocating kind of cough.

Copious sweats.

As these symptoms came out with slowness and difficulty, the face behind the mask lost its expression of despair and became almost as bold of front as the mask itself.

With the aid of a Repertory and a Materia Medica, the medicines that had these symptoms were gradually reduced in number, until one was found that had them all and that was China.

Six powders of the 200th and bottle of placebo were given him, with directions to take a powder every two hours until he felt better and then to continue with the placebo.

Under the old routine treatment of Cepa and Arsenic my cases had never made such rapid progress as to excite comment. Indeed I was in the habit of helping them along with sprays of various medicaments and even then I cannot say that anyone was absolutely paralyzed with the rapidity of the cure. The result in this case was eminently satisfactory. The patient came to the office purposely and spoke with enthusiasm and wonder of the marvelous effects of the medicine, especially had the relief from the sulphur fumes been almost magical. He put in a request that hereafter I should always ask questions when he came to me with a cold, if that was the way it was done.

The feeling of delight which makes genuine Homœopathy an absorbing passion diffused itself through my frame, wreathed my face with smiles and even made the mask expand spontaneously as the outward expression of an inward delight.

CHICAGO. J. B. S. KING.

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.

ATTENUATION OR POTENTIZATION.—In a recent issue of Luyties advertising sheet, yclept the *Homœopathic News*, a professed homœopath discusses this question from the standpoint of Allopathy. Like most novices who have given this question but superficial investigation, and who have never studied, if they have even read Hahnemann's great masterpiece, he uses the terms attenuation, dilution, and potentization as synonymous. This is a grave error. We do not *dilute* a poison to increase its power or potency; we potentize it. There is a vast difference between a *potency* of Arsenic, Calcarea or Silica and a *dilution* of sewer gas or "the miasm of malarial fever." The writer, like many of our homœopathic physicians, has yet to learn that Hahnemann's system of therapeutics is founded upon dynamics. Disease is a dynamic disturbance of the vital force, and to be successfully treated

must be met by remedies of similar dynamic power. Organon §§ 9–16 inclusive. This is the keystone of the homœopathic arch, and it is in this that it differs radically from all others. * * * In this complaint there is nothing new. It is the same old threadbare statement, based on the senseless hypothesis that what the writer cannot see, feel, taste or smell does not exist. The writer says:

I will not attempt to describe the manner of preparing homœopathic medicines or give a history of the theory of potentization, but from a practical standpoint I think the subject least understood by students entering homœopathic schools is that of *potency*—so. called. I know that is what troubled me most and still troubles me to some extent.

No homœopath will dispute the efficacy of our attenuations, but there must be a limit somewhere. *e. g.* We know that the amount of poison, the miasm, bacilli, or whatever you may believe to be the cause of disease, is infinitesimal in its character, and from this standpoint it is reasonable that it can only be successfully combated with minute substances. Again, it is also as plainly evident and as easily proven that there must be a limit—a point, after which the curative power of the drug decreases. This is proven from the fact that, by dilution, the very poison, etc., which we are trying to counteract, loses its power at a certain point.

If it were not true, according to the theory of the high potency men, that the curative or dynamic action of a drug increases with the dilution to almost any extent, why will not the minute cause of the disease do so?

Then the miasm of malarial fever would go marching triumphantly around the earth, becoming more and more virulent in its character, until life throughout the entire temperate zone would consist of one eternal chill, fever and sweat.

The same may be said of all zymotic diseases. If the object of making the minute particle of medicine reach the disease, is best accomplished with one of the moonshine potencies, why will this same minute cause of the disease not retain its power in the same ratio? We know it will not. We know that, by areation and oxygenation the power of the germ is completely annihilated. Up to the twelfth attenuation science is able to demonstrate the presence of particles of the drug. I do not doubt the existence of a curative power much higher than this, but I refer to the tendency of some—so-called—homœopathists to enter the realms of Hecate.

* * *

This is the same old refrain of materialism, which has been answered again and again. The object of potentizing is not and never has been to make "the minute particle of medicine reach the disease." "Up to the twelfth attenuation science is able to demonstrate the presence of particles of the drug." But this is true only of certain drugs, for science is

wholly unable to detect any difference between the second and thirtieth centesimal potency of Aconite, and yet the thirtieth acts as promptly as the second. Read Hahnemann's definition of disease:

Organon, § 12. Diseases are produced only by the morbidly disturbed vital force, hence the manifestations of disease discernible by our senses, at the same time represent every internal change (*i. e.* the entire morbid disturbance of the dynamis), and expose to view, so to speak, the whole disease. * * *

This says nothing about "the minute particles of poison" causing disease, or curing the sick. But in the following Hahnemann defines the materialism of his time and of ours as well.

§ 13. Hence disease (not subject to the manual skill of surgery), considered by allopathists as a material thing, hidden within, but distinct from the living whole (the organism and its life giving vital force), is a nonentity, however subtle it is thought to be. It could have originated only in the minds of materialists, and has for thousands of years imparted to medical science manifold deplorable directions, stamping it as an unwholesome instead of a healing art. * * *

It is simply marvelous with what tenacity some well meaning and apparently honest men in the homœopathic ranks cling to the germ theory and other material theories of disease, and the supposed "germ killers," especially in obstetrical and surgical practice, even after they have been abandoned as worse than useless by the most advanced thinkers and ablest practitioners of the dominant or so-called scientific (?) school.

Here is the view of Lawson Tait on the germ theory and the recognition of the vital force in the production of germs in a culture fluid and the improbability that they ever produce any change on living tissue:

For my present purpose it is enough for me to assume, as I do most fully, that the germ theory has been completely substantiated, and that no known process of putrefaction does occur save by the admission of resting spores or swarm spores of some of the many minute living organisms which are invariably associated with putrefactive changes. But concerning this, there is another constant position associated with these phenomena. The materials upon which the experiments have been made, of infinite variety of kind and constitution, have all been DEAD and no one has yet pretended that by the admission of germs to living matter he has produced the phenomena of the putrefactive changes which constantly result in matter which is dead. It will, therefore, be seen that the application of the germ theory of putrefac-

tion to the phenomena of diseases of the living tissue, is met at once by an overwhelming difficulty. Granting that the same germs which would inevitably produce putrefaction in a dead infusion of beef are constantly admitted to wounds, there is not the slightest particle of evidence that they do produce any change whatever upon living tissue.

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

Now, this is consonant with everyday experience. If a decaying hyacinth bulb or a rotting apple be examined, the presence of the minute forms of life is found to be absolutely confined to those parts where the changes have been effected, while those parts to which the rot has not extended are found absolutely free from them; and the difficulty of the adoption of the germ theory is simply this: That its advocates have assumed that the invasion of the germs is the cause of the decadence of the vital phenomena, and the ultimate death, while there is the alternative still undiscussed, and certainly undismissed, that the decadence of the vital powers due to some cause possibly yet unknown, is that which gives the germs the potential ascendancy, and enables them to do what during vital action they were wholly unable to accomplish.—*Lawson Tait.*

The germ is the product of, not the cause of diseased conditions. And the most practical and most powerful agent in the destruction of germs is the potentized homœopathic remedy, in its wonderful power of restoring the normal activity of the life force.

* * *

Without any experimental knowledge of similia in the healing of the sick Dr. Tait and other thinkers of the dominant school recognize the vital force of Hahnemann as one of the factors with which we have to deal in therapeutics, while, to many, the majority of our professed homœopaths, it is as yet a sealed book. It is to this half hearted, this partial knowledge of our divine law of therapeutics, that most of our failures are to be attributed. No man can know the truth of pure Homœopathy as taught by Hahnemann until he has mastered its practical application. Columbus did not know that by sailing west he could find land, until he had done it. We do not find out that wheat is a true food by taking it to the laboratory. It is not by analyzing steam that we learn its power to propel machinery. By analysis, it is true, we can learn much of their nature, but it is by a practical test alone that we can demonstrate their

action. We may theorize of the law and of potency but it is by a practical test alone that we can demonstrate their universal truth.

* * *

Put the potency to the test of actual practice—under the law of course—and publish the failures to the world. It is not always easy to find the remedy; it often requires much labor and diligent search, but it can be done. The man who thinks the path of duty is always simple and plain has never tried to walk it. The man who fully "believes in the law," but has never tried to follow it in practice, knows little of its possibilities. There are so many things that lie on the border land of an accurate prescription, so many things that are right for one patient and not for another although suffering from the same disease, that the individualization so strenuously insisted upon by Hahnemann must be followed to the letter or we will often fail with any potency. If a man work with a pick and shovel he can do it in a coal pit with the dim light of a miner's lamp, but if he would mend a watch or paint a picture he must live and work in the light of the science of today. Those who mix and alternate their remedies are one hundred years behind the possibilities of today, no matter what potencies they use. Potency is a corollary of the law—not the law.

* * *

THE MODERN HOMŒOPATHIST.—John Alexander Grubb, M. D., graduate of a large and prominent homœopathic college, besides being an expert bacteriologist, was immensely successful in looking down a speculum either nasal or rectal. The air of profound erudition, with which he could wonder what was the matter with the patient, was greatly admired by his colleagues and highly appreciated by his patients.

Safely ensconced in the cineritious substance of his brain was so vast a variety of recipes and favorite prescriptions for sprays, douches, liniments, laxatives, etc., that they were only equaled in number by the death certificates he filled out in a year. So well drilled was he in histology that he could readily distinguish an ovary from an oyster, notwithstanding the fact that they began with the same letter.

In botany he was at home, and glittering on his wall was a German-silver medal awarded him by Lonelyville Scientific Society of Wayback County for an essay showing conclusively the wide difference existing between cabbages and Chamomilla.

The organon was to him a dead letter yet. Upon the superiority of Homœopathy and the law of cure, and upon the greatness of Samuel Hahnemann, he could discourse for hours, with the volubility of a street fakir and the sweetness of a flute.

But alas! alas! with all these multiplex and desirable attainments John Alexander could not *cure* anybody. His strength had been squandered in alien fields—diverted from the simple and direct tenets of the healing art. He was like a man who having studied exhaustively the nerves, muscles and membranes of the eye and the mechanism of winking, yet could not wink as well as the sportive dude, who winked he knew not how.

About the only thing that this homœopathist did not know was the homœopathic materia medica. Bound down by the fetters of his purblind science he could not believe in any preparation above the sixth decimal, and with blonde women who wept his knowledge of Pulsatilla was exhausted, so constipation and coffee drinking summed up Nux Vom. for him. Pains better from motion was all he knew of Rhus. while the reverse with easy sweating was the beginning and end of Bryonia.

As with most of our modern scientists there was for him no God in the universe and no spirit in man. Evolution was his only religion; man came from the monkey, and he from the ascidian, for over all this scientific frippery was written a heartless and hopeless atheism.

Men like this are turned out of our Homœopathic colleges by the hundred every year, wounding the fair fame of Homœopathy by their bungling art of mongrelism and empiricism.

They are as well fitted for the practice of truly scientific medicine as they are of fighting Indian tigers with willow switches, or of raising the pyramids with silken threads.

J. B. S. KING.

Comment and Criticism.

ON THE USE REPERTORIES.

Having recently published an eulogistic article anent Dr. H. P. Holmes' report of a case of sick headache which he cured with a few doses of Silicea, said remedy having been hunted down by means of elaborate repertorial work, I feel it incumbent upon me to reply to Dr. Frank Kraft's criticism in June Hahnemannian.

It is truly wonderful how honest men will disagree on matters of general interest and most vital importance. It would seem as if we should arrive at some point of agreement in course of time; but no sooner does one settle upon something as truth, when up pops the unexpected head of the dissenter. Now I had supposed that the repertory was absolutely indispensable to the practitioner of Homœopathy. But here is a "Master in Israel," possessed of every repertory in the market; has studied them all honestly, and finds them a dead, flat failure—or if not that, what do we make of his paper? He seems to think we should commit to memory the homœopathic Materia Medica. To ordinary mortals this is an absolute impossibility. If the doctor be a mnemonical prodigy, and can perform this stupendous thing, he should do as Josh Billings advised the young man who had drawn a matrimonial prize: "Young man, if you have drawn a prize in the matrimonial lottery, go sit down in the korner, say nothin, and thank God continually." If Dr. Kraft, or anybody else, can memorize the millions of symptoms of our Materia Medica he is blessed of God, and should sing the doxology many times daily.

Guernsey's Bönninghausen, Minton's Uterine Therapeutics, Bell on Diarrhœa, etc., are of frequent and indispensable assistance to me. I really should not know what to do without them. I do not mean to say that I consult my repertories

for every case that presents. Many are so plain, the red line so apparent, that one can prescribe off-hand. But we meet, in both acute and chronic cases, symptoms that suggest no particular remedy, and hard digging and close comparison are necessary. At such times the repertories are indispensable to me, and minimize labor wonderfully. Let me illustrate: I once attended a case of dysentery; child, two years old. Symptoms seemed to call for Mer. cor. Gave that remedy 24 hours. Next visit found the patient no better. Gave Colocynth. Next morning the patient was alarmingly worse. Was very restless all night, passages every half hour since midnight. The stools were transparent, red mucus, exactly like currant jelly, and absolutely odorless. This peculiar stool was undoubtedly the key to the remedy. Dr. Kraft or any other homœopath might have been able to shout the magical name of the indicated remedy, but I could not. I left Sac. lac., rushed to my office, pulled down Bell on Diarrhœa, and under Stools, smell, without, found Hyos. and Rhus. Also, under Stools, mucus, red, Canth., Graph., Rhus., Sulph. So Hyos. was eliminated immediately and Rhus. was alone left. Turning to Rhus., in the body of the work, I found all the concomitants (I omitted to mention that there was colic and urging before and during stool, which ceased immediately after; better from motion and hot applications), and knew that I had discovered the remedy. I hastened back to the patient, gave Rhus. with unbounded confidence, cheered the despondent friends with the promise of immediate change for the better, and it is needless to say that the results were all that could be desired. By the aid of the repertory I instantly found the indicated remedy. Without it I might have stumbled about for hours through the Materia Medica, losing precious time and perhaps a human life. I could multiply such instances, but time and space will not permit.

My paper in May ADVANCE on Guernsey's Bönninghausen expresses my opinion of that unique work. Here is the *ne plus ultra* of the mathematical repertory, and I find it a thing of beauty and a joy forever. He who uses this repertory intelligently and persistently, must first take his case well. Only the acute and careful clinician can do anything with it; to the alternationist it is a sealed book. It

amazingly educates one's perceptive faculties, and makes us physicians indeed.

I agree with Dr. Kraft that the repertory is but a dictionary, or guide book. But who reads or writes without his Webster? The doctor has made sufficient concession in this comparison; yet the tone or gist of his whole article is against the use of the repertory. The doctor makes the mistake of considering the repertory a substitute for Materia Medica. The repertory is the Materia Medica made available—placed at our finger tips, and he who studies his repertories faithfully is studying Materia Medica to some purpose. It is my custom to always turn to my Materia Medica for corroboration when I have hunted down the remedy in the repertory. The repertory has simply led me up to that in the Materia Medica which I seek in the most expeditious manner possible.

"For if any member of any class before whom I have lectured on Silicea, should know so little of Silicea as to fail to learn in five minutes after beginning the examination that the patient was a Silicea patient *with* the foot sweat, foul or suppressed, I would regard my work as very poorly done. In short, proper examination of the patient (which, as Hahnemann advises, and Dr. Holmes quotes at full in the beginning of his paper, as being the most difficult part of a physician's labor), and not his sick headache, would have disclosed this unmistakable Silicea rubric, and the doctor need not have gone through the intricacies of a repertorial investigation, occupying time and patience, before reaching the remedy." That is to say, as soon as the history of foot sweat is noted, Silicea is the remedy. Now that *is* nice and easy. But suppose concomitant symptoms had pointed to Calcarea, Baryta carb., Graphites, Sulphur, Lycopodium, Thuya, or any other of our great anti-psorics?

"Naturally, to me, a knowledge of Materia Medica embodies all the good there is in Homœopathy." As a matter of course. Who said it did not? This remark is so replete with sagacity and profundity that it does the doctor great credit. As if he had said: "A knowledge of Webster's Dictionary embodies all the good there is in Webster's Dictionary."

Dr. Holmes performed a notable cure, and I accord him the

meed of praise due. I only hope he will continue to give us like papers illustrative of his method. If the management of our Materia Medica can be reduced to simple mathematics, so "the girl of seven is quite as competent to prescribe on such a system as the sage of seventy." May the good Lord grant it! But no such thing is possible. Dr. Holmes' system is no child's play. By this method no one will prescribe Silicea for an ephidrosis, present or suppressed, without full consideration of all concomitants. The sort of prescribing indicated by Dr. Kraft, in this instance, is about where the little girl and sage strike a parallel.

The repertorist—if I may be allowed to coin a word—never can be an alternationist. He is after *the* remedy, and nothing else. Dr. Kraft undoubtedly is a worthy teacher and practitioner of pure Homœopathy, and he knows that these are fearfully degenerate days. Massive dosage, polypharmacy, alternation, etc., *ad nauseam*, are popular among thousands of professed followers of Hahnemann. If the use of the repertory will help us stem this awful tide of bad, faithless practice, of error and death, in the name of God and humanity, doctor, do not use that trenchant pen of yours in discouragement thereof. Instead of this, get out for us a repertory nonpareil, the repertory of repertories.

No one can disagree with Dr. Kraft when he suggests that we should memorize the key notes, red lines, or chief characteristics of as many of our remedies as possible. Every student and practitioner of Homœopathy should study Materia Medica, first, last, and all the time. It is indeed all there is of Homœopathy. Meantime, *don't forget your repertories.* Use them and be thankful.

An Irishman happening into a protracted meeting became convicted, went forward to the mourner's bench, and falling upon his knees began to howl: "Howly Saint Peter, help me! Howly Saint Patrick, help me! All the saints in glory, help me!" "You must not call upon the saints," said the preacher, "call upon the Lord." "But, your riverence," said Pat, "I'm in that strait that I'll take help from onnybody." So, in your great straits, when a human life is at stake, when a thousand hopes and fears concenter upon and about you,

use your repertories and be thankful for all the help they afford—*but don't forget your Materia Medica.*

Dr. Kraft knows full well that the selection of the remedy can never be reduced to mathematical simplicity or exactness. The taking of the case is the key to the whole business. Imagine a seven-years girl making a proper clinical examination! But let me see, am I not going too fast? In Cleveland the "innocent little children" know Dr. Kraft as a "confirmed symptomatologist." Little children who can comprehend all that is implied in the above term very likely might be competent to take a case. I am glad the doctor has given us this gratuitous bit of interesting information. Cleveland happens to be the place of my own nativity, and I take great pride in his statement. But outside of Cleveland no such precocity exists. Living in such an atmosphere it is no wonder the doctor takes alarm, and would suppress all effort at simplification of Materia Medica work. For his encouragement I will let him into a secret: Those "innocent little children" who know him as a "confirmed symptomatologist," *all die young.* Cerebral expansion knocks them out before they become dangerous to the "trade."

As we use the word repertory no more appropriate nor happier term can be found in the language. Webster defines it as: "A place in which things are disposed in an orderly manner so that they can be easily found, as the index of a book, a common-place book, or the like."

"A treasury; a magazine."

This is a precise expression of what our repertories are, or should be. That we have not yet reached the ideal in this direction goes without saying; but we are getting there slowly. In the May ADVANCE I unqualifiedly committed myself in favor of the repertorial scheme invented by Dr. William Jefferson Guernsey, of Philadelphia. See Guernsey's Bönninghausen. The work as it now stands is not complete; by this plan, however, all that is of value in our Materia Medica may be placed at our perfect and complete command—if we have taken the case perfectly. Hundreds of remedies and tens of thousands of slips can thus be managed for all there is in them. How soon, or by whom, this

colossal work will be done cannot be foretold; but that it will be done I am optimistic enough to believe.

I am receiving letters from all parts of the United States asking me about Guernsey's Bönninghausen, where it can be bought, price, etc.; and begging for any other information I can give. Running through all these communications is the same bitter complaint of the unmanageability of the Materia Medica. My heart goes out to these brethren, and I desire with all my soul to help them. I must say with St. Paul: Not as though I had already attained, either were already perfect; * * * * I count not myself to have apprehended; but this one thing I do, forgetting those things which are behind and reaching forth unto those which are before, I press toward the mark for the prize, etc. So I do not feel competent to teach or lead, but this much I do not hesitate to advise. Take your cases with the utmost circumspection, making especial note of all peculiar and persistent symptoms; and all mental or moral symptoms must be particularly regarded. When you have gained as perfect a picture of the case as possible, consult your repertories with the understanding that but one remedy is indicated. Never alternate. Stick to the single remedy; seek for it diligently; and the way will grow brighter. You will get into the habit of *succeeding;* your field will widen; friends will multiply; and wealth and honor will crown your days.

> "O the good we all may do
> While the days are going by!"

And lastly, become as familiar as possible with Hahnemann's Organon. It is an inspired book, boundless and exhaustless in its depth and scope. S. E. CHAPMAN.

WATSONVILLE, CAL.

—*Alumina* produces a *dry* catarrh of the mucus membranes. The Alumina cough comes from a tickling high up in the throat, when swallowing the palate seems too long.

If there is an accumulation of a large amount of tenacious mucus at this same point in the throat, almost filling the back part of the mouth and producing a cough, *Coccus Cacti* is indicated—*T. F. Allen.*

New Publications.

EMPIRICISM—RATIONAL PRACTICE—PRACTICE UNDER GUIDANCE OF LAW. A Lecture to Medical Students. By Chas. S. Mack, M. D., Ann Arbor, Mich., 1892.

Evidently the object of this lecture was to instruct the student of Homœopathy in the Philosophy of Similia as compared with Empiricism. But from the beginning to the end its agnostic vein is very marked and is calculated to inspire the student with anything but confidence in his system, or confidence in himself. "Any given practice with a drug we may, with regard to the dominant character of that practice classify under one or another of three headings, viz.: Empiricism, rational practice, practice under guidance of law. I say *with regard to the dominant character of the practice*, for it does not often occur—indeed, I think it never occurs—that a given practice is wholly empirical, wholly rational, or wholly under the guidance of law." Thus, according to this teaching there is no homœopathic practice; it is "mongrel" or mixed from beginning to end.

On page 8, in defining "Practice under the Guidance of Law," the author says the student may want to answer "a question often raised, viz.: Why is it that physicians who do not practice Homœopathy only, but gladly adopt a given rational practice which seems to them useful, and on occasion resort to empiricism, nevertheless identify themselves by name with the particular principle upon which the practice of Homœopathy is based?" We regret to say it is because of such teaching as is contained in this lecture. The student practices what he is taught at college and by his preceptor, and when neither the Philosophy of Homœopathy, nor the Materia Medica Pura and its application in the cure of the sick is expounded from the rostrum or practiced in the clinic, how is he to know *what* it is or *how* to practice it? But the author is mistaken. There are a few hundred homœopaths whose practice is "wholly under the guidance of law."

A TREATISE ON BRIGHT'S DISEASE OF THE KIDNEYS. *Its Pathology, Diagnosis and Treatment.* With Chapters on the Anatomy of the Kidney, Albuminuria and the Urinary Secretion. By Henry B. Millard, M. D. Numerous original illustrations. Third Edition; Revised and enlarged. New York: William Wood & Company. 1892.

The first seven chapters deal with the anatomy, histology and physiology of the kidneys, and is an exhaustive practical treatise, sufficiently full for all purposes. In the preface the author frankly admits: "I have changed many of my former opinions, and especially with reference to the existence of what is known as 'physiological' or 'normal' albuminuria."

In Chapter VIII, which has been entirely re-written, he says: "Turn therefore which way we may, we cannot satisfy ourselves that albuminuria, either natural or artificial, ever occurs except as a result of pathological changes in the kidney, and is consequently never normal or physiological, and never, therefore, to be regarded without distrust." This certainly is a frank admission by an author who is known to have held views directly opposite; but are of much greater value when he says: "I have devoted much time to retracting former experiences and conclusions, and adding new, as a result of prolonged new investigations." This progressive spirit is commendable in a teacher, and this vein of honesty runs through the entire work. The work is especially complete in differential diagnosis, and in the latest views upon the albuminuria of pregnancy; the ocular lesions and mental disturbances; anæsthetis of nephritis; its bacterial and malarial origin; its dietary; use of mineral water and treatment. Of the latter, not much that is encouraging is to be found. The tests for albumen are given in extenso and the advantages of and objections to each discussed. Of these, The phenic-acetic acid and Potash he considers the most delicate and reliable. The work is a valuable contribution to the literature of the disease.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK. Vol. XXVI. 1891. pp. 444.

This is one of the best volumes of practical medicine and surgery published by the society in many years. It contains many able papers which are well discussed. The volume

has a life-like portrait of President Lewis as a frontispiece, and a directory of the homœopathic physicians of New York as an appendix. The entire work gives evidence of activity in the heads of bureaus. There is also abundant evidence of a working secretary at the helm.

OCCASIONAL PAPERS. By Dr. Morrison. London: E. Gould & Son. 1891.

These papers are reprints from the *Monthly Homœopathic Review* on "Croupous Pneumonia" with "Some Notes on Drosera," in which the author uses remedies in alternation, that apparently were not indicated, and recommends Drosera in from five to twenty drops of the tincture for a dose.

No. 2, is on "Malarial Influenza; its History, Symptoms and Treatment," in which the author presents nothing new or strange.

BACTERIOLOGICAL DIAGNOSIS: TABULAR AIDS FOR USE IN PRACTICAL WORK. By James Eisenberg, Ph. D., M. D., Vienna. Translated and augmented with the permission of the author from the second German edition, by Norval H. Pierce, M. D., of the Michael Reese Hospital, Chicago. Philadelphia: The F. A. Davis Co., 1892.

This work deals with pathogenetic and non-pathogenetic bacteria and is just what is stated in the title, "a tabular aid for practical work." It is arranged in a form for ready use in the laboratory and is just what the student has been looking for for years.

THE MEDITERRANEAN SHORES OF AMERICA: OR, THE CLIMATIC, PHYSICAL, AND METEOROLOGICAL CONDITIONS OF SOUTHERN CALIFORNIA. By P. C. Remondino, M. D., member of the American Medical Association, of the American Public Health Association, of the State Board of Health of California. Illustrated with forty-five engravings and two double-page maps. In one handsome, Royal Octavo volume, 176 pages. Extra Cloth, price, $1.25, net; cheaper edition, bound in paper, price 75 cents, net. Philadelphia: The F. A. Davis Co., Publishers, 1231 Filbert Street.

This is a very readable book on that puzzle of puzzles in meteorology, the climate of Southern California. One of the peculiarities of this climate, and one not found in any other

land, is the relative condition existing between the degrees of temperature and degrees of atmospheric humidity. This compensation is so nicely adjusted that with the thermometer at 100° in the shade there is no danger of sun stroke, or any of the numerous calamities so common in other climes. "Southern California has six distinct classes of climate," for a complete description and explanation of which you must read the book. The value of the climate of Southern California in the treatment, prevention and cure of phthisis is thoroughly discussed and will interest the physician of every school of practice.

THE GENERAL PRACTITIONER. A manual for the practice of medicine, embracing nearly all the diseases of the various branches of the healing art, by Theodore Strehz, M. D., Chicago: Published by the author. 12mo. Pp. 460. Cloth, $3.50.

A modern work on the practice of medicine, so condensed as to become a veritable pocket encyclopædia, is rare in these days of voluminous book making. Yet such is this unique work on practice. The description of the diseases treated of, though brief, are in the main correct, and arranged alphabetically like Quain's dictionary. The symptoms, when given, are chiefly pathognomonic and the remedies recommended are without indications and about equally divided between all schools. However, the single remedy is the rule; and the disease, not the patient, the objective of the treatment. Although a contemporary of Müller and Lorbacher, the author does not appear to have drunk deeply at the Pyerian fountain of homœopathic therapeutics, and his work appears to be a brave attempt to make the lion and the lamb lie down together, and for that reason should be read by many in our school who approve of mixed therapeutics.

THE HOMŒOPATHIC THERAPEUTICS OF HEMORRHOIDS. By Wm. Jefferson Guernsey, M. D. Second Edition. Philadelphia: Bœricke and Tafel. 1892.

Another practical every day working monograph for the office table; a ready reference for the busy man; another repertory which will enable the honest homœopathist to make short work of a case of hemorrhoids. But the book

is for those who use a repertory and can, with the single remedy cure all uncomplicated cases. Those who never use the single remedy, who invariably resort to topical applications and end by affirming that hemorrhoids can only be *cured!* by the knife, *a la* orificial philosophy and allopathic methods, have no use for this admirable little book. But it will be well worth the price of the work for every man and woman in our school to read the preface. *It is a homœopathic preface.*

Here are a few extracts: "As homœopaths we believe that our tenets are based upon a law of nature and that we are thus possessors of the only positive *system* of cure in existence. That it is so true in its action; so universal in its application; that it alone meets all the requirements of general practice; that it should be *able* to cure all curable ailments and must be the *best* treatment for the disease in question."

"But it is, also, so easy to diverge from this great law of cure, and to resort to empiricism, to 'lay that flattering unction to your soul' that our provings are yet incomplete, and and that the meager Materia Medica of today does not warrant a rigid reliance upon principle."

"And the writer begs to repeat with emphasis what he intimated in the First Edition ten years ago, that we have *proven* remedies enough to easily, surely and safely restore to health all patients suffering with uncomplicated piles. And indeed, the complicated cases should not be too quickly turned over to the surgeon, simply because they are such."

"Fissure is one of these, and when we consider the curability of rhagades elsewhere, and of healing ulcers where the excavation has been deep, and the loss of tissue considerable, we should renew the search for the homœopathic remedy with very great hopes of success."

"Fistula, however, is less promising, but the writer would not personally permit operative treatment in the face of statistics which show a possibility of pulmonary sequelæ."

"Prolapsus requires the internal remedy alone."

"In difficult cases, where strangulation is imminent, a horizontal position should be enjoined, but let not the incredulous physician take fright; the indicated internal

land, is the relative condition existing between the degrees of temperature and degrees of atmospheric humidity. This compensation is so nicely adjusted that with the thermometer at 100° in the shade there is no danger of sun stroke, or any of the numerous calamities so common in other climes. "Southern California has six distinct classes of climate," for a complete description and explanation of which you must read the book. The value of the climate of Southern California in the treatment, prevention and cure of phthisis is thoroughly discussed and will interest the physician of every school of practice.

THE GENERAL PRACTITIONER. A manual for the practice of medicine, embracing nearly all the diseases of the various branches of the healing art, by Theodore Strehz, M. D., Chicago: Published by the author. 12mo. Pp. 460. Cloth, $3.50.

A modern work on the practice of medicine, so condensed as to become a veritable pocket encyclopædia, is rare in these days of voluminous book making. Yet such is this unique work on practice. The description of the diseases treated of, though brief, are in the main correct, and arranged alphabetically like Quain's dictionary. The symptoms, when given, are chiefly pathognomonic and the remedies recommended are without indications and about equally divided between all schools. However, the single remedy is the rule; and the disease, not the patient, the objective of the treatment. Although a contemporary of Müller and Lorbacher, the author does not appear to have drunk deeply at the Pyerian fountain of homœopathic therapeutics, and his work appears to be a brave attempt to make the lion and the lamb lie down together, and for that reason should be read by many in our school who approve of mixed therapeutics.

THE HOMŒOPATHIC THERAPEUTICS OF HEMORRHOIDS. By Wm. Jefferson Guernsey, M. D. Second Edition. Philadelphia: Bœricke and Tafel. 1892.

Another practical every day working monograph for the office table; a ready reference for the busy man; another repertory which will enable the honest homœopathist to make short work of a case of hemorrhoids. But the book

[illegible]

[illegible]

[illegible]

"[illegible] the writer begs to repeat what [illegible] in the First Edition [illegible] we have [illegible] remedies enough to [illegible] to health all patients suffering with [illegible] the complicated cases should not be [illegible] turned over to the surgeon, simply because they are such."

"Fissure is one of these, and when we consider the curability of rhagades elsewhere, and of healing ulcers when the excavation has been deep, and the loss of tissue considerable, we should renew the search for the homœopathic remedy with very great hopes of success."

"Fistula, however, is less promising, but the writer would not personally permit operative treatment in the face of statistics which show a possibility of pulmonary sequelæ."

"Prolapsus requires the internal remedy alone."

"In difficult cases, where strangulation is imminent, a horizontal position should be enjoined, but let not the incredulous physician take fright; the indicated internal

remedy has lessened inflammation and promoted relaxation and resolution, and can do it again."

"Remember that the 'totality of symptoms' does not refer to the drug but to the patient; and that it must not be expected that a case will present *all the symptoms* of any medicine; on the other hand, the remedy should contain all the prominent indications of the patient."

If the homœopaths who never "take a case" as laid down by Hahnemann and upon which Dunham lays so much stress, would only study the indications for Dr. Guernsey's "Big Four," Æsculus, Aloe, Muriatic acid and Sulphur, they would be astonished at their results. "Study them carefully in cases that seem devoid of characteristics and especially when the following symptoms are present: Æsculus in cases when backache is predominant; Aloe when itching is troublesome; Muriatic acid when tenderness is excessive; and Sulphur in cases maltreated with ointments."

THE SCIENCE AND ART OF MIDWIFERY, by William Thompson Lusk, A. M., M. D. Professor of Obstetrics in Bellevue Hospital Medical College. New edition revised and enlarged with numerous illustrations. New York: D. Appleton & Company. Chicago: A. C. McClurg & Co. Octavo. Pp. 761. Price $5.

The rapid appearance of a new edition of this deservedly popular work speaks volumes for its genuine worth, and "Copyright, 1881, 1885, 1892," tells its own tale. It has in its previous issues received a most flattering reception from the medical press and medical profession of both continents, and the present edition can scarcely fail to rouse a similar enthusiasm, for no pains have been spared by both author and publisher to make it a most complete work of reference for both student and practitioner. "In making needed alterations I have not felt it obligatory when new discoveries have destroyed the value of former deductions to retain these in order to maintain a reputation for consistency." This is the key apparently on which the present work has been brought out; a thorough revision of the work so as to bring it up to date. The mechanical execution leaves nothing to be desired; the publishers have given us a splendid volume.

THE HYGIENE OF CONSUMPTION: ITS PREVENTION AND CURE. By W. John Harris, M. D. St. Louis: I. H. Brown & Co.

Prevention by hygienic measures, is what the author advocates, or prevention to cure. In this he is no doubt correct. And what is true of tuberculosis is equally true of Bright's Disease and Cancer. The chief means relied upon is to increase the capacity of the lungs by keeping them up to their full breathing power. This is based upon the clinical fact, so well known to all observers, that among the earliest symptoms of this affection is a marked decrease of lung capacity. But it is upon the pneumatic cabinet that the chief reliance of the author is placed after the development of the disease. After much time spent in experimenting, the author has perfected what he considers the most perfect cabinet yet devised. In the chapters on diet, exercise, clothing, sleeping apartments, climate, etc., many valuable hints may be found; but the medical treatment consists largely in the use of two remedies, cod liver oil and hypophosphites.

CONSUMPTION: HOW TO PREVENT IT AND HOW TO LIVE WITH IT. By N. S. Davis, Jr., M. D. Philadelphia: F. A. Davis, 1891.

A work on the cure of consumption by preventive measures, chiefly hygienic. The author claims that the predisposition is inherited; while the development of the disease is from: "Imperfect ventilation; insufficient exercise; non-nutritious food; other diseases; damp ground." The measures advocated are not new but they are insisted on as absolutely necessary, not only to the restoration of health, but for its future maintenance, and these are mainly hygienic.

A PRACTICAL MANUAL OF DISEASES OF THE SKIN. By George H. Rohe, M. D., Professor of Materia Medica, Therapeutics, and Hygiene, and formerly Professor of Dermatology in the College of Physicians and Surgeons, Baltimore, etc. Assisted by J. W. Lord, A. B., M. D., Lecturer on Dermatology and Bandaging in the College of Physicians and Surgeons; Assistant Physician to the Skin Department in the Dispensary of Johns Hopkins Hospital. *No. 13 in the Physicians' and Students' Ready-Reference Series.* In one neat 12mo volume, 303 pages. Extra cloth, price, $1.25,

net. Philadelphia: The F. A. Davis Co., publishers, 1231 Filbert St.

In the preface the author gives us the key of his work in the following terse sentence: "Little space is given to theoretical speculations upon pathology and etiology." Nevertheless the differential diagnosis of the various affections of the skin here treated are clearly outlined. It is concisely written and is up to date.

DISEASES OF THE MOUTH IN CHILDREN. By F. Forchheimer, M. D. Professor of Diseases of Children, Medical College of Ohio. Philadelphia: J. B. Lippincott Company, 1892.

This little book of 200 pages consists of the elaboration of a series of articles on this subject which first appeared in the *Archives of Pediatrics*, and attracted much attention. "The principal object of the work has been to bring together the facts in connection with diseases of the mouth in children, which has never been done before in the English language."

The subjects treated of are Stomatitis Catarrhalis, Apthosa, Mycosa, Ulcerosa, Gangrenosa, Crouposa, Diphtheritica, Syphilitica, Dentition, Parotitis, and the Tongue and the Mouth in diseases of remote parts. This last, which includes changes in the shape, size, color and coating of the tongue, is especially instructive.

THE NEW CURE OF CONSUMPTION BY ITS OWN VIRUS. Illustrated by numerous cases. By J. Compton Burnett, M. D. Philadelphia: Bœricke & Tafel, 1892.

This American edition, in a year after the first English edition appeared in this country, demonstrates the popularity of the author. Koch's cure of consumption by its own virus, as every one knows, was a total failure, because of its crude and dangerous method of administration and its cruder empiricism. And Dr. Burnett's "New Cure" will certainly share the same fate, unless the remedy be first proven on the healthy and its therapeutic range demonstrated under the law of the similars. The author says: "Koch and his world-famed remedy have come and—gone! But they will return anon and—remain! only the dose will get smaller until the long-contemned homœopathic dilutions will acquire the

rights of citizenship in the universities and hospitals of the world." The remedy came before Koch was known to fame and will remain after Koch is forgotten. But it must do so under law, not "dilution" and smaller dose.

PRIMER OF MATERIA MEDICA. By Timothy Field Allen, M. D. Pp. 408. Philadelphia: Boericke & Tafel. 1892.

This reference work may be carried in the pocket or satchel, and is intended to present the characteristic features of the principal homœopathic remedies, "the gist" of each drug, rather than its symptomatology.

We cannot better explain the scope of the work and its method of use, than by quoting the excellent directions in the author's preface:

"It may serve to refresh the mind of a physician when away from his complete symptomatology; it will help him discriminate when studying an unfamiliar pathogenesis. In its preparation comparisons are omitted; these must be looked for in Bönninghausen's Therapeutic Pocket Book. A word of caution to the would-be therapeutist must be uttered, namely: Do not use this book, nor the Pocket Book, instead of a more complete symptomatology; these works are intended simply to be suggestive; especially is this caution needed as regards the use of the Pocket Book; *it is not to be used for isolated symptoms*, only to aid when a full picture of the patient is taken. Then only can the conditions be grouped and sifted, the sensations and localities taken into account, and the drugs which best cover all of these points considered; even then a drug which fully agrees with all the general features of the case should be studied in its original records before it is prescribed, unless the prescriber be perfectly familiar with it which is rarely the case. Homœopathists are too ready to prescribe for single, prominent symptoms, selecting sometimes a different drug for each symptom, when, in reality, the patient's symptoms should all be taken as a unit and a single drug selected to cover the whole, if not every sensation or locality, yet to cover the peculiar genius of the case, ascertained by properly grouping all the conditions of the patient. The

hunting down of isolated symptoms may be said to be unsatisfactory, for by so doing one avoids the general review of the whole case as an entity; and while it is now and then necessary to prescribe for some single distressing symptom, ignoring all the rest of the case, it must be confessed that thereby, *as a rule*, little progress is made toward a real cure. Let one always endeavor to take in the entire case and select the corresponding remedy."

The weak points in the work are that the "Generalities" are too general, built too much on the so-called "physiological" plan, and there is no means by which the student or practitioner may recognize characteristic symptoms. That which is prominent, peculiar, uncommon; that which individualizes a remedy from its fellows, and which the student should first master, is not distinguishable in this compilation. If this great defect were remedied the value of the work would be immensely increased.

HOW TO FEEL THE PULSE AND WHAT TO FEEL IN IT. Practical hints for beginners. By William Ewart, M. D. Physician to St. George's Hospital. Twelve illustrations. New York: William Wood & Company, 1892.

At first glance one would be inclined to wonder what there is in such a title to warrant the making of a book. But reference to the following subjects will quickly dispel the doubt if any remained.

I. The pulse and the practical methods for its study.

II. Elementary notions on the physiology of the pulse.

III. The chief qualities and varieties of the normal pulse.

IV. The chief abnormalities of the pulse.

V. The six chief morbid pulse types.

VI. Asynchronism and inequality of the pulses.

VII. Capillary pulsation.

VIII. Venous pulsation.

It is interesting to note, among other things, the influence of age, sex, station, hour of day, sleep, meals, quantity and quality of food, alcohol, tea, coffee, tobacco, exercise, rest, posture, mental emotion, altitude, external and internal temperature, etc., on the pulse rate, and the student will find in his little volume many things of practical value.

THE

MEDICAL ADVANCE.

A HOMŒOPATHIC MAGAZINE.

VOL. XXIX. SEPTEMBER, 1892. No. 3

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

REPORTS AND DISCUSSIONS AT THE THIRTEENTH ANNUAL MEETING.

REPORT OF THE CORRESPONDING SECRETARY.

Dr. Wm. P. Wesselhœft: My report, Mr. President, is meagre, consisting of a letter or two from the West India Islands and one from Dr. Ansuer of Germany. This is not saying that I did not attend to my duties, for I wrote many letters but received few answers. As a comment upon Dr. Ansuer's letter, and to show how difficult it is for Homœopathy to take hold in Germany, I will relate what a physician from Frankfort-on-Main told me, namely, that although they had a following and the means to establish a homœopathic hospital in that city, they have been unable to obtain from the municipal authorities the power of putting up the building, simply because it was for homœopathic purposes, and they were greatly astonished when I told them that all you have to do in this country is to go ahead and build without asking the consent of any one.

Dr. Fincke: The blame should not be thrown upon the legal restrictions or upon the allopathic physicians entirely; much of it is due to the apathy and lack of interest shown by professed homœopathists. Take for instance the experiments of Dr. Gustav Jäger of Stuttgart, with the higher potencies. This is one of the most interesting series of experiments ever

made, and yet he was not encouraged to prosecute them. The blame also falls upon some of our own school who take no interest.

Dr. Wesselhœft: I have the pleasure of bringing to the attention of the Association an agreeable and encouraging piece of news, namely the high degree of probability, or even more than that, of the establishment of a homœopathic hospital in Boston under Hahnemannian management, and on good and solid financial foundations. It comes from the munificence and magnanimity of a man who is rich, and who was cured of a so-called incurable disease by some of us in Boston, and he wanted to show his gratitude in this way. Ultimately his whole wealth is going to this baby of his for he has no other. We have already organized the matter, the land has been bought and the building will follow in all probability during the coming summer months. The fund is ample to give us a good building and generously sustain the hospital afterwards. I therefore ask you all to join with me in giving three rousing cheers for Charles N. Melon of Boston.

REPORTS OF DELEGATES.

Dr. T. S. Hoyne: I am present as a delegate from the Materia Medica Club of Chicago. This is a small club of physicians and students organized about a year ago, chiefly through the efforts of Dr. H. C. Allen. It meets monthly for the purpose of reading a section or two of the Organon, illustrating its principles by cases if possible, and also discussing interesting cases. I am also a delegate from the Hering College of Homœopathy, a new homœopathic college recently incorporated in the city of Chicago. For this college I ask the support and encouragement of this Association. Thus far I believe all the chairs are filled with good men or women. We had to go East and we had to go South in order to do this. The outlook for attendance is bright, the prospects being that we shall have from 40 to 50 students in our first year's class. Everybody about this college, from the Dean to the janitor, are to be Hahnemannians, and we believe that it will be the only college in the world where genuine Homœopathy will be taught, and it is for that reason that we venture to ask the moral support and encouragement of this Asso-

ciation. On behalf of the Materia Medica Club I am delegated to ask and invite the Association to hold their next meeting at Chicago during the World's Fair. Suitable quarters for holding our meeting may easily be found at that time.

Dr. Thurston: The Boston Hahnemannian Association have appointed me as a delegate, and I can report progress since the last meeting of the Association. We meet monthly and our meetings are well attended. A number of students come from Harvard and some from the Boston University. Our actual membership is about 26. The form of our work is to discuss the Organon and report clinical cases. We have also established a dispensary which is progressing favorably.

Dr. E. W. Sawyer: I am here to represent the Indiana Institute of Homœopathy. I can assure the members of this Association that the class of papers presented this year was immeasurably superior to those in times past. The attention and interest exhibited in the papers dealing with pure Homœopathy was surprising and encouraging. We have also taken measures to get under our control at least one of the public institutions of our State with every prospect of ultimate success.

Dr. A. R. Morgan: I have been requested to say a word for the Homœopathic Union of New York. The membership is now about 25 and a warm interest is manifested in the work. We have an advantage over most of the Organon Societies in that we have for president a man remarkably adapted by education and tastes for such a position. Being a native of Hahnemann's own country, and possessing a philosophical and scholarly mind, he can give us excellent translations and comments on the Organon. There is no special matter to be reported, simply progress, warm interest in the work, and the belief that we are doing good.

Dr. Samuel Long: I represent the Homœopathic Medical Council of New Jersey. We meet the third Tuesday of each month. Our average attendance is 14. Our object is chiefly to get reports of cases. Each member present is called upon either to report a case cured, or to report a case for advice. In this way we have a full report each month and our meetings last from two to three hours. Such socie-

ties as this do a great deal of good and I believe the more numerous they are the better for Homœopathy. Every physician should be willing to give one day a month to such valuable and interesting work.

Dr. Johnson: I represent the Philadelphia Post-Graduate School of Homœopathics. I think that every member of this Association has heard of it and knows what it is. Our second year's announcement has been placed upon the table so that every member may have one. I can say that our school is in a very prosperous condition; of course it is a baby yet, being only a year old. It had five graduates the first year, two of whom are present here to-day. Here is a school that teaches pure Hahnemannian Homœopathy and exhibits it in its clinics. Our students are taught to prescribe by giving them a chance to take cases and select remedies for patients as soon as they are fit to do so, under the eye of the professor, and when they are competent to run a clinic they have their own clinics. We have three lectures on Materia Medica weekly, two on the Organon, and daily clinics from 12 to 2, and an early clinic three times a week from 7 to 8 A. M. The success in these clinics is such and the harmony in principles is such, with all the professors teaching and talking the same thing, that I do not believe it is possible for students to go there without absorbing enough of pure Homœopathy to believe in it and to practice it, because they feel and know it is best for their patients, best for their pockets and best for Homœopathy. They can't help it. Any school that turns out lukewarm practitioners I look upon as an enemy to pure Homœopathy.

Dr. Leggett: Our society is doing its usual good work.

Dr. Biegler: I wish to make a report on behalf of the Rochester hospital. The hospital, like all enterprises, has seen its trials and tribulations, but it has in a great measure overcome them. The work is most satisfactory in quality. The division that was created in Rochester by the separation of a number of Hahnemannians from the Monroe County Society is now reaping its reward, and twelve members of that society have knocked for admission to our society. Not all of these were ready for admission, however, and only one of the twelve has been admitted as yet. It seems to be the

wisest plan to take in one at a time. The condition of affairs is now such that the best of the members of that society desire to become members of the I. H. A., because of the measure of success which it has received.

BUREAU OF HOMŒOPATHICS.

DISCUSSION OF DR. FINCK'S PAPER ON DR. GUSTAV JAGER'S EXPERIMENTS.

Dr. Tompkins: I understand that Dr. James has made some experiments in this line and would like to hear from him as to the nature of the instrument and also what he thinks of the value of these experiments.

Dr. W. M. James: In regard to the actual practical value of the experiments I cannot give a satisfactory answer. The work was being prosecuted by Dr. Fellger and was brought to a summary conclusion by his death. We had only experimented about two months, which was not time enough to arrive at any definite conclusion, and whatever results were obtained have now been lost. The instrument consisted essentially of a clock dial and works, the latter moved by a heavy weight. Beneath it were two electro-magnets placed opposite to each other and drawing on or affecting an armature which lay beneath them. There was also a push button and the instant that it was pushed, as well as the instant it was released, were accurately recorded on the dial and could be read off without calculation.

Dr. Tompkins: Did the experiments leave an impression on your mind that there was something in it or not.

Dr. James: Yes, I believe there is something in it, but it requires an immense amount of training to carry on the experiments accurately.

DISCUSSION OF DR. A. G. ALLAN'S PAPER ON PARAGRAPH 16 OF THE ORGANON.

Dr. A. R. Morgan: What distinction does the gentleman make between divided doses and repetition.

Dr. A. G. Allan: There is a real distinction between divided doses and repetition that may plainly be seen. To put some medicine in a glass and give a teaspoonful every four hours until improvement is manifest, is simply a divided dose. To give a patient a bottle of medicine and tell him to take a dose

every few hours or three times a day for a month is repetition. I do not mean this latter at all.

Dr. A. R. Morgan: The gentleman makes a distinction on the subject of dose with which I do not entirely agree. I do not see but what a dose every few hours is a repetition.

Dr. Wm. P. Wesselhœft: This is a matter of personal experience largely. As I understand Dr. Allan he claims that it is better to give a high potency in a broken dose in chronic diseases in order to make the first impression, while in highly acute diseases it is better to give only the single dose to make the first impression.

Dr. A. G. Allan: In answer to Dr. Morgan I want to say that some doctors give a single dose and wait results, others give four or five doses in water or powder until some improvement is manifest and call it a broken or divided dose, and the latter is a very different thing from indiscriminate repetition.

Dr. S. A. Kimball: Dr. Gregg, in his work on diphtheria, treated all cases of that disease with a single dose dry on the tongue. This agrees with Dr. Allan's rule, diphtheria being an acute disease.

Dr. A. G. Allan: I have found it is a dangerous thing to give a succession of doses in diphtheria. The patient is generally in a weakened and broken down condition and the aggravation which may take place from that is a dangerous thing. It is better to give a single dose and then wait from twelve to twenty-four hours before repeating; in the meantime giving the patients water or sugar to satisfy their prejudices.

Dr. W. L. Reed: I think it is a fatal error to repeat the dose, either in acute or chronic cases. If Homœopathy is a law then disease can be cured by one dose of a medicine and not by repetition.

Dr. T. S. Hoyne: I agree in the main with Dr. Reed, but there is one point he has overlooked. If his single dose does not show an effect in an acute disease, take croup for instance, in half an hour, that dose should be repeated if he is sure he has selected the right remedy, or if not, another remedy must be given. I have never seen a case of croup in which improvement was not apparent in half an hour or less if the

remedy was correct. To give such a rule as Dr. Reed has laid down without reservation is all wrong.

Last winter we had a considerable number of typhoid fever cases, and the majority of them were characterized by hæmorrhage of the bowels. In most cases Phosphorus or Nitric acid were indicated, and as a rule one dose would arrest the hæmorrhage at once.

I had occasion to see a case in consultation with Dr. Bacon, of Englewood, in which the patient was having stools every five minutes of bright red blood, profuse as if an artery had been cut. Both Phos. and Nitric acid had been given when I saw the case, and injections of Hamamelis and hot compresses had also been used without effect. I found the patient almost pulseless, with slight nausea and great pallor. I gave a dose of Ipecac and waited half an hour. During that half hour the stools kept right up. Now if I had followed Dr. Reed's rule the patient, I am sure, would have died. But I gave a dose of Secale which controlled the hæmorrhage almost immediately and after a long illness the patient recovered. The patient had no evacuations for 48 hours afterward, then they were black and tarry. None of the books I consulted give Secale as a remedy for typhoid, except P. P. Wells, and he does not mention hæmorrhage as a symptom.

Dr. A. B. Campbell: Did I understand aright that Dr. Allan said we are never to undertake to abort or arrest the progress of an eruptive disease?

Dr. A. G. Allan: That is what I said. You must not expect to arrest or stop an eruptive disease after the development of the rash. If you give many doses of the remedy in such cases you will not have as good a result as if you give a single dose and wait. I want broken doses to be considered as a form of the single dose. It amounts to the same thing. A dose is the proper amount of a drug to start the patients on their cure, it makes no difference whether it is given at once on the tongue dry or at intervals for a few hours.

Dr. A. B. Campbell: If you cannot hope to arrest an eruptive disease, why give any medicine at all?

Dr. A. G. Allan: To modify its course and prevent it from getting worse.

Dr. A. B. Campbell. Dr. Wells was practicing during an epidemic of smallpox. He told me that in a case so covered with the eruption that the tip of the finger could not find a place on the patient's body uncovered with it, he arrested and aborted the attack with a single dose of Sulphur.

Dr. G. H. Clark: I think Dr. Campbell's point is well taken. I had the same objection to the position taken. I claim that no disease has a definite course under homœopathic treatment. That is what the allopaths say; we as homœopaths ought to know better.

Dr. A. G. Allan: A disease like pneumonia must take a definite course.

Dr. Clark: A definite course in any disease is a fallacy.

Dr. Wm. P. Wesselhœft: I do not think that pneumonia need have a definite course under homœopathic treatment, because under allopathic treatment it does not have a definite course either. Sometimes resolution occurs without expectoration. We hear of cases without either cough or expectoration, the so-called sneaking pneumonia. And then, when you talk about the stages of a disease, I believe it to be all nonsense. We should have no stages in disease. It is an idea that leads a great many of our young men astray. You hear such direction as giving Aconite in the first stage, then wait for the second stage and give Byronia or Tartar emetic, then wait for the third stage and give Sulphur; instead of prescribing according to the needs of the patient they prescribe for the stages. I had a horrible case of double pneumonia in my own family, where the patient could not be moved the eighth of an inch, where she wanted somebody to stand over her and press on her with might and main. She got well under Arnica; she had neither cough nor expectoration.

Dr. Johnson: The question that seems to bother us is how long to wait before giving the second dose, whether you call it a broken dose or a number of doses. We find in the Organon that all sensation and symptoms of diseaes are produced by the deranged vital force. Abnormal sensations show that the vital force is in an abnormal condition and the only thing we can do is to right the wrong. If we give the proper remedy then the vital force will

correct the symptoms. This is the standard of the Hahnemannian. If we give a dose of medicine it is because we see in the symptoms of the patient a picture of the symptoms produced by that drug on the healthy, and if a change occurs it is a proof that the vital force is acting. Now are we going to step in and interfere with that curative action? I say no. The thing to do is to wait. How long? Not two hours, not two days, not a week or a month, no definite time, but wait until you see returning symptoms or a stop in the curing process. Then repeat the dose, whether it is two hours or five months. If you see no reason for giving a remedy it is a great deal better to let it alone.

Dr. T. S. Hoyne: I think Dr. Johnson misses the question entirely. How long are we to wait for a remedy to act? Suppose a case of croup. He has given a remedy and no effect is apparent. Now how long is he going to wait on that one dose?

Dr. Johnson: If homœopathic physicians were infallible then what I say would be all right. Of course, if you get no effect in a reasonable time you must repeat or get another remedy.

Dr. J. B. G. Custis: After all, we are practical men and we must meet sickness in a practical manner. It would be impossible for most of us to give a dose of medicine and then spend time enough to see it work. Life is too short and there are other sick people claiming our attention. The repetition of the dose certainly does not depend upon whether the disease is acute or chronic. It depends upon the patient's susceptibility to the remedy more than anything else, and that varies with different people. Hence it won't do to say that you must wait any definite time. You must be guided by circumstances. The success of a homœopathic physician depends upon his ability to forget the names of diseases. Our best cures are often made by remedies that we have never before applied to the disease in hand. Whether the disease be eruptive or organic makes no difference at all in the selection of a remedy. The broken dose that Dr. Allan speaks of is certainly a repetition, a number of doses, the quantity has nothing to do with it. Another thing, I do not like to hear this talk about setting up a new diseased con-

dition; we cure diseases, we do not make new ones. Among every doctor's patients are people of judgment, who can be trusted to make accurate observations, who will say, "I felt better for a while after the first dose, then the other powders did not seem to help me." With such people it is safe to give a number of powders of the medicine and tell them to stop when improvement begins. But the majority of our patients are not to be trusted in that way. Moreover, it is sometimes impossible for us to see a patient several times in a day or two. In addition to this I have found in my experience that some people bear repetition better than others; all of which goes to show that this is a question of experience with individual patients and circumstances and no one should presume to say how others should do, or make a hard and fast rule for all to follow.

Dr. Baylies: I do not think Dr. Allan's statement was properly understood by many of the members present. As I understood it, it was that in acute cases the high potencies should be used in a single dose, in chronic cases lower potencies in broken doses.

Dr. A. B. Campbell: This reverses the order of things in which I have been instructed a great many years.

Dr. A. R. Morgan: The position that low potencies are better adapted to chronic complaints and the high potencies to those which are acute is so at variance with my experience that I should like to hear the subject further discussed by the members.

Dr. S. Long: By low potencies Dr. Allan means the 200th and 1000th, nothing lower.

Dr. A. R. Morgan: That is just it. In chronic cases my best results have been obtained from the highest potencies, while in acute cases I should be more inclined to give the 200th.

Dr. S. Long: This question resolves itself into this. Press the button, and we do the rest. Get your remedy and you certainly press the button, the rest follows by experience. No matter how long you discuss this question, you will still be at sea on account of the main thing being individual and not general experience. Before I can decide the question of repetition I want to know whether I am treating

John Jones or James Smith. The individual and the remedy must both be considered. We all know that our remedies differ in individuality as well as our patients, and if we argue the matter a week we could not arrive at a conclusion because it is a thing that admits of only the general law—never repeat as long as improvement continues—but not any laws as regard details. These vary in each case.

Dr. Farley: Do the highest potencies cause a reaction that is longer lasting, as a rule or on an average, than the lower, or is the opposite true? If we could decide that question it would go far towards deciding which cases were most apt to be benefitted by the high and which by the low potencies.

Dr. Fincke: Dr. Jäger answers that question to a certain extent; his claim is based upon experiments that prove that the reaction produced by the highest potencies is longer lasting and more powerful.

Dr. McLaren: No more useful paper or discussion could have been brought before this Association. The questions involved are questions that must be solved, although they cannot be solved today perhaps. Dr. Allan will find in time that the last word has not been said upon the subject. There is no one here today too old or too young to learn about the unknown depths of Homœopathy and of the individuality of patients.

Dr. Tompkins: It seems to me highly useful to recognize what things are fairly certain, and what things we should by common consent consider as unproven. We are all pretty well agreed that high potencies have a profound and, when well selected, beneficial effect upon the diseased organism. I gathered from the paper read by Dr. Allan that high potencies produce a more prompt and intense reaction than low, and hence that they were better adapted to treat acute diseases with than the low. This seems to me the reverse of the general experience, and contrary to the teachings of Hahnemann. I do not think that any one doctor can or ought to state that this difficult question has been settled by his experiments, or that he has ascertained the whole facts. The rule given by Dr. Allan seems to me contrary to the

general experience and contrary to the teachings of Hahnemann so far as we can make them applicable to the case.

Dr. Johnson: I regard the paper as important. In our clinic we have about 600 prescriptions to make a month, and are trying to arrive at some conclusion in this matter. In chronic cases we usually begin with the 50,000th. If it becomes necessary to administer the medicine again we usually give a higher potency, because we have found that if the same potency as at first is given it does not hold the patient in an improving condition so long a time, and if repeated a second time still shorter. So that we seldom repeat the same more than once, it becomes necessary to give the cm., or at least a potency higher than the first given. This will usually carry the patient farther than the first dose did. Sometimes we have to go to the mm. or even higher to effect a cure. The question is whether it would not be better to give the mm. potency in the start. In acute disease we usually give the cm. and one dose usually is sufficient to cure the case. We have another experience to give you; sometimes while a patient suffering from a chronic disease is under treatment an acute disease may start up. Thus, while a patient is under the influence of Sulphur, Lachesis or Lycopodium for instance, an acute attack of coryza or cold may set in. We can then give a dose of medicine for that cold in a lower potency, the 1 m., 10 m., 18 m. or 20 m. without disturbing apparently the action of the high potency. This happens occasionally only; of course we do not interfere unless it seems very necessary.

Dr. A. G. Allan: It would be the heighth of folly if I offered this paper as settling the whole matter. I had no such intention although some seem to have so understood me. It is only my experience which I offer as a contribution to the settling of the question. I gave it as a suggestion looking towards the determination of a much vexed question, nothing else; certainly not as the conclusion of the whole matter. I maintain that the broken dose is nothing but a single dose given in division. The effect is the same as a single dose.

By low potencies I mean the 30th, 200th or 1000th, but always the potentized remedy, because, if you remember,

I said in my paper that it was my belief that without potentized remedies no one could practice Homœopathy.

I did not mean to touch upon the repetition of the dose at all. It is a separate subject from the broken dose. When I said 24 hours must intervene between, I meant I had never seen a case in which it was necessary to give a second dose under that time, and that it might be dangerous to do so. I have been able to observe in some cases of iritis that the duration of action of the dose was ten hours. Now if after I had observed improvement I had given another teaspoonful or powder of the medicine that would have been repetition and would have interfered with the cure.

Dr. J. R. Haynes: If I correctly gather the gist of what has been said I do not agree with it, nor does it agree with the motto which we have adopted: "Simplex, Simile, Minimum." I have found by sad experience that the closer I follow that motto the better my success. I think if you select the remedy right you will seldom have occasion to repeat the dose. You do not study the Organon enough, if you had you would not make such speeches as you have here today. There has scarcely been a day for forty years that I have not studied the Organon. Years ago, like many others, I repeated the dose, but in the use of high potencies I had to quit it, and I think one of the great mistakes of the profession to-day is this matter of repetition. Get the right drug and you will not have occasion to repeat it. It will carry your case either to health or to where you will find another remedy indicated. This is my experience and I have learned it by hard knocks.

Dr. A. G. Allan: In the epidemic of influenza which raged last winter I noticed, many times, that if I gave a dose of medicine divided or broken that the patient suffered less and got well quicker than when I gave a single dose undivided. If I gave the single dose I would probably be sent for again but not when I left the dose divided. We cannot be nurses as well as physicians. We cannot be at the patient's side all the time, and the effect or action of the single undivided dose may be used up before we get back and the patient begin to get worse again. You save yourself the trouble and the patient the suffering by leaving a divided

dose to be used every hour or two until improvement is manifest.

DISCUSSION OF DR. HAYNES' PAPER.

Dr. S. Long: Dr. Haynes is undoubtedly doing a good work in publishing Dr. Fincke's translation of the Organon, and I am glad that he has succeeded in getting a good many subscriptions at this meeting, most of the members taking from five to twenty copies. I think it is our duty to see him through.

Dr. Haynes: If every member of the profession was to obtain a copy of the Organon and use it as a Catholic does his prayer book, reading it daily and studying it, he would make a far better doctor than he ever was before.

DISCUSSION OF DR. I. DEVER'S PAPER, THOUGHTS ON THE PSORIC MIASM.*

Dr. Tompkins: I had always supposed that the suppression of a disease was what made the psoric diathesis. I do not recall Hahnemann's teaching in regard to this whether psora is the result or consequence of disease.

Dr. A. G. Allan: My understanding is that psora and its disastrous consequences are due to the suppression of a local disease by local treatment, the driving of a disease from its superficial local seat to more important internal structures. The treatment of the allopaths is even at this day to drive the disease from one organ to another until finally it gets into more internal and vital parts of the body, and the patient becomes a total wreck. We can cure the itch with internal medicines and never see the dangerous results from it which follow the use of sulphur ointment.

Dr. J. H. Allen: The itch is not a local or superficial disease, but a deep internal disorder, and the eruption is the expression of it.

Dr. A. G. Allan: No eruption ever occurs in a disease unless the organism has been brought under the influence of a miasm. Then the eruption appears. Chancre never occurs until the system has been brought under the influence of the local poison, and the reason we get bad results when we suppress chancres and psoric manifestations, where we

*See page 116, August Number.

suppress other affections, is because we prevent the miasm from expressing itself in its simple form.

Dr. A. R. Morgan: I entirely dissent from the idea that Hahnemann attributed psora to the acarus. The term psora was at that day applied to all cutaneous eruptions. I think that the itch insect was known to Hahnemann. The psora of Hahnemann is not the itch, but the itch was the result of implanting a peculiar virus upon an organism tainted by psora.

Dr. Davis: I had a case of supposed itch in which an acarus was found in the urine. The itch had been suppressed some twenty years before.

Dr. Hastings: This urine I examined myself. I attributed the presence of the acarus to accidental causes. The urine was normal otherwise. I asked the doctor if his patient was troubled with scabies and was told that years before he had had it and it was suppressed.

Dr. Kennedy: How many persons present have treated scabies homœopathically and succeeded in holding their patient until cured.

Several voices: I have.

Dr. Fincke: I differ from Dr. Morgan's statement. When Hahnemann taught the psora doctrine he knew nothing of the insect. Itch was known simply as an eruption upon the skin, and it was long after that time that the acarus was discovered. The itch does not exactly depend upon the acarus, but upon the internal miasm which gives the acarus a soil to live upon. This is shown by the experiments of certain students who infected themselves with the itch. Not all of them had the acarus but all of them had the itch.

Dr. Sawyer: There is plenty of itch in Indiana. We have all had it down there. Some of us several times. I have had thousands of cases of it to treat and I hold them until they are cured with straight Homœopathy and high potencies. I find the acarus in some cases but not in all.

Dr. A. R. Morgan: I have been in the habit of applying lard to kill the insect, at the same time giving the appropriate remedy.

Dr. Tompkins: I have never cured the itch with high potencies, but I have cured a number of cases with the tinc-

ture of sulphur, used two or three times a day for a considerable time, using no external application at all.

Dr. Sawyer: I would suggest that perhaps the doctor's cases of itch were suppressed and not cured.

Dr. Reed: In cases of scabies we have an insect, the acarus, which can be easily seen traveling over the skin. Now what are you going to do with that little animal? Can you kill him with the simillimum?

Voices: Yes, sir.

Dr. A. G. Allan: In New Jersey there are many mosquitoes of large and robust build and of a ferocious and sanguinary appetite. Now the homœopaths there give high potencies of mosquito and that prevents the people so treated from being bitten by the animals. If that can be done why not the same with the acarus.

Dr. McLaren: In regard to the acarus it only differs in degree from lice which collect and find a suitable ground or soil in an eczematous skin, and which will be cured by Psorinum without any external application whatever. I should like to suggest to Dr. Morgan that it is an open question whether the lard kills the acarus or whether it simply gets out and dies from the action of the simillimum. The old saying, eat one's bread by the sweat of the brow, applies particularly to the various manifestations of psora, because these find their greatest relief by sweating, and such a symptom is a grand indication for Psorinum.

Dr. Reed: What are you going to do with the proposition of Hahnemann when he says take a little of the oil of Lavender and touch that insect and it will kill him every time.

Dr. Fincke: This about the oil of Lavender must come from some of Hahnemann's earlier writings. It is impossible that he recommended it to kill the acarus, for the acarus was not discovered until after his time. Let me call to your mind that by means of our high potencies we are able to kill and expel much larger animals than the itch insect. Do we not expel tape worms and other large worms? What is the acarus to the tape worm?

Dr. Long: I have never had a case of itch to treat that I know of, but I have had two cases of maggots in superficial

ulcers cured by the remedy, which was Arsenic, within three days.

Dr. I. Dever: I believe that the insect is not the *cause* of scabies, but the *result*, just as I believe that bacteria are the result and not the cause of disease. Hahnemann teaches that psora is a transmissible disease and that it becomes more potent as it passes through many people and generations.

DISCUSSION OF DR. CLOSE'S AND DR. HITCHCOCK'S PAPERS ON VACCINATION.

Dr. J. V. Allen: I am one of those who believe that vaccination is a detriment to the health and I want to express myself in regard to vaccinating children on going to the public schools, the children being brought to you by the parents for the purpose of gaining admission to the schools. For this purpose I use a preparation of crystals of Antimonium tartaricum. I tell the parents that I believe vaccination to be a bad thing as ordinarily practiced, and that therefore I will use a preparation of tartar emetic. I scratch the child's arm and moisten it with the solution and let them go. If they insist on the usual vaccination they have to go somewhere else to get it. The preparation is simply a saturated solution of tartar emetic. The effect is to make a few pustules on the body with perhaps slight fever, but no scar is left. I think it would be an excellent procedure in an epidemic of smallpox.

Dr. Reed: These two papers are a credit to the society and to the authors. In thirty years' practice I have had a great deal of experience in reference to the effects of vaccination. In Macon, Missouri, there were two ladies vaccinated by a physician. In one of those ladies a serious case of eczema broke out on the arm on which she was vaccinated; fever came with it; then it spread to the lower extremities.

One of the ladies died of that condition, the other was referred to me. The leg was in a terrible plight; she could not bear bandages on it; the fluid that exuded from the sores was so excoriating that it produced sores in other parts. The itching was intense, the skin exfoliated in large patches. I have several of those flakes of skin at my office. I sent her one dose of Pulsatilla; next morning she traveled to my office, 144

miles from her home. In four days time it required repetition. In two days more it required a second repetition. Then Lycopodium was given followed by wonderful improvement lasting six days, then a repetition, the effect of which lasted four days. I then wrote a letter to Dr. Lippe describing the case. He wrote back that I should give Thuja. I did not consider it indicated but gave it as he directed, without any good result whatever, but there was a residue of symptom there which Lycopodium could not relieve. I took a flannel bandage and bandaged the limb from toe to hip, and renewed it twice a day, morning and evening. It got well and she has never been sick since.

Another terrible case of the results of vaccination comes to mind. I was asked to go down to see a woman who was said to be dying, and by the time I got there she had passed from time to eternity. As she lay on the bed I estimated the weight of the body to be 300 pounds. It was a case of elephantiasis. Fifteen years previous to her death she had been vaccinated, and that was the beginning of the disease. Her mother, her father and her sister had all been vaccinated at the same time by the same physician and they all of them had elephantiasis since that unfortunate inoculation. The thigh of this woman was as large as a large man's body, it was split in several places and a fluid exuded. Before the vaccination this family had been free from chronic disease of any kind.

Dr. Rushmore: Do you know anything of the source of the lymph?

Dr. Reed: No, sir; I could find out that it was animal virus, but nothing more.

Dr. Baylies: I knew of two young girls vaccinated at the same time with the same lymph, one of whom has suffered ever since from an eruption on the face. It is a red papular eruption covering the whole face, aggravated at the menstrual period. Thuja has relieved but not entirely cured her. It may in time.

Dr. J. H. Allen: The effects of vaccination is, I believe, a form of sycosis and that is the reason that Thuja so frequently cures it.

Dr. Close: Perhaps I may say a few words as to the

practical application of these principles. It has been my custom to give Variolinum 900th to children applying to me for vaccination. This meets, so far as I know, the requirements of the local authorities in Brooklyn. At the end of the time usually devoted to observation of the scar, I give a certificate to certify that the child has been vaccinated. If any contest comes up in regard to this, it would involve our right to prescribe homœopathically. It is our privilege to produce prophylaxis by homœopathic methods, and this is our method of vaccinating. As to what effects are produced, in most cases no effect, in other cases symptoms are produced, the most prominent being slight headache in occiput down to spine, backache and elevation of temperature, restlessness, and in a few cases a slight eruption on the skin, chiefly on forehead, neck and back of hands. I usually give three powders, one to be taken each successive night. I suppose I have given from twenty-five to fifty certificates. I decline to vaccinate by the ordinary methods. When parents come to me I briefly explain my position, and if they disagree I put in their hands some literature on the subject.

Dr. Baylies: The last of April I sent six powders of Variolinum to two children. About the sixth day of May the children had a sharp fever with eruption of pimples of a pustular nature, over the face, neck and extremities. Six days later the eruption had cleared off and the children were well. These symptoms agreed well with a proving I received from Dr. Fincke. In other cases I have not noticed any such effects.

Dr. Hitchcock: I consider this question of extreme importance to the community. I have therefore given the legal aspects of the case. In relation to the effects that vaccination produces, I should like to read the record of one case which is very horrible and which shows that vaccination laws are murderous.

BUREAU OF MATERIA MEDICA.

DISCUSSION OF DR. CLARK'S PAPER, MEDORRHINUM.

Dr. Close: I have had cases very recently under treatment, that might be called cases of membranous dysmenorrhœa. I can give only two or three symptoms from

memory. Menstruation was accompanied by terrible pains of a grinding character. Flow scanty, and on the second day there was passage of a firmly organized membrane. The mental symptoms were "a constant feeling as if something was behind her." She could not get away from that sensation. It was of nothing definite, simply something terrible behind her peering over her shoulder. Under Medorrhinum I found many of her symptoms, and gave it to her. The next period was without pain and without membranes. The second period had slight pain, and passage of small pieces of membrane. Repeated the remedy, and the third period was painless again and the fourth has not yet come about.

Dr. Baylies: In a case of rheumatism the patient seemed to have a crusty eruption on the upper lip, sometimes dry and sometimes secreting a purulent fluid. Medorrhinum seemed to cover his symptoms, both rheumatic and the physical and mental depression which he had.

I gave it in the 1m potency. It gave rapid but temporary relief to the rheumatic pain but nothing else. It was repeated again and again with the same transient result. Thuja was more effectual, in fact it nearly cured him. There is still a tendency to recurrence after several months' treatment.

Dr. J. H. Allen: I reported a case of asthma cured by Medorrhinum at the Indiana State Society meeting. The peculiar symptoms were the mental condition and leucorrhœa of a fishy odor. She also had a cough which kept her sitting up most of the night; the expectoration was yellow. It was cured with one dose of Medorrhinum.

Dr. G. H. Clark: Medorrhinum has been a disappointing remedy with me. I think we have made a mistake in not noting all the peculiar and characteristic symptoms of the individual from whom the nosode was originally taken. Perhaps several nosodes might be mixed before being potentized with advantage.

BUREAU OF SURGERY.

DISCUSSION OF DR. CASE'S PAPER, INGROWING TOE NAILS.

Dr. Kent: The application of a remedy for ingrowing toe nails is an inference from the proving. The remedy probably did not produce ingrown toe nails but rather a sen-

sation as if the nail was growing in, and this paper is a verification of the truth and genuineness of the proving.

The remedy has cured it in so many instances that there can be no doubt about its effect in that trouble. I remember the first time I used it was in a patient who had no other symptoms. He had the shoe cut over the toe to prevent the pressure of the upper upon it. On examination I found an ingrown toe nail that had been very much treated. He had scraped it and stuffed cotton under it and so on without a cure resulting. I gave him a single dose of the Polus australis and to my astonishment in two or three days he told me that it had taken away the pain, and it finally cured him.

Dr. F. Powel: I should like to add my testimony to the efficacy of this remedy in ingrowing toe nail. I have had a number of cases, probably as many as twenty, cured with this remedy. Only two weeks ago the son of one of my colleagues in Chester had a trouble of this kind with his toe of a very severe nature. It cured him. My success with it has been almost unvarying. It acts very promptly.

Dr. M. Powel: A friend of mine showed me a thumb in which the nail was ingrown and very painful. I gave him one dose on the tongue and when I met him again he said it had got well rapidly after that.

Dr. M. F. Taft: I was called to see one of the sisters in a Catholic convent on account of badly ingrown toe nails. She was very far gone in consumption. I did not take the totality of the symptoms but knowing the reputation of the remedy in that trouble gave it as an experiment. In one week the toes were well, but I have always wondered whether the patient was not injured by it although I did not notice any aggravation. This idea was raised by the rapid healing of the toes without other improvement.

Dr. Reed: Some seven or eight months ago I read an article in the MEDICAL ADVANCE, by Dr. Powel, on this remedy for the nails and I sent to him for some of it because I was suffering myself from such a complaint. I took his medicine and my toe nails are just as bad as ever.

Dr. Kent: Dr. Reed has a lot of other symptoms that should be prescribed for instead of the toes. He knows that as well as anybody here.

Dr. Long: I have had in the last two or three months two cases of ingrowing toe nails; they were cured but not with one remedy. I cured the patient and the toe nails got well incidentally.

Dr. Case: I have no specific for ingrowing toe nails. I have cured them with Graphites and I have cured them with Silica.

Dr. A. B. Campbell: Are there any peculiar appearances of the nail when the Polus australis is indicated?

Dr. Case: None that I know of.

DISCUSSION OF DR. I. DEVER'S PAPER, ABSCESS OF THE VULVA.

Dr. Kennedy: Why did Dr. Dever repeat when the patient was still improving?

Dr. Dever: The lady lived three hundred miles from me and I sent the medicine in the way that I have described on account of my inability to see her often. I should have done differently, no doubt, under different circumstances.

Dr. Tompkins: I hope Dr. Kennedy does not find fault with the time in which that case was cured.

DISCUSSION OF DR. J. R. HAYNES' PAPER, NASAL POLYPUS.

Dr. Case: About a year and a half ago I had a case of polypus in a lady. She was a fleshy person. The polypus was so large that the nostril was entirely occluded, even the face was perceptibly swollen. Under treatment this swelling decreased, the offensive discharge lessened, and she began to have bleeding from the nose, the polypus in the meantime growing smaller. Some of her friends concluded, notwithstanding the improvement, that there was no use in "doctoring," and she did not come back. Later the remnants of the polypus came out on her handkerchief.

Dr. Baylies: I also cured a polypus in a child eight years old with a single dose of Calcarea.

DISCUSSION OF DR. KENT'S PAPER, ABDOMINAL TUMOR.

Dr. Tompkins: I should like to ask Dr. Kent if he thinks he lost time on the repetition of Lycopodium mm.

Dr. Kent: Propably I did, I was waiting for Dr. Fincke to make me the two millionth.

Dr. Fincke: If the two millionth potency of Lycopodium will dispose of such a tumor as that, what may we not hope to do? Does it not show us that there are some things that we have not explored yet? Let no man say that we have exhausted Homœopathy, but let us all press forward in the path that Hahnemann has opened for us.

Dr. J. B. Bell: This was probably a case of uterine fibroid. As regards the therapeutic part of it, if the disturbed vital force caused the tumor to grow there, why should not the restored vital force cause the tumor to go away? Sometimes, for want of knowledge, we fail in getting the remedy. The age of the patient was very favorable, better than either younger or older.

DISCUSSION OF DR. C. HASTINGS' PAPER, GRAPHITES CICATRIZATION.

Dr. Long: I should like to hear some opinion as to what would have been the effect of Graphites before the operation. I will answer my own question by saying that I believe that Graphites would have cured the case in the beginning. The doctor thought that with her surgical knowledge she could remove the difficulty with an operation, but she failed. What a blessed thing it is that she knew Homœopathy after that surgical failure. As surgeons, are we justified in putting our surgical knowledge before our Homœopathy?

Dr. Hastings: If I had known in the beginning of the adhesive bands I should probably have thought of Graphites at once. If I had given ether and dilated to the point where the finger could have been passed, before the operation, I should have discovered the bands. The origin of these bands will probably never be known. I questioned my patient carefully to find whether there was any history of injury that might have resulted in such bands, but could get no light upon it. Had it been a congenital hymen I do not believe that Graphites would have removed it.

Dr. James: The late Dr. H. N. Guernsey had a case similar to that, but without the adhesive bands. He gave Silicea and cured it.

DISCUSSION OF DR. SHERBINO'S PAPER, NECROSIS OF THE OS CALCIS.

Dr. Long: I wish to ask a question, which is suggested by that paper, whether it is the custom of physicians of this Association to cut open or lance abscesses?

Dr. I. Dever: If you want to know whether it is advisable to lance abscesses or not, get one yourself and try it. I had an abscess about two years ago and could not sleep for the pain, and so I thought I would open it. I had not done it two minutes before I saw I had made a mistake. It hurt worse and I believe it took longer to heal.

Dr. Hitchcock: I should like to call attention to a curious result of an accident upon myself. Four years ago I cut my thumb to the bone. I fastened the wound together with court plaster and it healed in a few days. But a short time afterwards the finger began to swell and stayed so for about two years. It caused me no inconvenience. One day I noticed a little point of pus near the quick of the nail which yielded by pressure a small quantity of cheesy matter. This lasted for about a month. Every day I could squeeze a little out. Then a white point came on top and the matter ceased. Then more cheesy substance. Finally, on close examination, I found a little thumb nail growing there, under the other nail.

Dr. I. Dever: Dr. Hering claimed that nature was blind, and as an illustration of the fact he showed us a lizard with two tails. The lizard's tail had been wounded so that its tail had been partly cut off and as a result the lizard grew another tail out of the wound. This illustrates the same fact as Dr. Hitchcock's thumb nail.

Dr. J. V. Allen: I think the lancing of abscesses depends upon circumstances. I had a boy of fifteen who had a perineal abscess. I prescribed for him the best I could. Rapid suppuration went on and the pus settled down in the left iliac region. There was no pointing. The patient was in a bad way. There was great prostration, cold sweats and general collapse. I punctured the abscess and the most offensive pus I ever smelled came out in great quantity. There was immediate relief and the patient recovered.

Dr. Long: Some eight or nine years ago the *Homœ-*

opathic Physician gave a very clear and decided article from the pen of Dr. C. C. Smith giving a number of good reasons why an abscess should neither be lanced nor poulticed. The same applied to felons and furuncules.

The article was so conclusive to me that I tried it on the next case I had, and the next case I had, strange to say, was myself. Like Dr. Dever I walked the floor for two nights and then I concluded that if it was not better by morning I would lance it. The following morning I found a perfectly loose core about the size of a marrowfat pea. I think I made a mistake in removing the core, for it took three weeks to fill up the place. Since that I have not lanced nor have I poulticed, believing with Dr. Smith that the abscess, white swelling or furuncle is merely the external evidence of an internal condition.

Dr. Tompkins: I am reminded of a case of abscess in the abdomen brought on by violent jumping the rope. It was a very painful affair. It became impossible for her to use the right leg, so that for a time I was in doubt whether she was not having hip disease. It proved to be abdominal abscess. I called in counsel and it was lanced in the region of the right groin. As long as I continued to press out all the pus the secretion of pus increased and there was doubt whether the patient was going to recover. Of course I was trying to medicate to the best of my ability. I concluded that I would allow the pus that secreted there to fill up the cavity and only give it a chance to run out if it should overflow. The cavity filled up and the child recovered, and formed a striking proof that the daily evacuation of the pus was a mistake.

Dr. Fincke: The abscesses that I have treated with remedies without lancing have healed without a cicatrix, but if poulticed it was more apt to leave a cicatrix. Of all the cases that came to my hands there was not one in which blood poisoning occurred. The remedy seemed to prevent it. Nobody need be afraid to trust the indicated remedy. We have many fearful cases cured with the homœopathic remedy in small doses. I published one case that was cured with three doses of Lachesis 30. The woman had fever; the limb was swollen and bluish; the abdomen was swollen, and the patient almost collapsed. The moral is that we must

trust our medicines and give them a fair trial before resorting to chemical and mechanical expedients.

Dr. Baylies: Is it not a fact that when an abscess is fully matured and shows a yellow point that it may be prevented from forming a cicatrix by puncturing it with a narrow bistoury? I remember the case of a woman who had a small swelling on the angle of the left jaw, which I supposed to be glandular. Allopathic physicians had applied an ointment. In a few hours the whole left side of the face and neck, as far down as the clavicle, was swollen red and hard very much like cellulitis and adenitis combined. There was also œdema of the tongue, involving the sublingual tissue. At first I gave Apis which reduced the œdema of the mouth and throat. Then the swelling increased and the patient became unable to separate the teeth. Nocturnal aggravation and some other symptoms pointed pretty strongly to the mercurials, which I gave with gradual amelioration in the substance of the swelling. Then the concentration of the inflammation to a small surface and the indications for Hepar sulph. became pronounced. It finally came to a small yellow point, which threatened to break. This I punctured with a slender bistoury and the swelling went down in a day or two leaving no cicatrix.

Dr. Kimball: I had a case a year ago in which an attack of German measles was followed by much swelling under the angle of the jaw. I prescribed as best I could and it slowly improved. There was a large amount of pus there. She and her friends were very persistent that it should be lanced. I refused and I afterwards heard that it had been lanced and a large amount of pus evacuated. After that she came to see me. She was thin and pale and said she had never been well since that was opened. Under the action of remedies she is slowly recovering. This is not an encouragement to lance abscesses.

Dr. Bell: In inflammatory affections like carbuncles, furuncules and styes, I believe it is far better to give the indicated remedy, for in such cases evacuation will give no relief whatever. But there are cases in which the pus is the chief element of danger, where it is liable to burrow under deep fascia, and have no tendency to come to the surface; it may in such cases do great damage. Only a short time ago we

had a case in the hospital in which an abscess was formed deep in the glands of the neck on the right side. It was a very dangerous form of disease known as post-pharyngeal abscess. He could not lie down, could neither eat nor drink, and of course could sleep but little. We etherized him with great difficulty, for he was in constant danger of suffocation. We cut rapidly down and opened an abscess. The relief was immediate. He was immediately able to eat, sleep and drink.

This is where the judgment of the physician comes in. We should endeavor to discriminate, for there are cases where the pus burrowing in deep tissues constitutes a grave danger and where skillful lancing is necessary. To prevent the open capillaries from absorbing anything I prefer to use the thermo-cautery which sears and hermetically seals them.

Dr. Case: I had a case about two weeks ago that may be of interest in this connection. A farmer, in bottling cider, got a cut on the finger. He took a cigar and made a blister over the wound aud went on with his work. In his work in a creamery he puts his hands in very cold water very frequently. There was no trouble for a week. He then began to have pain and swelling. The axillary glands swelled and became painful. When he came under my care the whole hand was enormously swollen and he was having chills and fevers. I put him under treatment and succeeded in arresting the pain and general swelling. The skin of the finger was very tense and was plainly full of pus. The skin was very thick and tough. I knew there was only a thick skin between the pus and the air. What should I do? I made a small opening in the skin with instant relief to the pain. He slept well after, and has been improving ever since.

Dr. Winn: A machinist came to me with a wound in the knuckle occasioned by scratching it against a piece of brass moistened in oil. It pained him slightly for several days, then a fever came on. Temperature rose 104.6, pulse 140. He had a terrific backache, no urine for 24 hours, no sleep, dry coated tongue with red tip. He was in a very bad condition. I opened the abscess, letting the incision follow the course of the tendons, and put a cold compress on it. Inter-

nally I gave him Rhus. Next morning the temperature had dropped and he began to pass urine. The succeeding day the temperature was normal and he recovered. Some of my friends told me that it was the Rhus that did the whole thing, but I feel differently. The great restlessness, backache and red tipped tongue were the indications for the remedy.

Dr. Tompkins: My action would, be if the indication for the remedy was certain, to leave it alone, but if I was not sure of it I would use some other means of relieving the patient.

Dr. Hoyne: Early in May one of my patients complained of having taken cold. He said that it acted like fever and ague, and from his description I thought he was right. The next day he did not have any; the third day he had a regular paroxysm. Under Bryonia the paroxysms ceased, that is, on the next day he should have had one, it did not appear. About this time there appeared a swelling on the arm with pain. It was a little larger than a hickory nut. It gradually increased until the whole arm was swollen including the hand. There was copious sweat and a typhoid looking tongue. At this time I was called out of town, leaving the case with Dr. King. During my absence Dr. King gave him Bryonia, and when I returned I found it still indicated. The temperature was less and the pain less, but the swelling was bad as ever. He refused to have it opened. The man died of pyæmia, as I believe. Possibly his life might have been saved if the pus had been let out. The entire time of the sickness did not exceed fifteen days.

Dr. Sawyer: I have had some bad cases of abscess recently. One near the right ovary and probably involving the vermiform appendix. I was very much afraid that the patient was going to die. I had no faith in the patient being able to endure an operation, and knowing nothing better to do I stuck to the remedy, and to my surprise and pleasure the pus disappeared without surgical interference. The swelling was enormous.

Dr. J. H. Allen: The pus disappeared down the fallopian tube as it generally does in these cases. I had such a case in which operation was advised and promise of death held out if refused. I was called in and prescribed for her. I made

about four visits. The medicine relieved her, the pus passed through the fallopian tubes and out of the vagina.

Dr. J. B. G. Custis: I do not like to find fault with Dr. Allen, and I have no doubt about the pus getting out as he says, but I do doubt very strongly his opinion as to the course it took. This is a very interesting subject, but we must be a little careful about it. We can not have every case go out of our hands as we would like it to go. In Washington we had a great many cases of abscess following malarial fevers and the grippe last winter, and it has been our rule to lance them unless we had a hectic fever coming on. The amount of pus is nothing, the swelling amounts to nothing unless you get that continuous hectic fever. Then the safest way is to get that pus evacuated. The location of the abscess has much to do with it, for if there is an exit for the pus anywhere, it may, if let alone, open in a very unfavorable way and make trouble. The safest rule is to be guided by the themometer and the condition of the patient. This is especially the case in abscesses about the mastoid process and the ears. There may be great swelling there without great damage, but if you get elevated temperature the sooner you let out the pus the better for the patient and for your own reputation.

Dr. Hastings: I am a living example of the utility of opening an abscess. Two years ago at this time it was a question whether I was to remain any longer on this earth. The abscess, which was of the kidneys, was opened and I was considerably better very soon. I had suffered with this abscess for two years, that is, there was a discharge of pus through the pelvis and ureters with the urine, and had been at intervals for two years. I was not much inconvenienced by the discharge of the pus itself, but my health began to fail very decidedly. The pus increased in quantity until I was passing two ounces of it daily. I was obliged to give up business entirely. There was considerable disturbance of the digestive organs. Terrible retching followed the ingestion of food, lasting three hours. I was under the best homœopathic treatment that Boston afforded, Drs. Wm. P. Wesselhœft and James B. Bell. Finally I went out of town to Dr. Wesselhœft's country home, but I grew worse; the pain

became unbearable in the left groin. Both my days and nights were sleepless. I ate absolutely nothing during the two weeks I was at this country place. I was taken home in a bed worse than when I went there. Two days after I decided for myself that I would undergo an operation. The time was set for Saturday, but Thursday night was such a night of suffering that I determined to have it done the next day. The operation was performed on that day with complete relief. A large quantity of pus was evacuated and in two days I was able to retain food. If that abscess had not been opened I would not have been here to tell the story. There is nothing left of the original trouble, no discomfort, although there is a small fistula.

Dr. J. B. Bell: At the operation we called together the staff of the Massachusetts Hospital. The pus was not in the kidney but in the capsule. If you could have seen Dr. Hastings at that time and now it would be difficult to realize it was the same person.

Dr. Long: It is generally said that there is always an exception to a rule, and I can readily understand that we cannot make an absolute rule to govern every individual case. I can say that I am glad that we have surgeons and surgical operations to preserve life and restore health. I am glad to know that the patient endured two years' suffering before a surgical operation was undergone, but I do not believe that the law of similars failed in that case. The failure was on the part of the gentlemen to find the similli-mum. We must not blame or put down against the law what is due to the inability of man.

Dr. R. L. Thurston: The mere fact that the fistula exists shows that the patient is not well yet. Probably the psora which exists has found here a vent, and I believe that if the fistula was now to be removed by means of the knife a worse condition would arise. So that I say that this is the manner which psora is showing itself in this case. Now to show again that Drs. Wesselhœft and Bell failed, and that Homœopathy did not fail, I will tell of a physician who suffered from a very serious and apparently fatal kidney disease. He was succesively under the care of Drs. Guernsey, Lippe, Hering and Carleton Smith, all of whom failed. Dr. Dunham took

his case and cured him. Another physician was sick and Dr. Dunham failed to help him, while Dr. Bönninghausen cured him. Man fails but Homœopathy does not.

Dr. Hastings: Nobody says, that I know of, that Homœopathy failed in my case. I grant that the simillimum was not found. I believe that the simillimum exists that will heal this fistula, but in the present state of our knowledge it would be very difficult to find. Perhaps it has not been proved yet. I should be very happy to submit my case to Dr. Thurston or to anyone here who thinks he can cure it. This is the ground on which I stand. I believe fully in the law of similars, and when we have reached its height, depth and breadth I know not what wonders we shall raise, but until that day we are compelled to use on rare occasions some other means, under protest it is true, but still to employ them, in justice to ourselves and our patients.

Dr. McLaren: And after all has been said it still remains the truth, that surgery is the opprobrium of medicine.

DISCUSSION OF DR. F. S. DAVIS' PAPER, TUMORS OF NECK TREATED BY USE OF KNIFE FOLLOWED BY DEATH. TWO SIMILAR CASES TREATED BY REMEDIES AND CURED.

Dr. Long: In the third case, was the tumor anterior or posterior to the ear?

Dr. Davis: Directly under the ear.

Dr. Dever: Dr. Davis' paper confirms the fact that homœopathic remedies will cure cases sometimes, or often, considered surgical, but it does not settle the question when the time for remedies ceases and the time for surgery begins. There are many cases which come to us which have been allowed to drift into an incurable state. A homœopathic physician has not been called in; the case has been neglected; the vital force has been exhausted by the disease and it is then necessary to use surgical interference. It is true that we draw a dividing line at a very different place from the rest of our school, but still we have a place for it. The tendency of the discussion so far would lead an outsider to come to the conclusion that surgery was never to be employed.

Dr. Fincke: I am sorry that the paper of Dr. Stow was not read, because it touches on that very point. I wish he was

here to read it; for that is a difficult point upon which to decide.

Dr. Winn: I saw the case that Dr. Davis writes of at time of the operation and do not think the woman died as a result of the operation. Dr. Packard opened the sack and a clear serum came out. He found some very deep sinuses and concluded it would be ill-advised to do anything further. The whole operation was trivial; it was done by chilling the surface and puncturing. I cannot see any points of comparison between the two cases.

Dr. Thurston: I cannot see any connection between the opening of this tumor and the death of the patient. I saw the patient with Dr. Davis. He was an elderly man, full of psora, with many symptoms. The operation revealed no healthy pus and a condition showing that the whole system was undergoing a breaking down, so that I cannot see any relation between the operation and death. In the second and third cases of Dr. Davis there is no proof that death would have ensued if they had been operated upon.

Dr. Davis: I have simply to say that in reporting this case I was led by the results of observation on the cases before and during the operation. The patient was aged and feeble at best, and would not have lived many years perhaps under any circumstances. I thought that by using the remedies indicated by his constitutional peculiarities I might do better than by an operation.

DISCUSSION OF DR. A. G. ALLAN'S PAPER, GLAUCOMA.

Dr. W. Ness: What was the condition of the sight after the administration of the medicine?

Dr. A. G. Allan: When the woman came to me the sight was very slight indeed. She could tell light from dark, but that was about all. Afterwards she was able to tell when a hand passed between her face and the window. It was a case of very acute glaucoma. The nerve was injured to such an extent that repair was probably impossible. The whole interior of the eye was hazy and the pupil greenish. The iris was pressed forward. After treatment the pupil contracted to very nearly the same size as the other eye, the anterior chamber became deeper and the iris was bulged forward but very little.

DISCUSSION OF DR. W. L. REED'S PAPER ON FELONS.

Dr. Hitchcock: In this connection I want to bring up a question in regard to Juglans nigra, the black walnut. A friend of mine, a carpenter, found he could never work in black walnut without his hands becoming covered with hang nails (?) all over. Is there anything in the proving of Juglans nigra having a bearing on that?

Dr. James: I want to enter a protest against the use of the crescendo and diminuendo mark in proving. Quite a number of errors have crept into our works through their use, through the marks getting reversed, a very easy thing for the printer to do.

DISCUSSION OF DR. SWAN'S LETTER.

Dr. Fincke: I was the first to prepare the dynamics for homœopathic use. I prepared the north and south poles of the magnet, also sunlight, moonlight, and the colors of the spectrum. I placed a bottle containing some drops of alcohol on the south pole and one on the north pole of a powerful magnet, and left them there a long time, nearly a year. I then prepared it according to our rules to the cm. potency, and it is a good remedy. I would advise everybody to stand by the provings of the north and south poles and use them.

Dr. Farley: I have a dram vial nearly full of the south pole preparation. Some years ago a man came to me with as black and foul smelling a toe nail as ever I saw. The south pole made it well, as far as the pain goes, in a week's time, and in a longer time it became entirely well.

DISCUSSION OF DR. DILLINGHAM'S PAPER.

Dr. Dillingham: I know there was very little homœopathy in my paper. I wished to bring before the society the necessity of procuring proper apparatus for certain cases of long lasting chronic diseases. During the time that your constitutional remedies are acting the parents are apt to get very unhappy and restless unless a good deal is done. They are flooded with advice by friends and relatives, and if you do not do something of the kind these cases pass into orthopedic hands. Mr. S. A. Darrach of Newark is the maker and owner of these wheel crutches, and they are made on rational principles, and are so useful in rheumatism, paralytic shocks, and severe diseases of the spine, that I want the members to

bear them in mind. They are an excellent support for all such cases.

General Armstrong had such a severe stroke of paralysis that it was thought he was dying. I found him helpless, on a wheel chair, with a strong negro on either side of him. I advised one of these wheel crutches. He was soon able to push himself around, and the paralysed arm was made to move in unison with the rest of the body, and it was only a few days before he was walking all around his grounds. In a few weeks he was walking without any support at all, and that, I am sure, could not have taken place without the exercise.

Dr. Long: I am not entirely satisfied that what Dr. Dillingham has advised is a good thing. There is no doubt but what these cases are long and tedious. That fact appeals to me in the case of children especially, but I claim that the mechanical supports are external applications, similar to poultices in the treatment of abscesses. I think the treatment of these cases could be shortened if we had the totality of the symptoms as evinced by the natural tendency of the patient to select his or her most comfortable position. The posture in sitting and lying is a prominent symptom in selecting the remedy. Ought we not to be as guarded in our use of these external mechanical appliances as we are in the use of poultices and external applications. You force the patient to assume a position which is natural to a healthy person and by so doing you lose sight of the pathological position of the patient. You might just as well say I will give a dose of Morphine to ease the patient, as to say I will put that patient into a position to make him easy.

Dr. Dillingham: Dr. Long, have you ever had a case of infantile paralysis to treat?

Dr. Long: Yes, sir!

Dr. Dillingham: How would you prevent the deformity of the patient?

Dr. Long: By curing him.

Dr. Dillingham: I find in cases not treated by mechanical expedients that the child was cured in one sense of the word, but cured in a distorted condition. By changing the relation of the bones of the spine to each other the cure goes on at

least as rapidly, and the result is a much better shaped child. I refused the use of electricity in this case, because by it the muscles are stimulated and strengthened at the expense of the bones, or at least without a corresponding bone growth, and for equally good reasons I refused to put any support on the legs. I felt that the muscles of the leg would develop better without artificial support. The inability of the child to use one portion of the body is a part of the disease but other portions of the body are well enough to develop themselves by exercise.

Dr. Long: My point is that by so doing you are cutting off the indications for your remedy.

Dr. Dillingham: It depends on the judgment of the doctor whether you do or not. There are poultices and poultices, for instance; should I be careful not to use a poultice so large as to spread an abscess all over and make it bigger than before. But if there was great heat, dryness and tenseness of the skin, I use a poultice.

Dr. Farley: If we fail with our remedies, as we occasionally do, are we to allow the patient to lie there all twisted out of shape, because we cannot find the remedy? I do not consider it curing disease to allow it to run its natural course. When the time comes I feel I must do something surgical or mechanical. In a case of post partum hæmorrhage where I failed to find the remedy I had to use Ergot.

Dr. Dillingham: I do not advance this as Hahnemannian Homœopathy, but as something that is useful and obligatory upon us to use under some circumstances.

Dr. Baylies: Are mechanical appliances to be forsworn because they are not medicinal? If Dr. Long's position is correct we should have to forswear all surgery as well as the necessary appliances used in such diseases as club foot.

Dr. Thurston: In talipes where mechanical appliances are almost universally used, I have seen it cured under the use of the remedy.

Dr. Dillingham: I have cured it myself under the use of a remedy.

Dr. Thurston: One case cured shows the possibility of curing all other cases. If the surgeon cannot cure it he had better put the case into the hands of the therapeutist. The

bias of the surgeon is towards mechanical measures. If we are certain that a case is a dynamic disturbance, or its result, it is our conviction that that case can be cured by remedies. If you cannot do it you should advise them to go to some one else who may be able, just as the physician was cured by Dr. Dunham after Drs. Lippe and Hering had failed.

Dr. Campbell: The doctor says he uses these supports as he would massage. Is massage allowable? I have seen cases of metastasis brought on by massage.

Dr. J. H. Allen: I have had two cases which I think died from the effects of massage. I treated two ladies for nervous trouble and had them nearly cured, but some of their friends advised them to go to New York and use massage. They both died of apoplexy.

Dr. Tompkins: I suppose Dr. Thurston recognizes that the power of a doctor to get a patient to go from one doctor to another is not unlimited, but quite the contrary.

Dr. Thurston: A child was brought to me to be vaccinated. I refused, saying I did not wish to take the responsibility of the result. The father said he would take the responsibility. I told him he could not take my responsibility. That is something inseparable from me. I could not perpetrate what I believe to be a wrong on that child because another person says they will take the responsibility of it. The child was taken elsewhere and vaccinated. I realize that we are not infallible, and that there are cases which drive us to our wit's end to know what to do with them. But if we are not well grounded in homœopathic philosophy we should not do anything that is not right and will not cure.

Dr. Tompkins: A given case may not be curable in the present state of homœopathic science. That medical substance which will cure them may not have been proved yet. We are bound to take into consideration that fact as one of the limitations of our art.

Dr. Campbell: Because I fail with my limited ability, it does not prove a case incurable; some one else may be able to do what I cannot do.

Dr. Adams: If the simillimum of a case has not been found, we may be able to zigzag them back to health.

My idea is that these medicinal expedients may be one of the zigzags.

Dr. Fincke: I do not think we trust our remedies enough. What is the history of the ordinary treatment of hydrophobia? The man is bitten and the wound is cauterized and treated locally. By and by the man gets convulsions and they give him opiates to quiet him. He gets worse all the time and finally expires in great agony. We can do no worse, why should we be afraid to try? People do not know that these remedies, especially narcotics, have first and second actions. Perhaps in giving these opiates they do the thing they do not want to do, and get the wrong action of the remedy. We know that hydrophobia has been cured by homœopathic remedies. One of our best cases was by Bönninghausen in a German servant girl. It was hydrophobia beyond a doubt. She had been given up. He gave her a single powder of Hyoscyamus in 12 potency and the girl got well in a very short time. The case was published by him and I translated it; you will find it in the MEDICAL ADVANCE. First be sure you have the homœopathic remedy and then give it with confidence. Nobody can be blamed if they try conscientiously, even if they fail.

Dr. Bell: Two things should be kept in mind. One is, nobody has claimed here that Homœopathy is a failure. The other is, that nobody claims here that he is the one who always does right and never does wrong. In thirty years' practice, I can say that I have never resorted to allopathic drugging as Dr. Farley has done, yet, I cannot blame him, nor say he did wrong as Dr. Thurston seems to think. You are not doing evil in such cases, it is simply a less degree of good.

Dr. Kennedy: We all mean to do right no doubt, the only question is, what is right? We have set up a standard, the law of cure, the nearer we approach this standard the better we will do for our patients. In regard to the use of massage, why do we employ it? If it helps the patient it interferes with the indicated remedy, and if it does not, it is of no use. It is an experiment. If we are to be governed by law we are not to make experiments. If we employ external means of treatment, are we not likely to suppress

symptoms which would be valuable in selecting a remedy, or to give rise to new symptoms which will lead us astray in prescribing.

Dr. Morgan: When are we to apply mechanical aids in cases of emergency? I have made for myself a rule which I think comes pretty near answering the question, and that is, never to use any mechanical appliance to relieve the pain until I have well studied the case and found the remedy. Then I allow patients to get into any position in which they find ease or comfort, or to have any little mechanical appliance which may help him.

Quite a number of years ago a little boy had a very intense inflammation of the knee joint. The synovial membrane was inflamed. I spent two hours before I was quite sure that I had the remedy. I gave him Aconite, and then set myself to work to find a position in which the child would be easy. I found it by laying him on his back, his knees flexed over a small block and the knee pressed inward. This made him perfectly easy. In forty-eight hours he could lay in any position, and the remedy had time to do its work.

Dr. Thurston: Of course I did not intend to cast any personal reflection on any of our members who are surgeons.

Dr. Hastings: This discussion is leading us anywhere and everywhere, and, carried out to a logical conclusion, the position taken by many would lead to some very absurd things. By some it seems to be taken for granted that it is wrong to use any mechanical appliance. I have yet to know that that is wrong. It may be useless or harmful, and therefore wrong in some cases, but there are plenty of cases where it is helpful and not wrong. It is not possible to decide in this room the abstract question, because the answer must of necessity vary with the individual case. What are you going to do in a case of mania? Are you going to let the patient jump out of the window—because restraining them would suppress symptoms? Extremists on both sides are wrong, we must let individual judgment decide upon the merits of the case then in hand. That can safely be done with a Hahnemannian.

Dr. Dillingham: I am very glad this disucssion has come up. I agree with Dr. Thurston that it is my personal failure

and not the failure of Homœopathy that makes these appliances useful and necessary. I wish I could cure these cases without them, but I know of none who could do it.

BUREAU OF CLINICAL MEDICINE.

DISCUSSION OF DR. W. L. REED'S PAPER, ALBUMINURIA.

Dr. E. W. Sawyer: In the Mississippi valley I find a large proportion of the cases of albuminuria come from the abuse of Quinine in malarial fevers. It is astonishing how small a dose of Quinine will suppress these cases of intermittents. This explains to me why Nat. mur. cures so many of these cases, it being the antidote to Quinine. It is my opinion that if Dr. Reed had given that case a dose of Quinine high there would not have been that lack of symptoms of which he complains.

Dr. Reed: The young man never took Quinine in his life, was never under the treatment of an old school physician, and hence what Dr. Sawyer says falls to the ground.

Dr. Hoyne: I expected Dr. Reed was going to cure that case with one dose, from what he said yesterday. Instead, I find he gave four doses before stopping. In treating a case like that I give a remedy and wait from one-half to twelve hours, and repeat or change as required, and Dr. Reed criticised me for it, and now to-day, Dr. Reed gives four doses in repetition without waiting for change of symptoms or anything else.

Dr. Reed: I gave him the four doses because it was a comparatively low potency. When I give a cm. potency they only get one dose. Sometimes when I use a low potency I do repeat.

Dr. J. H. Allen: My experience in these cases is that Quinine is an important factor. I had a case very similar to Dr. Reed's. The urine had the tube casts and albumen in abundance. Old school physicians had treated him first, and he got Quinine by the ounce. It broke up his chills. About two years after he had this kidney trouble. My method was to look up the case of malaria and find what was his remedy at the time. I gave him a dose of Chin. sulph. high, and it cured him. This same physician examined his urine who

had found the tube casts and albumen and pronounced it perfectly normal.

DISCUSSION OF DR. J. H. ALLEN'S PAPER, ERYSIPELAS.

Dr. Long: I take exceptions to the suggestion of hot water cloths applied at intervals.

Dr. Campbell: I endorse that exception.

Dr. Pease: I also endorse that exception.

Dr. J. H. Allen: I did not have to use the hot cloths, I found the right remedy.

DISCUSSION OF DR. E. E. CASE'S PAPER.

Dr. W. Wesselhœft: Please give the complexion and temperament of the woman who was cured with Capsicum.

Dr. Case: Dark complexion, hair and eyes, irritable and fretful in disposition.

Dr. W. Wesselhœft: I have always thought of Capsicum in flabby, relaxed women, and very rarely in thin, nervous women.

Dr. Case: If she continues to gain as she has since getting well she will soon answer that description completely.

DISCUSSION OF DR. BAYLIES' PAPER ON PNEUMONIA AND DR. KIMBALL'S PAPER ON TYPHOID PNEUMONIA.

Dr. Campbell: I noticed that when Dr. Baylies delayed the giving of the medicine, the improvement was more marked, and when he ceased altogether, it was still more marked and convalescence occurred sooner.

Dr. Long: I take exception to a point in the treatment of both cases, not so marked in Dr. Kimball's case as in Dr. Baylies', that is the frequent use of the thermometer.

Dr. Baylies: The temperature was taken by a trained nurse, who did it without being told to, and I allowed her to continue.

Dr. Long: Who runs the case, the trained nurse or the doctor? Would you allow a trained nurse to take the temperature every few minutes in typhoid?

Dr. Farley: Is this another poultice?

Dr. McLaren: What is the objection to the use of the

thermometer; I should like to know whether it is the same as mine?

Dr. Long: My objection is, first it is apt to make the physician uncertain and nervous and to interfere with his sound judgment in the selection of a remedy; second, it is very apt to cause disturbance with the patient and the friends. In other words, I think it causes unnecessary work and trouble on the part of the patient and his friends.

Dr. McLaren: I can give an instance of the mongrel use of the thermometer in the case of an old gentleman who was in a bad way. It became necessary, the friends thought, to hold a consultation with a mongrel. He came in with a thermometer, put it under the arm and also under the tongue, shook his head and passed it around. When we got down stairs, he said that man is going to die in a week. He thought no treatment was of any use. He based his judgment on the thermometer alone. The case, however, lived six weeks on the cm. potency. The dm. held him two weeks more. He lived altogether two months after the consultation.

Dr. S. Close: Dr. Wells used to tell a story illustrating the use of the thermometer. He was called to see a young medical student who imagined he had a fever and was taking his own temperature very frequently, and informed Dr. Wells of the daily run of his temperature. The doctor took the thermometer away from the patient, told him not to worry about the fever, and the next day he was well.

Dr. Baylies: The use of the thermometer was for me almost unprecedented in this case. I don't suppose I have used it ten times in my life. I regard it as of no use in treatment. The nurse took the temperature, and, as I found no bad results, I allowed her to continue.

Dr. Kimball: The thermometer had not the slightest significance to me. It had been used by the homœopathic five-remedy man and was just as likely to be high when she was better, and low when she was worse. I rarely use the thermometer in my practice.

Dr. W. L. Morgan: I was called to see a case that was given up as hopeless, two weeks ago. I found the patient very cold, temperature 96⅞, but a single dose of Carbo veg.

90m. raised the temperature to normal, and the patient was doing well when I left home.

Dr. Sawyer: I think there are two sides to this thermometer question. When the grip was prevalent in the west we had some peculiar fever symptoms, which we would be apt to miss without a thermometer. The temperature ran very low when it was not indicated by the pulse nor by the feel of the body. These cases under old school treatment, which was usually massive doses of Quinine, died every time. The same kind of cases under one dose of Quinine high recovered every time.

DISCUSSION OF DR. MACLAREN'S PAPER ON ACNE.

Dr. Farley: The writer complained of that result as a slow one. It does not seem so to me. The result was rapid for such a case.

DISCUSSION OF DR. CLARK'S PAPER, SYCOTIC DYSMENORRHŒA.

Dr. Farley: I should like to hear how the doctor decided the case was sycotic?

Dr. Clark: I decided after I learned the father had sycosis. I had had several cases precisely the same as this which were sycotic, but I did not decide in this case positively until I had asked the father. In treating a case previously I was much discouraged by the lack of improvement. The opisthotonus was very severe it was true. I knew her father very well. He had been an invalid for forty years; he had been Dr. Hering's patient. I know nothing about the end (?) of the hip trouble. I only know that in walking he appeared to suffer from loss of the ligament of the femur. Once, when his daughter was very sick, Dr. Lippe was called in consultation with Dr. Felger; he said there was loss of the capsular ligament, and also of the ligamentum teres., and also that the father must have had some venereal disease. He then concluded that it must be sycotic dysmenorrhœa in the daughter, and since then I have had several cases. As I said yesterday Medorrhinum was a very disappointing remedy to me. I have prescribed it in cases where it was certainly indicated with temporary relief only.

Dr. Tompkins: I should like to know whether this group of mental symptoms is to be held as characteristic of sycosis. One of our members gave me that impression. While Dr. Clark was reading his paper I could almost have sworn he was reading from notes of a case of my own as far as the mental symptoms go. Sepia was the sufficient remedy for the constipation, the headache and the mental symptoms.

Dr. Farley: Has that fishy odor been observed as particularly characteristic of Medorrhinum?

Dr. Baylies: Is that not characteristic of Sanicula, and of another drug whch I cannot recall this minute?

Dr. Clark: The mental symptoms are the most important symptoms of all. Grauvogl says no matter what the pathological condition is, there will always be these mental symptoms in sycosis, and the discharge from the mucous membranes will be greenish. His work is out of print, but I presume it can be obtained.

Dr. Tompkins: We should make a mistake if we thought of this remedy only, because we had a case of sycosis. We must have the symptoms. Sycosis alone is not enough to make us prescribe Medorrhinum.

DISCUSSION OF DR. FINCKE'S PAPER.

Dr. Hastings: We have had for a numher of years a very fine cat in our family. About five years ago it was reported that the cat was not eating anything at all. I found that somebody had clipped the smellers or long hairs on the nose off close. The cat had refused to eat for three days and had great signs of drooping. It occurred to me that these smellers were extremely sensitive, and probably highly supplied with nerves, and so I give Hypericum and in one hour she took her food.

Dr. Clark: I was asked to see a valuable English stallion that was troubled with roaring. He trotted about one hundred feet and came up with very loud breathing. I concluded to give him Sulphur, but after two weeks he was no better, but Bromine 500th cured him.

Dr. M. Powell: I have a patient who had a horse that had been over-driven. The urine was entirely suppressed and the horse was in great agony. This condition is con-

sidered fatal. I decided that Hyoscyamus was the remedy and gave him four powders of the 200th. In six hours the urine came and the horse recovered.

Dr. Hitchcock: What is the best veterinary work we have?

DISCUSSION OF DR. LONG'S PAPER, THE ORGANON.

Dr. James: I have a mare that has always had very good health. I had made a stipulation at the stable that she was not to be treated or doctored with any medicine of any kind. About a year ago the mare did not come around to the office as usual, and soon after one of the stable hands came to say that she was very sick with colic. She had been taken about an hour before and the stable hands had, contrary to orders, undertaken to treat her themselves, with some damnable stuff which they had. I found her lying on her back, groaning in great agony and kicking. When I spoke to her she staggered up and fell down again. Her feet were all drawn together—all four feet together. This suggested the remedy, Colocynth. I gave her some pellets. In five minutes she stopped groaning; in ten minutes she lay quiet, and in twenty minutes she got up. The stable man said: "Great Scot! that must be a powerful opiate." He wanted some of that medicine right away.

Dr. Dever: When I was in Michigan, a man who had a fancy for dogs came to me and said that a dog of his had a swollen throat and was frothing at the mouth. A few doses of medicine cured him as easily as if he had been a human being; every bit as easy. No imagination there, and no faith either.

Dr. Fincke: It is just forty years ago since I was on the ship coming to America. The captain told me there was a fine dog on board that was suffering from constipation. I gave a dose of Aconite 30, and it cured him.

Dr. Rushmore: I was told by a homœopathic veterinary surgeon that the best remedy was Ammon. caust., in the 30th potency. (Best remedy for what?)

Dr. Taft: Last summer, before going to Richfield Springs, one of my patients asked me what he should do if his horse

had the colic while I was away. I told him that while there was no such thing as a specific for all cases of colic, I would do the best I could, and I left him a bottle of Colocynth pellets. The horse did not have the colic at that time, but sometime after I got back he did have the colic and the Colocynth did not help. I was sent for and watched the animal for some little time. I noticed that when a paroxysm of pain came on the horse would rise and kick the stall angrily. I gave Nux vom. and cured him very quickly. My own horse had the colic twice, very severely. The stable man sent for me each time, and Colocynth did very rapid work; so much so that the stableman asked for a bottle of that medicine. But I knew there must be something wrong with the animal to have colic twice in succession. I remembered that for a few days before each attack instead of walking up to the hitching post, as usual, she would stand out in the middle of the road, and look for all the world like a stubborn child. I gave her Nux vom. and she has never had colic since.

Dr. Long: Has any one in the room ever cured a horse of blood or bone spavin?

Dr. Kimball: I had a case in my own horse, where the swelling appeared at the side of the hock of the hind leg. Without my knowledge, the liveryman blistered it and the horse showed signs of going lame, and then when she got warmed up she would go all right. I gave her Rhus which helped, and afterwards Phos. acid, which cured.

Dr. Farley: I have used Colchicum in attacks of rheumatism in horses, and also Thuja where the covered parts would sweat, both with success.

Dr. Taft: I had a case of a horse that was hurt with a nail. The veterinary said it would die. I asked for the privilege of giving medicine, and gave it Ledum. There was a person in the family who was taking lessons in Christian science, who treated the horse at the same time. I do not know which deserves the credit, but the horse was cured.

Dr. Wesselhoeft: I cured a mare of what is called poll evil. A veterinary told me that it was a disease that is never cured. I found a sore, about three inches back of her ears, discharging pus. They told me I had better kill the horse.

I did cure her however. I put her into another stable, with directions to give her a powder of Silicea 200 about once in two weeks. I saw the mare again in six weeks. The man around the stable said, "this mare is getting well." I stopped the medicine and she was entirely well in three months. She died last year at the ripe age of 33. She made no change in the position of the head, and showed the sore only by a small depressed cicatrix on the left side of her head. The pus was very offensive.

Dr. Kent: There can be no disputing these cures on the horse, and nothing proves so satisfactorily the genuine action of the potencies as these results on the dumb, unthinking animal. There is a trouble with the horse that is not very infrequent; the farriers call it the blind staggers. It seems to be a form of vertigo. When the horse, which I treated, warmed up a little he would tremble and stagger, and seem perfectly blind. I administered a dose of Sulphur, which relieved him for a time only. Another dose was given him, and it came back. The horse developed a quarter crack, which is a sign of defective nutrition. This lead me to give a dose of Graphites, which cured both conditions. Not long ago I treated a horse for chills. The chill came on at irregular intervals, about three or four or five in the afternoon. For these irregular chills I gave Arsenic 73m. I had to let the horse have several chills before I ascertained that Arsenic was the remedy. Of course we are compelled to prescribe on very meager information in these cases. I have seen, during the last year, a tumor as big as my fist drop off from a single dose of Thuja. It took about four weeks. Of course I am talking of horses; it was on a horse.

Dr. M. Powel: A horse was troubled with a severe itching eruption over the whole body. It roughened the hair and then made it drop off. There was also a wart on left hind leg. I administered Sepia 200, several doses, giving it twice a day. The eruption disappeared and also the wart.

Dr. Kent: There is a disease known as pointing, in the horse. When the horse stops there seems to be some sort of soreness in the shoulder, and the foot will be pointed outward. I have cured that condition a number of times with Ferrum.

Dr. Bell: Horses coming from the country to Boston almost always get a fever, with a cough, profuse catarrh and swelling of the glands in the neck. The remedy is Silicea; it cures them in almost *every* instance.

Dr. Jamieson: I had a little experience in the animal line with a sick cow. She had a high fever, eyes injected, respiration rapid. I gave her Bell. 200, every two hours. The owner came in next morning and said there was a change for the better about midnight, and in the morning she was up and well.

Dr. Baylies: Some months ago my horse was brought up with a loose shoe. The horse was confined to stable on that account. When I took him out I found he limped. In a short time he walked, and then stopped. I had great difficulty in getting him back to the stable. I sent for a veterinary. Before he came the horse was dragging himself about the stall with the hoofs flexed. The region across the hip was very much swollen and he was plainly in great agony. He would lie down, raise himself and drop down again. If I had been sure of the indicated remedy I should have attempted the case myself. The veterinary gave him Aconite and Aloes. He called it azoturia. The urine had a high degree of concentration. The horse recovered.

Dr. E. E. Case: I was unfortunate enough to have five cases of scarlatina in my house. I had to destroy the bedding. I put it in a wagon, took it away from the house, and destroyed it. About five days later the horse was taken sick. He actually seemed to have scarlet fever. I treated him and he recovered. The hair came off and the cuticle peeled as in the desquamation of scarlatina.

Dr. James: The horse of a patient of mine, who was a strong homœopath as far as himself and wife went, was put in the hands of a veterinary. The horse was sick from a cold taken while driving, or rather from standing after driving. He called in a veterinary. He sent for the Dean of the veterinary department of Pennsylvania. He said that as a horse was ten times heavier than a man he required ten times the dose. He accordingly gave him 250 grains of Quinine, and at the third dose the horse fell dead in the stall.

Dr. Sawyer: Somebody asked whether there had been

any cures of spavin. There have been several cures to my knowledge. A man whose wife was sick told me "he could like Homœopathy if there was not so much faith required for it." I noticed that his horse had some ugly fistulous openings, and asked him if he thought his horse had much faith, and told him I could cure his horse of those fistulous openings. I gave three powders of Silicea and they got well.

Dr. J. H. Allen: We have a great many fine horses in Indiana. It is a great place for blooded stock, and there are many large stock farms. In every one of them they use homœopathic specifics and they seldom lose a horse from sickness.

Dr. W. L. Morgan: About four years ago the stableman came after me saying my horse was very sick. I found the horse's head stuck out straight and the jaws swollen. He could not get his head to the ground. On inquiry I found that a horse in the same stable was having pinkeye, and was under a veterinary. I gave Bell. 200, on the horse's tongue and put him in a box stall. In the evening I went to the stable again and I saw the horse was beginning to want something to eat. We gave him a little green grass and he ate. Next morning he was in condition to use.

Dr. Rushmore: A valuable cow in some way got loose in the stable and thus had access to the ground feed barrel. When my attention was called to her she was lying prostrate on the ground. . Eyes dull, tongue stretched out of the mouth and cold. I placed a few tablets of Carbo veg. on her tongue and she got well. I would not have risked a dollar on her chance of recovery.

Dr. Kent: I have just one dog story. The dog belonged to John Belcher. This dog became too much interested in a cow that was going through the process of labor. The dog persisted in his attentions until the cow turned on him and hooked him through the hind leg. It was a punctured wound, and stiffness followed its healing so he was no longer able to pose as a ten thousand dollar dog. It seemed to be chronic stiffness and induration. I sent a dose of Ledum which restored him to usefulness and his proper place as a prize dog. I understand his price has risen since.

DISCUSSION OF DR. KENT'S PAPER, DIABETES MELLITUS.

Dr. Plummer: I had a very marked effect from Graphites. The effect of the first dose of cm. continued more than a year. The second dose, dm., has not been repeated in one and one-half years. She was a very sensitive person, and always could tell me when she needed another dose and I found her opinion correct. She would say, "doctor, I am letting down; I need more medicine." If she did not get it she would feel weak, and then have hysterical manifestations. But after the dose of Graphites she had a sensation of well being.

BUREAU OF OBSTETRICS.

DISCUSSION OF DR. KIMBALL'S PAPER.

Dr. Campbell: Does Dr. Kimball mean that he is in the habit of using douches?

Dr. Kimball: I never use them. I merely stated that because it is the practice of others to use douches. As I stated in the paper, an operation was attempted at the time but was not successful. A catheter was introduced into the uterus and air blown in. This detached a portion of the placenta and caused the hæmorrhage and the foul odor. There were no sequelæ after the delivery.

Dr. Campbell: I had a very similar case; the flow did not continue as long, but the result was the same.

Dr. W. L. Morgan: In the last eight years I have had two such cases, with excessively foul secretion and all the indication, of septicæmia. I have never used douches or washes, but simply given the remedy, and had no bad sequels.

Dr. Dever: I think Dr. Kimball brought out one very important diagnostic symptom, and that was the fetor. I do not remember ever having had one of those cases with this fetor that it did not turn out that it had been meddled with.

Dr. M. Powell: I have had several cases similar to that of Dr. Kimball's. I have never used douches, but always have been able to control the trouble by means of the internal remedy.

Dr. Kennedy: The American Institute seems to be growing in this direction. Last week, at their meeting, many members said that they had discarded douches almost entirely in obstetrics.

Dr. Tompkins: Some years ago I had a case in which the child died in utero at the seventh month. I found on getting there that there was no fœtal life, and neither was there any effort on the part of nature to expel. I prescribed for what symptoms were present of constitutional disturbance. When I called again I found labor pains, and after a time a large fœtus was expelled. There was no fetor about the dead child, which was rather curious to me. The integument had a purplish appearance. The flow afterwards was in all respects like a menstrual flow.

DISCUSSION OF DR. JAMIESON'S PAPER.

Dr. Plummer: I had a case of convulsions in the same neighborhood and on the same day. In my case there was paralysis on the right side, following the attack. As in Dr. Jamieson's case, Hyoscyamus seemed to be indicated, but did no good; but Opium did. The paralysis persisted ten days or two weeks; at the end of four weeks she was running around the room, entirely cured.

Dr. Carr: Does the doctor recall the pulse at the time of the first headache; the headache which preceded the convulsions, I mean. It has been my experience that when, on the second or third day, such a headache occurs it is almost a characteristic indication for Belladonna. I think that probably Bell. would have saved the first convulsion.

Dr. Kimball: During the night—and I do not care to pass another like it—time and time again I looked for the pulse and could not find it at all. She would have a convulsion at ten o'clock, and then in an hour another one. Then one in fifteen minutes, then in forty-five minutes. There would be, in other words, a long interval and then a short one. After the Opium she moaned, instead of being in a stertorous sleep. After the dose of Bell. the intervals began to increase, and by morning she was having two hours between.

Dr. Long: There is one part of that paper which impresses me very deeply and makes me feel sad to know that in such extreme cases I stand entirely alone. I have no Dr. Wesselhœft or Kimball to help me out. There are many Hahnemannians who have to meet the severe strain of their terrible cases alone, unhelped by the friendly hands of their profes-

sional brethren. Some of you who are more fortunate do not realize how awful it may sometimes be to stand before a terrible case of sickness unhelped save by your God and your materia medica.

DISCUSSION OF DR. ADAMS' PAPER.

Dr. Plummer: I would suggest that Dr. Adams practice a little deception, as I do sometimes when a patient wants medicine which I know will do them harm. Label the bottles as they desire, but fill them with pellets moistened with alcohol.

Dr. Johnson: One point Dr. Adams brought out which I think is important, namely, that remedies in low potency do not affect the action of a higher potency. I have noticed that in several cases. When you have an acute attack come on a patient who is under the action of a constitutional remedy, you may give an appropriate remedy in a low potency without affecting or disturbing the action of the high. We have seen this at our dispensary at Philadelphia.

Dr. W. H. Morgan: I have observed the same thing, that the lower potencies do not interfere with the higher. This case reminds me of one I had five years ago, a fibroid tumor. The patient had had a large one taken away nine years before, and this was still larger than the one taken away. It was so large that when it came down in the pelvis I could not get my finger in the vagina above it. It interfered with the flow of urine. It was exceedingly hard, and very tender to touch. Her symptoms called for Sepia, and in the 200th in three months it removed the entire tumor and it remained absent for a long time. Returning again in six months, Sepia 1m., removed it again, until last fall she went into a hospital and had an operation. After that came prolapse without return of tumor, for which she came to my office a few days ago. She had been wearing a pessary. I gave her Sepia cm., and have not seen her. That was just before leaving home for this place.

DISCUSSION OF DR. MACLAREN'S PAPER.

Dr. Farley: The trouble in that case suggests to me a case I had last week. A physician in my town asked me to see a case for him, which he called asthma. He had given several remedies. She had long been a sufferer from hemor-

rhoids, and I judge also a fissure. She had been operated on for rectal trouble, and soon after had the asthma. I gave Kali Bichrom., 200, in water at intervals of two hours, for twenty-four hours. The respiration was better and she was sitting erect on the next day. It was a marked improvement, but her rectum was getting sore; and in a short time her asthma was gone, but the rectum was much inflamed.

ORIFICIAL PHILOSOPHY.

A DIALOGUE.

Scene: A convention of homœopathic (?) physicians assembled in a club room of a Chicago hotel during luncheon-recess.

Dr. P. and Dr. F. meet. Dr. F. presents his card to Dr. P., who repeats aloud the whole name as it appears on the card. He hesitates a minute, as if thinking. Then a gleam of intelligence comes over his face, and an expression which being interpreted says, in the language of "Old Bloody Tom." slightly revised, "I smell the blood of a"—Hahnemannian.

Dr. P. "You are the fellow that wrote that article in the Southern Journal of Homœopathy against Orificial Surgery?"

Dr. F. "Well, yes—'that's about the size of it;' not so much against 'Orificial Surgery,' however, as '*Orificial* PHILOSOPHY.'"

Dr. P. "I did not answer it. Never paid any attention to it. Do you know why?"

Dr. F. "I do not. But you doubtless had good and sufficient reason."

Dr. P. "Of course I did. The very best of reason. *There was nothing to answer.* 'Twaddle.' The vaporing of a crank who knew nothing of the subject. Fatally void of logic, or sensible deduction. That, and that alone was the reason. I am always ready to defend my position, when *intelligently* assailed."

Dr. F. (much embarrassed) "That is the position you take, is it? Fortunately then, as a balm for my wounded pride. I have received a number of letters from men who stand high in the ranks of Homœopathy and the profession,

who indorse that article, and commend the position I take. Dr. Allen also re-published the whole article in the ADVANCE; and not only the article, but also the sections in full from the '*Organon*,' to which the article referred. I value these indorsements and the good opinion of these men much more than I do yours."

Dr. P. "O, you can always find men to indorse anything. —even anarchy. I call them cranks. And as to the ADVANCE, I don't care. It has always antagonized the '*Orificial Philosophy*,' and I don't expect anything better from there."

Dr. F. "Very true. And further, there are even anarchists in the country—and all sorts of cranks, (and bulldozers too). But that is no argument for or against 'Orificial Philosophy.'"

Dr. P. (warming up) "Why! it has been recognized, adopted and assigned a special chair in *six medical colleges.* It is being successfully employed by hundreds of the best and most skillful physicians and surgeons all over the United States and Canada, as well as on the other side of the ocean. *What better argument do you want than that?* It has been a hard fought battle we have had, but we have won at last. The *success* of the thing is its guarantee."

Dr. F. "No sir. It is no guarantee at all of the truth of a principle that it has been adopted by the masses. That is the history of 'fads' and 'fakes.' From the stand-point of numbers, we as a school are on the wrong side; but no one who comprehends our system will admit it for a minute. *Facts* are what we must judge from. The result of the application of a principle is what it must stand or fall by. By this rule there have been many dismal failures on the part of 'Orificial Philosophy.' Talk about the *success* of the thing as a guarantee. There are thousands of men who today stand ready to extirpate a rectal fistula, ligate piles, forcibly dry or heal up an open ulcer or suppress a chronic skin disease in spite of the fact that a large percentage of such cases die in a few years of consumption, Bright's disease, or some other organic involvment; while all who do not suffer a life of chronic invalidism which is directly the sequel of such *successful* (?) treatment. Homœopathists know and recog-

nize all of this, and much, very much, of our work consists in laboring to overcome the effects of that sort of practice. I realized the identity between the application of the orificial philosophy and other methods of *suppressive* treatment, and the extent to which it has spread, which was the reason for writing the article to which you take such violent exceptions. Guided by this 'philosophy,' you lose sight of the grand work of our faith as homœopathists. You are blind to the fundamental principles taught by Hahnemann, as set forth in that 'Bible of our faith,' *The Organon.* You take cognizance *only* of the local lesion, apply your methods of treatment thereto, and ignore completely the constitutional predisposition in the chronic miasm which is at the bottom of the whole trouble."

Dr. P. "That statement shows that you don't know anything about '*Orificial Philosophy.*' Now that is just what I object to F.—you and others writing and talking about a matter that you don't understand. You are not the first or only one who has tried to down orificia lsurgery, and will not be the last probably. It has been antagonized, criticised and condemned ever since it was first introduced to the profession. But it has lived and thrived in spite of all opposition. I am proud of it for myself, and I am proud of it for Homœopathy. It is the influence that is drawing the two schools of medical practice nearer together. Allopaths and homœopaths alike are interested, are coming and taking special courses of instruction, and I firmly believe that it is destined to be the channel through which we as distinct schools, will eventually unite."

Dr. F. "Well, sir, I see you are just like the average 'hobby-rider,' you have *the thing* of all things. But don't misunderstand me. I have no desire to detract from 'orificial surgery' one iota of its value or usefulness. As a distinctively surgical measure I believe that it has a sphere, and can be made to do much good to suffering humanity—and within that sphere would accord it a high degree of praise. It is ingenious, and skillfully applied calls for our respect and often applause. But what you *must* do, is, *drop your Philosophy*, and adopt the homœopathic principles. Teach with it Homœopathy, and with it practice Homœopathy."

Dr. P. "I am as good a homœopath as you are, and practice it too; and I defy any person to prove the contrary. (This reminds one of the fellow who said—'By g—d I am a Christian, and if you say I am not I will break your d——d head.') But one can't preach Homœopathy to our allopathic friends who attend our lectures. They would get mad, 'fly the track at once' and quit the whole business."

Dr. F. "Then it seems that it is not so much the *principle* you are laboring to establish, as the *money* there is in it. The Orificial Philosophy—not being Homœopathy—can be made to attract, while the *truth* must be kept out of sight. I do not envy you your position, surely."

Dr. P. "The thing I object to is that you fellows will persist in writing and talking against a subject that you know nothing about. I knew all about your correspondence with Lippincott. Fisher wanted me to reply to your 'Open Letter' diatribe, but I would not. As I told you at first—there was nothing to answer. I would have been obliged to have first made an argument, and then answered it. But I gave him a good 'blowing up' for publishing it. But you should come up to the 'Sanitarium' and see for yourself the work that we are doing; take a special course at the college next fall, then you will be 'posted'—good day." (Exeunt).

With Dr. P., "the whole burden of his song" seems to be, physicians will write and talk against his pet theory and methods. It is evident that "Orificial Philosophy" has been the subject of his study by day and dreams by night, that he has toiled over it and pondered it so long and continuously that it has become his all absorbing thought; the "night-mare" of his life. It has come to be his "one idea;" so that he—as all do who become thus absorbed—has arrived at a degree of exquisite sensitivity, indeed superlatively hypereæsthetic; so that any allusion to the subject, in other than terms of approbation and praise, is painful to him.

A "hobby-rider" will never admit that his horse may be lame; nor a "crank" acknowledge that his theories may be imperfect; but we shall ever hope that *some* influence may yet cause Dr. P. to open his eyes, take careful observation of his position and course, and be led to so modify his teaching and practice that they shall conform to the principles incul-

cated by Hahnemann, so that we—as true disciples of the Master—may indorse him and his methods.

CHICAGO, ILL. S. MILLS FOWLER.

THE "LAW" IN INTERMITTENT FEVER.

CASE I. This patient had been receiving two or more remedies mixed, or in alternation, from the hands of a homœopath, for ten days. The first paroxysm had come on at 11 o'clock A. M. Each subsequent attack,—typically tertian—had postponed about one-half hour until now, when the chill supervened at two o'clock P. M. The major portion of the symptoms including that *characteristic* one—bilious vomiting *at close of chill*—pointed to Eup. perf. which was prescribed in the 200th potency. I was recalled on the second day thereafter, the chill having again made its appearance, but at 11 o'clock A. M., and *all* symptoms, twelve in number, now pointed to Nat. mur., as the simillimum. Natrum stood forth ten times in capital letters and twice in italics, opposite the symptoms obtained. Nat. mur. 275m. (F) was administered, and there was no subsequent attack.

Right here I wish to call your attention to a statement made by me, in the March, 1889, number of the *Southern Journal of Homœopathy*, viz.: that when a patient has been drugged for ague by Quinine, the totality of symptoms will then point you to the remedy that will antidote the Quinine and develop the original symptoms, 1, 2, the symptoms of the primal attack and thus the *true* simillimum may be readily arrived at by the usual methods. I will add that I have demonstrated this time and again, not only in cases where Quinine had been administered, but when other drugs (in either crude or potentiated form), that had little or no relation to the case then in hand, had been presented. The foregoing case is but a fair substantiation of what I assert, and a multiplicity of entries in my case book, since the article for the *Southern Journal* was written, emphasize my conclusion.

CASE II. Johnny D., aged eight years, son of a gentleman whose family and brothers' families, living as they did (and still do) in the "bottoms" on our Brazos river, a stream

that overflows its banks more regularly than does the classic Nile, were ague ridden and quinine ridden until some six years ago, when the simillimum at my hands *cured* every member of the three families, and all *remain* cured even up to this day. Johnny made the acquaintance of his Brazos bottom neighbor's chills and fever about the first of June, and he had known them a month when I first saw him. Cold stage begins at 11 o'clock A. M. All stages well developed, and *thirst in every stage.* Some headache passing away with sweat. No other symptoms could be obtained. Nat. mur. 275m. (F) was given the boy. No more chills to date.

CASE III. Mrs. A. W. Miscarriage at five months. Hæmorrhage so profuse and prolonged that I called for consultation, or rather assistance. Placenta was retained. Patient did "as well as could have been expected" from the second day until the ninth. At nine o'clock P. M. of that day there was a slight rigor. Visions of septicæmia made my pulse beat a little faster. A dose of Pyrogen, dmm. (Swan), was immediately given. I have learned to depend on Pyrogen, it has served well and faithfully in several cases. After administering the Pyrogen I waited. Fever and sweat followed the rigor. I remained at the house until midnight, administering Sac. lac. at intervals, and when I left instructed the nurse to give a dose of "medicine" every two hours until I called again. My next visit was made at about nine o'clock the following morning. Temperature was normal and the patient radiant and chatty. A fresh supply of Sac. lac. was prepared. At just half past two o'clock I was hurriedly recalled. The lady was having a hard shaking chill. I noted all objective symptoms and close questioning brought out the subjective ones. The symptoms during the warm stage were also observed by me personally, and those of the sweating stage were sent me. Analysis of the case demonstrated that again Nat. mur. was called for, which was sent the patient in the 275 m. (F) potency. Result: no more chills. In three days the patient was sitting up and is now entirely recovered.

CASE IV. The writer's wife was awakened by a chill and aching pains at 11:30 P. M. The chill was not very severe

or prolonged, so the patient and I soon again dropped back into dreamland. At nine o'clock P. M. on the third day there was another attack, much more severe. It began by intense aching in elbows and from there to shoulders, followed by a sick and depressed feeling, and coldness in hands, feet and thighs; then there was aching in knee, elbow, and wrist joints, worse on right side. Right arm aches badly like bone pains. Ache low down in back. Yawning, which produces lachrymation. Headache beginning in the occiput and extending "all over the head." Pain in occiput, dull, with sharp pains running up to ears. Fingers, feet, cheeks and ears cold; chill light. No thirst. Flesh sore, soreness of body. Moaning, "catching" sighs. Cough, tremor. Lightning-like pains. *Extreme* restlessness — does not lie still a moment. Breathing produces soreness. Chilly when moving. Sharp pains up left thigh between cold and warm stage. I took the symptoms thus far and remarked to my wife: "I'll look up Rhus before taking any more symptoms: if it's not Rhus I'll take the signs during your fever and sweat." I "looked up" Rhus and being convinced it was the simillimum the patient received a single dose in the dmm. (Swan) potency at about 11 o'clock. No more medicine was given and no chills have reported since. While speaking of these two attacks at the breakfast table the morning following the last paroxysm, my daughters could not suppress a smile, and finally one of them said: "Mamma told us not to tell you, but I must. The evening before the first chill she was engaged with her flowers when a heavy shower came up, but she would finish her work in the garden and came into the house dripping wet, and now I say: '*Que voudrait on de plus?*'"

I was encouraged to report the above cases, all happening within the past few weeks — and they are but a repetition of what is constantly occurring in my practice—by your editorial on the Hering college, to be opened the coming fall in Chicago. The old legend, "there's plenty of room at the top," is certainly again to be verified. The students at every so-called homœopathic college in the country have, as you say, been taught that intermittent fever cannot be successfully treated without Quinine, and the work that the true homœ-

opathic teachers in these same colleges are doing is thus being continually undone. Quinine may be indicated as other homœopathic remedies are, in potentiated form, but since I have ceased prescribing crude doses of Quinine for chills (or any other condition), now some four years, I have never met a case in which the drug has been indicated *in any form.* I would very much like to add a few words in support of other portions of your editorial, but your valuable space forbids. I sincerely hope our new college will have an auspicious beginning and will grow in strength in proportion as its merits deserve. S. W. COHEN.

WACO, TEXAS.

"GUERNSEY'S BÖNNINGHAUSEN." *

I notice on page 227 of the current number of the *Homœopathic Physician*, in an article headed "The Hahnemannian Analysis Sheet," a reference to "Guernsey's Bönninghausen" as being "too cumbersome," and would like to suggest a means (and the only one I can think of) by which this really just objection can be removed. When the work was gotten out it was so different from the usual order of publications that no printer seemed anxious to handle it, in fact some of them positively refused to do so at any price, and while it was finally produced at a cost that barely compensated for the labor expended upon it, it was found difficult to sell it at a price which would cover the outlay. This fact, coupled with downright dishonesty on the part of several subscribers, prevented the undersigned from subsequently supplying them with a proper receptacle for it, such as he found to be necessary for his own use, to render the slips less "cumbersome"—in short, to make it of actual value. As I can not well be accused of having any pecuniary interest in the following, and as it will be of benefit to those of your readers who avail themselves of it, I will describe a simple contrivance which will enable the student to quickly find any slip and as readily replace it: Order from any paper box manufacturer fifty square "tubes" (if you will pardon the expression), each measuring 1½ inches wide by 1 inch deep by 12¾ inches long, closed at one end, open at the other. Have him stand these on end in five rows, ten in each row, the 1½ inches surface

* Reprinted from the MEDICAL ADVANCE, May, 1891.

presenting. Then elevate each row one and one-fourth inches above the other, and have them glued in this position with an outside casing of cloth. Thus you will have a series of pigeon-hole cases, into which you can place the slips, fifty in each, and by the rows being placed in this position the front slips of each will shows its number: the whole looking not unlike the ordinary ticket office case.

WM. JEFFERSON GUERNSEY.

PHILADELPHIA, May, 1891.

[The publisher of THE MEDICAL ADVANCE has received several letters asking where cases for Guernsey's Bönninghausen, such as those described above, could be bought. He has had a number of them made, and will be glad to furnish them to those physicians who wish to get the full measure of usefulness from this invaluable work. See advertisement on page vi.]

Editorial.

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

THE HERING COLLEGE OF HOMŒOPATHY of Chicago will open October 4, 1892. It will teach Homœopathy unmixed with the popular fads and palliative measures of other schools, because its faculty believes that law is superior to license, and that Homœopathy, pure and simple, is capable of curing all curable diseases. Professor Cowperthwaite, editor of the *North-Western Journal of Homœopathy*, in his September issue, after quoting part of our July editorial, says editorially:

There are a few truths set forth in the above quotations that are wholesome and easily digested if we will only take the trouble to masticate them. Cavil as we may, it is nevertheless true that there is mighty little Homoeopathy taught in most of our colleges now-a-days, and the little that does come from the chair of materia medica is more than overcome by the teachings and practices of the other clinical professors. It is just this thing that has made our Hahnemannian friends think another college necessary, and we do not blame them. It is very humiliating to one who only twenty-five years ago listened to the teachings of Hering, Lippe, Dunham and Raue to see how sadly their teachings have been neglected and forgotten, and how great has been the degeneracy of homoeopathic teachings during that period. The fact is that very few of the teachers in our homoeopathic colleges today ever had any instructions in Homoeopathy themselves, at least to amount to anything. They have no conception of what really constitutes Homoeopathy, and as ignorance never appreciates the absence of knowledge, they do not realize how little they know of Homoeopathy. * * *

If it is the lack of homoeopathic teaching in our colleges only that causes them to sacrifice themselves in this college enterprise, why have they not made this terrible sacrifice unnecessary by encouraging those colleges that have all the time been teaching pure and undefiled Homoeopathy? We are somewhat inclined to think that on the part of the principal organizers of this movement, to say the least, there is an underlying ambition for professorial honors. Nevertheless, we wish the Hering College well. Its name would naturally prepossess us in its favor. At the same time we hope that Hering's kind of Homoeopathy will be taught. This would be no more than justice to the memory of that noble man whose name they have assumed. As we were a private student in Dr. Hering's office for several months, we know something of the ideas and opinions he held concerning homoeopathy. We consider that Dr. Hering was a perfect type of the simon-pure, unadulterated Hahnemannian homoeopath, yet he never went so far as do our modern Hahnemannians, who in their enthusiasm outdo even Hahnemann himself—at least on paper. Dr. Hering's Homoeopathy, while pure, was tinctured with a great deal of first class common sense, a commodity which most of the Hahnemannians seem to have very little use for We sincerely hope that some common sense will be shown in the new college enterprise. It is unquestionably true that the opportunity is a great one, and if no mistakes are made great good to the cause of Homoeopathy may result. If, however, the collateral sciences are slighted, as some predict; if little attention is paid to anatomy, chemistry, physiology, etc.; if pathology is ignored; if the whole faculty simply vie with each other in teaching symptomatology; then, no matter how important symptomatology may be, the college will never be a practical success, and will never redound to the glory of Homoeopathy. We sincerely hope that the opportunity will be improved to conclusively demonstrate that a genuine homoeopathic college can and does teach all the medical sciences equally as thoroughly as do those colleges which so willingly sacrifice Homoeopathy in order to appear scientific according to modern false standards.

Our criticisms and advice may appear presumptuous, nevertheless they are well meant, and we shall watch with considerable anxiety the outcome of this new college departure.

We thank our cotemporary most sincerely for his frank and manly approval of the principles which have actuated the "principal organizers" and assure him that "an ambition for professorial honors" was never thought of. We also beg to assure him and the homœopathic profession, that not only will the Homœopathy of Hahnemann and Hering, with the "first class common sense" with which it was tinctured, be taught from the rostrum and illustrated in the clinic, but that every collateral science will be as thoroughly inculcated as in any homœopathic college in this country. Anatomy, chemistry, physiology, psychology, pathology, general and special, micro-

scopy and diagnosis physical and differential, will also be as thoroughly taught as in any of our colleges. The student will, in addition to what is taught in the modernized homœopathic colleges, "which so willingly sacrifice Homœopathy in order to appear scientific according to false standards," be very carefully drilled in materia medica and *how to cure the patient;* how to *correct the function of an organ* instead of removing it. And when the time arrives The Hering College will apply for affiliation in the Intercollegiate Association.

* * *

ILLINOIS STATE BOARD OF HEALTH.—The medical and health laws of this State creating a board of health to protect the people went into force in 1877. They are equitable and just if properly administered, but unfortunately their execution was placed in the hands of college men, who appear more anxious to pass resolutions intended to throttle rival institutions and frighten students than to guard public health by executing the law. *The Medical Visitor* for September handles the Board without gloves, under the title of

MEDICAL MONOPOLY.—Monopoly, in whatever shape presented, is abhorrent to the American people and especially to those residing in the generous open hearted west, where fair play is ever the motto. What then shall be said of the recent attempt of the Illinois State Board of Health to establish a medical monopoly?

The Medical Visitor, which is interested in all worthy colleges and connected with none, has had occasion to criticize the Board in the past, and is forced to do so again after receiving the minutes of the meeting of July 27th. It seems, although the Board does not say so, that the intention is to cripple the University of Chicago, that splendid institution which has already spent millions and which was about to establish a medical department. As this would injure some, or all, of the colleges with which the members of the Board are connected, especially as the University, it is said, had declined to take any of them under its wings, the institution must be throttled in some way and what better way than to require that all of its students, or in fact the students of any new institution in the United States, must be examined by this Board composed of members with the souls of pigmies. No college, says the Board, of less than five years existence will be recognized. However, the poor graduate can come before the Board and if the feeling of hatred is not too intense he will graciously be allowed to slip through. What an exhibition of jealousy for grown men!

What is to prevent, at the end of four years, a new rule extending the time ofprobation of medical colleges to twenty-five years. It would be just as sensible and just as legal.

With such a board in existence, all medical education and progress not

only in this State but in the United States must come to a stand still, until the courts again clip the wings of this useless and obnoxious board. In every instance in which this body has resorted to the courts it has been beaten and certainly will be again when the time comes for this question to be decided. It is only necessary to refer to Judge McAlister's decision, well known to the physicians of this State. Certain police powers were granted to this Board, and now these policemen, "puffed up with a little brief authority," would try to regulate Mars if they could only reach it.

Class legislation is no more popular than monopoly, and if the Board desires to examine only the graduates of new institutions, like the University of Chicago and the National Homoeopathic Medical College, because they have not been in existence five years, it is class legislation of the rankest kind. Let the Board examine all graduates or none. The Lord only knows how many men from the colleges with which these professors are connected could pass muster. It would be a wise act on the part of the Governor to remove these small souled, narrow minded bigots from the Board, for any man who will resort to such a despicable method to build up his own college, and attempt to kill general medical education and progress is unfit and unworthy the position.

It is alleged upon good authority that the Board withheld, purposely or otherwise, the certificates of two members of the National Homoeopathic College until after the commencement exercises and then threw out the diplomas because all the members of the faculty had not been registered. What petty spite!

It is well known that the legislature for several years has been seeking for a good excuse to abolish the board. The last report, July 27th, furnishes the excuse. By all means reconstruct it or abolish it, because these men have been untrue to the best interests of the profession, because quackery is more rampant than ever, because the people do not want their money wasted to gratify private and personal piques, because the Board is bitterly opposed to all medical education that does not originate among its members. Let the axe be used, and the quicker the better, for the general educational welfare of the State.

The resolution will affect The National, The Hering, The University of Chicago, and a new allopathic college to open this fall, if carried into effect. But it was never intended to be carried into operation. Neither of the above colleges will object, we are sure, to having their graduates who intend to practice in this State pass an examination, provided the graduates of all other colleges in the State pass the same ordeal. However, students need not be alarmed. The trustees will see that diplomas issued by a college legally chartered by the State will entitle its holder to practice in the State.

* * *

FAULT FINDING.—The September issue of the *Medical*

Current reads us a lecture on "fault finding," for making an "unwarrantable attack" on Professor Crawford and for assuming "a pharisaical attitude" towards the profession in general. This is not a personal matter. We have no quarrel with Dr. Crawford, or the editor of the *Current;* have made no attack, unwarrantable or otherwise, on either. But we did venture to suggest that the teaching of a paper on pneumonia, by Dr. Crawford, published in the metropolitan dailies and read perhaps by hundreds of medical men and women, was very far from being the homœopathic treatment of pneumonia. Had we been asked in what particular it differed from that of the other schools, or why it should be called homœopathic, what reply could we have made? The paper said:

> But as you all use Bryonia in both the first and second stages of pneumonia, and still the symptoms of heart-failure threaten, something else must be resorted to if you would tide over a dangerous period and carry your patient through to convalescence.

Now, as a matter of fact, we do not all use Bryonia in "the first and second stages of pneumonia." The man who thus treats his pneumonia patients does not follow the law, and Homœopathy should not be held responsible for the failures. Pathology may recognize stages in pneumonia, but similia cannot do it, and he who treats the stages of pneumonia will frequently have "symptoms of heart failure threaten" which would never have occurred had the patient received the simillimum from the beginning. And it is just because Dr. Crawford and the editor of the *Current* are not "lecturing to a class of beginners"—who do not know and have no right to protest if they did—but to their peers and the public, through the daily press, that we protest. Homœopathy must bear the burden of such teaching and be condemned for the failure of such practice. It may be a matter of indifference to some professors and some editors what is taught in a homœopathic college or a homœopathic journal. While it is always a thankless and unpleasant task to criticise a colleague or a cotemporary, loyalty to the cause demands it. But the tide is turning. The dawn of a better Homœopathy is breaking. Such teaching will eventually receive a fitting rebuke from our homœopathic societies and the homœopathic profession.

THE MEDICAL AND SURGICAL RECORD of Omaha has recently been called to account for the non-homœopathic character of some of the editorials of its managing editor. This resulted in the following notice:

The regular meeting of the Omaha Homoeopathic Medical Society will meet at the Paxton Hotel, in regular session, Thursday evening, August 18th. The following resolution will be acted upon:

WHEREAS, *The Medical and Surgical Record*, published in the State of Nebraska, having receded from its former position of the representative journal of Homoeopathy in this State, and, having become, through its managing editor, emphatically eclectic, or worse, in its views, therefore be it

Resolved, That this Society utterly repudiate the *Medical and Surgical Record* as a homoeopathic journal. F. M. LANKTON, President.
H. P. HOLMES, Secretary.

The resolution was introduced by Dr. Sprague.

Although the managing editor was not present, four members of the editorial staff were, and the offensive editorials were condemned without a dissenting voice. After a heated discussion, three of the editors present pledged themselves to conduct the *Record* in the future in accordance with homœopathic teachings. Dr. W. H. Hanchett introduced the following substitute for the resolution:

"*Resolved*, That inasmuch as the members of the Omaha Homoeopathic Medical Society feel that the *Medical and Surgical Record* has published articles not in accord with the best interests of the homoeopathic school, we would respectfully ask the managers and editors of said journal in future to be more guarded and only have such editorials and articles appear as promulgate the truths and teachings of Homoeopathy as defined by a belief in the law of similars as applied to the use of drugs in the treatment of diseases."

This substitute resolution was seconded by Dr. H. P. Holmes, and when put to vote was carried with but one dissenting voice. The editors of the *Record* are to be credited with a firm intention of conducting a homœopathic journal; but the managing editor seemed to overrule their combined strength in publishing articles in the journal which the other editors could not endorse.

While this rebuke may be a little bitter, a similar action by a few more societies will have a healthy influence on some contributors as well as editors. The members of the society who introduced and supported the resolution demonstrated that they had an abundance of Calcium carbonate in their vertebral column; were convinced that Homœopathy should be taught by a homœopathic journal as an inalienable right, and were prepared to assert their rights by public protest The sooner a little more critical work of this kind is done by our societies the better.

ERRATUM.—When the American Institute last met in Washington there were *ten*, not *two*, homœopathic physicians residing there.

Comment and Criticism.

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

"ON THE USE OF REPERTORIES."

REPLY BY DR. KRAFT.

The temptation to imitate Dr. Chapman's style of composition, and cover a friend with mud, is strong upon me this morning; possibly I may show the readers of the ADVANCE that Dr. Chapman's sarcasm is easily returned upon his own head, without any effort on my part to be "smart" or "funny" at a brother homœopath's expense. Out of his own mouth shall the profession judge him.

My paper on The Use of Repertories was prepared for and read before the Ohio Homœopathic State Society with the hope of eliciting then and there a lively discussion where I might take part. It did not, however, and I grieved at the loss of time and labor. The secretary sent it to *The Hahnemannian*, and thus Dr. Chapman finds it, and although it in no wise concerns him he is moved to defend one friend by besmirching another.

But to business.

"I once attended a case of dysentery," says Dr. Chapman; "child, two years old. Symptoms seemed to call for Mer. cor. Gave that remedy 24 hours. Next visit found the patient no better. Gave Colocynth. Next morning the patient was alarmingly worse. Was very restless all night, passages every half hour since midnight. The stools were transparent, red mucus, exactly like currant jelly, and absolutely odorless. This peculiar stool was undoubtedly the key to the remedy. Dr. Kraft or any other homœopath might have been able to shout the magical name of the indicated remedy, but I could not. I left Sac. lac., rushed to my office, pulled down Bell on Diarrhœa, and under Stools, smell, without, found Hyos. and Rhus. Also

under Stools, mucus, red, Canth., Graph., Rhus, Sulph. So Hyos. was eliminated immediately and Rhus. was alone left. Turning to Rhus, in the body of the work, I found all the concomitants (I omitted to mention that there was colic and urging before and during stool, which ceased immediately after; better from motion and hot applications), and knew that I had discovered the remedy. I hastened back to the patient, gave Rhus with unbounded confidence, cheered the despondent friends with the promise of immediate change for the better, and it is needless to say that the results were all that could be desired. By the aid of the repertory I instantly found the indicated remedy. Without it I might have stumbled about for hours through the Materia Medica, losing precious time and perhaps a human life. I could multiply such instances, but time and space will not permit."

This is the whole of Dr. Chapman's case, in his own words. It is fair to assume that he has selected his strongest argument to defend the Use of Repertories—which I am presumed to have attacked. Indeed he says, in introducing the case already given above:

"I do not mean to consult my repertories for every case that presents. Many are so plain, the red lines so apparent, that one can prescribe off-hand. But we meet, in both acute and chronic cases, symptoms that suggest no particular remedy, and hard digging and close comparison are necessary. At such times the repertories are indispensable to me, and minimize labor wonderfully. Let me illustrate:"

Then follows the dysentery case, unquestionably to prove it an instance where "hard digging" and "close comparison" are necessary; that is to say, where an ordinary knowledge of materia medica is unavailing, but where an extraordinary means, i. e. A Repertory, is a prime essential.

Let us see. Will the class of '92 please rise! Which class? Any or all that were graduates this past spring.

A question of materia medica to be solved. Statement of case as follows:

1. Very restless.
2. Worse after midnight.
3. Co ic before and during stool.
4. Better after a stool.
5. Better from motion.
6. Better from hot applications.

What is the remedy? And not one in all that numerous class of Recent Graduates, upon even so poorly taken and wretchedly stated a case, fails to "shout the magical name of the indicated remedy"—RHUS!

How was this done so easily? With a Repertory? Nay. It was by applying their knowledge of Rhus. And it didn't require the memorizing of the "millions of symptoms" either.

Next as to the Holmes' Silicea case. I used that in illustration of my insistence that a proper knowledge of How to Take a Case, plus a second-reader knowledge of materia medica, would in the Silicea-case (as it is apparent also in Dr. Chapman's "hard digging" and "close comparison" case) have suggested the remedy without calling in a repertory. Dr. Chapman quotes the following paragraph from my original paper:

"For if any member of any class before whom I have lectured on Silicea, should know so little of Silicea as to fail to learn in five minutes after beginning the examination that the patient was a Silicea patient *with* the footsweat, foul or suppressed, I would regard my work as very poorly done. In short, proper examination of that *patient* (which, as Hahnemann advises, and as Dr. Holmes quotes at full in the beginning of his paper, as being the most difficult part of a physician's labor), and not of his sick headache, would have disclosed this unmistakable Silicea rubric, and the doctor need not have gone through the intricacies of a repertorial investigation, occupying time and patience, before reaching the remedy."

To this Dr. Chapman adds:

"That is to say, as soon as the history of foot sweat is noted, Silicea is the remedy. Now that *is* nice and easy. But suppose concomitant symptoms had pointed to Calcarea, Baryta carb., Graphites, Sulphur, Lycopodium, Thuya, or any other of our great anti-psorics?"

To this pleasant penman of the Pacific coast it may not be known that a garbled extract from an opponent's brief, is a flimsy way of establishing truth. Reading the extract hurriedly and superficially, some few rattle-brained homœopaths might get the impression which is charged to me—of prescribing for a foot-sweat; when the publication of the *whole* case, as I was entitled to have had done, establishes a homœopathic fact, with which Dr. Chapman is not familiar, that I teach and practice the prescription on the Totality of Symptoms, *not* upon a "foot-sweat" or a "dysentery."

But, if you please, take the quotation and read it again slowly and "bear down hard" on those two *italicized* words, and, possibly, my negation of the charge of pathological prescribing will be made apparent. I prescribed for a Silicea *patient* who was *afterwards* found to have the footsweat. In

a word the sweat *confirmed* the remedy, and did not *find* it.

As to the question put by this "acute and careful clinician:" really, the temptation to call up the Freshman class to answer them is "powerful strong." If the "concomitant symptoms" point to Calcarea, not even the most profound artificer in repertorial mechanics can cause them to point to Silicea. And *vice versa.* Surely no *homœopath* requires a colored diagram to make that plain!

This is all there is to be said on the Repertory part of the paper. I am content to rest the case with the profession, merely reiterating in brief, my position:

1. That the cases cited are not *properly* taken; and

2. That if properly taken a very trifling knowledge of materia medica would have indicated the remedy.

In addition to the repertory discussion, Dr. Chapman, who poses as a modern knight errant of Hahnemannianism, displays through the chinks of his "funny" business, series of practical truths with which I am not familiar. When he is next moved to let his "trenchant pen" gambol over my sympathetic nerve, will he be pleased to ponder the following "Thats" as "heads" for a withering, biting sarcastic paper, and carefully elaborate and amplify them?

1. THAT Mercury cor. for "dysentery" is almost as routine and pathological a prescription as the giving of Colocynth for "colic" (after twenty-four hours of wrong use of Merc. cor.), or Aconite for fever, or Bryonia for biliousness, or Quinine for chills.

2. THAT the first great duty of a *homœopath*, let alone a Hahnemannian, is to Take the Case Properly—that is, the *patient*, not his "dysentery," or his "colic." The "concomitant symptoms" of Rhus were there from the first, as well as the "dysentery."

3. THAT if a Repertory is so easily manipulated, and so altogether invaluable, a delay to use it until the fourth visit is open to several charges of an unpleasant nature.

4. THAT if all disease is the beginning of death, and "dysentery" is a disease, then to withhold a known remedial measure until after four days of walking in the Valley of the Shadow of Death—when five minutes study of a "keynote" would have restored that child on the first visit, is——.

5. THAT the first prescription is not to be trifled with; it either cures or ameliorates; or it confuses the case, removes landmarks, erects false signals and renders the second prescription exceedingly hazardous. (Read Prof. Kent's "*Second Prescription.*")

6. THAT an improperly given remedy must be antidoted before prescribing anew—twenty-four hours of misuse of Mercury was neither "followed well" nor antidoted by Colocynth. *Homœopaths* use an intercurrent.

7. THAT the time to have given Sac. lac. was at the first visit, then go home and study the case. The "concomitant symptoms" of Rhus were there at the first visit (Chapman's own admission) and could not have pointed to Mer. cor.

8. THAT Hahnemann says: "Thou Shalt Prescribe on the Totality of Symptoms," and *not* for a key-note; for the wrong dynamis, *not* for the local manifestation of that dynamic wrong; for the two-year-old child, *not* for the "dysentery."

9. THAT prescribing Rhus on "Stools, smell, without," and "stools, mucus red," is not prescribing on the Totality of Symptoms, but on a pathological condition, therefore not homœopathic.

10. THAT a knowledge of as many lines of Rhus toxicodendron as there are letters in the words, would have saved that two-year-old child four days of pain, the mother as many hours of agony, the father several dollars in doctor's fee, the laundress much soiled linen, and the indulgent readers of the ADVANCE this display of Californian Homœopathy.

CLEVELAND. FRANK KRAFT, M. D.

KEELEY CURES.—"Mr. Latchford claims that Keeley has reformed one hundred thousand drunkards. By a conservative estimate each drunkard would drink a pint of whiskey per day. Don't start, dear reader. I know it sounds dreadful, but if you don't believe it, make some investigations yourself. That would be one hundred thousand pints a day, or three million pints a month, or thirty-six million pints a year. Doesn't it seem as though the saving of that much whiskey should make the trade dull and shut up some of the distilleries and bar-rooms?" A. L. MONROE.

New Publications.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA, 1891.

This is the annual report of the work of a working society, the twenty-seventh session held at Pittsburgh, September 15–17, 1891. It is a volume of 340 pages, and contains many good papers, the majority of which have already been published. The clinical cases of Dr. Chapman, on page 178, are among the most instructive in the work, as they demonstrate the folly of operating on every lacerated cervix before remedial measures have failed.

TRANSACTIONS OF THE FIFTH SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF COLORADO.

The address of President Burr is a plea for similia as a law of cure, for he says: "As Homœopaths we have three laws of cure:

1. The great law of similars.
2. The single remedy.
3. The minimum dose."

There are also some papers of more than average interest.

MINNEAPOLIS HOMŒOPATHIC MAGAZINE is a new candidate for professional favor. It is bright, newsy and covers in its twenty-four pages nearly every department of medicine. In the Periscope is a brief resume of the leading contents of the homœopathic journals, which will be found a very interesting feature if properly conducted.

SURGICAL OPERATIONS. By Horace Packard, M. D. This is an annual report of the operations performed in 1891, illustrated with apparatus and pathological specimens. It contains 61 pages, including a third series, and 67 cases of abdominal operations.

PERSONALITY OF HAHNEMANN. By C. T. Campbell, M. D. A brief, yet able resume of the life and labors of Hahnemann. An address before the Hahnemannian Society of the Homœopathic Hospital College, of Cleveland, Ohio, Feb. 4, 1892.

TRANSACTIONS OF THE 27TH SESSION HOMŒOPATHIC MEDICAL SOCIETY OF WISCONSIN. 1891.

The chief paper of value in this volume of 75 pages is by Dr. H. J. Suttle, of Viroqua, who gives his colleagues some excellent hints on The Diseases of Women, in which he gives the following practical advice: "Treat diseases of women just as you would those found in other human beings. Leave imaginary uterine troubles out of sight until something springs up that warrants interference. *Even then go slow.*"

HOMŒOPATHIC LEAGUE TRACTS.

THE TWO PATHIES: A DIALOGUE. This is a well written tract. It is a discussion between an allopath and a homœpath on the merits of their respective schools. But the homœopath unfortunately gives his case away when, on page 34, he says: "We, equally with yourselves, adopt friction, massage, electricity, hypnotism, poultices and hydropathic appliances. We employ strong drugs to destroy the parasites that infest the body. We may even give purgatives or anodynes, etc." And yet he attributes the slow progress of Homœopathy in Great Britain to "the conservative spirit" of the people. Had the homœopathic practitioners of Great Britain used less of palliative medicine and more of Hahnemann's Homœopathy the people would have seen the vast difference between the two schools. People are naturally conservative when the alleged differences consist largely in name only.

PERSONAL EXPERIENCE OF A PHYSICIAN: with an appeal to the medical and clerical professions. By John Ellis, M. D. Philadelphia: Hahnemann Publishing House. 1892.

This work of 134 pages contains a most interesting account of the author's conversion from Allopathy, in which school he graduated at Berkshire Medical College in 1841, to the

teachings and practice of Homœopathy of which, until here-tired from active practice, he was one of the leaders. One of his noted surgical operations occurred in his early practice at Grand Rapids, where he says: "I was called to attend a young man who had been shot through the neck. To restrain secondary hemorrhage I was obliged to ligate both carotid arteries at the interval of four and one-half days, which, at that time, had never been successfully done at an interval of less than twelve months between the operations. The subsequent congestion of the lungs I controlled with Aconite. The report of this case, even to the homœopathic prescriptions, was transferred to the American edition of Velpeau's great work on surgery."

A TEXT-BOOK OF THE PRACTICE OF MEDICINE FOR THE USE OF STUDENTS AND PRACTITIONERS. By R. C. M. Page, M. D. Author of "A Chart of Physical Signs of Diseases of the Chest," "A Hand-book of Physical Diagnosis of Diseases of the Organs of Respiration and Heart;" Professor of General Medicine and Diseases of the Chest in the New York Polyclinic, etc. Octavo, 578 pages, illustrated. Red parchment muslin. Price, $4.00. New York: Wm. Wood & Company. 1892.

The author has undertaken to give both student and practitioner a concise and practical digest of the practice of medicine as we find it to-day, and in our opinion has succeeded most admirably. It excels in differential diagnosis, and, although necessarily condensed, forms for both student and practitioner an excellent work for ready reference.

The author says that the chief objects in view in the preparation of the volume were "to facilitate clinical instruction and enable both physician and student to obtain, in brief, the most practical as well as scientific view of the various subjects treated of in a work on medicine."

Like every volume from this well-known publishing house, the mechanical work is complete.

PYE'S SURGICAL HANDICRAFT: *A Manual of Surgical Manipulations, Minor Surgery, and other matters connected with the work of House Surgeons and Surgical Dressers.* 300 Illustrations on wood. First American, from the third

London Edition. Revised and edited by T. H. R. Crowle, F. R. C. S. Calf, $4.00. New York: E. B. Treat, 5 Cooper Union.

This work is much more inclusive than its title would imply, for not only are the details of practical surgical work concisely arranged, but operative surgery and surgical diseases "from the point of view of house surgeons and dressers in surgical wards" are also included. The author says his aim has been: "To present this work to them, as to men apprenticed to a skilled labor, in which excellence can only be attained by the acquisition of manual skill or handicraft; for although surgery is doubtless becoming more scientific day by day, and although it may even now have come to pass that with the increasing recognition of its higher aims its manipulative side is unduly overshadowed, nevertheless chirurgy can never be false to its etymology, that is, will never cease to be a skilled labor, nor will surgeons ever cease to be handicraftsmen."

To show the progress being made, Listerism, *per se* has given place to antiseptic surgery, and the latter must in turn soon give place to true aseptic methods, which are entirely unrecognized in the present volume. The work is well illustrated and the author and publisher have conferred a benefit on the profession by giving us an American edition.

TREATISE ON GYNECOLOGY, MEDICAL AND SURGICAL. By S. Pozzi, M. D. Translated from the French under the supervision of, and with additions by Brooks H. Wells, M. D., Lecturer on Gynecology at the New York Polyclinic, etc. Vol. II, with 174 wood engravings, and nine full page plates in color. New York: William Wood & Company. 1892.

Volume two of Pozzi's classical work on Gynecology is at hand and completes the best work on this subject which has yet appeared in the English language. While the original has apparently been closely followed some valuable notes have been added by the editor, but they refer to minor points only, and are bracketed. The work is well, even profusely illustrated, while there are fifteen full page colored lithographic plates in illustration of some parts of the text and will be very valuable to the student or operator. The entire work reflects great credit on the American publisher, no finer

volumes being found in any country, and every specialist in our school, at least, should avail himself or herself of the opportunity of adding these magnificent volumes to their gynecological libraries.

THE DIAGNOSIS OF DISEASES OF THE NERVOUS SYSTEM. A manual for students and practitioners, by Christian A. Herter, M. D. Small octavo. Pp. 628. New York: G. P. Putnam's Sons. 1892.

The author of this work is already known to the medical world by his translation from the French of "Suggestive Therapeutics," by Bernheim, one of the most readable works on that subject. Although a work on Diseases of the Nervous System, is rarely found without a more or less complete anatomy of the brain and spinal cord, yet the structure and functions of the nervous system are so fully discussed that it does not appear necessary. But in that part of a work of this kind, the differential diagnosis between the functional and organic affections of the nervous system, the author lays much stress and is both minute and practical. It is in this borderland that the student is so often confused, so liable to err in diagnosis—where the treatment of hysteria or traumatic neurosis depends so largely on a correct pathology—that this work will be of invaluable aid in time of need. We most heartily commend it to our readers as a volume of practical value, for on the diagnosis—all in fact for which it will be of any use to a homœopathic physician—it is a veritable *multum in parvo.*

PRACTICAL MIDWIFERY. A handbook of treatment, by Edward Reynolds, M. D. Assistant in Obstetrics in Harvard University. New York: William Wood and Company. 1892.

This is a small octavo volume of 400 pages and is just what its name implies—practical. It is the result of "a five years' experience in the superintendence of the practical work of the advanced students of the Harvard Medical School, in their daily attendance upon by far the largest obstetrical clinic in America." It gives at least *one* justifiable plan of treatment in mooted points of practice, rather than an

extended discussion of the relative advantages and disadvantages of many. This compels the student and beginner to master one method so that in an emergency he will be at home. The work is clear and explicit in practical detail, free from extended quotations from recognized authorities and not loaded with a bibliography which no one but an author or teacher ever reads. We heartily commend the work to our professional brethren.

A PRACTICAL TREATISE ON THE DISEASES OF THE EAR, INCLUDING A SKETCH OF AURAL ANATOMY AND PHYSIOLOGY. By D. B. St. John Roosa, M. D., Professor of Diseases of the Eye and Ear in the New York Post-Graduate Medical School and President of the Faculty, etc. Seventh Revised Edition. New York: William Wood & Co.

That this work, long since a standard authority in America, has reached its seventh edition and been translated into German, is sufficient evidence of the estimation in which it is held by the profession, yet, notwithstanding all that has been written and the rapid advancement which otology has made in the last few years, in the general estimation of the profession it is still far behind its sister specialty, ophthalmology. True, the familiar advice, "not to meddle with the ear," is not so frequently heard as formerly, and the general practitioner is better prepared to advise, if not to operate. All this is due to the teaching now given in our Colleges, and the influence of this and other similar works on the ear. With each edition the work has become less elementary in character and more adapted to the needs of the specialist. Many of the chapters in the present edition, especially those on Chronic Non-Suppurative Inflammation of the Middle Ear, and those on Chronic Suppuration of the Middle Ear and its Consequences, form a series of monographs from which the specialist as well as the general practitioner may learn many facts of practical value. The discussion of the question of why some persons suffering from chronic non-suppurative inflammation of the middle ear "hear better in a noise" is very complete and exceedingly interesting. It is only a few years since Tröltsch affirmed that "such statements are founded, as

a rule, upon a want of exact observation, as well as upon self-deception." Yet Willis, in a medical work published in Amsterdam over 200 years ago, relates a case of this kind. Several remedies in our Materia Medica have this symptom and have relieved, if they have not cured, such cases of deafness. The volume is in the usual fine dress of the publishers and is one of the best on the subject.

A CASE WITH ORGANON REFERENCES. *

Mrs. H. blonde, aged 53, a small thin person, weighing about 100 pounds, has had uterine hæmorrhages for the past two weeks; part of the time had allopathic treatment without relief; had been kept quiet, most of the time lying on lounge or in bed. When I saw her she was in bed.

Patient has had attacks of uterine hæmorrhage at irregular intervals during the past two years, none of them however as severe as this one. In consequence of these frequent discharges she is now in a low state of health.

For sometime past she has taken no interest in anything that had been her delight when in health. The following symptoms were prescribed for:

Metrorrhagia; discharges are dark and clotted.

Loss of appetite.

Excitable and nervous; any noise causes a start.

On closing eyes, night or day, has dreams of an anxious, embarassing kind.

This dreaming would repeat itself each time eyes closed.

With all this there is a persistent sensation of "floating away."

Could not sleep on account of dreaming and floating sensations.

The pulse is feeble, thready and quick.

The face is spotted like that seen in one recovering from small pox, except that spots are of a dirty color instead of red.

Spoke only in a whisper. Shortness of breath.

Weeping when relating symptoms.

Hopelessness about her recovery. Her mother and two

---

* Read at Materia Medica Club, Chicago.

sisters died from uterine hæmorrhages and she knew she was going to die; there was a feeling that there was no cure for her this time.

The most prominent characteristic symptoms were metrorrhagia, mental symptoms and inability to sleep and ranked them in order given. (Symptoms of The Mind, by Hering, page 24, MEDICAL ADVANCE, vol. 20, page 218.)

The way I had treated cases of this kind was to apply locally some means to stop discharges and give internally something for the same purpose. I had resolved in future to treat all such cases homœopathically, that is, all purely medical cases; this was one of that kind and it seemed to me that it could be cured if the properly chosen remedy was given internally.

I referred to repertory and these remedies seemed indicated: Puls. Sep., Sulph., Nux vom. and Calc. All of these could not be given, nor any two of them; (§§ 272, 273) the one that "bore the closest similitude to the symptoms" ought to cure the case (§ 153).

The record of proven symptoms of Calcarea showed that it had the closest resemblance to symptoms as taken from the the sick. (§ 148.) I had resolved to try the higher potencies. (§§ 159, 160.) Here was a chance. One powder of the 1 m (B. & T.) (§§ 275 to 283) was dissolved in four teaspoonfuls of water (§ 286), a teaspoonful to be given every half hour; this to be followed by blank powders dry on tongue every half hour; if patient was not better in three hours to let me know by telephone.

This single remedy (§ 149) was all the medicine needed; it effected a complete cure. There were no more hæmorrhages from that day (Oct. 3rd, 1890,) to this. I saw the lady this forenoon, (July 13th, 1892). Patient steadily improved in health, increased thirty-five pounds in weight. Since recovery she has regained her former good humor, enjoys life and endures hard work as well as ever. I should add that soon after the first teaspoonful of remedy, painful uterine contractions followed; after second teaspoonful contractions repeated; the remaining two were not given, in accordance with instructions; "if aggravation or improvement appear, stop the remedy."

It seemed like trifling with a valuable life to expect a cure of metrorrhagia by a single remedy in a high potency. I knew practically nothing about the high and higher powers of remedies at that time; it was my desire to test them to my own satisfaction. This case affording splendid opportunity, I was justified in taking it, simply on the testimony of such noble men as Hahnemann, Bönninghausen, Lippe, Hering and Dunham, and according "to clearly intelligible reasons." (§ 2).

The lessons taught by this one case have been instructive and of great value to me. I was induced to study the Organon, a book I had not considered of any special value up to a few months prior to the cure of this case. As to the higher potencies, I never could believe in them, it seemed, until I began to test their efficacy in practice; often when reading in current literature of our school clinical cases alleged to have been cured by them, I would have a feeling of disgust that such trash was permitted to be published and paraded before intelligent readers, as *bona fide* cures.

Take the case properly (§§ 83 to 104), prescribe homœopathically (§ 25) and if the case be a medical one, good results will follow. Here I must add, that if the remedy is correctly chosen repetition of it interrupts a speedy cure and often spoils the case (§§ 245, 259); neither should the single remedy be interfered with by extraneous medicinal influences, dietetic excesses or excitement (§ 156). We have in our list of proven drugs a record of positive effects (§ 152), that can be relied upon as curative (§ 149 and note 101).

I chose this case for this evening for the reason that it was one of the first I had ever treated and cured homœopathically. Sufficient time has passed to show whether the old trouble would return; it has not thus far; that one remedy cleared up all her ills and aches effectually (§ 154); it was a speedy, gentle and permanent restitution of health (§ 2); harmony to the vital process was wholly restored, so that the higher purpose of her being could be carried out (§ 9).

The hardest work for the beginner in treating diseases according to above method is to read and understand the signs and symptoms correctly (§§ 7, 14); they are not so easily recognized and properly interpreted; when this is

accomplished, however, the matter of the curative remedy in a given case is more easily obtained. (Symptoms of The Mind, by Hering, page 23.) One must have an unbiased judgment, sound senses and an attentive observation (§ 83). It demands great caution, reflection, knowledge of hnman nature, careful inquiry and an unlimited patience, in order to obtain a true and complete record of these diseases with all their details (§ 98).

The ground work for such a training takes time and labor but it will be time and labor well spent, for such a drilling wonderfully quickens the senses to know disease and diagnose its curative agent.

In concluding I cannot refrain from quoting Carroll Dunham, in speaking of the study of Materia Medica, for it applies equally as well to the art of case taking: † "To complete such a systematic study even in comparative leisure might require seven years of unremitting labor—just the period for which a lad is apprenticed to learn his trade. Should we shrink from devoting so long a time to the mastery of the most complex and difficult and the noblest science and art which are possible to man on earth?"

1093 TAYLOR ST., CHICAGO. E. E. REININGER.

† Dunham's Science of Therapeutics, page 51.

"Homœopathy has wiped out all symptoms of syphilis, save the lightest, and absolutely shorn the disease of its ancient terrors. Persons 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 it has vastly diminished the prevalence of all grave lesions, such as phthisis and Bright's disease." J. S. MITCHELL.

[Then why not teach and practice pure Homœopathy? Why mix it with the empirical methods of the other schools, that can boast of no such triumphs? Why not adhere to law, pure and comprehensive, if it promises such results, for no other system holds out any inducements to be compared with it? ED.]

THE

MEDICAL ADVANCE.

A HOMŒOPATHIC MAGAZINE.

VOL. XXIX. OCTOBER, 1892. No. 4

FERRUM METALLICUM.*

A good many years ago, Dr. Lippe had a case in Philadelphia of a woman who had been in bed for twenty years. He cured her after all the prominent allopaths had failed, and the remedy was Ferrum. An allopath wanted to know what cured, and when Dr. Lippe told him, said, "Why, we gave her iron!" "Yes," said Lippe, "you gave her crowbars!"

In the old times any one suffering from anæmia was given iron. Great quantities in bulk were used. Every one who was bleeding, who had erysipelatous inflammation upon the skin, or who was chlorotic, was given iron. For the twenty years preceding the last five, there was what might be called an iron age. Cases of uterine hæmorrhage, nasal hæmorrhage, or the hæmorrhagic constitution, long under treatment by the old school, have all had iron. Chlorotic cases, suppression of the menstrual flow, waxy skin, etc., again iron. Iron like Arsenic and Quinine, has been terribly abused. Permanent changes in the economy have been wrought by these metals. Especially our women wear the stamp of iron.

Provers, on beginning to take iron soon present an appearance of blooming health, that is really due to pseudo-plethora. There is apparent fullness of the blood vessels, especially of those upon the surface, the face becomes turgescent, red and hot, and the extremities gradually become cold, stiff and numb. As a matter of fact, Ferrum produces a high degree of anæmia, breaking down the red blood-corpuscles, producing weak-

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

ness, flabbiness of the muscles, with redness of the skin, especially of the face, and engorgement of the capillaries.

There is a determination of blood to the surface from the slightest cause. The face is red in the pains, red in the chill, red in the sweat; so red, that you may write your name on it with your finger; such stasis, that a white streak following your finger will but slowly flush again. This engorgement of the capillaries of the face produces a puffiness that resembles true plethora, but which is really anæmia. Iron, as a matter of fact, is homœopathic to anæmia when its peculiar symptoms are present, but not necessarily homœopathic to all cases of anæmia, because it produces it. Ferrum produces a state much resembling that produced by Manganese, but is not attended by pseudo-plethora, nor is the face flushed red, or seal brown in color.

After the breaking down of the red blood corpuscles, a sallow, pale appearance of the skin sets in, with a greenish or yellowish tinge, which is termed chlorosis. Ferrum produces almost complete chlorosis, associated with suppressed menses, with a watery flow or with a copious flow. There are ulcers on the lower extremities that do not heal, and pallor except during pain, excitement or chill.

It is a peculiar feature that although when the patient is quiet she has pale face and lips, during the first hint of pain there comes the flush with the appearance of health. When the prover has a chill, the face is flushed and hot, while in chills the face is generally pale. In the chill of Ferrum there is thirst (like Ign.), and at no other time. Here we have at once struck a mile post, something peculiar in a drug and in a sickness.

The constant redness of the face may be likened to that found in many old whiskey drinkers, beer drinkers, etc., and it is often found associated with vertigo and enfeeblement. Pinch up the skin between the fingers, and it will blanch, but the redness will slowly return.

A peculiar condition that exists in combination with the bluish body and red face, is coldness of feet and hands with burning of palms and soles. These guiding symptoms betray its similarity to Arsenicum. Arsenic, China, and Ferrum are markedly similar, and are antidotes to each other. Ferrum is

an antidote to Arsenic. Ferrum is useful as an antidote to the abuse of Quinine, because it corresponds closely to symptoms produced by Quinine, and is similar in its sphere of action.

Ferrum produces great weakness and vaso-motor paralysis. The skin pits on pressure. Red spots appear on the skin and disappear on pressure. There is venous stasis (Carbo v.), dilated capillaries, and varicose veins. Paralysis of the capillaries is a prominent symptom. The face is covered with varicose capillaries; the same are on the thighs, and elsewhere Stasis of the portal veins is found, with protruding hæmorrhoids, always bleeding.

In the state of coldness and œdema of the extremities, there is a marked disorder of the stomach, with vomiting of food immediately after eating it, a jerking regurgition of food much like that produced by Phosphorus; but Phosphorus spits up food in mouthfuls tasting as when swallowed. There seems to be none of the proper fluid in the stomach to bring about the digestive changes. Fluids may remain a long time in the stomach and not be vomited, in Ferrum patients, while solids are vomited at once. It is not easy to mistake the remedy, finding flushed face, bodily coldness, coldness of hands and feet, anæmia, with constant return of solid food. These are roughly characteristic of Ferrum. Vomiting of bile, with always a bitter taste in the mouth. Great pain in the stomach. Vomiting followed by exhausting diarrhœa.

Old, long standing dyspepsias with nervous prostration, nervous trembling, sleepless nights, numbness of hands and feet. Burning of palms and soles, not with fever, but in common chronic diseases. (See Calc., Cham., Graph., Lil., Sulph.)

There is copious exhausting diarrhœa with engorgement of the liver; bloody discharge from the bowels; venous hæmorrhage. These alternate with constipation. Diarrhœa; undigested fluid, painless, during a meal. The urging comes as soon as he puts anything into the stomach like Ars. China has the same, but the stools in the night, as well.

Ferrum has troublesome uterine hæmorrhages, copious and exhausting. Menstruation lasts too long; for days and weeks. It intermits, stops and begins anew. There is frequent hæm-

orrhage during gestation. Bleeding from broken veins upon the lower extremities. The veins are greatly engorged, and friable; they break and bleed. There are hæmorrhages also from the nose. The nose is almost constantly filled with blood, when this is blown out there is hæmorrhage. Bloody, mucous discharges from the nose.

Ferrum has bleeding from the enlarged veins of the throat with hoarseness, bloody expectoration or green, yellow, purulent discharges mixed now and then with blood.

The capillaries of the lungs are friable. They easily break and bleed. Most distressing whooping cough in which mouthfuls of blood and white slime come up with a choking cough.

It corresponds in a general way with disorders tending to great emaciation with rapid wasting of tissues, consumptive disorders, etc. Given in the crude form in these conditions, it is one of the most dangerous of drugs; it is not a medicine. It should never be given except in the highest potencies, and without repetition. In consumptive disorders it acts with great violence because of its destruction of venous tissue and blood disorganization. Iron and the acids are much alike in that they predispose to hæmorrhage of the lungs. This is especially true of Acetic acid. The hæmorrhage of Ferrum is also produced by relaxation of the walls of the blood vessels, and is therefore useful in labor, but for reasons before stated should not be repeated. Ferrum is dangerous in emaciated and anæmic patients, as it will produce dropsy if repeated too frequently.

Ferrum produces a condition analogous to septicæmia; chill, with thirst and red face. Prescribed upon this striking condition alone, it has cured septic, intermittent, and puerperal fevers. Such a puerperal fever occuring in the western valleys, will have a chill every other day, and sweat night and day; with the chill there will be thirst and a red face. There is not a high degree of fever, only one or two degrees F., because the continued sweat keeps the body cool. First chill, then sweat. There is little heat with the sweat, but it is sometimes clammy and offensive, staining the linen yellow.

Ferrum is indicated in intermittents with the same symptoms. If there is pain there is a red face during the pain. The feet cold, coldness extending to the knees, the hands are

cold and the coldness extends to the elbows. The patient feels as if the feet were in snow water to the knees (compare Sep.)

There is a peculiar relaxation of tissues seen in the prolapsus of the vagina and rectum. This comes with the rigors in fevers. The prolapsed vagina is denuded and excoriated. It looks raw and inflamed, "like a piece of raw beef" says the nurse. So with the rectum, it is denuded and protruding.

In Ferrum we find a mental condition, with excitability, which is a result of this terrible physical prostration. Anger with peculiar irritability. Anger when opposed. There seems to be a certain pride in always being in the right, an objection to being found in the wrong, and they will listen to no argument or reason. Opposition gives rise to pettishness and irritability.

There is a decided characteristic in the vertigo of Ferrum. It is that of vertigo when going down the hill, as opposed to that of Calcarea, which comes on while going up the hill. It also comes on while crossing the water. When a Ferrum patient attempts a canoe ride, though the water is perfectly calm, he becomes so dizzy that he can hardly continue in the boat. He fears he will jump out, and that he cannot balance himself on the water. Sometimes the motion causes nausea. This is a general aggravation belonging to the whole drug.

A marked feature of Ferrum is the time of aggravation of which that from 3 to 5 A. M. is one of the most prominent. Ferrum has a cold sweat coming on from 3 to 4 A. M. which may last until noon, or until 4 P. M. Cold sweat. Heat or hectic fever is worse later in the afternoon or evening like Phosphorus. Phosphorus has an intense hectic fever in the afternoon, hot skin, night sweat, constant burning thirst for ice cold water, red spot on cheek; diarrhœa; stool escapes during the cough; constriction of the chest; suffocation. You recognize this as the hetic in the last stages of consumption, and you may produce a comfortable ending, a perfect euthanasia, by the administration of one dose, high potency, not repeated. The dose may be followed by a gushing, involuntary diarrhœa, lasting a day or two, so offensive as to drive one out of the room, and leave the

patient so low it seems impossible for him to live. Usually, he will revive, and go down to death easily and comfortably in about six weeks. A stimulant given in such a state will increase the sufferings, and the fever cannot be relieved.

The usual remedies needed in this production of euthanasia, are Ars., Carbo. v., Lach., Tar. cub.

The suffocation and inward distress in chest and stomach, streaming perspiration, great sinking, must have clothing away from neck, chest and abdomen, ghastly countenance and choking, call for Lachesis, and it may be given as often as required; but to give prompt relief, must not be given lower than the 200 potency.

To this picture if we add a cold sweat, with one on either side of bed fanning him, abdomen distended with flatus, cold breath, Carbo v. in water every six hours and then stopped, will give rest and beatitude.

But the time may come when these remedies will not avail. The ghastliness of the picture has not changed, and to it we have added the pains of the dying cells, the death pains, the last agonies. Such pains come on at the beginning of mortification. If in the abdomen we may divert it by differentiating between Arsenicum and Secale, but if it comes in the last stage of consumptive disease, we are beyond those remedies. The pain, the rattling in the chest with no power to throw it off, the restless rolling and tossing, not able to be quiet in any position is covered best by Tarantula Cubensis; this remedy goes farther, deeper, and and in a different direction, than either of the remedies above mentioned.

The more marked the appearance of local hyperæmia in the Ferrum subject, the turgesence to the head, the greater the coldness, numbness and stiffness of the hands and feet. Redness is not always attended with heat, as in Aconite and Belladonna, but is a determination of blood to the surface, giving a color that is characteristic of Ferrum. It also belongs to that class of patients called cold, like Calc., Sil., Sep., Lyc., Op., etc. Opium is both hot and cold. It produces the desire to throw off the covering in its first effects, but later it is cold. An opium eater is always chilly when the opium is wearing off.

Ferrum has a rheumatism in the deltoid beginning in the shoulder and going down the arm like Sanguinaria. Colch. and Ferr. have pinching, tearing pains in right deltoid with an inability to raise the arm. Ferrum has many rheumatic pains in chest and shoulders, worse from attempting to lift the arm, from contracting the muscle, better from heat, worse from weight of bed clothes. It cures pointing in horses. There is an irresistable desire to bend the arm. The pain drives him out of bed at 2 A. M. He is better from walking slowly about. Veratrum and Mercury have rheumatic pains, driving out of bed in the night.

Headaches are throbbing and the patient is likely to waken with them at 3 A. M. lying awake the rest of the night. The pains are occipital with sensation of hammering. The chill comes on with throbbing pain in the back of the head. Pain in the back of the head when coughing, is a Ferrum key note. Carbo veg. has pain in back of head on coughing, but it has not the red face. Hot flashes with surging of blood to the head.

In the female sexual organs we find many prominent features. Menses, profuse and hæmorrhagic, or pale and scant. Prolapsus of the vagina, dryness of the vagina, numbness with lack of sensation in the vagina during coition. Loss of consciousness during coition, (Agar). Ferrum also has great painfulness during coition. Sep., Kreos., Plat. and Sulph., have great painfulness during coition because of the increased sensitiveness of the vagina. Fer. ph. has the same symptom with spasm of the vagina caused by increased sensitivensess. When making a digital examination, it is almost impossible to pass into the vagina because of the extreme dry and parched condition of the membranes. You may find prolapsus of vagina in cases of former poisoning by Ferrum. Finding prolapsus of the vaginal walls, we usually think of Sep., Kreos., Merc. and Nux.

A case of secondary or tertiary Syphilis, given Ferrum, becomes rapidly worse in condition, and the ulcerations become phagadenic.

Speaking of aggravations, we find in the study of drugs, many modalities, which were applicable to the drug as a whole, and many that are only applicable under certain con-

ditions. Under Pulsatilla we found all discharges bland except the leucorrhœa to be the characteristic, yet Pulsatilla has bland leucorrhœa.

In Arsenicum the complaints of the body are better from heat, and the headache better from cold. That is characteristic, but Arsenicum has a headache that is better from heat. It is the exception, the alternate action described by Hahnemann.

Bryonia is worse from motion, yet it has lumbar pains that are better from motion.

Rhus in its general state is better from motion; yet it has lumbar pains, and pains in connection with the spinal column, that are better from rest, almost the opposite condition.

It is a fault to leave out these exceptions in the Materia Medica or take it for granted that because a remedy has several symptoms aggravated by peculiar conditions and circumstances, that this is a general aggravation of the remedy. It is not true. Lippe says the pains of Camphor are made worse from cold, which is true, but Cowperthwaite says aggravations from cold, leaving you to infer that this aggravation belongs to the remedy in general. As a matter of fact with Camphor, the early bowel symptoms associated with cholera are better from cold, and the patient cannot be covered; while with pains and bladder tenesmus he must be covered, and have heat applied. During the chill Ferrum has thirst, and during the heat it is thirstless; therefore thirst and thirstlessnes have their own proper places.

Acetic acid is thirsty when there is no fever, and with fever it is thirstless. In dropsies with profuse urination it has marked thirst, yet in the fever it is thirstless. In pseudo membranous croup, without fever, there is marked thirst. One man cures the sick with our Materia Medica, and another wants it revised to suit his own meagre insight.

The Iodide of iron has the general iron constitution, and somewhat of the iodide constitution. It has an immense amount of pelvic infiltration with bleeding and uterine congestion. Extreme soreness and consciousness of the uterus. Whenever the patient sits down, she sits down upon a pain where the uterus is. The pain pushes up out of the way. Such a uterus is sensitive to touch, through the abdominal

walls, or through the vagina. The vagina is thickened and bleeds easily. The uterus is indurated and sensitive. Carbo an. has great sensitiveness of the cervix and of the coccyx, with burning after touch.

The Phosphate of iron has been used by Schüssler. It is called "Schüssler's Aconite," because it has been used by him as Aconite has been by some homœopaths, that is, given for fever. It has the Ferrum flush and varicose veins. There is most intense thirst during fevers, violent congestive headaches, worse from heat, better by pressure, with flushed face. It has not the fear of Aconite, not the aggravation from motion of Bryonia, nor the amelioration from motion of Rhus. The fever is of an ordinary type.

In nondescript coryzas with flushing of the face, look for the Ferrum condition. Pain in the back; congestive headaches with great throbbing. When patients are subject to little fevers when they take cold, think of Fer. ph. The sole duty of the physician is to restore sick people to health, says Hahnemann. In the study of our vast Materia Medica we see the likeness of sick people. He who sees the deepest, will best cure the sick. The deepest insight comes to the man who thinks into the Materia Medica the hardest, and grumbles about it the least. It is a thing of beauty, and to him who knows how to use it, a joy forever. S. L. G. L.

THE BETTER WAY.*

The history of obstetrics shows that our art has been an evolution from crude methods toward more exact ones. This we know is true of all arts, but in one which deals so directly with life as does ours, the manner of its development, and the probability of the still further refinement in its methods, interests, not alone its practitioners as in other arts, but every woman who hopes to be a mother. The art of midwifery is indeed the one universal art upon which all others depend. The warrior, the statesman, and the scholar have all to be born; this is the indispensable prelude to all their achievements; and upon the skill of the obstetrician, to a larger extent than is usually recognized, depends the whole outcome of the life now

* Read before the American Institute of Homœopathy, at Washington, D. C., June 14, 1892.

just being essayed. I have called attention elsewhere * to the fact that, from a biological point of view, the art of obstetrics is the art of bringing into the world a race of sturdy children who shall have better control of their physical forces than their fathers and mothers had. It is not enough that the child be born alive, and that the woman arise from her bed after the period of lying-in, and resume her daily routine. The accoucheur who has that conception of his duties, who merely separates mother and child, and who is satisfied if they only both live, is just a mechanic, and nothing more. To a man of such low ideals it is useless to speak of art, he will not understand.

The art of obstetrics had its crude beginnings among the most primitive races. In fact, it had its origin doubtless among the simianoid ancestry of the human race, as even the more intelligent anthropoid apes give an aimless sort of help to the parturient female. In the rude beginnings of primitive races, when man was just emerging from a state of simple animality, it was the female who gave aid to her suffering fellow, and this continued to be the rule until about two centuries ago, as indeed it still is among a vast majority of mankind. It was looked upon as woman's work, and, being a mere manual function, as beneath the dignity of man. It was not only derogatory to man, except as priest he was called in to give advice and lend the sanctity of his presence in a case of peculiar difficulty, but it was actually indecent for a man to be present at the birth of a child. Dr. Wertts of Hamburg, in 1522, assumed the dress of woman to attend a case of labor, in order to study the process, and was burned alive in consequence. This somewhat discouraged would-be investigators, and it was not until a century and a half later that certain men came to be known as man-midwives.

The modern art of midwifery is the growth of the two past centuries. Not that there is anything really new in the world of obstetrics, for all our discoveries, even antisepsis, are only recoveries of lost arts. It is somewhat startling to find that even such apparently modern ideas as the Crede method of expressing the placenta was, in its essentials, known to the

* "On the Relation of Therapeutics to Midwifery" (New York: A. L. Chatterton & Co., 1891.)

ancient priesthood and practiced by them. With the decay of the priestly influence the practice became less intelligent, and indeed sank again into barbaric rudeness. The men who are advocating the popular obstetrical practices of the day are walking side by side with those grim priests of the Nile who thought all our thoughts, and lived an intellectual life to which we can only aspire, five thousand years ago. If the high priest of Karnac, he who was high priest when Thuban (Alpha Draconis) was pole star to our earth,* could stand in this hall to-day, there would be little of practical value in the obstetrical art that we could tell him—little, that is, save the application of Homœopathy to midwifery. And it is to homœopathic midwifery that I would apply the designation, the better way, which forms the title of this thesis.

I believe there is no department of medicine in which Homœopathy is so useful as in midwifery. It is more useful here than anywhere else, because we have through it the power to control the physical and moral destiny of the unborn child. Medicine will do more for an unborn child than for a sensate one. This large field of therapeutics has remained almost unexplored. Neither the laity nor the medical profession, except here and there some solitary "crank," realizes the importance of prenatal medication, and the immense advance the human race will make toward *mens sana in corpore sano* when Homœopathy is properly applied to the child yet in the mother's womb. Every characteristic of the child is prefigured in the mother's condition. In this formative stage it appeals to us through its mother's mind and heart. These appeals are vague, elusive, transitory. It speaks to us in faint whispers which only strained attention can hear. It requires keen insight into the hidden springs of motive and desire, on the part of the physician, in order for him to discern these subjective, chameleon-like appeals, and broad knowledge in general pathology to read their meaning. But it can be done. If to this problem was brought the intellectual enthusiasm and patient heroism which has been applied to many fields of knowledge, as for instance to the development of spectrum analysis, the human race would be elevated by it to a plateau

* B. C. 2800.

of living as superior to what it now knows as its present existence is higher than that of the anthropoid ape.

This is the true field of the homœopathic obstetrician; but it is a somewhat narrower one that we are called upon to discuss to-day. The question before us ignores this larger duty of the obstetrician, and confines our attenton to the parturient chamber and its occupants. I do not wish to be understood as belittling the importance of this subject, to which attention has been directed by the chairman of this Bureau. It is a very important one, and I am glad to be privileged to take part in its discussion. Broadly speaking it is this: shall we adopt the expedients of the allopathist who, without any certain guide to his feet, seeks here and there, in honest but misguided endeavors, to find the better way? Or have we in Homœopathy the better way? Can Homœopathy do as much for the paturient woman as it can for the man with pneumonia or the child with diphtheria? This is a very proper question to be discussed before the American Institute.

The great trouble about homœopathic obstetrics is that it is a *straight* and narrow path which each must walk alone. It admits of no generalities. It is suited to neither the lame nor the lazy. It is impossible of reduction to routine. The author, or the professor, cannot say to the student: "When you are called to a case of labor, do so and so." He can only say, if he himself is a true disciple of the Master,—which, alas, is not always nor frequently the case.—"Treat the case as you would any other, with the remedy homœopathic to the symptoms then present." To which the neophyte will probably answer, "But supposing I have a severe hæmorrhage to treat, shall I give the homœopathic remedy, and let the woman bleed to death while the medicine is having time to act?" We have heard that query repeated and again repeated, until it has become a very musty chestnut indeed. If the homœopathic remedy is given at the proper time and in the proper dose, it will do its proper work. In instant emergencies the homœopathic remedy acts instantly. The trouble is that some remedy is given, in potency which is not the true simillimum. It fails to act instantly. The doctor blames the medicine, and not his own

ignorance. Of course, if he does not know how to practice homœopathically, he must resort to allopathic expedients. Life is short and art is long. If he spends his energies in acquiring facility in the use of allopathic expedients, he will have nether time nor strength to learn how to apply Homœopathy. Homœopathy is a stern mistress, who imparts not her secrets to him who coquettes with other pathies. There are a class of men, and their faith in medicine is usually inversely to its remoteness from the tincture form, who are never tired of saying that they care nothing for Homœopathy, that they want to cure their patients, and are willing to use anything that will do this. The lack of confidence is mutual. The homœopathic muse cares nothing for such men. This spurious eclecticism is based partly on natural incapacity to apprehend spiritual truth, partly on laziness, which makes a man take the road that seems easiest, notwithstanding it leads down rather than up, and partly on the necessities of a large practice. Only a man of phenomenal brain power, thoroughly trained, can do a large practice along homœopathic lines. The ordinary practitioner cannot make a score of calls in the course of an afternoon, and make a score of homœopathic prescriptions, unless he has had years of careful study in the Materia Medica: by which time he will have ceased to be an ordinary practitioner.

On the other hand, the allopathic road is broad and easy. It does not require much brains to learn to keep clean; even the gilded youths who breakfast at noon at Delmonico's do that. To one who has spent so much of his life on tenement-house stairs; who has attended women in every degree of poverty and degredation; who has passed from the home of opulence, where a day-nurse and a wet-nurse and a nurse for the baby was considered ordinary comfort, directly to the dark closet into which sunlight and pure air had never penetrated since the roof went on, in which lay a parturient woman, who probably had never had on a really clean chemise during her whole pregnancy, and who now lay on a bed which could only be accurately described as a mass of filthy rags spread on a dirty floor, and has seen the power of the homœopathic remedy to remove or prevent complications disastrous to the health of mother or babe, with

equal celerity in these extremes of the social scale, and in all the several degrees between this drear poverty and that enveloping luxury, the assertion of a prominent allopathic authority,* that "the efforts of the obstetric teacher must now be directed to the introduction of antiseptic methods into private practice, as they have been into the maternity hospitals," seems particularly ludicrous.

In the latest authoritative work on obstetrics, in which is set forth in two royal volumes the opinions and practice of the day from an allopathic standpoint, it is calmly asserted "that the terrors of childbed have been but little mitigated for the young mother confined in her own home, even when under the most fortunate circumstances" †—provided she employs an allopathic doctor. So completely hypnotized has the medical profession become under the influences in the air that one of the most prominent obstetricians in this fair city of Washington‡ gravely remarks that the "neglect or inefficient administration of obstetrical antisepsis must, in view of its admitted value, be regarded as criminal."

Men must have fads, and this antiseptic business is perhaps no worse than another. It is a very much easier practice than Homœopathy; but Homœopathy will do all that is claimed for antisepsis and something more. The overdone, meddlesome, and dangerous antiseptic practice has no attractions for one who thoroughly understands Homœopathy, and is able to apply it to midwifery emergencies. There are cycles in therapeutics. We are at present passing through the antiseptic cycle in midwifery. Notwithstanding that the application of antiseptics has been fraught with misfortune, and that thousands of women have been injured through the misapplication of carbolic acid, the bichloride of mercury, and numberless other poisons which have been so freely administered by persons who have but the most vague and unsettled opinions as to their direct value, but who are always willing to experiment on somebody else's wife, we yet find men who consider themselves homœopathists, and who have access to all the splendid achievements of scientific therapeutics, who will stand up

* George J. Engleman, M. D., in Hirst's "System of Obstetrics," page 65.
† Hirst's "System of Obstetrics," p. 65.
‡ Samuel G. Busey, M. D., *Ibid.*, p. 497.

here and ask us to embark with them on this treacherous sea of antisepsis.

Our attention has been challenged to witness the glories of this sublimated folly. Glorious accounts of its wonders and its triumphs appear in our journals, in hospital reports, and in the transactions of our societies. Tables of cases are ingeniously arranged, wherein is shown the awful mortality in childbed before antisepsis was introduced, and the almost complete reduction to zero of the death rate afterward. Men are found willing to stand up and say that they were formerly so ignorant as to how to properly care for the parturient that many died, but that now, having accepted this universal panacea, death has been banished from the lying-in room wherein they perform this mystic rite. But those whose memories are not too fatally defective may, without very strenuous effort, recall Lister and Listerism, the carbolic spray, and the rest of that paraphernalia. Where are these things now? And yet it is not so many years ago. Well may it be said, "in memoriam" of these, and of antipyrin, and of Koch's lymph, *et al.*, there be fads in medicine!

The disciples of antisepsis appeal to the *post hoc* argument. The woman lived through it, *ergo* it was good for the woman. If the argument is good, let those who believe that there is a better way than antisepsis record their experiences also. If the argument is good sauce for the antiseptic goose, it is good sauce for the homœopathic gander. Therefore I record one case as an example, and I select this one because it is recent, and because, if there ever was a case where the antiseptic procedure was demanded by the surrounding conditions under which labor took place, this was that case. The environment was all that could be undesired; and the case itself one which, under any circumstances, the accoucher would approach with apprehension as to the outcome to both mother and babe.

On the first day of December, last year, I was asked to take charge of a young woman, then about five months pregnant with her first child. The expectant mother was about twenty-three years of age, and I had known her from girlhood. She had gone out of the State to live, upon marriage, but had returned to New York in order to be under my care during her approaching confinement. She was the grand-

daughter of a physician, who, in his day, had been a prominent figure in New York life; but the family had gone down in the world, as so often happens when fathers are prosperous and sons brought up to luxury, and the doctor's son was now the janitor in a twenty-family apartment house of no social pretensions, and lived in an underground set of rooms; and it was to this basement that the daughter came home. The girl herself had been gently nurtured and well educated, being college-bred; but she was brought into the world at a time when her father and mother were deep in financial anxieties, and was consequently of a delicate organization; beautiful but fragile. Her health, on the whole, had been very good, but she was a slight, Dresden-china-like sort of a girl, as sensitive as a flower.

She passed through her pregnancy in fair comfort. During the four months which preceded her confinement, which occurred March 26–27, I visited her nearly every day, and prescribed for such symptoms as arose. By this means, apparently, she was saved from those minor ills which are usually concomitant to pregnancy, and to which, from temperament and surroundings, she seemed peculiarly liable. When a person has taken cold, and has pains in the chest, fever, thirst, restlessness, apprehensiveness, etc., and is given Aconitum, if the pathological condition dissolves away, and the person returns to usual health, we may well claim that an incipient pneumonia has been aborted. And so, when the mental and physical symptoms during pregnancy are carefully met by the simillimum, and disappear under treatment, we can reasonably hope we have saved our patient unnecessary suffering, and prepared her, in the best possible way, to sustain the shock of her coming ordeal.

I have said that the janitor and his family lived in a set of underground rooms. This is hardly a correct designation, as they were not rooms in the ordinary acceptation of the word; but wooden partitions, or screens, had been run up, separating parts of this otherwise open cellar into box-like receptacles, in which the family disposed themselves at night. There were open doorways, but these had no doors. The floor was concrete. Through what the family called their sitting room, and also through the kitchen, passed the

grocer, the butcher, and the baker, with the supplies for the families overhead. All the coal and wood passed in, and the ashes and garbage of twenty families passed out, the same way. And in the midst of these heterogenous and necessarily odorous surroundings, from almost actual contact with which it was impossible to isolate her, she gave birth to her child.

During the two weeks of lying-in, and the two subsequent weeks before she went to her husband, she was constantly exposed to any evil influence which the milkman from his stables, the butcher from the shambles, the grocer from his not over fresh stock of vegetables, the peddler who had just come out of some reeking tenement, and the other one hundred and one persons who, from one motive or another, had business with the tenants upstairs, might bring. Scarlet fever, diphtheria, and whooping cough were epidemic upon the block, and if microbes ever had an opportunity at a defenseless woman, now was their time. I will admit to having suffered considerable anxiety on her account. Her parents did not expect her to live through parturition; but she did. Our good friends, to whom antisepsis seems such a transcendental blessing would have expected her to have septic fever; but she didn't.

What happened was this. She was brought to bed in the best possible condition of health, both mental and physical. Perfect mutual confidence had been established between doctor and patient. She believed he knew exactly what to do and what was for the best, and he knew that he could depend upon her to do exactly as she was told. The labor came on naturally and gradually, and lasted about eight hours. The child in O. D. P. position was born without so much as nicking the fourchette. It is claimed that this cannot be done. But some things can be done as well as others, if we go about them in the right manner. The child weighed eight and a half pounds; the mother's normal weight is one hundred and five pounds. Immediately after the birth of the placenta, the mother received a dose of arnica; this was repeated in the course of the night, twice. She had no other medicine during the entire period of lying-in, as she had no symptoms upon which to hang a prescription. The lochia

was normal and without a particle of odor at any time; she had no fever, not even on the proverbial third day; the milk came naturally and without any soreness or discomfort in the breasts; she had no pain of any kind during the entire period, not even a headache; her appetite was good, and her bowels moved naturally and easily on the fifth day.

I kept her in bed sixteen days, and fed her an abundance of food, in fact carrying it almost to the proportion of enforced feeding toward the end of the period, in the manner of Dr. Weir Mitchell in cases of neurasthenia; the result being that on the day after getting up, she went out and walked a mile, and came home with the appetite of a school boy.

This is an extreme case and would be hard to duplicate in its entirety. It illustrates the power of anteparturient medication to put the woman in such a healthy condition that she resists the influences about her, no matter how malign these may be; and furnishes, as it seems to me, an unanswerable rejoinder to those who claim that the physician is recreant to his duty who omits to enforce, in the ordinary lying-in room, the paraphernalia of antisepsis. This case exemplifies what Homœopathy will do, properly applied, and is my answer to antisepsis. There is no doubt but that this allopathic expedient is useful in the hands of those who know no better way of treating their parturient cases; but the man who practices Homœopathy has no use for it.

New York. George William Winterburn.

The surgeon should avoid allowing blood to enter the trachea in tracheotomy; but there is not so much real danger as is often imagined if some blood passes into the tube. A few coughs will inevitably follow from the irritation, which will suffice to remove any such through the artificial opening.—*Helmuth.*

"No one can hope to treat consumption successfully by change of climate. It is a disease arising from long continued, unhealthy alimentation, and can only be cured by the removal of the cause."—*Salisbury.*

NEUTRAL LARD.

In view of Dr. Winterburn's high commendation of lard in obstetric practice, in the June ADVANCE, the following information anent that unctuous solid may not be uninteresting. The lard usually sold at groceries, prepared by farmers and housewives, with the best intentions and the greatest honesty, is not pure and hence not fit for medical practice. There always hangs about it an odor, not faint, of the pig; it contains water, and the water is usually a saturated solution of salt. It rapidly becomes rancid on exposure to the air, and is an unpleasant and altogether improper fat to have about the sick.

Pure lard, on the other hand, is very close to odorless, has a bland taste, melting in the mouth, is entirely free from salt and from water, and should not become rancid except after a very prolonged exposure. As ordinarily rendered in small quantities, it does not conform at all to these requirements and owing to the presence of minute particles of animal membrane, it rapidly acquires rancidity.

What is known technically as Neutral Lard, made by the meat packers in immense quantities, with perfected apparatus, fills the bill completely, and is probably, with the single exception of rice, the purest food product offered to man, and the best unguent that can be used in medical or obstetric practice. One of the causes of the lard odor which the large manufacturer avoids is the vital heat, which is in the interior of the fat masses when separated from the animal. This very soon sets up an incipient decomposition, that is responsible for the unpleasant smell. The lard makers avoid this by a rapid and thorough washing of the fat layers in very cold water, and then a freezing process, which completely removes all traces of animal heat. The frozen fat is then reduced to a coarse powder, by means of machinery, and melted in a large vat, the possibility of overheating being avoided by the use of a water bath. A quantity of salt is now thrown in, which being entirely insoluble in fat, does not contaminate it, but serves the useful purpose of carrying with it, as it settles, the numberless particles of membrane and animal tissue, which float in it. With pumps or syphons the purified fat is now drawn off,

through extremely fine strainers, and allowed to cool, becoming, as it does so, the commercial substance known as Neutral Lard.

It is now a soft, white unctuous solid, of a very faint, not unpleasant odor, of a bland taste, melting at 95° Far., just a little below the normal temperature of the human body. Thus made, it has been kept seven years without becoming rancid, and offers to the obstetrician a perfectly pure fat, innocuous to the most delicate skin or mucous membrane.

Chicago. J. B. S. King.

A CONVERT TO HOMŒOPATHY.

I began the practice of medicine eighteen years ago, and I shall divide that time into three periods or stages. First period of five years, I used crude medicines. Second period of seven years I employed low potencies, and in the third period, of six years, I have practiced with high potencies.

You see I am a convert to Homœopathy, and the same fair and impartial manner of investigation which turned me to that school has confirmed me in the efficacy of high potencies.

I favor the use of immaterial attenuated substances, because I can do more with them than I can with anything else. I shall instance the following cases:

Case I. Mr. D. H. McK—, of this place. He had continued fever two years ago and a fistulous abscess formed near the left nipple. During his two years of invalidism, representatives of the three schools of medicine had failed to do him any good. One dose of Silicea 30th drove him into a frenzy, lasting two days. For the sticking pain on movement he got one dose of Hepar sulph. 30th, in a week. Then nothing for three weeks, when he received Thuya 60th one dose, and he said he was well and went to work. I think a much higher potency would have done the work without the severe aggravation.

Hold! says one, "that is not very high." When you come to figure it out I think it might as well be much higher.

Case II. A lady came to me as a last resort, her physicians having failed on her case. Poor woman, she had worried through seven years of suffering. Is it any wonder

she was lachrymose? May be she would not yield in such a mild way, but she is light complexion and had scant menses since she was fourteen years old. I tro' any tyro of the faith could name the remedy. She got a few pellets of Pulsatilla 50m. (Desch.) In three days a suppressed leucorrhœa was re-established with amelioration of all untoward symptoms.

CASE III. Child under treatment by one of our men, was snatched from the jaws of death with Lachesis 60, one dose. The child had Rotheln, and there was extremely rapid breathing for a week. I never saw such a case. We realized it could not live over night. In six hours it was convalescent.

These are sample cases from my "visiting list" and I have aimed to be brief. For the indications of such remedies I refer you to the good works on Materia Medica. I have worn out Burt and Cowperthwaite, and Farington looks as if he had been rescued from a second hand book store.

Potency is but another name for *power*, in lieu of the 30th, 200th and cm. potency we might say 30th, 200th and cm. power. Potency is the power of the remedy, and I have never yet seen a man who did not so believe, if he had given this matter a fair and proper investigation. All the low dilutionists whom I have met have never tried the high. They give the usual objections. Simillimum hard to find, patient becomes impatient and the doctor incredulous all the time. Do not be longer deceived; go to work and learn to take a case, find the simillimum, do not repeat. Give it high; do not become alarmed at aggravations and change, or give any palliatives (even externally), and you will have a success which will surprise you and cause your rivals to turn green with envy.

I dislike to be a tinker; a mere palliator and work in line with old women. Years ago I found that patients were on and off the doctor's books indefinitely, and I grew tired of seeing them reappear, and I sought and found a better way to get rid of them. But, says an M. D., the practitioners of crude and low, do cure.

I'll tell you how they cure—and I know. They soon learn to unload some of their cases upon zealous rivals. They

advise some to change climate. Here, close to Pittsburg, the trick is to send unmanageable cases to the City Hospital. All this, to say nothing of the large percentage of deaths.

Try high potencies, and try them right. You can abort pneumonia, and do the same with part of your typhoids and you can cure your chronic cases. This is right, and every time you treat a case of acute disease this way you improve the patient, and after a series of treatments a perfect standard of health is attained and there will be no more acute attacks. This kind of work is good for humanity and I do not think any man ever lost anything by doing good.

People of refinement and intelligence will appreciate such work, and the profession is ennobled. With the present rate of enlightenment of the masses it behooves us to do our best and keep Homœopathy up to the standard.

If our schools would teach the truth of Homœopathy we would not hear of a blatant ignoramus offering a prize for "the best essay exposing the fallacies of Homœopathy."

East Liverpool, Ohio. J. W. Parkhill.

IT PAYS TO WAIT: ILLUSTRATED.

The following case is interesting, not for any brilliancy whatever of the prescription, but as another verification of the wonderful things which similia will perform. After my practice in the old school, my *cures are all wonderful* to me, but might not be of much interest to others.

Case I. *Sulphur.* In September, 1891, Mrs. W— came into my office saying she feared she was pregnant and "could not something be done?" She was justly ashamed of her errand, but the poor woman was in despair; told me she had a child whose feet seemed to be rotting off, and for three years neither she nor her husband had known a good night's rest. I asked why not bring the boy down, I might do something for him, and would much prefer curing her sick child to killing the unborn one. "O! its of no use, we have tried all the best doctors in the country and they can do nothing for him, and we have spent all our money and cannot afford to doctor any more." I promised her it would cost her nothing if he was not helped and she concluded to try

the "lady doctor," although she had no *faith*. The following is what I found.

Freddie W—, age 8. Three years since had measles, and took cold before he fully recovered, which the family think caused all his after trouble. Soon after recovery from measles his feet began to itch and burn, and the skin began cracking especially about the joints of toes. The cracks deepened, and the flesh actually rotted off, one joint after another, until he lost four toes entirely. Then the stubs healed over—with help of salves and ointments used, no doubt—and the soles of the feet were attacked. When I first saw him there was a deep sore in the center of each sole one-fourth to one-half inch deep and as large as a half dollar, and running from these in every direction were deep fissures. An offensive oily moisture oozed from the sores. The soles of feet were so calloused it seemed they were of horn rather than skin. Nothing had ever eased the burning and itching but putting the feet in cold water, and as some wise M. D. had told them that was what made the toes come off, even that relief was now denied him. The child would often sleep quite well by day, but all night it was a constant cry of "Pa, scratch my feet." "Ma, wake up and scratch my feet." For three years there had been no rest.

While in my office he was compelled to go to stool, and I saw the worst case of prolapsus recti I have ever seen. The rectum protruded 4½ inches and measured 8 inches in circumference at anus. Was of a dark purplish red and covered with mucus. After stool the child would push the bowel back with his hand and it would not protrude again until next stool.

The boy looked like a little old man, his face drawn with suffering. He was so chilly he could not bear a door or window open, yet could not endure the least heat to feet, it made them burn and itch so.

Other symptoms were: chronic diarrhœa, frequently involuntary stool, and at times so bad could not keep him clean. Stool four and five times every night, and *always* in the early morning hurrying him out of bed, and with every stool was this protrusion of rectum.

Appetite ravenous; never satisfied. Craves candy, pie,

cake, more than wholesome food. Drinks a great deal of water. Feet more itchy when warm, worse at night and from covering; cannot bear to have them covered in bed, relieved by scratching. He is so cross they can hardly live with him; cries and scolds all the time, but was naturally good natured.

September 29th he received Sulphur, 55m., one dose.

In October no apparent change.

November 15th: Sleeps better. Diarrhœa not so bad. Rectum the same. Is better natured. Feet look worse. Some cracks that were shallow are now very deep. The mother fears the feet will come off, and wants to know if some *healing salve* can't be used. She obeys, however, and Sac. lac. is continued.

December 10th: So much better. Parents really think he *may* get well. During stool there are times when the bowel does not come down at all, and when it does is not so bad. Feet looking better. Sleeps well, which is "such a comfort."

January 4, 1892: Has had mumps and got along nicely on Sac. lac. Bowels usually move but once a day now. Sometimes—not often—must hurry out in the morning. When bowel protrudes, it is not so far and is of a pinkish color. Stool somewhat formed now. Sores on feet healing and healthy looking; callouses beginning to peel off.

January 16th: Right foot entirely healed. Left one almost healed. Callouses peeling off, but still thick. Was drawn to town on a hand sled, but walked all about after getting here. Has not, as yet, tried to wear leather shoes. Is cheerful, and studies at home.

January 26th: Bowel goes back of itself, and does not come down half so far.

February 8th: Left foot healed; still some calloused and cracked. Rectum *never* protrudes with stool. Stool normal. Eats and sleeps well. Can wear shoes, and runs about everywhere.

In March he started to school, as happy and proud as a king, and has remained perfectly well ever since. The soles of his feet are as soft and smooth as any child's. There was never a repetition of his remedy.

Case II. *Psorinum.* Baby O——, age 9 months. With

the eruption of the teeth an eczema appeared, beginning at the outer angle of the right eye and spreading over the entire face. First, there was a raised, inflamed base, a sort of a tawny red, about the color of the syphilitic eruption, then scattered pustules appeared, which would coalesce and form large scabs, from under which oozed an oily, yellow, *sticky* discharge. There was apparently but little itching, although baby liked to have sore rubbed gently. Cracks behind ears oozed a sticky discharge also. Baby slept well usually. Was bottle-fed, and digestion seemed perfect. No other symptoms. The cracks behind ears oozing a sticky discharge, key-noted me on the spot, and I gave Graphites cm. No result. Then Sulphur; the eruption still spread. Baby was a sight. Its cheeks were a mass of pus and scabs and scales. The eruption appeared on back and arms and one leg, and here gave off fine scales, bran-like. The Arsenicum eruption. The scalp had first a fine dandruff, but this piled up until it looked like a very dry scab, a quarter of an inch thick. The mother was becoming worried, and I did not wonder, as it had now run two months. I studied more carefully now, and gave Psorinum cm., one dose. For a week she grew worse. The right eye was swollen, almost closed. Then improvement began, and in spite of three teeth coming at once, the healing has continued, until now (in two months) the scalp is entirely clean and the face well, except slightly rough. The parents cannot see how she could develop such an eruption, as "there is no scrofula on either side."

CASE III. *Rhus.* Mr. P——, a miner: July 17, 1892, an eruption appeared on neck, and was treated for a week *a la* white lead, etc., and was spreading very rapidly.

July 24th he came to me, at which time eruption extended from above ear down to shoulder tip, and from middle of sternum in front to spine in back—on left side only. No mechanic could have drawn a truer line, dividing right and left. He knew no cause for the breaking out. I have never found any Rhus here, yet this was in appearance typically Rhus.

Large blebs, filled mostly with watery, a few with a yellow, fluid. He received Rhus, cm., one dose, and not another vesicle appeared. In two days yellow-headed pimples

appeared here and there and a yellowish matter oozed from under the scabs. Sulphur M. took up the work, and now (in a week) only a few dry scabs remain.

Case IV. *China:* Mr. W—— (miner), after enjoying the glorious Fourth, in the usual miner style, woke up one morning to find himself badly jaundiced. Stools *white*, frequent, diarrhœic. Pain across abdomen in region of transverse colon. No appetite; skin as yellow as saffron, even to finger tips, China 71 m. removed the pain at once, brought back appetite in twenty-four hours, established normal stool in two days and he went to work the third day, and has since, I hear, returned to his natural color.

I labored once, while in "regular practice," two weeks to relieve a case no worse than this, and finally sent my patient to a lower altitude. Both were brought on by drink.

We have a condition here among the miners that formerly. before I studied Homœopathy, was a source of great annoyance to me. A man will merely scratch or break the skin of a finger, gets it poisoned from the ore, the finger suppurates, a general cellulitis of the hand, perhaps arm, supervenes, and deep burrowing pus sinuses. I labored faithfully in my old practice to find some way of combatting this and finally had to employ the same means as other M. D's. Make free incision, and drain and cleanse thoroughly. This treatment would result in scars always; stiffened or crooked fingers frequently, and *sometimes* in loss of finger or hand. When taken at the start, Hepar has *cured* this condition in from four to ten days, and no scars. If the case has been tampered with, it may require Silicea also, and two weeks or more for healing. We have many such cases, and Hepar has not failed me yet if taken early in the case.

Telluride, Col. E. Van Atta Le Blond.

Ferrum is indicated in a form of indigestion when food lies in the stomach all day and is vomited at night; it also has a night diarrhœa. *Ferrum* has involuntary evacuations of the bladder during the day, the child frequently wetting his trousers when playing but he does not wet the bed at night.—*Allen.*

THE PHILOSOPHY OF THE HOMŒOPATHIC LAW OF CURE, AND THE ADVANTAGE TO THE DENTIST OF A CORRECT KNOWLEDGE OF ITS APPLICATION.

The subject which I have chosen for my theme is one upon which nothing to my knowledge has ever appeared in print in the literature of our profession. In view of the rapid strides which dentistry has made within the last half century—the character of the men who, with the wisdom born of a combine intelligence and rare inventive turn of mind have brought the standing of our calling up to the full dignity of a liberal profession, the earnestness and the willingness of our brethren everywhere, not only to seek after but to recognize truth wherever found—whatever its nature—it may seem strange at first sight that the grand principles of Homœopathy should not long ere this have been recognized as furnishing one of the most important and efficient aids for the full and proper performance of all that the public expects of us as dentists. And yet, in view of the fact that in no dental school in the country, so far as I know, with one possible exception, is the Materia Medica taught on lines other than in harmony with the views of the Allopathic or so-called regular school of medicine, it is not to be wondered at, that when surgical or mechanical treatment fails to give the relief which the dentist often justly feels should follow the performance of an operation, he is then absolutely "at sea" as to what further course to pursue unless it be to fall back upon palliatives, counter-irritants and narcotics for the temporary relief of pain.

Before going further, let me assure my hearers in the beginning that nothing is further from my purpose in this paper than to cast any discredit or reflection upon any school of medicine, or upon anyone whose views in any way differ from mine. If I appear to be too aggressive be assured it is merely because of my desire not only to disprove the assertion so often heard stated that medicine is not an exact science and never can be, but to prove that when practiced in accordance with well-established laws it cannot possibly be anything else.

There exists to-day throughout the civilized world two prominent schools of medicine—the one, the old or so-called regular school of medicine; the other, the homœopathic or new school of medicine. The former rests upon a mass of theories, experiments and facts, all good in themselves to be sure, but without any effort or attempt being made to detach and put them together in their logical order or relation to each other. Without systematic organization of knowledge there can be no such thing as science, and since our friends of the old school make no claim that their system is founded upon any knowledge other than what is purely empirical, I believe they are honest when they assert that medicine is not an exact science and never can be, and I agree with them fully so far as their method of practicing is concerned. Nor is it to be wondered at, that without a well defined knowlege of the toxical and medicinal action of the various drugs which the physician may make use of, and in the absence of any good and sufficient reason or principle whereby he chooses a drug, or more generally mixes several of them together for the treatment of disease, he might naturally mistrust the foundation upon which he stands in the practice of his profession as well as his ability to effect a speedy relief from pain or a permanent cure.

How different is the case with him who is guided in his methods and treatment of disease by principles founded upon purely inductive and deductive processes of reasoning, leading up to a well-established law of cure as scientific and universal in its application as the laws governing the movements of the heavenly bodies and indeed all the natural or physicial laws which govern the whole universe.

The homœopathist claims that medicine practiced in accordance with the teachings of Hahnemann is therefore not only a science but an exact science because it rests upon a fundamental law, and we come now first to the consideration of this law of cure and afterwards to the consideration of how it concerns the dentist in his every-day practice.

Briefly stated, this law is expressed by the phrase *similia similibus curantur*, which means that for the proper treatment or cure of any disease a medicine must be selected

which would produce symptoms similar to those manifested when administered to a person in health.

To test the correctness of this law one has only to prove it upon himself or another to be convinced of its accuracy.

The first question, therefore, which naturally arises when a patient presents himself with any particular disturbance of the vital force is, what medicine will produce a similar group of symptoms when taken in a state of health? When, after carefully making note of all the symptoms, subjective as well as objective, we select a remedy which reaches the totality of all the symptoms; in other words, when we have found the *similimum*, or exactly similar remedy, we give the medicine with the utmost confidence that it will produce the desired result. There is no guess-work nor hit or miss principle about it, as obtains where the physician is guided by no scientfic principle in the selection of his remedies.

We recognize, therefore, that every medicine must have a certain definite action—first its physiological or toxical effect upon the different organs and tissues of the body, and secondly its medicinal or curative action. By studying the physiological action of a given drug, we find that it has certain characteristics which distinguish it from other drugs. We find that different drugs affect in peculiar and in different ways the brain, the heart, the lungs, the digestive organs, the bones, the muscles, the nerves, the mucous membranes—in fact, all the different organs and tissues of the body, each one producing well-defined symptoms in localized parts of the system, and by the process of reflex action affecting thereby the whole system.

Conversely, by studying the nature of disease, we recognize that there is, as Hahnemann says, a disturbance of the vital force which manifests itself in plainly marked symptoms. In other words, the organs or tissues which are for the time being in a condition of abnormal functional activity find themselves not in harmony with the rest of the system, and to effect a proper restoration to health of the parts concerned, harmony must be restored.

To demonstrate the philosopy of the homœopathic law, therefore, we must show that the only intelligent and scientific method of restoring harmony is by the administering of

what is termed the Simillimum or exactly similar remedy, and this brings us naturally to the consideration and proper understanding of the laws which govern the action of drugs; the first law being, That every drug produces two entirely opposite effects: the first, the primary and transient effect; the second, the secondary and more permanent effect.

To make this clear, by illustration: An old-school physician prescribes, for instance, a cathartic for constipation, and what is the result? The patient soon has a violent diarrhœa, the intestines being forced to an unusual and an unnatural activity. In a short time the primary effect passes away and the secondary effect takes its place, leaving the intestines again in a state of torpor, and the same or more aggravated condition of constipation than before. The relief has been, to be sure, a temporary one, but the subsequent condition is worse than the first.

Again, morphine is a drug too often employed for the relief of pain and to simulate sleep. Its primary effect accomplishes this, but what is its after effect? Increased sensibility and restlessness, which requires in every case an increased dose to again allay. Many other examples might be cited did time permit.

The second and equally important law is, that precisely opposite effects can be produced by the same drug, according to the quantity in which it is administered. The idea has long prevailed in the old school that if a drug was good for anything, it must be administered in a large dose to be productive of any good; but this idea, fortunately for humanity, is fast falling into a state of innocuous desuetude, and the practice of allopathic physicians in this respect is becoming very materially modified. The remark of Dr. Oliver Wendell Holmes, in this connection, and his skepticism in the value or efficacy of medicines when so administered, so far as their therapeutic value is concerned, is too familiar to us all to call for any repetition here on my part.

To illustrate this second law we know that small doses of rhubarb and calomel sometimes allay irritation of the bowels and cure diarrhœa and dysentery while large doses produce precisely opposite effects.

Again, small doses of ipecac and tartar emetic may be

given for their curative action in cases of disordered stomach with vomiting etc., while large doses of the same medicines bring about these same abnormal conditions. Small doses of cinchona may cure chills and fever, while large doses produce the same conditions, and so on in countless similar ways do we see the action of drugs operating for good or evil when admintstered in sickness or in health in accordance with well established laws.

How simple then and easy of comprehension is the homœopathic law of cure and with what force does it commend itself to our reason and intelligence! The difficulty which seems to present itself most strongly to the opponents of Homœopathy is, the inability, or rather, perhaps, the unwillingness to recognize that there can be any power or force in anything not plainly presented to our bodily senses, and in what may honestly appear to them to be contrary to ordinary common sense; and so rather than helping by patient investigation and study to add to the sum of human knowledge and human happiness so far as their desire of arriving at any purely scientific system of medicine is concerned, they are contented simply to stand aside and make general assertions, and denials which, being expressions of opinion only have no scientific value and are therefore worthless.

But it is no new thing for truth of any kind to meet with abundant opposition. The reception of the discoveries which followed the invention of the telescope and the ridicule and condemnation to which Gallileo was subjected for the promulgation of his theories as to the laws governing the movement of the heavenly bodies is only equalled by the same ridicule and opposition which even in this enlightened age is meted out with a liberal hand not only upon a now universally recognized system of medicine but upon all who have the courage to practice medicine in accordance with its teachings; but let the doubter in our own profession and all others who take exceptions to the truth of the homœopathic law of cure do as I have done—put the principle of it into every day practice. I can assure you the results of your work when once you begin to thoroughly understand your subject will surprise and astonish you. Lest a man may not have sufficient faith in the efficacy of the higher potencies, I would

advise him to first begin with the lower ones, discarding them as his success and familiarity with them leads him to a greater and more satisfactory success with the higher ones.

We come now to the second part of our subject, and I can perhaps best illustrate the method of applying the homœopathic law by citing a few cases in practice.

Suppose, for example, a patient presents himself suffering with severe pain in the teeth or face, the result it may be of an exposed pulp, an inflammation of the pericementum, a gathering abscess, or the result of other causes producing an annoying train of symptoms. Our first aim is to select the proper remedy which will afford the speediest relief, and in order to make the right selection we must first compare the symptoms of the patient with the remedies which apply to them, and then compare the medicines selected with the symptoms in question.

It is my practice to take careful note of every symptom, writing them down if necessary, getting, so to speak, a pen picture of the case. Among the various symptoms one may readily recognize one or more key-note symptoms which instantly suggest a given remedy. It may happen that not all of the symptoms of your patient will be found under the drug which seems to be the indicated one, in which case it will be necessary to turn to other drugs and compare the symptoms as laid down under those remedies. But it must so happen that all or at least the greater part of the symptoms must be found under the drug selected in order to give the desired relief, or to effect a permanent cure; and when such a selection is made, you give the medicine to your patient with the utmost confidence and assurance that it will produce the desired rusult. There is no guess-work nor humbug about it, and your patient will not be likely to attribute the curative action of the medicine to his imagination or be so ungenerous as to say that relief would have come at just that time without the medicine.

To make my meaning still clearer, permit me to illustrate by a case or two in practice.

On February 8, 1892, Miss W—— presented herself at my office, with a large corono-distal cavity in the right inferior second bicuspid. Careful excavating failed to avoid an

exposure of the pulp which was carefully treated and capped by applying oil of cloves and dusting a thin layer of the dry oxide of Zinc, directly over it, then filling the cavity with Oxy-phosphate, avoiding all pressure. This, I may say in passing, was a case which, when treated in this manner, rarely gives my patients any further trouble. But this proved an exception to the general rule. The patient began to suffer almost immediate discomfort, which grew worse from day to day and continued with almost uninterrupted pain for nearly three weeks. The patient was as unwilling to have the pulp destroyed as I was to suggest its being done as a "dernier ressort" and temporary relief was offered from day to day with Capsicum plasters until they were without further efficacy.

On February 27th she came to my office almost frantic with pain amd saying she could bear it no longar. The following symptoms were present: Great soreness and lameness of the tooth, soreness of the gums, pains extending into the upper teeth and round to the wisdom tooth on the left side, aggravated in the cold air and by hot and cold things taken into the mouth; worse after eating and in the early part of the evening and night. Relieved by hot external applications. Great dullness and tired feeling in the eyes.

Turning to the repertory we find the following remedies for

1. Soreness and Lameness of the teeth: Arsenicum, Belladona, Bryonia, Causticum, Mercurius, Nux vomica, Sulphur.

2. Soreness of the gums: Bryonia, Carbo vegitabilis, Graphites, Mercurius, Natrum muriaticum, Pulsatilla, Rhus.

3. Pains extending to upper teeth: Hyoscyamus, Lachesis, Mercurius, Rhus, Sulphur, Nux vomica.

4. Worse in cold air: Belladonna, Mercurius, Calcarea, Staphisagria, Sulphur, Hyoscyamus.

5. Hot and cold things in the mouth: Rhus, Bryonia, Calcarea, Nux, Pulsatilla, Staphisagria, Sulphur, Mercurius.

6. Worse after eating: Bryonia, Belladonna, Mercurius, Natrum muriaticum, Nux vomica, Staphisagria, Sulphur.

7. Worse in early part of evening: Bryonia, Chamomilla, Natrum muriaticum, Rhus, Sulphur.

8. Relief from hot applications; Arsenicum, Belladonna,

Calcarea, Hyoscyamus, Chamomilla, Lachesis, Mercurius, Nux vomica, Pulsatilla, Rhus, Staphisagria, Sulphur.

9. Dullness of eyes: Arsenicum, Belladonna, Bryonia, Hyoscyamus, Mercurius, Nitric Acid.

After striking out all the remedies which occur only once or twice, we find that Arsenicum, appears three times, Nat. mur. three times, and Pulsatilla three times: Staphisagria four times, Hyoscyamus four times; Belladonna five times, Nux. vomica five times, Rhus five times; Bryonia six times; Sulphur seven times; Mercurius eight times.

If we now examine the symptoms in the Materia Medica under Mercurius and Sulphur we shall find that one of these will be the indicated remedy and we give the preference to Mercurius, as that more nearly reaches the totality of all the symptoms.

This remedy was therefore given in the above case in the 200th potency, with absolute confidence that it would quickly produce the desired relief. I neither saw nor heard from the patient for a month when I received a letter stating that "the medicine had served its purpose well, that the tooth had given her no further discomfort and that she felt she should have no further trouble with it, and was furthermore heartily glad that the pulp had not been destroyed."

Frequently a patient presents himself complaining of severe pain in a tooth which we have reason to suspect may be abscessed, although the process of suppuration has not become sufficiently advanced to cause any lameness or soreness either in the tooth or peridental membrane. It may happen that the tooth has a large filling and from the appearance we may expect the pulp has died beneath the filling, but we do not wish to remove it only to find possibly a live pulp. No fistulous opening exists; the teeth and tissues about the affected parts present a healthy appearance and the fillings are all in good order. The patient nevertheless is suffering violent pain which demands immediate relief. What is to be done in such a case?

My own practice would be such as was adopted in the case of Mr. S— a student at Harvard who came to my office on May 3, complaining of severe pain in the left inferior first molar with the following symptoms. Pain commenced the

previous afternoon, growing worse towards evening and kept him awake nearly all night. No pain nor soreness in the tooth itself or gums, but a dull steady ache, starting in that tooth and radiating through the bones of the face and up into the temple. Aggravated by hot things and after eating. Also worse in the warm room. Cold water held in the mouth gave relief but only temporarily. Also relieved by being out in the open air. Could eat on that side with perfect comfort. Patient remarked that the tooth (the sixth year molar bear in mind), was dead and had been previously treated. His symptoms it seemed to me pointed strongly to Bryonia which was accordingly given in the divided dose, that is to say, dissolved in water, one tablespoonful every half hour until relieved. He came back in two or three hours reporting no relief whatever.

Knowing therefore, that I had not selected the right remedy, I made the case the subject of still further study. Noticing a large amalgam filling in the crown of the twelfth year molar back of it and suspecting a gathering abscess at its root, although there was no soreness in the tooth whatever and nothing to indicate any possible cause of the trouble except the filling, I prescribed Silica to confirm my diagnosis and to hasten the process of suppuration, saying to the patient that the medicine would in all probability give him speedy relief and that he would come in to see me the following day with his face considerably swollen.

He appeared at my office the following afternoon reporting entire relief from pain within two hours after he left me the day before when he went to sleep and slept all night, awakening in the morning to find his face in the swollen condition I had anticipated. Examination showed at once that the twelfth year molar and not the sixth was the offending tooth, which was then at once opened into and treated.

The above are cited as illustrations of the many cases that come up in the daily practice of every dentist and were it within the limits of the paper I should be only too happy to give many more to show how easily and quickly all sorts of disturbances of the vital force affecting the oral cavity which we as dentists are expected to know how to intelligently treat,

may be made to yield to the gentle curative action effected by the high potencies of the proper indicated remedies.

It not infrequently happens that a patient unaccustomed to homœopathic treatment will express an incredulity and great skepticism as to the power of the innocent looking medicine to do what you assure him it will do; but I have yet to find such a patient who not only gratefully but generously gives the credit of his relief from suffering to the action of the medicine, and who is not at the same time the most enthusiastic sort of an individual, simply because he cannot understand *how* the medicine should work as it does. *That* it does, he is amply convinced. Of the fact that it was not his imagination, he is also convinced.

In conclusion, let me say that if I have succeeded in awakening any interest in a subject intensely interesting to me, as I bring the application of it more and more into a busy every day practice, I shall not regret having taxed so heavily your time and patience at this somewhat late hour. When once you begin, from personal investigation and study, to become thoroughly acquainted with the action of drugs and the laws which govern it, and have tested by actual observation and experience the much greater efficacy of the higher potencies over the lower ones in some of the commonest kinds of toothache even, you will then at least have given yourself the satisfaction of rendering to your patients some real benefit as well as having begun the study of the art of healing upon accurate and therefore necessarily scientific principles.

Chicago, Ill. Chas. H. Taft, D. M. D.

The Hering College.—With all my heart I wish the Hering college success, for its welfare means that of Homœopathy. How would the Methodists, for instance, prosper if they ordained no ministers but those who had received a theological education from other churches and then had to be converted to Methodism? For none of the so-called homœopathic colleges teach Homœopathy. The professor of Materia Medica is generally a Hahnemannian and usually he is the only one in the faculty who can be told from an allopath except as Mark Twain said the Germans told the difference between Rhine wine and vinegar—by the label. A. McNeil.

SIX CASES TREATED SHOWING THAT TUBERCULOSIS OF THE JOINTS CAN BE CURED BY MEDICAL TREATMENT.

While my paper on "Indigestion" was in preparation, the *Southern Journal of Homœopathy* came to hand. On page 555, Dr. T. E. Linn's article on "Tuberculosis of Joints—resection of the knee joint.—A case." In the second column of the page he says: "By surgical means we can cure the tubercular joints; by medical treatment, never." This statement is directly opposite to the claim of my paper. Then on page 560, case given where he resected the knee and made a permanent cripple of the patient. Yet the operation was a success, he says. Thus it makes it necessary for me, in defence of my position, to report a few cases of the same kind treated and cured by strictly medical treatment, one of which the finest surgical treatment in America failed to cure, which, under medical treatment, is now rapidly approaching good health with fair use of the joint. Three others were perfectly cured.

My first case was treated in 1873. It was a Miss L. H., of Marion county, Indiana, aged twenty years. Two years before, in jumping from a carriage, she struck her knee against a stone. Soon after enlargement commenced. It was now more than double the size of the other knee, with very slight movement of the joint. Her knee had been examined by a number of eminent surgeons, all of them agreeing that it was a case of exostosis. One recommended an operation by cutting away the bone; others different kinds of surgical treatment. They gave her a printed picture of exostosis of both tibia and femur, showing large growths of bone, which they said should be cut off by surgical operation. All agreed that it was tubercular.

A mongrel prescription, Cal. phos. 30 being the principal remedy, was given her. Met her six months later walking with a cane; three months after that time she was entirely well. She married, and three years afterwards she and her two children were in excellent health.

Baltimore, 1882: Met Mrs. B., from Middlesex county, Virginia, with her son Willie suffering with hip disease. She

had been to two hospitals for advice. Received no encouragement for a cure, though they advised a hip-joint operation, but gave no hope of his recovery. Willie was six years old, light hair, blue eyes, fair skin, body emaciated, two scrofulous ulcers on his neck, thigh flexed at right angles with the body, heel solid against nates, knee and hip joints stiff; large ulcer near the great trochanter, and three others outside of the thigh. Head large, eyes bright, abdomen very large, canine appetite, stools undigested—smelling badly, food passed thirty minutes after eating; the pit of the stomach convex instead of concave. He received Calcarea 200, a drachm vial, six No. 20 pellets once a day. Gave no other medicine. Completely cured in one year. Now Willie is a live, active young man, managing a truck farm with no inconvenience except a high heeled shoe.

A similar case to the one mentioned above was a girl treated by letter and cured in six months. Same county.

By letter, a similar case to the above, in the same neighborhood, was a colored boy now under treatment and reported improving rapidly.

1890. Mrs. H., age 35, married, no children: For twenty years has been suffering from caries of the right innominata, below the acetabulum, with large ulcers, external and internal, passing through the rectum. Right limb about four inches shorter than the left; walks with a high heeled shoe. Formerly suffered great pain, most of the time unable to attend to household duties. Suffered from night sweats—mostly about the neck and chest. Sweaty feet, raw between toes. Gave Sil. m. and Sac. lac. Since then have used Cal., but now on Asf. 30. Has been for a year able to attend to all household work. Walks on streets; gradually approaching good health. Has made wonderful improvement for a person of her age, with a disease of such long standing.

Willie E., age 6 years, light hair, blue eyes, large head, very large abdomen, limbs wasted, flabby skin, and convex stomach, caries of the left innominata at the upper end of the sacro-iliac-symphysis with a large ulcer. This patient had been at one of the finest hospitals in America for ten months. Had had three surgical operations in that time and was preparing for another, when his father took him away, after

which time I was called to attend him. Found him, as above described, with a large cicatrix perpendicular through the nates, three inches long and three-fourths wide, with a fistula opening near the upper end, with a piece of oiled silk folded two inches deep into it with extensive bandaging and antiseptics in great abundance.

My first work was to remove all this and apply absorbent cotton and sufficient bandage to hold it and absorb the pus which was flowing in great quantity, thin and varnish color. He received Calcarea M. and Sac. lac., for thirty days. I directed him to go home to his mother, in Southwest Virginia. Six weeks later received a letter that Willie was doing finely, improved in every way, gained nine pounds in weight. Reports favorable and continued improvement.

In all these cases, the bone affection had been long preceded by some derangement of the digestive organs, which continued through the case and furnished the leading indications for the remedy in each case, and all were benefited and half cured without the loss of the joints.

I suppose many of the members of this Association can report numerous cases similarly treated with like results and can join me in the opinion that Tuberculosis of the Joints may be cured by medical treatment; but, *by surgery, never.* Also, I protest against subjecting the sufferers, already afflicted, to worse suffering caused by the loss of joint, limb, or life, under the idea of being cured by a surgical operation.

BALTIMORE, MD. W. L. MORGAN.

DISEASE OF THE DIGESTIVE ORGANS THE PRIMARY CAUSE OF CONSUMPTION AND OF MANY OTHER AFFECTIONS.

The digestive organs constitute one of the most important groups in the human organism. These are the salivary glands, œsophagus, stomach, duodenum, jejunum, ileum, appendix; the ascending, transverse, and descending colon, with the hepatic, splenic, sigmoid flexures and the rectum; liver, spleen, pancreas, mesenteric glands, and thoracic duct. These are the primary organs, whose office is to prepare material to build, form and sustain every organ, tissue and function, even the

vital force and the brain, which is the organ of the mind. The digestive organs are oftenest overworked, strained, and are seldom allowed to rest: they are the victims of abuse from every intemperate habit and act, including the indulgences of the table and of fashionable life. When we see the amount of work these organs are required to perform and their delicate structure, we cease to wonder at the great number and severity of diseases to which they are subject.

With few exceptions, the diseases of the stomach will apply equally to the entire digestive tract from aphthous sore mouth to piles, fissures, prolapsus recti. The diseases of the stomach are more numerous than is supposed at first thought. It is generally and correctly understood that all irritations, all kinds of pimples, eczema, pustules, infectious rashes, such as measles, scarlet fever, itch or scabies, and suppurating ulcers, when suppressed from the skin by salves, ointments, plasters or medicated washes (and by many supposed to be cured), generally transfer their openings to the mucous membrane of some internal organ, usually the digestive tract, and especially the stomach.

Think of a corroding ulcer on the leg; how it burns, pains, itches, and the corroding pus that causes an eating sore wherever it touches the skin, in which the modern scientists find dangerous bacteria with long horns, sharp claws, ravenous appetite, and a capacity for reproduction by millions per day.

But we will leave them on the shelf, and reflect that many of these conditions may be in the stomach and in addition to them catarrhal sores and thickening of the membranes which cause unhealthy secretions. Superficial and perforating ulcers and cancers, all produce poisonous secretions which are at once mixed with the ingesta along with other degenerative substances mentioned below, and with the digestive fluids of the stomach; and these are fused together with imperfect digestive fluids from a diseased organ which may be too acid or too alkaline, or deficient in vital properties which the chemist cannot determine. Besides these lesions and the excruciating pains suffered by the patient, there are cramps, strictures, spasms, atony, flatulence, and many other morbid conditions caused by perversion of the vital force, intussusception of the bowels, incarcerated flatus, parasite, nausea, vomiting, hæmor-

rhage, etc. The descriptions of the pains and nervous states attending the above diseased conditions are not necessary to the object of this paper and are omitted.

For convenience, I will call attention to some of the most important diseases of the digestive organs in the order given in Volume I of Arndt's System of Medicine, namely: œsophagitis, dysphagia, stricture of the œsophagus, dilatation of the œsophagus (œsophagocele) perforation and rupture, morbid growths, neurosis, spasmodic strictures and paralysis of the œsophagus.

Then following the canal we find the stomach, the seat of many more of the most painful and distressing affections that are known, viz: atonic dyspepsia, cardalgia, gastralgia, gastrodynia, cramps, acute gastric catarrh, gastritis toxica (poisons), chronic gastric catarrh, ulcers, superficial and perforating cancer, vomiting of blood, stricture of cardiac orifice, obstruction of pyloric orifice, dilatation, stenosis, hypertrophy, tumors, abscesses and ruptures of the wall of the stomach, albuminoid, fatty and tubercular degeneration. Add to these the numerous functional derangements, such as excess or deficiency of the secretion of the digestive fluids and any of the vitalizing agents. In this way, we will pass along the entire length of the intestinal tube, and the same imperfect secretion of fluids necessary in the proper preparation of the food to nourish the system must make imperfect digestion and imperfect chyle, which produce diseases of the mesenteric glands and lacteals, and makes imperfect blood. This must, of necessity, cause imperfect tissue, defective organs, susceptibility to infectious and other diseases, inability to throw off effete matter. Hence, the result is tuberculosis, overworked and diseased liver, impure bile. Thus starts another cycle of imperfect digestion for the formation of more bad blood, numerous kinds of headaches, eye aches, toothaches, neuralgias, boils, carbuncles, abscesses, felons, neuroses, vomiting, periodic bilious attacks. Then diarrhœa may set in with kidney and vesicle irritation, hemorrhoids, fistula (and, if a woman, with prolapsus, versions, flexions, leucorrhœa); the patient may become hysterical, nervous, fretful, irritable, melancholy. The stomach may be swollen, sore, and distended with flatus, the pancreas may be enlarged, and both by mechanical action, interfere with

the great solar plexus of the sympathetic system of nerves, and give rise to hypochondriasis, cause the children to be scolded and whipped, bring about the family quarrel, separation, and lawsuit. All these, and even suicidal mania, homicide, suicide, and a thousand other troubles, might be averted by securing a thoroughly healthy condition of the digestive organs.

I will now follow the process through which the nutrient material passes, together with its relation to the healthy or diseased mucous membrane and other organs of digestion. When liquid is taken into the mouth, it is passed at once into the stomach, with the saliva which it has excited; but with solid substances it is quite different, as in the after processes it is necessary that it be reduced to a semi-liquid state. For this purpose the irritation from the presence of the solid substance in the mouth calls on the salivary glands for saliva to incorporate with the food as the preparation for digestion, after it is retained in the mouth a reasonable time, undergoing the process of mastication till sufficiently mixed with the fluid from the salivary glands. It is then ready to be transferred to the stomach, for the first stage of digestion. If the mouth, salivary glands, pharynx, or œsophagus, one or all, are in a diseased condition, this disease may be infused into the ingesta. If the salivary glands are in an inflamed or diseased condition it is fair to suppose that the fluid will be either impure or deficient in quantity, and that the ingesta will pass to the stomach badly prepared; that is, either lacking in properties or charged with impurities or deleterious substances to go with it through all subsequent operations of digestion—distributing disease force to every atom of matter in the alimentary canal.

After remaining in the stomach till it has become well incorporated with the various fluids of that organ, the contents of the stomach are then passed to the duodenum where it is joined with the pancreatic juice and the bile from the liver, which organ is the seat of numerous diseases and is always liable to produce very impure or defective bile. Then, if there be purulent secretions from ulcers along the intestinal tract, we must conclude that, in the assimilative process or second stage of digestion, the chyle produced from such a

mass must carry diseased force with it through the lacteals into the thoracic duct, and thence into the right vena cava. Thence mixed with and becoming a part of the blood, it is conveyed through the heart to the lungs, back to the heart, thence with all its defects and morbid forces to every organ and tissue of the body, to replace the worn out tissue cells, to build new tissue in wasted organs, to supply heat, sustain vital force, and strengthen the organism, and to enable the lymphatic system to eliminate effete matter from the organization.

Diseased blood is taken to the kidneys and, with the urine, different mineral salts are secreted in solution, which, when in improper condition precipitate in the pelvis of the kidneys concretions which pass to the urinary bladder and form gravel. In other cases, the mineral salts separate from the blood and form similar concretions in the synovial membrane, giving rise to the well known arthritic rheumatism, gout, and bone diseases.

From this sketch of the process of digestion by diseased organs, it is easy for the reader to understand the definition of the common term, bad blood, and why it is bad. This material is carried to the connective tissues where a certain portion is used in the formation of defective or diseased tissue, and a large part is unfit, and is placed with the effete matter to be ejected from the system, hence the feeble lymphatic vessels are overworked, and engorgement, delays and stoppages are the result.

Let us suppose that one of these small vessels which conveys material to the skin to be carried off by the perspiration, becomes stopped; the heavily charged fluid then presses forward and pushes the obstruction toward the skin, and by affinity it adds more and more until it becomes too large to pass further. The obstruction then becomes equal to a foreign body; it also becomes a nucleus which attracts other morbid substances irritating to the adjacent tissues, when by the process of inflammation it becomes a receptacle for effete matter; and it soon becomes an abscess, and may be called a pimple, pustule, boil or carbuncle, according to its size and character. When it has increased in size, become pointed, has broken through the surface, and emptied its contents, it

often becomes an abscess, but generally gets well. giving place to another; though, in cases of excessive general derangement, nature comes to the rescue, and by shutting off the appetite lessens the supply.

While much of the external surface is thus deranged, a similar process is affecting the internal organs. The more fluid matters, being pushed with great force upon the mucous membrane of the bowels, wash off the epithelium, make a catarrhal sore, and so flood the digestive tract with fluid matter that diarrhœa is the result, temporary relief being soon followed by other serious consequences. If one of these obstructions form in the periosteum or spongy portions of the bone, we have various bone diseases; if in the finger or toe, we have a felon; if in the hip, a hip-joint disease; if in the root of a tooth (we know the consequence), a toothache. In other cases it is different. These small collections of matter tend to lose their water and become semi-solid and not irritating to the adjacent tissues; they may become encysted and remain solid for an indefinite time, without their presence being observed. Any organ or tissue may be the seat of these deposits, but the lungs, being poorly supplied with nerves, in the parts most remote from the large air passages, are generally the first to be invaded by these bodies. In the final result of their enlarging and breaking down there is little chance for the pus to escape, and, in order to find an exit, it must destroy more tissue than in the more external organs.

With this hasty review of the deleterious and depressing effects of a diseased condition of the digestive organs on other parts of the system, our picture is incomplete without some reference to disease producing agents from without. There is perhaps no animal or class of animals on earth that live in more constant violation of the natural laws of health and comfort than the *genus homo.*

The habitual use of fermented and distilled liquors and tobacco I leave to the temperance societies, but ask you, when eating badly fried meats, fish, or cakes fried in burning, smoking, blazing grease, to pause and think for a moment of the burning sore, itching, swollen, suppurating gland, erysipelatous, putrid, cancerous, and acrid sores and the offensive odors which are among the provings of Carbo animalis, before you

take the carbonized animal oil into the stomach to add to other irritating substances and secretions for further destructive work on the system.

Omitting much that might be said of other articles of solid food, I will invite your attention to the modern and extensive use of ice water, which chills the stomach, stops digestion and secretion of natural pepsin, and causes the delayed ingesta to ferment and become irritating. The vital force comes to the rescue with an increased volume of blood to warm the chilled membrane, and is again repulsed by another supply of ice water, till this repeated action and reaction results in acute, subacute or chronic gastritis, and many other evils too numerous to mention in this article. It is also my object to call attention to the too extensive use of the various mineral waters, and to their subsequent effects. Let us recall the effects of some of the mineral constituents; for example, see the workings of Sulphur, how deeply it invades every organ, tissue, vital and mental faculty with its innumerable morbid symptoms and tortures from the time of inception to the hour of final dissolution. Think of the cramps of Magnesia; the rotten smelling feet of Silica; the anæmia from the excessive use of Iron; the glandular disturbance of the Calcareas, and many others. The great excess of these minerals in solution added to the already sufficient supply taken with the natural food tend to further overwork and irritate the organs of digestion, assimilation, and elimination, and furnish food for all the above mentioned morbid processes and many more.

I wish to call the attention of the profession to the impropriety of recommending their patients to resorts for strong mineral waters, instead of waters to which chemical analysis gives the least or no mineral element at all. Let them have water as perfectly pure as possible to wash the excess of mineral salts from the tissues in solution, and instruct them as to the pernicious effects of the very popular vegetable tonics, which are so extenisvely used by all classes of people and are recommended by so many physicians.

I do not claim that any of these statements are new to the older members of the Association; but, since the medical profession generally is drifting to surgery and specialties requiring surgery, to the neglect of the medical treament of these

important organs, I wish to impress on the younger members the sufficiency of medical treatment in this branch of practice, and that the Organon is not "old and out of date," as was asserted to me by a distinguished modern homœopathist. The old Materia Medica, which has been our reliance for so many years, still gives us, without reconstruction, abundant symptomatic material; and the Organon and Chronic Diseases will furnish ample instructions for a successful treatment of the diseases of the digestive organs for many generations yet unborn.

May the International Hahnemannian Association and the Post-Graduate School of Homœopathics live and keep alive the sacred teachings of the Organon till that period yet hidden in the womb of time arrives when mankind will cease to be afflicted.

Baltimore, Md. W. L. Morgan.

MEDICAL LEGISLATION.

We all admit that class legislation leads to tyranny, but that is what we need in this land of personal liberty. The people are cursed with too much freedom, especially in their choice of medical advisers, and constant resort to the counter prescriber. Surely all sensible physicians will admit, without argument, that all medication not prescribed by regular graduates is damaging (to the profession) and should be prohibited by law. Surely, now that class legislation is running to seed, we doctors ought to lobby for a law to protect the profession and prevent such a shameful robbery of the physician.

Can't we have the druggists fined for selling medicines to such patients? or, perhaps it would be better to have such foolish people arrested and placed under the care of the doctor who owns the largest number of diplomas. This would give a great impetus to the diploma business, and enable some of the "mills" to add another course of lectures to their tyrannous exactions.

The practice of allowing infants under twenty-one years of age to study medicine is a very pernicious one. Such infants cannot have intellects sufficiently matured to enable them to comprehend medical subjects.

By all means, let us have a law preventing colleges from graduating students under twenty-five years of age. *I* commenced the study of medicine when but eighteen years old, but "law sakes," if every boy is allowed to do that, we old fogies will soon be crowded into the background. Those are very stupid who do not recognize the fact that the profession is overcrowded with young men; and what is worse for us, the general public cannot be persuaded that they don't know anything.

There are but two horns to the dilemma. We must either have the medical profession so hedged about by legal enactments that it will be harder to get into than a burglar-proof safe, or we must take more medical journals, buy more books, and study harder than we ever did before. Let us have the law; the more tyrannical the better. It is much easier to get laws enacted than to sit up nights to read medical literature.

"God bless me and my wife; my son John and his wife; us four and no more."

Our friends, the druggists, have started in the right direction, by securing the enactment of laws making it a misdemeanor, punishable by fine, for a physician to sell any kind of drugs. They have to go but one little step further, and secure a law preventing physicians dispensing any medicines whatever, when glory will perch upon their banners, and we will be their slaves.

But, in all seriousness, is the principle of legislation that can lead to such results correct? What would become of liberty if the principle embodied in medical and pharmaceutical legislation was applied to every other business vocation in which men engage? The most tyrannous government that ever existed was called a republic.

The constitution of the United States says: "No State shall pass any law abridging the privileges or immunities of any citizen of the United States; nor deprive any person of life, liberty, or property, without due process of law." This great fundamental principle of law, to which all legislation must conform, or be branded as unconstitutional and subversive of all the great underlying principles of that freedom which every patriotic citizen holds dearer than life, is not hedged about by technicalities. It is so plain, it seems to me, that the

"wayfaring man, though a fool, can read and understand."

Legally, a doctor's professional knowledge is as much his property as his books or instruments, and the law that places a barbed-wire fence ten feet high around the medical profession, and forbids any to enter except by the straight and narrow way provided by a sanhedrim of medical high priests, deprives many men of both their property and liberty; for to deprive a man of the use of property is to deprive him of that property.

True, the "courts of last resort" in many States have sustained the worst kind of medical and pharmaceutical laws, but it is perfectly safe to say the Supreme Court of the United States will not do so while that clause of the constitution remains the safeguard of our liberties.

J. W. Lockhart.

LYCOPODIUM IN AN EPIDEMIC OF DIPHTHERIA. *

An anonymous correspondent of this German homœopathic journal reports his experience with Lycopodium in an epidemic of diphtheria which recently raged in the city of Kiel. It broke out in the last part of May and was especially virulent in certain streets. At the present writing it is, fortunately, dying out. Here and there cases of scarlatina, with diphtheritic inflammation of the pharynx as well as many cases of angina and tonsilitis were observed. It may, under certain circumstances, not be easy to distingush a follicular pharyngitis with a grayish white membrane from diphtheria, yet here, where they were side by side, it was not so difficult. The remedy which served him in this epidemic was Lycopodium, i. e., the collective clinical picture was covered by this drug, either this or that symptom being the more or less prominent in this or that case. The 30 c. was employed in all cases and with successful results. In a few cases the Cyanide of Mercury, Nitric acid, both in the 30 c., were necessary as accessories. Other diphtheria remedies were without result, even if they were apparently indicated by some of the symp-

* An anonymous communication to the *Allegemeine Homœopathische Zeitung*, Nos. 9 and 10, 1892. Translated by F. H. Pritchard, M. D., Norwalk, Ohio.

toms, as for example, Apis, the Mercurials, Kali bichromicum, etc. Dr. Kunkel told the writer that the latter remedy was the epidemic remedy in an epidemic which raged about twenty years before, in the same city. Phosphorus, Drosera, and even Aurum were in other visitations the drugs meeting the epidemic indications. The writer does not regard it homœopathic to recommend this or that remedy as useful in this or that disease, for one is then merely treating the name of the affection; but, on the contrary, the true homœopath individualizes the case and the epidemic. Even if then a remedy or remedies are apparently indicated, one should not be content to prescribe it off-hand without consideration of the symptoms of the individual case. It can not be denied that the Cyanide of Mercury stands in a certain relation to diphtheritic affections, yet it does not fit all cases, by any means. The symptoms which led me to choose Lycopodium were: The diphtheria began on the right side, the spots going from the right over to the left tonsil. The nose was, in most cases, stopped up; the fever usually high; worse from warm and better from cold drinks; the child bored his fingers into his nose and picked his nose. The alæ nasi moved and dilated during respiration; the warm air of the room was disagreeable; the patient sleeping mostly on his back, with his head high. Intercurrently, if the breath was very fetid, he gave Mer. cyanatus, 30, especially if there was much tenacious mucus in the patient's throat, or if the nasal symptoms were distinctly prominent. If the secretions were purulent, bloody or acrid, Nitric acid, 30, was administered intercurrently. In two cases where the latter remedy was employed, as an intercurrent, the membranous deposits seemed to loosen themselves quite rapidly under its influence. In one case, a child, where nosebleed set in every morning he was obliged to administer the Carbonate of Ammonia, 15. During the night the nose was stopped up and in the day a purulent, ichorous secretion flowed from the nostrils. Lycopodium was, from first to last, the remedy of the epidemic, and it undoubtedly prevented or removed the sequelæ. Out of twenty cases only one was lost, a child scarcely two years of age, and this was due to the fault of the parents allowing an old woman, without the writer's knowledge, and, indeed, after improvement had set in, to apply the

chloride of lime to its throat, and, on his arrival, it was in a dying condition. In another case he was called too late. The remainder of the children of that family were attacked severely yet they all recovered. In the cases of the larger and older children he, in order to calm the fears of the parents and to make them feel that something was being done, more than from any expected effect from this measure, he allowed them to gargle their throats with a mixture of water and alcohol.

The scarlet fever cases also were cured with the same remedy, Lycopodium, for they originated all in the same epidemic genius. The anginas not of diphtheritic origin were easily handled by Belladonna, and it being indicated by the violent frontal headache, the radiating redness of the affected tonsils, a continuous inclination to swallow, even though it were painful, as well as great dryness of the mouth. Not without importance for the favorable results—for, under allopathic treatment the patients perished in terrific numbers—was the employment of the high potencies. Lycopodium 3, surely would not have had the same action. He who would have chosen Lycopodium should have had to have carefully individualized, and carefully to individualize one must employ the high potencies, as a low potentist does not need to weigh carefully every symptom, for, as a celebrated cotemporary of Hahnemann says, the individual character of the drug does not become prominent until the high potencies are reached. He who will erase all above the fourteenth potency would rob the homœopathic Materia Medica of the symptoms which are often the most valuable, and himself of the most beautiful results.

[The value of this report is greatly marred by the use of supposed necessary intercurrents. If Lycopodium alone were not equal to the cure of these cases, stop it, and give the remedy that was called for by the totality of the symptoms. We must also object to the erroneous yet prevalent belief that "a low potentist does not need to weigh carefully every symptom." Every symptom must be weighed and most carefully noted according to its value (see § 152, Organon), whether the potency be high or low. The law must be fulfilled in every particular; every requirement of similia must be met if we would obtain the highest success, and that without reference to potency.—Ed.]

STRANGULATION: INTUSSUSCEPTION

The following table of differential diagnosis, in intestinal obstruction, was read in a paper by Dr. W. H. Leonard of Tully, N. Y., before the Cortland County Society, June 22d, and ordered published by the Society. It is an extract from Dr. Leonard's notes from a lecture given by Prof. Wm. Todd Helmuth:

	STRANGULATION BY BANDS.	VOLVULUS.	INTUSSUSCEPTION.
Age and Sex	Males rather than Females.	Males in proportion of 1 to 4 between 40 and 60 years.	Mostly young persons. 50 per ct. under 10 years of age.
History	Generally of previous peritonitis.	Nearly every case of previous constipation.	Not so frequently sudden.
Onset	Sudden, in 70 per ct.	Usually sudden.	Not so frequently sudden.
Pain	Earliest symptom. Very severe. Situated around umbilicus.	Not so early or so severe. Generally intermittent.	Severe: Increases to a certaint point, then diminishes.
Local tenderness	Absent at first; but appears after a few days.	Early; and in region of a coil of intestine.	Common around tumor.
Vomiting	Early; and is a marked sign, Becomes fæcal in 5 or 6 hours.	Less early; often scanty. Fæcal in 15 per ct.	Not early. Generally paroxysmal. Fæcal in 25 per ct. on 5th day.
Constipation	Absolute: from outset. May be blood passed.	Early, and absolute. No blood passed,	Not entire. Diarrhœa in 80 per ct. Blood from anus.
Prostration	Marked collapse. Intense thirst, and diminished urine.	Not so marked. Much dyspnœa, which is not found in other forms.	Not very great at first, and comes slowly.
Tenesmus	Absent.	Often present,	Early symptom. Found in 55 per ct.
Parietes of abdomen	Often flaccid.	Rigid from peritonitis.	Flaccid unless peritonitis appears.
Meteorism	Slight. Comes on 3rd day. Never bad.	Very early. Increases rapidly and becomes enormous.	Rare, unless accompanied with grave constipation.
Duration	Five days.	Six or seven days.	Seven to thirty days.

SECTION 16 OF THE ORGANON.*

Mr. President, and Gentlemen:—Your kindness in allowing me my choice in the selection of a section for today's discussion has led me to select the keystone to the grand arch which must ever be the most lasting monument to the memory of the immortal Hahnemann—Section 16 of the Organon.

I believe that our success or failure, as physicians, must be commensurate with our faithfulness in adhering to the first principles of the healing art, as laid down in this section.

I am aware that in approaching this subject I am opening up a field for discussion which has, in the past, aroused the passions and the prejudices of men; but the giants of our school have manfully grappled with it, and where the love of pelf has not been in the ascendant, they have decided it to their everlasting glory; and I cannot but think that an honest, earnest discussion of it will result in much good to us as individuals, and to the society.

If we accept the teachings of this section, we must admit that Homœopathy is either an eternal truth or that it is a ridiculous humbug. We who believe it to be a divine truth can not study too thoroughly the foundation upon which we are building.

It contains three thoughts which were, at the time of their utterance, revolutionary in their character, disputed strenuously by our opponents, and by many, I am sorry to say, who profess to be homœopathists today.

First. Health is not impaired, except through an impaired, perverted vital force.

Second. The vital force, being dynamic in its nature, can be assailed only by an agency which is dynamic.

Third. Diseases being the visible signs of a perverted vital force, which is dynamic, can only be cured by a dynamic agency.

Materialists have ever denied the existence of a vital force, because it could neither be seen, felt, smelled, weighed, or measured.

---

*Read before the Cortland County Homœopathic Medical Society.

Herbert Spencer said: "A most general truth, not admitting of inclusion in any other, does not admit of interpretation. Of necessity, therefore, explanation must eventually bring us down to the inexplicable. The deepest truth we can get at must be unaccountable."

W. B. Taylor said: "He who supposes, therefore, that the information of the senses is adequate (with the aid of mathematical reasoning) to explain phenomena of all kinds, who refuses to admit that there are physical operations which are and ever will be incomprehensible to us, betrays a very imperfect idea—no less of the impassable limitations of finite intellect, than of the fathomless profundity of nature's system. He who thinks that by formally repudiating the mysterious, and confidently discarding the unknown, he thereby abolishes, or in the least degree diminishes, his insuperable nescience of the ultimate, but imitates the ostrich and deludes himself."

Elliott Coues, that grand allopathist, who suffered ostracism and great pecuniary loss for the sake of his adherence to the truth, when on the rack before his tormentors asked the following questions:

"What is the difference between a Godless, self-created, always-existent cosmo of matter-in-motion alone, and any perpetual motion machine which men have dreamed of inventing, and which philosophy declares impossible?"

"What is the difference between any mechanical or chemical theory of life, and that spontaneous generation of life which science declares to be unknown?"

"What is the chemico-physical difference between a live amœba and a dead one? And if there be no chemical or physical difference, in what then does the difference consist?"

"What is the difference between a living being and his dead body, if it be not the presence or absence of the soul? And if it be nothing like this what, then, is it more like?"

And, because they could not answer them, they kicked him out. An argument that has ever been used by the ignorant who would rather remain in ignorance than to investigate the truth.

Pope says:

> "Truth would you teach, and save a sinking land;
> All fear, none aid you, and few understand."

Blackmore might well have been addressing the materialists when he said: "Again, of science—the popular name for almost any speculation bold enough—I am in ignorance equally blissful, if it were not thrilled with fear. What power shall resist the valor of the man who proves that his mind is a tadpole's spawn, and then claims for that mind supreme dominion and inborn omniscience? Before his acephalous rush, down go piled wisdom of ages and pinnacled faith, cloud-capped heights of immortal hope, and even the mansions everlasting, kept for those who live for them."

I think that our superstitious habit of conjuring up the supernatural in connection with Hahnemann's description of the vital force as dynamic (spirit-like) is the stumbling block of our comprehending this section. Simply because we can not comprehend the vital force through the medium of the senses, we give it up, call it spiritual, and out of the reach of our legitimate study. As well might we give up the use of electricity because we can only see the result, and not the thing itself.

I believe the vital force to be a real, tangible entity, and, as such, to be a subject for our most profound study and best thoughts.

Let us not mistake the mind for what Hahnemann called vital force.

Professor Coues gives my settled convictions upon this subject so much more forcibly and in so much better language than I can possibly give them, that I beg leave to quote from his little work, entitled Biogen. He says: "A man's mind is not a thing, in the ordinary sense of the word thing. It is a relation between two things. These two things are, his soul and his body. The mind is the result of the interaction between spirit and matter. It is what the spirit thinks as a result of its connection with matter. It is the knowledge which the spirit acquires as a result of its connection with matter. It is what the spirit must become incarnated to discover and appropriate. It is what the spirit retains when it becomes disembodied. It is the knowledge of good and evil. It is the fruit of the tree of life.

"Reason is the mistress of the mind, and its exercise is judgment, or the critical faculty. But its data are only those

which it receives through the avenues of sense. The bodily senses are notoriously fallible; reasoning upon such data as the bodily senses give may therefore be equally deceptive, and thus the results are often fallacious, though its processes may be perfectly logical. Hence what a man thinks, i. e., his mind, may be very wrong indeed, since it is necessarily based upon the experiences of his spirit with matter.

"On the other hand a man's soul is a thing, in a proper sense of that word. It is a substantial reality, and actual entity, a living being of knowable and recognizable qualities, attributes and potencies. It is not merely a thought, or an idea, or any metaphysicality. It consists of a kind of a semi-material substance, which is the body of the spirit, bearing much the same relation to pure spirit that the physical body bears to the soul itself. The substance of the soul is the means and medium of connection or communication between spirit and matter. Soul-stuff is animalized astral fluid: that is to say some quantity of the universal æther, modified by vital force, individualized by a man's spirit, and appropriated to the uses of an individual spirit, just as a certain quantity of grosser matter is individualized and appropriated to the formation of the physical body. The substance of the soul, to which I apply the name Biogen, seems to correspond closely to what Prof. Crookes called the 'fourth state of matter;' and some demonstrable activities of matter in this radiant state appear to be summed up by him in the term 'psychic force.' It is the 'od' of Prof. Reichenbach, and many of the manifestations of its activities are grouped under the expression 'odic force.' One of its modes of motion was demonstrated by Galvani.

"The commonest and best known exhibition of its active agency are those of our bodily sensations and movements, its current to and fro between a human spirit and that spirit's carnal envelop being described by modern physiologists as sensory and motor nerve-impulses.

"Some modification of soul-stuff exists in all animals and plants, in all things which have life, if not also in those other things which we call inanimate. In the higher animals—in man at least—it becomes the vehicle, the envelope, and the instrument of spirit, indwelling in the physical body so long

as the body is alive, and leaving it at what is called death, which is when the spirit entirely withdraws from the physical body, carrying its soul-stuff along. Thus a man in the flesh consists of these different separable things.

"First. His physical body: Certain transient atomic and molecular aggregations of solid, fluid, and gaseous matter.

"Second. His soul: A certain substance temporarily in contact and very intimate connection with his body, on the one hand, and with his spirit on the other, serving as a medium between the two.

"Third. His spirit, of which he knows nothing, though his spirit knows itself perfectly well.

"Death is simply the disengagement of the second and third of these from the first. The deserted physical body, no longer animated by the spirit acting through the soul, is dead; it has lost its vitality; the vital principle, which is simply the force by which the spirit acts upon matter through the medium of the soul, is no longer operative; and the body in this state, i. e., dead, is only acted upon by the physical and chemical forces. It then furnishes a very proper subject for the chemico-physical theory to explain and account for.

"From what has preceded, it is evident that what I mean by soul is not according to the general usage of the word; which usage commonly makes soul and spirit one and the same. Thus, when we speak familiarly of a man's soul, we also say it is his immortal spirit, meaning thereby anything and all there is to a man which is capable of surviving death. But, as already stated, I draw a wide distinction between soul and spirit. Spirit is nothing if not immaterial, and to spirit proper we can attach no significance if we do not consider it divested of every trace of materiality. Soul, on the contrary, is substantial, and semi-material; it is the body of the spirit, necessary, so far as we know, to all and every manifestation of the spirit. Spirit can not act directly upon matter, but only through the intermediation of this soul-substance.

"A human being, after death, consists of this substance, acted upon by his spirit, the two together constituting what is ordinarily called his soul. To this substance, when acted

upon by, and serving for the manifestations of spirit, I give the name Biogen. The same substance (Biogen) acted upon by the spirit before the death of the body, and serving for the operations of spirit upon matter, is the vital principle, the action of which we call vital force, and the results of which we call vitality or life."

I would advise you all to read Professor Coues' little book called Biogen, it is a perfect storehouse of grand thoughts.

Call this principle what you will, you can not disguise the fact that no chemist has ever made an egg that would hatch.

Hahnemann in his Materia Medica Pura, Vol. II, says—"The material substances of which the human organism is composed do not in this living combination, follow the laws which the material substances are subject to in a lifeless condition, but only the laws solely subject to vitality. They themselves are now inspired and animated as also the whole is inspired and animated. Here rules a nameless, almighty fundamental force which cancels all the inclination of the constituents of the body to follow the laws of pressure, of shock, the forces of inertia, of fermentation, of decay, etc., and leads and governs them only under those wonderful laws of life, i. e. preserves it in the condition of sensation and activity necessary for the preservation of the living whole in an almost spiritual dynamic state."

Hahnemann did not jump at conclusions in giving us this section; there is no mention of it in any of the first three editions of the Organon; but in the preface to the fourth edition, published in the year 1829, he speaks very decidedly upon the subject.

Disease producing potencies are as much out of the reach of physical examination as the highest potencies of the homœopathic remedy, yet where is the materialist who would be willing to take even the MM of small pox, if it were possible to measure it.

Hahnemann plainly teaches that the physical changes, visible in the course of disease, are *results* of the disease, and not the primary expressions of it. For instance, your child is exposed to the measles, no physical symptoms appear until

the end of the period of incubation; but, did she not have the measles all of the time?

We have lately heard a great deal about the bacillus, poor little bug, he is probably the most abused animal that exists today; has any one ever found him in the beginning of a disease; or will he grow in any other than favorable soil? He is only possible after the vital force has been assailed in such a manner as to prepare the ground for him.

"Neither can such morbid disturbances, or in other words, such diseases, be removed by the physician except in like manner, by means of the dynamic, countervailing agency," etc.

Every drug has a hidden identity, which distinguishes it from every other drug, and the more we disengage it from its physical body, the more we increase its power to affect the vital force, for good or ill.

Do you, for one moment, suppose that it is the see-able, physical properties of the grain of wheat that determines it, when planted, to produce the wheat-stalk, and not a corn-stalk? Or why is it that a grain of arsenic is so fatal, when a spoonful of soda is harmless, and yet the physical resemblance so great?

Many, without investigation, deny the possibility of power in a drug, beyond a certain attenuation, as they call it, but there is just as much reason in the thirtieth as in the twelfth, and in the two hundredth, or any other potency, as the thirtieth. You can not measure the power of a drug to cure by the amount of physical matter in it.

Then, too, experience has taught us that the dynamis of some remedies is so obscured by the grosser material that they are inert until it is liberated by the process of potentization.

Who would think of giving crude Silica, Natrum mur, Carbo veg. or Lycopodium; and who doubts the grand cures by these remedies, in the hands of Hahnemann, Lippe, Dunham, Hering, and others, all in the potencies?

What potency of the animal is there in the scent that the hound follows so unerringly, or how much water is there in the air that causes cattle to start in a straight line for the water that is thirty miles away?

Why can we not take Hahnemann's advice, and try the potencies for ourselves? He says, "try them according to the

law, and then publish the failures to the world." I'll tell you why, it takes an endless amount of hard work, and our laziness gets the better of our honesty. It is so much easier to diagnose the case, and then prescribe the remedy that is said to be good for that particular disease, than to sit down and oftimes spend hours in search of the simillimum. For no one will be satisfied to prescribe empirically who has the courage to try the potencies.

And now, just a word about another subject, in which we are apt to show our tendencies to laziness—alternation. If alternation is excusable, I can give you a rule that will do away with the necessity of future study of the Materia Medica, and prove a boon to all future ages:

Combine the 873 proven remedies in one grand cure-all, and give a dose of the mixture in all cases; you will then get the right remedy every time, and what wonderful cures will follow your efforts.

Provings of remedies in combination have shown some of the prominent symptoms of each, while others are modified or suppressed, and still others are developed that are not common to either of them.

The only redeeming feature about the practice of alternation is that the one who does it gives the potency so low that there is little liability of developing a proving of the combination.

I believe that Hahnemann deserves credit, not so much for having given us similia, similibus, curantur, or the proving of drugs upon the healthy (for it was not original with him), but for the discovery of the dynamic properties of drugs, and their application to the cure of disease, which he declared to be a disturbance of the vital force, which was itself dynamic.

But for the precepts of this section, and the efforts of the comparatively small band who have had the courage to stand by them, even when opposed by professed friends of Homœopathy, our school would to-day be wallowing in the mire of empiricism, as deeply as are our allopathic friends, who to-day have a Koch sure-cure for all the ills incident to humanity, and to-morrow cry, down with Koch and long live Keely and his gold cure.

E. M. SANTEE.

CORTLAND, N. Y.

ACTÆA RACEMOSA.*

Actæa racemosa was formerly used by the Eclectics, and was called by them *Cimicifuga racemosa.* The Eclectics used it for rheumatism. Then it crept into obscure allopathic hands and was used for rheumatism. It was used also in large doses to expel the contents of the uterus both for legitimate and for illegitimate purposes. The homœopath wonders how the knowledge of these things was obtained. Old negresses knew these things. The proving brings out some striking features and includes these.

Actæa racemosa produces complaints such as chorea or St. Vitus' dance, rheumatism of muscles and joints, and hysterical manifestations. Such are the constitutional states shining through as from the clouds. Where the smaller and particular symptoms are found, we should expect to cure them when these constitutional states are present.

Actæa racemosa is said to favor easy child birth. We must ask, *when* will it do that? The particulars and the generals must correspond. In loose practice physicians would say only "use it to make an easy delivery." It does effect an easy delivery *when the symptoms agree*, including the generals as well as the particulars. Certain things are in the letter of the symptoms and certain others in the general conditions. We must see the image of man in the remedy, or we see nothing useful. The remedy is nothing except as we see the image of man in it. We see *rheumatic* constitutions. The patient has rheumatic aches and pains; he is gouty. Everything that makes him sick develops *his* predisposition. So with a hysterical or nervous constitution. There are hysterical diatheses and rheumatic diatheses—many of each kind. The kind of complaints that this remedy will cure will be best observed in constitutions which are either hysterical or rheumatic or both.

We see how natural this is, because the rest of the symptoms are there, they naturally belong there. Is it not natural for such a woman to be extremely gloomy—uncertain in all her views and feelings. She feels engulfed in a cloud. She

*Notes from a lecture by Prof. J. T. Kent.

is bowed down with imaginary grief, is sore and bruised all over, feels as if pounded. There is soreness in the joints, stiffness on motion. This changes into jerkings of the muscles, choreic twitchings—and when this passes away on comes the hysterical or rheumatic state. There suddenly may come soreness, as if bruised, about the abdomen and hips.

The patient sees rats running across the floor—all sorts of imaginary things.

There are head symptoms. Occipital headache. Frontal headache. Sore, bruised head. Pain in middle of eyes extending back in brain. Pain in root of nose and through bridge of nose, extending to the whole head, lasting several days. The occipital headache may affect the back of the neck as if a bar of iron extended from the neck up into the head.

Numbness is common to this remedy and to the hysterical diathesis. Numbness in the hands, feet and elsewhere. Rheumatism with numbness. Rheumatism may involve the chest. The muscles are sore and bruised. There are stitching and tearing pains in the region of the heart; rheumatic pains in the walls of the heart. (Rheumatism frequently terminates in endocarditis; in *Actæa racemosa* the *muscles* are more affected.)

The spinal cord is affected. There are spams of the back, with intense rending, tearing pains, drawing the spine backward. Spinal meningitis in rheumatic states, in hysterico-rheumatic constitutions. The patient may be in a semi-unconscious state with the neck drawn back as in spinal meningitis. This may simulate meningitis when it is only hysterical. The will is almost entirely abolished—there is lack of desire to use the will. If the house is on fire they will get out quickly.

Another striking feature is in relation to the uterus. A large number of provers have vomited, but they were all women. The male provers had no trouble with the generative organs—but in the female there are severe uterine pains with vomiting. These terrible attacks of labor-like pains with vomiting, and sore and bruised feeling all over, indicate Actæa racemosa. When the pains are on the soreness is intense. *Afterpains*, that go to the hips and down the thighs.

In oversensitive women, that take cold during confinement, the pain leaves the uterus and clutches the hips. She screeches atthe top of her voice, and wants the legs straightened out. This is the only remedy in such cases. The labor-pain ceases in the middle; the patient cries, "Oh, my hips! my hips!" Feeling the muscles, they are found to be in a state of spasm, violent cramps. The whole buttock may be involved. Cramps prolong labor; this is the remedy for cramps in the *hips.*

After delivery, when there is retained placenta with great soreness, disorderly, labor-like pains, and the constitutional state, give Actæa racemosa. The next pain will expel after one dose.

Another symptom is *copious urination.* This is natural in hysterico-rheumatic cases. Copious, clear, watery urine, which is a bad symptom, that is, not curative.

The *stomach* symptoms proceed from the uterus and ovaries. Pains in the *broad ligaments* are likely to be attended with vomiting, most distressing cramping. After pains may be in the broad ligaments. Actæa racemosa is generally the remedy for cramping in the broad ligaments, in after pains, or at other times.

There is great aching in the back, below the waist line, great soreness. Sensitiveness of the vertabræ to pressure.

With the labor pains the face is flushed. There is some fever with rise of temperature.

The patient is worse from motion, worse in the morning.

We take the constitution and we link together all the things that give the image. We commit nothing to memory, we see the individual. There at the bedside we see the remedy indicated, and no other. M. A. J.

Kali Bromatum in Acneiform Eruption.—Married woman, æt. thirty-six. Poorly nourished, weak, despondent. Acnoid eruption of face of six months' standing. *Pathogenetic Symptoms:* Dark red papules and yellow-tipped pustules isolated, soon disappearing, leaving stain of skin. Mental depression. Muscular weakness. *Remarks:* Drug given in trituration, three times a day. The indication on which the drug was prescribed was the resemblance of the general condition to the cachexia induced by large doses. Cure was effected in eight weeks. H. M. Dearborn.

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.

ANTISEPSIS IN OBSTETRICS.—In another part of this issue we re-publish a paper by the editor of the *Homœopathic Journal of Obstetrics* on The Better Way, to which we ask the careful and prayerful consideration of every reader. The principle which it advocates is the corner stone of the therapeutics founded by Hahnemann and expounded in his master work, the Organon, and should be dear to every homœopathic physician in the land. But the reception it met in the discussion which followed its reading, at the late meeting of the American Institute of Homœopathy in Washington, proved clearly that many of the leaders in the homœopathic school have yet to learn the basic principle upon which our science of therapeutics is founded. In this connection we take pleasure in publishing the following prophesy by the author:

Before closing the discussion we wish to make a prediction. And this we do with a full knowledge that a prophet is without honor in his own country or, nowadays, anywhere else. Nobody will remember the prediction when it comes true, and meanwhile it will form a subject of jest for the scornful. The wise man never prophesies, at least never except to affirm that what the popular opinion declares to day to be true will always remain true forevermore. We were not born wise, but otherwise, and therefore do not fear to rush in, etc. No one need be told that chemical antisepsis is the popular theory of the day in the medical world. The courteous professor of obstetrics in a college not a thousand miles from New York, told the writer on the occasion of the reading of "The Better Way," that he was "not in it," that he "had better go home and read, and learn something," and that he "didn't know what he was talking about," was only voicing the sentiments of the bulk of the profession. Nevertheless, we venture to record our dissent, and to repeat that Homœopathy can do all that is claimed for antisepsis, and more Beyond this we further venture to put on record the assertion that, before the bells ring in the twentieth century, the leaders in chemical antisepsis in midwifery will have abandoned its use; that the men who make public opinion in medicine will have ceased to use on or within the person of the parturient woman, or in the room in which she is confined, any form of chemical disinfectant, and will rely exclusively upon *boiled*

water, used at such temperature as may seem expedient. The use of boiled water before it has returned to its normal temperature *pro re nata;* the careful avoidance of unnecessary interference with the natural course of mechanism in labor, and securing to the woman that natural defense of the organism, a healthy condition of the blood, seem to us the tripartite components of an ideal midwifery practice. We can hardly hope to see this accepted as the universal practice in our own day, but it will be, we hope, the ideal to which men's minds will be turning with the opening decade of the new century. So mote it be.

If the "courteous professor of obstetrics" above referred to should hear of a new chemical antiseptic, especially, if like Koch's tubercular fad, it had been lauded in the usual manner in some allopathic journal as greatly superior to the mercuric bichloride, he would at once put it in use as the latest scientific discovery. But to read the Organon, carefully investigate and apply in practice its teachings, and thus find in his own school The Better Way, would be derogatory to his so-called scientific principles of midwifery practice. Besides, you know, it would be homœopathic, and our allopathic brethren do not believe in it. If it did not originate in the allopathic school, it would not be a fad, *i. e.*, it would not be scientific; hence, no professor of obstetrics in a homœopathic college could venture to investigate it. We venture the assertion that this professor of obstetrics graduated in a school in which the Organon was put in the list of college text books for appearance only, but was never taught and its principles never applied in surgery, obstetrics or anything else. He does not believe there is "a betterway," hence will not investigate it, and he will not investigate it because he does not believe it.

The Hering College of Homœopathy is no longer an experiment. Before the close of the second week it will have fifty students who are in search of a better Homœopathy, a practice unmixed with the palliatives and expedients of empiricism. The clinics are well attended and the clinical facilities are unequalled. The sick patient is treated successfully, and does not appear to "hanker" after a surgical operation. It is demonstrated that the attempt to teach pure Homœopathy, as taught and practiced by Hahnemann and Hering, will be sustained by the profession.

Comment and Criticism.

A BRIEF REVIEW OF DR. BELL'S ADDRESS.

If the criticisms here offered on Dr. Bell's address are taken as kindly as they are given, no possible offense can arise where none is intended.

Since we should always be able to give a reason for the faith that is in us, it is of double importance that that reason should be a defensible one, sound in expression and founded in fact.

While the members of the I. H. A. seem doubly sure that their organization is needful, and on this base their claim to be, there is a shadow of doubt in the minds of others, when we read of "the danger of disruption even in our small body, and this danger was never greater than now."

If the I. H. A.'s have, by mutual concessions, been able to hold together the past year, why might not a little greater generosity in the same direction have kept them in the A. I. H.?

If "a peer of any member of the I. H. A.," who has always tried to practice Homœopathy faithfully, has not become a member of the I. A. H. because "he did not wish to be bound by an iron-clad interpretation of homœopathic doctrine," and if "many others are kept away by the same impressions and sentiments, who would do us (the I. A. H.) honor as members," it does seem to those outside as though a little more tolerance of individual opinion is a very great necessity in that body.

But let that go by for the present. Some are so constituted that they must be extremists in everything they undertake, and they are the last persons in the world whom you can convince that moderation is a virtue.

Of course it is characteristic of such "to know they are right."

Now, what are the reasons given for this assumption, which Dr. Bell has classified as likely "to sound very bigoted, very narrow, very illiberal and very opinionated."

This is a much worse arraignment than I would have dared to make, but let us see whether it is wholly misapplied.

The discussion of this is so unique that it must be quoted entire:

"There are so many conflicting opinions upon politics, religion and medicine, that some say we can never know when we are in the right. That we must always be in a more or less hazy condition upon all these subjects, just because other people are just as sure they are right as we are."

Now, this view of things assumes that there is no such thing as certainty in anything, either because there is no abstract or concrete truth, or else that we poor human beings can never attain to it.

If this were true, our courts of justice, both civil and criminal, might as well go out of existence at once, because both sides appearing there for trial are equally sure of the justice and righteousness of their cause.

But for all this, the judges and juries hear the case, weigh evidence and listen to the arguments, and on the whole reach wise conclusions and render substantial justice. "With minds properly poised in the judicial attitude, and with like processes, we may do the same. Somebody must be in the right, and why not we?"

Can it be that courts and juries, that not unfrequently send innocent persons to prison and to the gallows, that often let the guilty escape, that render decisions where, as in the court of appeals, five may be on one side and four on the other, or three on one side and two on the other, can this be the assurance that "we are in the right, and we know it?" Who are in the right, the majority? That is what the court of final appeal says. If that is the case, where is the I. H. A.?

"Somebody must be in the wrong, and why not we?"

Again, the next argument is that we have a mass of evidence that convinces us, "and our verdict is unanimous and connot be set aside!"

The third argument is "that we are solidly convinced of the certainty of our position."

What delusion of the past could say less?

Now, the fault I find is not with the facts of Dr. Bell's position, but that any one should, for a moment, suppose that he has brought forward one argument in their support.

The most fallacious institution, as regards "substantial justice," the best example of the short-sightedness of man, is a proof we are right.

We are of the unanimous opinion we are right.

We are solidly convinced we are right.

"Somebody must be right, and why not we?"

Are there no examples in history where everybody was in the wrong?

Suppose we in a "properly poised judicial attitude" consider these points as arguments made by those opposed to us. Are they convincing?

What is there to hinder their using them?

The I. H. A. must give more substantial reasons for its desire to have all its members "bound by an iron-clad interpretation of homœopathic doctrine."

In these days of individual freedom on all sides, "iron-clad interpretations" of anything are not in order. Instead of being leaders in the front rank of advancing science, all who attempt this are bound hand and foot by the fetters of conservatism.

We appreciate the candor with which Dr. Bell has approached his theme, but we deplore the absence of convincing arguments of any kind for the separate existence of the I. H. A. It seems to us, that a very small increase in the amount of the consideration for the opinions of others that is found necessary even in the small membership of the I. H. A. to avoid disruption, would, when exercised in a healthful degree, make them all comfortable in the A. I. H.

If perchance there should be exceptions to this general rule, as there are to all things human, they could do no greater harm "flocking by themselves" from that body, than if they should do as they now threaten in the smaller society. Looked at from almost any standpoint, it is better *to be tolerant of an honest opinion in anyone;* to grant that toleration to others we ask for ourselves. When this is done, the necessity for two Homœopathic International Associations will close. If our friends *are* the true leaven of Homœopathy, as they claim to be, they might infuse a healthful influence into the entire body.

Do Dr. Bell and his colleagues remember the story of the

prophet who was left *alone* of all that truly worshiped the one true God? Or are they also mistaken Elijahs?

There are more of the same sort, found by Dr. Bell and Dr. Wesselhœft, "with surprise," "who without effort or even knowledge on their part" are as "good Hahnemannians" as any in the wilderness. (See 19th chap. 1 Kings). Seven thousand, the prophet was told, when he was "solidly convinced" he alone was left to guard "the true faith." Will not our friends come to Chicago next year and see for themselves? They will find "with surprise" many a "good Hahnemannian" not in their fold now, and who is such wholly independent of their efforts. M. W. VanDenburg.

Ft. Edward, N. Y.

DR. DUDGEON AND THE HIGH POTENCIES.

Editor Medical Advance:—As I presume your object in asking questions is to get them answered, I hasten to reply to those you have addressed to me in the June number of your esteemed periodical. I will answer them in the order in which they are put.

1. My object in writing the paper entitled "Hahnemann's Medicines *v.* High Potencies" was, as is obvious, to defend Hahnemann's scientific method of preparing the homœopathic attenuations against the attempt made to supersede that method by the unscientific pharmaceutic processes of the high potency makers.

2. "Logic" is, of course, of infinitely greater value than belief; but that is hardly the question here. No amount of belief will make an unscientific method scientific, just as no protestation that they are strictly Hahnemannian will prove that the high potency makers do not act quite contrary to Hahnemann's reiterated instructions for diluting his medicines.

3. As this question is quite irrelevant to the subject on hand, I need not answer it. It seems to be inserted by way of padding—of a "highfalutin" sort.

4. I have not tried these high potencies, because, strange as it may appear to you, I have still some respect for the teachings of Hahnemann, and believe that he had very good reasons for insisting that the medicinal dilutions should be prepared with purity and accuracy, which the high potencies are cer-

tainly not, as they are made with ordinary, impure service water, and in such a manner that it is impossible to say what they are. I have not used them because the evidence of their superiority to Hahnemann's preparations is not sufficient to dispel the prejudice I have against employing medicines whose strength I do not know, and of which all that I do know for certain is that their diluting medium is water laden with organic and mineral impurities. Some of these impurities being what we are wont to consider powerful homœopathic medicines, such as *Natrum muriaticum* and *Sulphuricum*, *Calcarea carbonica* and even *Silica* and *Ferrum*. If I have any regard for the method taught in the *Organon* I must object to meddle with such impure and uncertain preparations.

5. If, after the exhibition of one dilution, "the symptoms continued to demand the same remedy," I could give another and yet another dilution from the Hahnemannic scale, and it would take several years before I could carefully test every preparation of that scale; by which time, I reckon, either the disease would be cured or the patient, and perhaps the doctor, dead, or, as is more likely, finding one remedy did no good I would probably take a fresh survey of the case and select the next best remedy, as Hahnemann directs in the *Organon*. When repeating the same remedy, Hahnemann recommends that a lower dilution should be selected, not a higher. "When the physician has given the medicine at first in the 30th potency, he then changes this for the 18th, and if repetition is still required, the 24th, then the 12th, 6th, and so on." (*Chr. Kr.* I, 157 note). I am not aware that the partisans of "high potencies" first carefully try the Hahnemannic preparations and in the event of their failure have recourse to the "tap-water" potencies of the same medicine. Indeed, I lately asked a high potency enthusiast if he could bring forward any cases from his own practice where, after the failure of the Hahnemannic preparations, the high potencies had succeeded; but he scornfully replied: "No, certainly not, I give my patients, from the very first, the best preparations—the high potencies. I would be doing wrong were I to waste valuable time by giving them those inferior preparations, lower dilutions." So he could not aid me in my search for proof of the superiority of the "tap-water" preparations.

6. I do not "desire to go on record as alleging or intimating that all 'high' practitioners are self-deluded, ignorant and hypocritical." I have never insinuated anything against their intellect or morals. I have studiously kept to my theme which was the defence of Hahnemann's pharmaceutic method. If in so doing I have stated my belief that the methods advocated and adopted by the maker and admirers of the "high potencies" are inferior in point of purity and accuracy to his I may surely be allowed to hold my opinion, without being credited with a wish to insult those who are partial to these "high potencies," some of whom I am pleased to reckon among my very best friends.

7. I was not aware that the "high" practitioner as a rule "is noted above all other homœopaths for his rigid adherence to the totality of the symptoms in his prescription." I was under the impression that he was rather generally an advocate for "key-note" practice, which appears to me to be a device for evading the rigid comparison of the totality of symptoms of disease and drugs. It seems I was mistaken. But I am not mistaken in thinking that the "high" practitioner is not the writer of *all* our therapeutic text-books, for I call to mind the names of Müller, Hartmann, Jahr, Laurie, Ruddock, Bähr, Kafka, Grauvogl, Jousset and Hughes, who have all written therapeutic text-books, but who were and are not tainted with the "high potency" heresy.

If the "high potency" apostles wish to convert their colleagues to their evangel, let them show us a series of cases where a "high potency" has succeeded in curing when the Hahnemannic preparations of the same medicine failed; let them prove to us that ordinary drinking water with all its impurities is a better menstruum for diluting medicine than Hahnemann's spirits of wine; that accuracy of measurement of the dilutions is unnecessary, and that Hahnemann's mode of securing it was a mere waste of time; finally that succession which Hahnemann regarded as a means of developing the medicinal powers, which he says is "among the greatest discoveries of the age," is nothing but a useless expenditure of labor.

When the "high potency" advocates have done this, they may safely reckon on the universal adoption by the whole

homœopathic body of their practice. But until they have done this, they must expect that those who are accustomed to examine and weigh evidence, and who are not in the habit of allowing enthusiasm for a mysterious novelty to outweigh their love of sound argument and ratiocination, nor letting zeal outrun discretion, will hesitate to accept their dicta, and will oppose with all the energy they may the engrafting on Homœopathy of a kind of practice which they believe to be fraught with as much detriment to the system as it is repugnant to the teaching of Hahnemann.

Your obedient servant,

LONDON, August 2, 1892. R. E. DUDGEON.

[There is no wish to prolong this discussion which has already become wearisome. The fame and influence of Dr. Dudgeon deserves a few words in conclusion, lest his latest replies carry with them an erroneous impression.]

Dr. Dudgeon persistently ignores the test of all things terrestrial—the result. He is a stickler for the *letter* of the law while wholly forgetful of the *spirit*. He easily evades the direct charge of delusion, with untruthfulness and insincerity, as against the users of the "high" potency by conveniently assuming that a good man may do a bad thing and yet continue good. How could an undeluded, truthful, sincere man continue to employ for gain an inherent falsity; how dare an honest man tamper not alone with health, but with life itself, by trafficking in this high potency fetich?

Does the potency used constitute a doctor a homœopath or a Hahnemannian? Why may he not prescribe a "high" potency, when he does not prescribe on the size of the dose nor of its menstruum, but upon the homœopathic law of the similars? The assertion that he prescribes on characteristics or keynotes is gratuitous. It is judging of a large and constantly augmenting body of intelligent practitioners by the utterances of a few fanatical isopathists. The test which Dr. Dudgeon exacts is not dissimilar from that urged for a prayer-test in one of the English hospitals; it is difficult of observance, and in the event of a rigid compliance, technically, would establish nothing beyond what is found in all current homœopathic literature. Would a rational practitioner, let us say, like Holcombe, who was able for many

years with the lowest potencies to hold his homœopathic practice against the untiring assaults of the Old School have *now* issued that plea for the "Very High Dilutions" (meaning the 1,000th to the 5,000th) if they had not, upon intelligent trial *proven* superior to the lower?

The answers contained under 7, are singularly unhappy; some have already been noted; but the one remaining to which we address ourselves is that quotation to prove that the homœopathic text-books are written by those "who were not tainted with the 'high potency' heresy." And what are these names: "Müller, Hartman, Jahr, Laurie, Ruddock, Bähr, Kafka, Grauvogl, Joussett and Hughes."

Examine any current college announcement and (with the exception of Hughes) these names are *not* found therein; but in lieu thereof, we find Dunham, Allens, Farrington, Hering, Cowperthwaite, Minton, Kent, Lilienthal, Bell, Lippe, Raue, Guernsey, Hoyne, Hawkes, Bönninghausen, Holcombe, and many others of the apostles of Homœopathy of to-day, everyone whereof using or recommending the "Very High Dilutions." Shall this count for naught? From which list of names would the preceptor of to-day select a text-book for his student? Why has Dr. Dudgeon omitted these names from his list? Does it not seem almost as if, having drawn his argument from the thought of the past, he dare call for witnesses only such teachers as one time entertained those thoughts? This is unfair. The high potency practice is distinctly the result of thought and experience of those who came after the names given by Dr. Dudgeon. The tesimony of Dr. Dudgeon's witnesses as to the value of the *law* of Homœopathy is as valid to-day as then, and will continue to the end of time; but on the matter of high potency, which came after their day, they are no more competent to testify concerning than would be the electrician of 1830 to the value of the telephone. In short, the question of potency, unlike the law of similars, is mutable, unstable, flexible, and destined to change. It neither makes nor unmakes a homœopath.

Do, pray, come up out of the cellar of antiquity, where Homœopathy had been but so lately divorced from Allopathy that it took with it necessarily many of the ancient

ways of making bricks; the homœopaths of the '20's and '30's were mainly deserters from the Old School, and brought with them the inherited and indoctrinated prejudices, plus an honest desire to learn the better way. There could come from the jug that only which had been poured into it. These early apostles taught as they knew. But, to-day, we have medical men, versed in all the various attainments and requirements of any or all medical schools, but who were born, reared, educated and now practice as homœopaths, who never knew the other systems of medicine except from study. These men truly represent Homœopathy to-day. They are not tinctured with the latent materialism of the homœopaths of 1820 to 1850. Homœopathy is not singular in this striving after excellence; it is the spirit of the age; it is visible in every avenue of life; it is visible even in the church, where the crude and barbarous materialism of the early years of this century, has given way to milder and more beneficent means than fuming brimstone and eternal torture. Yet the *law* of Christianity was never more firmly established than to-day. The *law* of Homœopathy is not shaken; the incidents of that law are variable, and the potency question is an incident; it will change again some day, possibly soon; but never because the spirit of 1820 strives to rebuke the progress of 1892; it will change *only* when it is proven a failure!—Ed.]

RENAL COLIC TREATED HOMŒOPATHICALLY.

Editor Advance:—

Will you kindly allow space in your valuable journal for the report of a case of renal colic, that I treated a few days ago.

This will be of little importance to the older homœopaths; but to those of us who have scarcely opened our eyes, and are after the truth, it may be of some use. I have heard so much from those professing to practice Homœopathy of the fallacy of trying to relieve by Homœopathy, with regard to this trouble, that I made up my mind if ever I had a chance to test it that I should stick to straight Homœopathy at all hazards, the same as in any other trouble.

Case. Was called about 10:30 P. M. to a case. I found a strong, robust fellow, who weighed about 225 pounds, groan-

ing and swearing by note. I asked him of what he complained, and he said nothing but put his hand in the inguinal region on the right side and groaned. After a little he said he had a severe pain, running from the back to the pubes and then from the pubes to the back; comes quickly and goes away quickly. That was all I could find out from him; but on looking at him I saw his face red, eyes injected, full bounding pulse, and said now that he wanted a hot cloth over the painful parts. I gave Bell. 40 m. with slight relief, which was transient. He then began to retch, but did not vomit; cold sweat over the whole body, with a bluish shade to the face, and said that he felt terribly nauseated. Tabac. cm. with slight relief. Soon, however, he passed hot, yellow, burning urine and the pains, he said, were cutting like a knife; Berb. 1 m. with slight benefit.

About this time his wife arrived, and said: "Jack, has he given you no Morphia." I answered for him, and told her I was not of *that kind*, and if she wanted Morphia she could call some physician that would give it. The patient said, "Go ahead, doctor, and do what you think best; I have had gall-stone colic and they filled me full of Morphia, and almost killed me." He then got up and tried to walk, but he could not. He wept like a child. I gave him Puls. 40 m. with decided relief. Then he said that he "felt so sick to his stomach, and *if he could only vomit he would feel better*," and that "*with each pain he wanted to pass water and have the bowels move.*" He wanted to lie on the back, for lying on the side and when anyone would fan him it sent a chill over him.

He still wanted the hot cloths applied to the right side.

I did not wait long after he told me that until I gave Nux cm., one dose dry on the tongue.

Almost immediately he said, "you have it; I feel better." I asked him, has the pain all gone? "No; it is there yet, but so much better." I wanted to know whether it was really the action of the medicine, or whether the stone had passed into the bladder.

In a short time he went to sleep, and awoke about eight A. M., and on attempting to rise had another sharp pain and then it ceased.

He walked down to the office to see me, and said "that he fe t well, but weak, and not at all like he did after Morphia."

He called again a day or two after and said that mornings he felt played out and as cross as a bear, and he had for several days felt as if something would push out of the left inguinal canal; but since Nux was taken he has felt none of it.

BUFFALO, Sep. 6, 1892. A. QUACKENBUSH.

A CORRECTION FOR GENTRY'S REPERTORY.

Editor Advance:—I find the following symptom in Gentry's Repertory, Vol. II.: "Awakens at night with violent pressive pain, like a heavy weight, coming and going at intervals; flatulent discharge relieves," assigned to Nux vom. This is a mistake as the symptom belongs to Oxalic Acid. It appears on pages:

464, under "awakens;"
503 under "coming;"
568 under "flatulent;"
599 under "heavy;"
612 under "intervals;"
658 under "night;"
682 under "pressive;"
697 under "relieves;"
788 under "weight."

PITTSBURGH. JOHN L. FERSON.

[Now, when you read this valuable correction, take down the work and correct it while it is fresh; then when you find the symptoms and want to use it, it will be ready for use.—ED.]

New Publications.

BÖNNINGHAUSEN'S THERAPEUTIC POCKET-BOOK. New American edition, by T. F. Allen, M. D. Boericke & Tafel. 1891. *

This celebrated work has been highly prized by those who use it, and as severely condemned by those who do not. Both opinions may be exaggerated, as opinions of partisans are likely to be. But, be this as it may, Bönninghausen has given us a work that has lightened the labors of many physicians and wonderfully facilitated the wearisome search for

*Read before the Clinical Review Club.

the indicated remedy. If we cannot agree on some of the finer points—points of secondary importance perhaps in the method of finding the simillimum, that surely is not a sufficient reason why our school should be divided into hostile camps, each intent on exposing the imperfections of the other to the eyes of a critical profession.

The merits of this work cannot be appreciated by a cursory glance. It requires some study to master the method of applying it; but, once mastered, the practical application yields the most satisfactory results.

The old edition, long since out of print, used only 125 remedies. The present American edition has been brought up to date, by the addition of the remedies which have been thoroughly proved since the time of Bönninghausen; and my excuse for a brief review is the remark recently made by the senior member of one of our pharmacies, that a large number of copies sold were returned with the statement: "No use to me; unable to work it." That the arrangement is different from the ordinary index repertories of our works on materia medica, is undoubtedly true; but, that a homœopathic physician should acknowledge his inability to use, or even a disinclination to master, a work of such intrinsic merit as to be sanctioned by Hahnemann and used by him in his every day work from its publication to the day of his death, is almost inconceivable. The work is intended to facilitate the practice of Homœopathy according to the rules enunciated in the Organon, and of all the methods yet devised it appears to be best adapted to fulfill the requirements of the science.

The three salient points in our practice which Bönninghausen's Repertory enables the physician to readily apply, and which it is essential he should apply correctly if he would reap the richest harvest in the cure of the sick, are:

First. The taking of the case.

Second. The totality of symptoms as the basis of the prescription.

Third. The comparative value of symptoms.

The Taking of the Case.—The first essential in the application of law in the healing of the sick is "the taking of the case," a complete record of the symptoms of the patient. Hahnemann was the first in the history of medicine

to apply natural law as the guide in the selection of the remedy, and his first step in the correct application was implicit instruction, for making the record. Without a complete record of the clinical history and symptoms of a patient it is impossible to obtain the simillimum, or even the similar remedy. It is to this (the taking of the case) that the success of the pioneers of Homœopathy in Europe and America has been largely due.

Dunham says: "It is the most difficult part of our duty. To select the remedy after a masterly examination and record of the case is comparatively easy. But to *take* the case requires a great knowledge of human nature, of the history of disease, and as we shall see, of the materia medica."

Many physicians in active practice claim that this part of Hahnemann's instructions is impracticable on account of the time required. But in this they are mistaken. The young practitioner will not certainly enter such a complaint, for a careful and thorough examination of the patient will not only enable him to make a more correct prescription but will do more than anything else to inspire confidence in the friends in his thoroughness and professional methods. It is our experience after a trial of both methods—an unwritten history of the case and two or three remedies in alternation, and a complete record of the case and a single remedy—that it is a great time-saver. In this, as in every thing else, we have found Hahnemann's methods eminently practical. If the case be uncomplicated, as acute diseases often are, the indicated remedy may be selected at once. But if the symptoms be difficult to unravel, if the case has been subjected to previous drugging or the symptoms have become masked by suppressive or improper treatment, it may make the difference between success or failure to neglect this rule of Hahnemann. It may, and probably will, require more time at the first visit to do thorough work that will enable you to make a prescription that will cure, but the time and labor required at each subsequent visit will be greatly lessened. Besides, if you are in doubt as to the remedy, the patient whose welfare is entrusted to your keeping is entitled to the benefit of it. In other words, if you do not know what to do, do nothing; wait until you know. This rule is another illustration of the homely

proverb: "The longest way round is often the surest way home."

Organon §§ 85–100 inclusive give us Hahnemann's method of "taking a case" and it is so very practical that it is not easily improved. Read it.

Bönninghausen practiced this method with a success that placed his name at the head of the clinicians of his day. Dunham informs us that in 1862 he had just begun his 112th volume of his "Clinical Record." Those who do not make a record of their cases in full, have no use for this repertory. But to those who will faithfully follow the practice of Hahnemann, Bönninghausen and Dunham a new field in clinical work will be opened and a success to which they have hitherto been strangers will crown their labors.

The Totality of Symptoms.—The second prominent and important feature of Bönninghausen's Repertory and that which stamps its originality, is the direct and practical method of applying the totality of the symptoms in the selection of the simillimum. This is based on the

Organon, § 7. In a disease presenting no manifest or exciting or maintaining cause for removal, nothing is to be discovered but symptoms These alone (with due regard to the possible existence of some miasm, and to accessory circumstances) through which the disease demands and points out its curative agent. Hence the totality of these symptoms, *this outwardly reflected image of the inner nature of the disease, i e., of the suffering vital force*, must be the chief or only means of the disease to make known the remedy necessary for its cure, the only means of determining the selection of the appropriate remedial agent. In short, the totality of the symptoms must be regarded by the physician as the principal and only condition to be recognized and removed by his art in each case of disease, that it may be cured and converted into health.

§ 8 It is as impossible to conceive as to demonstrate by human experiperience that, after the removal of every symptom of a disease embraced in the totality of perceptible phenomena, anything but health should or possibly could remain, or that, after such removal, the morbid process of the interior could still continue to be active.

If, according to the Organon, the totality of the symptoms then is the only means by which disease can make known the remedy for its relief, the only means we have of making a correct selection of the similar remedial agent, in order to successfully apply our voluminous materia medica, an index or repertory becomes absolutely necessary. A com-

parison of the merits and demerits of various plans may facilitate selection.

THE COMPARATIVE VALUE OF SYMPTOMS.—The majority of repertories is essentially an index of the symptoms of the materia medica, irrespective of value. But § 153 places a value on the symptoms, so that one symptom outranks another in the frequency in which it has appeared in the provings, as well as the frequency in which it has been verified in the cure of the sick. Hence, to *rank* or *relative value* of the symptoms is attached more prominence than the mere number of symptoms. It is upon this that Herings's tripod is based; viz: a prescription will stand on three characteristics. In other words, five or six *prominent*, *uncommon* or *peculiar* symptoms are more valuable in the selection of the remedy than fifty of the more common symptoms, because they serve to individualize the ailments of the patient and the chief features of the similar remedy.

Bönninghausen's work is intended to facilitate the practice of Homœopathy according to the rules enunciated in the Organon, especially § 153, which lays particular stress upon the *comparative value* of symptoms, both in the proving of remedial agents on the healthy, and the manner of using such symptoms in the selection of the simillimum for the cure of the sick. It reads as follows:

This search for a homœopathic, specific remedy, consists in the *comparison* of the totality of the symptoms of the natural disease with the lists of symptoms of our tested drugs, among which a morbific potency is to be found, corresponding in similitude with the disease to be cured. In making this comparison, the more *prominent*, *uncommon* and *peculiar* (characteristic) features of the case are especially, and almost exclusively considered and noted; for *these, in particular, should bear the closest similitude to the symptoms of the desired medicine*, if that is to accomplish the cure. The more general and indefinite symptoms, such as want of appetite, headache, weakness, restless sleep, distress, etc., unless more clearly defined, deserve but little notice on account of their vagueness, and also because generalities of this kind are common to every disease and to almost every drug.

This lesson of individualization is the red strand of the homœopathic fabric; and this is the distinctive feature inculcated by Hahnemann from the beginning to the end of the Organon. It is individualization which distinguishes Homœopathy from the generalizing methods of all other schools of

medical practice. It is the *uncommon*, the *peculiar* symptoms of a patient which enables the prescriber to differentiate one case of pneumonia from another and to select the appropriate remedy. To our friends of the dominant school a case of pneumonia is a case of pneumonia, each demanding, practically, the same treatment. So in the proving of remedies and the study of their pathogeneses, it is the *peculiar* and *uncommon* symptoms that are guiding, because they are individual. For example:

The mental anxiety and fear, of Aconite.

The terrible straining with the soft stool, of Alumina,

Passes stool better standing in the constipation, of Aloe and Causticum.

Feels better in every way, when constipated, of Calcarea.

The aggravation from motion, of Bryonia and Sabina.

The amelioration from motion, to Rhus.

Feels better in the open air, of Apis, Pulsatilla and Kali iod.

The sensitiveness to cold, of Baryta, Hepar and Psorinum.

The cross and snapping churlishness, of Chamomilla.

The ever-changing, hysterical and contradictory symptoms, of Ignatia.

The aggravation at 4 P. M., of Colocynth, Hellebore and Lycopodium.

The thirstlessness of all complaints, of Pulsatilla.

The painlessness, of Stramonium.

The throat complaints, beginning on the left side, of Lachesis and Sabadilla.

These are a few instances of the *peculiar* and *uncommon* characteristics of remedies.

These serve to individualize, hence are of especial value to the clinician. Many years of practical verification of Hahnemann's method confirmed Bönninghausen in the conviction that a repertory arranged with special reference to the comparative value of symptoms, so as to carry out in practice § 153 of the Organon, was the most practical method of utilizing the materia medica. And it was largely to the successful application of this plan in the cure of the sick which made its author "the peerless prescriber of Münster," the ablest homœopathic physician in Europe.

H. C. Allen.

THE

MEDICAL ADVANCE.

A HOMŒOPATHIC MAGAZINE.

VOL. XXIX. NOVEMBER, 1892. No. 5

INCURABLE CASES CURED.

Each of the cases herewith presented was pronounced incurable by competent allopathic authority. They were doubtless incurable by any therapeutic method outside the domain of *similia*.

I. *Scirrhus of the Pylorus.*—R. S. M., about 50 years of age, a stage-driver by occupation, about two years before I first saw him, had fallen off his seat and had been run over by his own stage, the wheel passing diagonally across the body from the right shoulder to the left hip. Several ribs were broken and he was otherwise injured. He was taken to Bellevue Hospital, where he remained three months. About four months later, that is, seven months after the accident, he began to have cramping pains in the stomach. These became gradually more severe, and after the lapse of several months he began to vomit food about two hours or so after it was eaten. Later, in addition to the vomiting of ingesta, there was coffee-grounds emesis. This was sometimes mixed with the digested food and sometimes was clear. From this time on, and perhaps earlier, he suffered very much from severe lancinating pain in the region of the pylorus. He was treated by various "old school" physicians, by whom the trouble was diagnosed as cancer of the stomach. He finally applied at the Manhattan Hospital (West Twenty-fifth Street), and came into my clinic. His condition then was:

Very greatly emaciated.

Yellowish color of the skin, which was dry, harsh; and wrinkled.

Expression of the face despondent. Mind morose, irritable, obstinate.

The irritability of mind worse after eating solid food, which lies like a stone.

Malar bones very prominent.

Tongue dry and of a dark-brown color.

Great thirst; drinking hot coffee makes him feel better for a time; hot milk also agrees.

Appetite voracious, but afraid to eat on account of food causing pain.

Abdomen sunken; the pulsation of the descending aorta plainly perceptible.

Just above and a little to the right of the umbilicus a hard, irregular lump, about the size of a duck's egg. This lump was movable, and was noticably lower in the abdomen and drawn toward the left immediately after eating.

Vomiting after eating; of food partly or wholly digested; of coffee-grounds mixture; of a watery albuminous fluid.

Lancinating pain in the tumor < by eating.

Gurgling noises in the bowels.

Stool, alternating constipation and diarrhœa. The constipated stool was hard, dry and scanty. The diarrhœaic stool acrid and watery.

Lower limbs œdematous.

Very weak; knees totter, and he can hardly walk he is so weak.

Great weariness, < by movement. Limbs seem heavy like lead.

Restless, uncomfortable sleep.

General condition < in room > out doors.

Here was apparently a case of cancer (scirrhus) in a very progressed stage. The prognosis seemed hopeless, and the patient himself did not believe anything could be done for him. As he had had much allopathic treatment, I gave him Nux vomica 6, three doses three hours apart, and Sac. lac. for three days. On the fourth day, having again gone carefully over the case, I gave him Bryonia alba 30, one two-grain powder, dry on the tongue, every six hours. Within forty-

eight hours the vomiting ceased, and only returned at long intervals. In a week his whole general appearance indicated improvement; the pain in the tumor was nearly gone. In six weeks after treatment was begun, he ate a dinner of corned beef and cabbage without distress; the tumor was very much smaller than formerly. In four months, tumor all gone; he had gained twenty pounds in weight; bowels regular; skin normal; in fact he was well, except occasionally he would, without any apparent reason, vomit food in a partially digested state.

II. *Pulmonary Phthisis.*—R. C. H., aged 22, son of a wholesale butcher in Fulton Market, and himself brought up to the business, but being addicted to drink and women could hardly be said to have any useful occupation.

The family were in very good circumstances. R. was a graduate of the New York College, and his sister is an "old-school" physician. R. was not vicious, but fond of gaiety, and had had four or five years of rapid living. About two years ago he had begun to have a cough which was supposed to be a "stomach cough," and of no importance. His appetite became poor and capricious, as was natural in a man who spent his evenings in carousing. He had, however, none of the outward marks of dissipation. He was quiet in manner, neat in dress, and in fact eminently respectable in appearance. Being endowed with almost phenomenal natural vigor he had been able to withstand his suicidal conduct without showing to the casual observer the ravages which were going on within. For more than a year, however, he had had night-sweats every night, and these had become so severe that he not only saturated his night-shirt but the sheets as well. The cough had become very exhausting, and he occasionally spit blood. He was now thoroughly alarmed, and appealed to me for help. Previously to this he had been examined by a well-known "old-school" specialist in lung troubles, who told the family that he was doomed, that nothing could cure him, that a change of scene and habits might prolong his life, but that a cure was impossible; residence for a year in the Adirondack region was advised.

I had known this winsome boy, and as a boy he was indeed winsome for many years, and was, therefore, very glad to

give his case particular care. I found on examining him that the breathing was rapid (30–35) and shallow; much accelerated by even moderate exertion. The temperature in the morning was about normal, or slightly subnormal, and in the evening 100.5° to 101° Fahr., or even 102°. The amount of blood expectorated was small, but bright red in color. The sputa was thick and yellow, tasting sometimes saltish and sometimes sweet, and showing by the caustic soda method elastic fibres of lung tissue. There seemed to be a marked exacerbation of the cough and other symptoms on alternate days, though there was not much change in the diurnal range of bodily temperature. There was considerable pain in the lungs, which seemed deepseated (not pleuritic), though he told me he had had sharp pains, and a feeling of tightness in the sides of the chest whenever, as he said, he took cold. He was unable to lie upon his back, as it seemed to him impossible to breathe when so doing. He was most comfortable on the right side. His voice, which originally had been noticeably resonant and musical, had become husky and uncertain. Appetite very poor, bowels sluggish.

A physical examination showed clavicles and scapulæ prominent, thorax flattened, respiratory motion uneven, skin pale, loose, and remaining wrinkled when pinched. Heart impulse increased in force, but quite rapid (80–95). There were several small areas of dulness most evident on the right side.

I kept him under observation, and Sac. lac., for a week, in order to get a picture of the undisturbed disease. He promised to change his habits, and did so to a considerable extent. That is to say he came home and went to bed at ten o'clock, and he drank very little.

I then gave him Silicea 1600, three doses three hours apart, and then "no medicine" for one week. He had no night-sweats from the first night, and never did have any more as long as I kept track of him, and that was for six or seven years. His appetite and general appearance were better, but temperature, cough, sputa, and breathing remained about the same. I gave Sulphur 30, three doses on alternate days, dry on the tongue, and then "no medicine" for a week. The bowels became regular, the cough somewhat looser, the tertian

type of the symptoms more pronounced. As there seemed to be on every other day a marked exacerbation of cough, expectoration and fever, at about four o'clock, I now gave, on the twenty-first day, Lycopodium 30, a dose every fourth day for one month. Under this treatment the fever entirely disappeared, as did most of the other symptoms, including the craving for drink. The cough became infrequent and not very fatiguing. The sputa whitish, being apparently simply mucus without taste. Appetite very good, and a steady increase in bodily weight of two or three pounds a week.

When he had taken the eight powders of Lycopodium which I originally gave him, I again put him on Sulphur, as before, and then gave Lycopodium 200 (Carroll Dunham) once a week for several months. He not only was restored to health, but he gave up his bad habits, went into business (retail butcher, on capital furnished by his father), got married, and became a useful member of community.

III. *Epilepsy.*—Miss M. S., aged 40, dressmaker, about twenty-two years ago was engaged to be married; the wedding-day appointed. The day came, but not the groom; the result, a "fit," followed by a fever. In the following year, on the return of the proposed wedding-day, she had another "fit," and this was followed by others, the interval becoming less and less between the attacks and dwindling from months to weeks, from weeks to days, until finally she had, during the past six or seven months, two or three attacks each day. She was a refined, delicate woman; an ideal old maid; as quaint as if she had just stepped out from an eighteenth-century picture. For although she and her sister worked for many would-be-fashionables, she herself dressed with an old-fashioned plainness which was very pleasing. She told me her story with the simplicity of a child, and with a faith in my power to help her (because I had cured a number of her acquaintances of various disorders), which made me solicitous of proving worthy of that confidence. As I was at that time seeing from forty to sixty patients every afternoon in my clinic, I could not give very much time to each, so especially interesting cases were given Sac lac., and told to come back next day. I did this with her for several days, until I had obtained a complete picture of the case, as follows:

Her general health was good; appetite, digestion, bowels, sleep, normal.

The attacks were preceded by a sensible aura, which enabled her usually to walk to her bed and lie down. She, as a rule, slept for some minutes and awoke feeling rather better than before the attack. These were irregular as to time; might occur under any circumstances; even at night during sleep. The spasmodic part of the attack lasted not more than ten or fifteen seconds, and was not severe. During the attack the face was pale. The aura consisted of a fine, prickling, not unpleasant sensation, mainly in the extremities.

The other symptoms elicited were:

Irritability of mind before the attack; great flow of ideas and loquacity after one.

Dryness of the throat.

Frequent yawning.

Pain and stiffness in the limbs, relieved by an attack.

Tremor of the hands.

Itching, stitching pain in the soles of the feet and in the toes.

As will be seen, no remedy was clearly homœopathic. Considering the cause of the trouble, one would naturally turn to Hyoscyamus; but the symptoms did not point to that remedy, and it was not given. As Agaricus is said to be good for chorea and epilepsia caused by mental emotions, and as the symptoms did not contraindicate that remedy, it was given in the thirtieth trituration, two grains, dry on the tongue, every four hours. She returned in one week with the report that she had had only three or four attacks since beginning the last medicine. The first medicine was, as has been said, Sac. lac.; and for the benefit of those who might be inclined to think that the influence was purely psychological, it may here be recorded that Sac. lac. had no effect. She went on having her two or three attacks a day, just the same, until she had Agaricus prescribed for her. The medicine was continued. The next week she had only one attack. She then went about a month before she had another. The next interval was about three months, and after that she had no more. But a new series of symptoms appeared soon after she began taking Agaricus, and these she had never had before. The

epileptic attacks were replaced by somnambulistic ones. She would be eating her dinner, or writing a letter, or walking to church, when she would suddenly lose consciousness. She would, however, go on doing the thing she was engaged in just the same, and just as accurately. As, for instance, if she was writing a letter, or making out a customer's bill, she would finish it, but when she awoke would only remember so much of it as she had finished before the attack came on. Or, if she was eating her dinner, she would go on and finish what was on her plate, and if dessert was set before her she would eat that, and then, perhaps two or three hours after, would say to her sister: "There! I forgot to eat my dessert;" not remembering anything that had occurred during the somnambulistic state. If, however, she was on the street when this state supervened, she always turned and went home, but she walked along so naturally that no one ever discovered she was unconscious.

Agaricus was allowed to act undisturbed, and these attacks, like the former ones, gradually grew less frequent, and finally ceased.

GEO. W. WINTERBURN.

NEW YORK.

A SULPHUR CASE.

The patient was one whom I had abused in times past. Long ago he had come to me complaining of restless nights and poor sleep. I analyzed his urine carefully, took his symptoms, and from the two constructed an elaborate theory of the condition of his internal organs. Something, as I remember it, about a congested and torpid liver and consequent deficient oxidation, resulting in imperfectly elaborated excrementitous material so that uric acid was thrown out in the urine, instead of urea. I succeeded in greatly impressing the patient with the profundity of my views and the vast extent of my scientific attainments, which, at that time, I considered as one of the objects of the physician, not mentioned in the Organon. The treatment was Natrum Sulphuricum 3x, and Lithia water. It cleared up his urine, but left his main complaint, restless nights and unrefreshing sleep, untouched. He drifted away but reappeared in about a year, for another analysis of the urine. He had the same trouble still, and it

seemed the idea, about as large as a pea that I had put in his head about defective oxidation, had grown to the size of a pumpkin and had never left him.

By this time, however, I had got another theory and explained very plainly that his trouble was undoubtedly due to waste of nerve force, from irritation of the terminal fibres of the sympathetic nerve lying in and about the rectal sphincters.

He was duly impressed with this idea and treated accordingly, but without success. Once more he left me and when he reappeared to have his urine analyzed, for he was still haunted by the old idea that I myself had given him, he was flushing his colon according to the method of Hall. This occupied his mind agreeably, but the old trouble was untouched, and moreover he had a host of new ones superadded.

By this time I had ceased my migration or changes of state; I no longer wobbled from one weak-kneed theory to another.

Central neuroses and peripheral irritations, necrobiotic changes and the oxidation of food material had ceased to occupy my mind, and instead of these fantastic hypotheses, I endeavored to find out in plain, blunt English, just how the patient felt, and then, without any intervention of pathological states, tried to cure him.

The symptoms as I now took them were as follows, the most recent ones being given first, the less recent ones next, and so on in order to the most chronic. During very hot weather he had worked hard at his business and felt exhausted, listless, indolent, languid, unable to attend to business, indisposed to make any exertion.

Pain on top of head.

Pain, dull, heavy, in occiput.

Failure of sexual power, almost no erection.

Itching of perineum, burns after scratching.

Sweats on slight exertion.

Cannot lie on his back, it seems to suffocate him and makes him feel faint.

Very restless at night, uneasy, fidgety; cannot bear to have the sheet touch him, he is so nervous.

Tosses about without sleep.

His feet burn so at night that he often wraps them in a cold wet towel, seeks a cool place in the bed, or uncovers them entirely.

The last two symptoms he has had for twenty years.

His family physician, a homœopathist, told him that the pain in his head and the prostration showed either malaria or uræmic poisoning, and on this straddle diagnosis prescribed Hyoscyamus 2x and Helleborus 2x, alternately, Celerina at night and Hunyadi Janos water in the morning, together with a flushing of the colon three times a week.

Newly reformed villains are always intolerant of villainy in others and I could scarcely help commenting on the inanity and confusion of thought that was responsible for such treatment. I gave him three powders of Sulphur cm. and a quantity of the prettiest sugar pills that the market afforded, wet with the purest alcohol. This was on September 1. On the 4th he presented himself in my office.

How are your nights, and how are the burning feet? said I.

"No better, but I am a new man in every other way," he answered.

And so it was, the pain in the head, the languor, the indifference to business had absolutely vanished.

In another week the sexual power was increased and he thought there was a slight improvement in his sleep and in his feet.

In another week he came in with a rapturous air, "I am a well man" he almost shouted, "and I do not know whether to call you a rogue for not curing me long ago, or a wise man for curing me at last."

His enthusiasm knew no bounds; nothing to do but that I must go out with him to celebrate this marvelous recovery. Business was temporarily suspended, and a card bearing the legend "Doctor will return in a few minutes," hung upon the door, and we whiled away a rosy half hour in ingurgitating several bottles of an aromatic and refreshing liquid called Original Budweiser, nor had it ceased to effervesce in the prima viæ before he wanted to settle his bill with such an absolute indifference to its size that anyone knowing the market price of Sulphur, and the amount I had given him would surely have thought the market had been cornered.

CHICAGO. J. B. S. KING.

DR. WILLIAM TOD HELMUTH IN JAPAN.

Dr. Helmuth, our surgeon poet and poet-surgeon, has been rusticating in Japan, and the following optimistic and pessimistic views, as seen under differing circumstances and so forcibly expressed in his inimitable verse, may be of benefit to medical tourists, for Alaska or Japan, instead of Europe, is now the Mecca of the American tourist. However, as Japan is the objective of so many who are in search of an ideal trip Dr. Helmuth's view may be suggestive:

THE OPTIMISTIC.

The following lines were written with the moonlight shining full upon the bay of Tokio, after a good dinner at the Grand Hotel. The writer had just returned from a delightful excursion to Kamakura, on a beautiful day in July:

Oh, fair Japan; oh, rare Japan!
  Thou land of ancient trees,
Where lotos blossoms fringe thy paths
  And perfume every breeze.
Where lilies bend their fragrant heads
  To kiss thy plashing streams,
And dark-skinn'd Musmees, almond eyed,
  Wake long-forgotten dreams.

Thy hills, crown-capp'd with sacred groves,
  Inclose thy gilded shrines;
In grottos where the iris blooms
  Droop sweet wisteria vines.
Mysterious languor seems to hang
  O'er mountain, plain and rill;
An unreality of life
  Does all the senses fill.

Thine ancient shrines to Buddha blest,
  With Shinto's gilded spires,
Proclaim a soul-sustaining rest,
  And ecstacy inspires.
Oh, sweet it is to dwell with thee!
  "Land of the Rising Sun"—
Where beauty, age and mystery
  Combine themselves in one.

THE PESSIMISTIC.

And these were written while lying in bed at Miyanoshita, during the drying of his clothes in the kitchen, after a five-hours' exposure in a hurricane of rain and wind (a portion of the typhoon of July 22), over one of the highest passes in Japan (Otometoge). Discouraged, cold, drenched to the skin, shrivelled and dispirited, he came to the Fugeia hotel at Miyanoshita, and thought in his misery:

Oh, hang Japan; Oh, dang Japan!
  A land of gnats and fleas,
Where noisome odors fill the air
  And float on every breeze.
Where men run naked in the streets,
  Wear spectacles for clothes,
And old and young and rich and poor
  Eschew the use of hose.

Oh, land devoid of knives and forks,
  Of tables, chairs and beds!
Where women black their teeth and shave
  Their little babies' heads—
I've had enough, I have no use
  (A quiet New York man)
For all this nude simplicity
  Careering round Japan.

I've had enough of cloisonne,
  Of ivory carvings, too;
Of ancient, rare, Satsuma jugs
  (Which probably are new);
I hate the sight of Buddha fat,
  He's too infernal calm!
And temples, shrines, red lacquer ware
  And damios, I damn!

Boy, bring my clothes up from the wash
  As quickly as you can.
Sir Edwin Arnold writes a lot
  Of bosh about Japan.
I'm shivering cold, I'm wringing wet,
  I've been an idle dreamer;
To Yokohama let me get,
  And there—thank God—a steamer!

The ADVANCE would suggest that Japan, as seen through medical glasses, would form a most acceptable topic for his poem at the World's Homœopathic Congress, next June.

TYPHO-MALARIA.

We beg leave to present the following case of typho-malaria—its symptoms, treatment, and the recovery of the patient—not that this case differed from many others in general characteristics, nor that the remedy found curative in this particular case will prove the simillimum in even a majority of fevers bearing the above name. Every Hahnemannian knows that there are a multitude of remedies which lay claim to his consideration when called upon to select the one remedy for the apparently mixed and contradictory symptoms which he will often find in malarial fever. This brings us to a question we have frequently heard asked by confessed homœopaths and others.

"How are you going to treat a case of malaria with homœopathic medicines?"

What a question for a homœopath to ask; nevertheless it is an important one and when asked in the true spirit of inquiry it will lead the interrogator to the knowledge he desires, for we have Moses and the prophets in the homœopathic Materia Medica, the repertories, and last but not least H. C. Allen's excellent work on intermittent fevers, with full directions for its use, from which the coveted knowledge can be readily obtained; that is, providing our seeking friend has first made his acquaintance with the Organon and especially §§ 83 to 90 inclusive.

But it is not our purpose to give the ætiology, pathology or differential diagnosis of typho-malaria; neither will we attempt to teach a better plan than has been fully taught in the above named works, which should be the property of every confessed homœopath. But it is our intention to offer in evidence the treatment of a single case, as an illustration of a course we have followed in practice for twenty-five years with success, in a country where malaria was not the exception, but the rule, and where it has served as an excuse on the part of allopaths, eclectics, and weak-kneed homœopaths, for large and repeated doses of quinine in every case presenting the least tendency to periodicity.

November 8, 1891, I was called to see Mr. H—, aged 45, a man who had never been sick in his life. The day pre-

vious to my first call he was taken with a chill, followed by a high fever, though he claimed he was hot inside and cold on the outside. His skin presented the appearance of gooseflesh. He had great thirst for very cold water. His mouth and tongue were dry—the tongue was covered with a dirty coat which had the appearance as though cornmeal had been dried on it. He had a diarrhœa which came on him whenever he moved or in any way exerted his strength; this made him weak. His sleep was not restful, and he talked and muttered when his eyes were closed. He was sore all over, especially when he attempted to move.

I found his pulse was 102, and his temp. 104⅕. My prescription was Bryonia 200, some pellets dissolved in water, a teaspoonful to be given every two hours unless they observed a marked change in him, in which case I was to be called.

November 19th, 9 A. M.: His wife reported no change, but I found his pulse 82 and temp. 103⅕. He still felt cold outside, and burning hot inside, as he expressed it; still he talked when his eyes were closed. I continued the medicine during the day.

November 20th, 9 A. M.: I learned that my patient had rested better, had not been so thirsty, and the pulse 84, which was two in excess of the previous day, taken at the same hour, but the temp. had fallen to 102⅕; a slight gain in our favor. I now gave no medicine, as I did not wish to continue the indicated remedy when I could see an improvement in the symptoms, though guided by the temp., and considering the fact that he had less thirst, less sensation of external cold and internal heat, I called him better; his pulse was 98.

November 21st, 9 A. M.: He had a stationary temp. of 103⅕ all day, and he took some nourishment.

November 22d, 9 A. M.: I found his temp. 101⅕; pulse 97. He thought he felt better, as he had had a good night's rest. Still doing well on no medicine.

On the 23d of November, an allopathic physician made him a friendly call, just because he thought so much of the sick man, you know, and, notwithstanding, he made an ass of himself, by talking the sick man sicker; he told them that he had no knowledge of my treatment, but the patient could not do better under any treatment. The temp. ran up to 103⅘ and

the pulse 96, thirst increased and the patient spent a night tossing from side to side of his bed. Bryonia 200, as before, for twenty-four hours.

November 24th, 9 A. M.: Temp. 103⅕; pulse 94. No medicine was given.

November 25th: Temp. fell to 101⅘; pulse 86. Continued no medicine, and on the morning of November 26th I found the temp. 99⅘. But on the 27th a relative came, which sent the temp. up to 103⅖; pulse 100. I then repeated the dose of Bryonia 200, after which I gave no medicine, but allowed the case to progress as indicated by the temp., which gradually fell from day to day. I should here state that the diarrhœa did not bother him after the first day. The bowels moved on the ninth day a healthy, natural movement.

There was but little thirst after the fifth day, and none of the sore pain after the third day. The temp. fell to four-fifths of a degree above normal, where it remained four days, when it fell four-fifths below normal, where it remained five days, and then resumed the even tenor of its way up to date. I may be open to criticism for repeating the dose, for so long a time, but I have always found H. N. Guernsey's plan a good one in acute difficulties. I. DEVER.

CLINTON, N. Y.

EPILEPSY CURED BY CUPRUM.

While it sometimes happens that physicians are censured unjustly, it more often is the case that they and their medicines are praised for effecting cures for which they are entitled to no credit whatever, the patient having simply recovered without having been in any degree benefited by the remedies administered.

There are a number of diseases that run a certain course, ending in recovery, without or with treatment, good or bad, as it may be, and we are very liable to make the mistake of giving ourselves, or our remedies, the credit of curing such cases when, perhaps, we did no good whatever. Doctors of all schools make such mistakes, and owing to the very minute amount of medicine used by a genuine homœopath, the allopath does not hesitate to pronounce the recovery of all cases so treated due to the efforts of "nature." That this judgment

is erroneous must appear upon a consideration of the case of facial neuralgia, reported in the August number of the ADVANCE. As a further corroboration of the efficacy of homœopathic remedies I submit the following:

A lad thirteen years of age had epileptic fits for three and a-half years, irregularly, usually two or three times per week; occasionally the paroxysms would be absent one or two weeks. He was treated by allopathic physicians during all this time, chiefly by one who was a professor in a medical college, the remedy used being Bromide of Potassium, which, given in pretty large doses, lessened the frequency and severity of the paroxysms for a time, but finally the paroxysms became more frequent and the parents of the boy applied for homœopathic treatment.

On the 17th day of December, 1889, he was given Belladonna and Ignatia, by another homœopathic physician. On the 31st day of the same month, perceiving no improvement, he applied to me and was then given Cuprum met. 12. The convulsions invariably occurred at night, during sleep—a characteristic of Cuprum. Since January 1, 1890, now more than two and a-half years, there has been no return of the paroxysms.

In this and the previous case reported, there can be no mistake in giving the credit of the cure to the remedies used.

URBANA, OHIO. W. M. HOUSTON.

HEMORRHOIDS.*

I. GRATIOLA. Mrs. M., aged fifty years, has had constipated bowels for a long time and for two weeks she has had hemorrhoids, as is usually the case during the menstrual period. They are now present midway between the periodical visitations.

These are her symptoms:

1. Constipation—difficult stool.
2. External hemorrhoids from any exertion and after stool.
3. Biting, stinging sensation in the tumors.
4. During the stool, a sensation as if the rectal membrane was torn.
5. After stool, all the nerves of the pelvis seem in a high

* Read before the Conn. State Homœopathic Medical Society, Oct. 18, 1892.

degree of tension; and the flesh on the perineum feels as if torn from the bones.

6. Aching from the lumbar region down the thighs.

7. Sleeplessness before midnight.

8. Peevish disposition.

9. Melancholy—over-troubled by family cares.

The most peculiar symptom, and therefore the most important, is the fourth, viz.: "The sensation as if the perineum was torn from the bones." Gratiola officinalis has this symptom: "wrenching pain in the coccyx." That was the nearest like the symptom of the patient that I could discover.

Upon studying the resume of that drug in Hering's Guiding Symptoms, the following were found closely corresponding with the symptoms elicited from the patient:

1. Stools hard, scanty, tenacious, expelled with difficulty.

2 and 3 (combined). Stools with protrusion of large, stinging, burning tumors; varices of the rectum.

4. Tearing in the rectum.

5. Wrenching pain in the coccyx after stool.

6. Bruised pain in the thigh.

7. (From Allen's Encyclopedia). Late falling asleep in the evening.

8. Peevish; capricious; constipation; ill humor; tired of life.

9. Melancholia; hypochondriacal affections.

Twelve powders Gratiola 200, one dry on the tongue four times a day.

She did not return, as directed, in two weeks. Five weeks later, however, she reported that improvement began at once after the prescription, and that before the two weeks had expired all the symptoms, including the constipation, were gone. She had menstruated without the trouble from piles, which she usually had. She wishes more medicine for fear that the hemorrhoids would reappear with the menses which were near at hand. Placebo, of course.

It has now been six months, without a return of the trouble.

II. COLLINSONIA. Mr. S., a merchant aged forty-nine years, has had hemorrhoids for three weeks. The bunches are forced out at stool, but do not bleed. They are sore and painful, with sensations of pressure and heat in the anus.

The stools are dry and difficult to pass, often composed of dark balls compressed together.

The urine is saffron yellow.

Melancholic temperament.

While in the army he suffered from hemorrhoids and fistula ani. He was operated upon for both troubles in 1870, and fears a return of the same conditions.

Ten powders Collinsonia canad. 200, one dry on the tongue four times a day.

This made a complete cure of the hemorrhoids and constipation in a few days.

III. NUX VOMICA. Mrs. S., aged forty-two years, has had hemorrhoids for six weeks. They were preceded by diarrhœa caused by eating berries to excess. She has been treated all the time by an allopathic physician internally and locally with suppositories, but with no improvement. Her husband, the subject of the preceding case, had constantly urged her to consult me, but she could not believe that there was any curative power in the small doses of Homœopathy without local treatment.

Symptoms: The stool itself is not difficult or painful to be passed; but afterwards there is so much soreness and sticking pains in the tumors, which have been extruded, that sitting is unbearable; she must lie down for two hours or more. These same sticking pains are also troublesome at night.

The hemorrhoids bleed freely after stool.

There are frequent, ineffectual urgings to stool.

Acid eructations, worse in the morning.

She is sleepy in the evening and must retire early, but is certain to awake at three A. M. If she gets to sleep later, she awakes with a dull headache.

The remedy needed is plain:

One powder Nux vom. 40m. (F.) dissolved in four tablespoonfuls of water; one tablespoonful every two hours in the afternoon and evening.

When she reported at the end of two weeks that the bleeding ceased in two days, and that the piles were entirely gone, she said "that she could hardly express her gratitude for the relief from such excruciating suffering as she experienced for six weeks. She should never again sneer at little pills."

HARTFORD, CONN. ERASTUS E. CASE.

INTERMITTENT FEVER.*

I. NATRUM MUR. A milkman, aged forty-five, has had every day for two weeks fever with headache, aggravated by noise and heat. It is a sensation as if there were a seam in the skull surrounding the vertex, and the brain would burst through it. The attack comes on at ten A. M. and lasts until three P. M. He must lie down and sleep it off.

This patient has had many attacks of intermittent fever, treated by Quinine, Cinchonidia, etc.

Considering the malarial history of this case and the time of onset of the paroxsym, one remedy only seems possible: one powder Nat. mur. cm. (F.) dry on the tongue in the evening.

Not a single paroxysm of the fever or headache followed this prescription.

II. A woman aged fifty-two years has intermittent fever. She has been taking Quinine for three weeks, but the chills have been steadily increasing in severity.

Type of chill: Severe shaking; quotidian; anticipating; coming to-day at four A. M.

Concomitants of chill: Pale face; blue nails; pain in the back, relieved by pressure; a desire to be covered, but not relieved by the covering; extremely sensitive to the air, even to having the hands uncovered.

Fever came on at nine A. M. with thirst, and pain in the vetex. Fever is gone at four P. M., but no sweat appears.

Apyrexia: easily chilled in the evening. She sleeps well through the night until early morning, when she awakes with another chill.

Many remedies have quotidian attacks and shaking during the chill. Only eleven have the anticipating type of chill. We will therefore use those only for comparison, because one of them must be the best possible remedy for the cure of this case.

---

* Read before the Connecticut State Homœopathic Medical Society, Oct. 18, 1892.

In the study different figures are used to correspond with sizes of type in the repertory (H. C. Allen's):

	Ant. t.	Ars.	Bell.	Bry.	Chin. sul.	China	Eup. per.	Gamb.	Ign.	Nat. m.	Nux v.
Type of Chill, anticipating	1	3	1	3	3	3	1	2	1	3	3
" " " quotidian	1	2	1	1		1		1	1	2	3
" " " shaking	2	1	1	2	3	3	1		3	3	3
Time " " morning				3			3			3	3
" " " " early					2					2	3
During " pale face	1		1		1	1			1		1
" " blue nails		1				2				3	3
" " pain in back		1	1		3		2		1	1	3
" " " " " relieved by pressure		2	2	3		1			2	3	2
" " desire to be covered							2			2	3
" " covering gives no relief											3
" " sensitive to cold air											1
" fever, thirst		3	2	2	1	2	1			3	2
" " headache		2	3	1	1	3	3		2	3	2
Sweat, absence of		2	2	1		1	2		1		1
Sum of Indices	5	17	14	16	14	17	15	3	12	28	36
No. of symptoms covered	4	9	9	8	7	9	8	2	8	11	15

This is the result: The eleven remedies compared are Antimonium tart., Arsenicum, Belladonna, Bryonia, Chininum sulph., China, Eupatorium perf., Gambogia, Ignatia, Natrum mur. and Nux vomica. The highest sum of the indices is thirty-six, belonging to Nux vomica. Natrum muriaticum stands next highest, amounting to twenty-eight. Arsenicum and China stand next with seventeen each.

Nux vomica alone covers the fifteen symptoms. Natrum muriaticum has the nearest relationship to it, covering eleven of the fifteen; the four lacking are as follows: three concomitants of the chill, viz., pale face; no relief from covering; the extreme sensitiveness to cold air, and absence of sweat—all of them very characteristic. Nux vomica must be the remedy. How shall it be administered?

§ 236 of Hahnemann's Organon, regarding the treatment of intermittent fever, is as follows:

"The best, most appropriate and serviceable method in these diseases, is to administer the remedy immediately, or very shortly after the termination of the paroxysm, as soon as the patient has, in some measure, recovered from it. Administered in this manner, it has sufficient time to produce in the organism all its various effects to restore health without violence or commotion; whereas, if taken immediately before the paroxysm (even though it were homœopathic or specific in the highest degree) its effect would coincide with the renewal of the natural disease, and excite such a strife in the organism, so powerful a reaction, that the patient would lose at least a great portion of his strength, and even life would be endangered. But when the medicine is administered immediately after the termination of the paroxysm, and long before there are any preparations for the next fit, the organism is in the best possible condition to allow itself to be gently modified by the remedy, and by these means to return to a state of health."

These are wise words, as I have learned positively by following the advice here given, and negatively by a partial disregard of it until within five years.

One powder Nux vom. cm. (F.) dry on the tongue at five P.M.

On the next day there was no sign of a chill. On the second day she felt somewhat chilly from seven until eleven A. M. Some headache followed until three P. M., but without any other manifestation of fever. That was the end of the trouble.

III. A professional man, aged forty-three years, has intermittent fever, with these characteristics:

Type of chill: (1) tertian; (2) severe shaking.

Time of chill: (3) 1 A. M.

Concomitants of chill: (4) coldness in the back; (5) pain in the limbs; (6) vomiting; and (7) relief from external heat.

(8) Chill short, a half hour, fever following, lasting several hours.

During the fever (9) sleepless.

(10) Sweat is absent.

During the apyrexia: (11) extreme weakness; (12) anorexia; and (13) headache.

Arsenicum alone covers all these symptoms. Pulsatilla lacks two—Nos. 7 and 11. Nux vomica lacks three—Nos. 3, 4 and 9. Natrum muriaticum lacks four—Nos. 3, 7, 9 and 10.

One powder Arsenicum cm.(F.)dry on the tongue at 10 A. M.

On the second night there was slight fever in the evening, but no chilliness. He awoke at one A. M. in a profuse sweat.

Health was quickly re-established without any further chills or medical treatment. ERASTUS E. CASE.

HARTFORD, CONN.

HOMŒOPATHIC PRACTITIONERS NEEDED.

While the medical profession in general is already overcrowded, the homœopathic practitioners are still suffering from that which has always been a hindrance to the cause. The supply and distribution of homœopathic physicians ought to be such that they could depend entirely upon one another for consultation. When I see a homœopathic physician advertising his practice for sale, "the only homœopath in a city of 10,000," or, "no other homœopath within twenty miles," I do not blame him for wishing to sell. I would sell too and go to a town of 10,000, with ten homœopathic physicians, or to some country location with a homœopath at the next four-corners. Homœopathic doctors should not be afraid of a little town of 1,000 because there is already one homœopathist there. Go and strengthen a lonesome brother; work harmoniously together. Try to be complementary as well as complimentary to each other. Two ought to be more than twice as strong as one. Two homœopaths who are good prescribers and well up in surgery and the 'ologies can withstand all the allopaths in the community. If the necessity arises for consultation with allopaths, be judiciously loyal to Homœopathy. Remember that many of our best homœopathic physicians are converted allopaths. If our homœopathic candle be hidden under a bushel it will not make many converts to the cause.

The writer has not always been a model in his consultation with allopaths. Yet he is glad to say that in later years he has given some allopaths and bogus homœopaths reason to respect the three essential principles of homœopathic pre-

scribing. A few months ago we thought best to have consultation in a case under treatment. The sole object, as we stated to the family, was the question of diagnosis. The case had previously been under the treatment of a pretended homœopath, who had prescribed an eight-ounce bottle of a drug store mixture. The cause of the sickness was exposure in attending a circus on a stormy day. We found marked icterus from catarrh of bile duct, excruciating rheumatic pains, fever and profuse night sweats. He was so irritable that he could not use any one decently. The heart's action was labored. He had valvular deficiency from previous acute rheumatism. We selected Bryonia after close study of the case, and the remedy seemed to be the true simillimum. After some days of improvement a catarrh of the bowels occurred. Mercury 3x cured promptly. And then progress was slow; the patient was still irritable, the stomach weak and yet a craving appetite; afternoon temperature, 101° F., and profuse sweating at night. In this condition we gave him a dose of Psorinum. The next day he was no better. The next day the same, and we called an experienced and candid allopathic consultant. After more than an hour spent in the examination of the patient, the conclusion was that he would advise trying the alkalies. He confessed, however, that the diagnosis was not clear, the prognosis doubtful and the treatment still more in the dark. We told him what the treatment had been, excepting the Psorinum and Placebo part, and had occasion later to inform him that the patient improved rapidly without a change of treatment. The third or fourth day after giving the Psorinum the system responded to it and recovery rapidly followed without further medication.

Allopaths will not investigate Homœopathy until its practitioners prove their own loyalty to its principles.

TOWANDA, PA. H. W. CHAMPLIN.

MIRACLES OF GRAFTING.—A Captain James has been experimenting with the olive, and now makes the sensational announcement that olives can be grown on our native willows by the ordinary process of grafting. He makes good the assertion by exhibiting willow branches with clusters of fruit growing on them.

TO THE MEMBERS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The General Secretary deems it proper to publish the following announcement:

At the recent session of the Institute it was announced that the United States Government had authorized the holding of a series of Congresses on subjects of a scientific and social character, during the continuance of the Columbian Exhibition in Chicago, in 1893. Among these there will be included a World's Congress of Homœopathic Physicians and Surgeons. The Art Building, now in course of erection, is for the free use of these Congresses and for their sectional meetings, committees, etc. The department of the exhibition known as the World's Congress Auxiliary, has appointed a committee, consisting of a number of homœopathic physicians of Chicago, with Dr. J. S. Mitchell as its chairman, to prepare and arrange for the Congress of Homœopathy.

Acting on this announcement, and on motion of Dr. Mitchell, the Institute appointed a committee to consider what action should be taken in reference to it. This committee afterwards presented the following recommendations, which the Institute adopted unanimously:

1. That the meetings of the Congress and of the Institute be held in conjunction, after the plans of the previous Congresses.

2. That the officers elect of the Institute hold office for two years.

3. That the business meetings of the Institute he held daily during the continuance of the Congress, and that it adjourn to meet with the Congress.

4. That the sectional meetings of the Institute, bureaus appointed at this session, and other scientific proceedings of the Institute, be deferred until the session of 1894.

The Institute has thus ordered that for next year its own sessions be limited to the transaction of its general business, and that all its scientific energies shall be devoted to the interest and success of the Congress.

At the Congress at Atlantic City, in 1891, there was an attendance of 1,024 homœopathic physicians and visitors. At

the Institute meeting in Washington, in 1892, there were 881 members and visitors. There are good reasons to believe that the Chicago Congress will more than double the larger of these numbers. The indications of a large attendance from abroad are far more encouraging than in 1891.

During the past two years the Institute has added more than four hundred names to its roll of membership, notwithstanding the fact the meetings were held within little more than a hundred miles of each other. The General Secretary considers it perfectly feasible to secure at least four hundred more during the Chicago Congress, and expects to labor earnestly and persistently to that end. He suggests that all societies, state and local, appoint committees to canvass their membership to secure larger representation in the National Society. This work should begin now. Blanks will be fowarded on application. College faculties should endeavor to secure members from among their alumni, and thus enhance their collegiate influence in Institute councils.

The Institute has adopted a resolution requesting investigations on the subject of Comparative Mortality Statistics in all our larger cities. One of our largest cities is already taking measures to this end, through its county society.

All reports secured should be communicated to Dr. T. F. Smith, 264 Lenox Ave., New York City.

PEMBERTON DUDLEY,
General Secretary.

AMERICAN INSTITUTE OF HOMŒOPATHY—BUREAU OF MATERIA MEDICA AND THERAPEUTICS, 1892-3-4.

The following circular has been issued by this Bureau. Any practitioner having definite views upon this vital topic is requested to join in the symposium and correspond with the Secretary:

Dear Doctor: In organizing the work of this Bureau for the year 1894; the session of 1893 will be omitted because of the Congress during the World's Fair—we think that at least half of the whole day's session of this Bureau should be given over to a thorough discussion of the best methods of *studying* and *teaching Materia Medica.* In order to ele-

vate and dignify this important topic, and place it where it belongs, in the very fore-front of Homœopathy, we respectfully solicit answers from you, as we do from all teachers of our Materia Medica the world over, to *all* the following questions:

I What advice do you give concerning Materia Medica to a student beginning medicine by a year's preliminary study?

II. Which is the best method of teaching Materia Medica; (*a*) for the preceptor to his student; (*b*) for the teacher to his classes in the college; (*c*) give an outline of your method of studying or teaching a drug in the class-room?

III. Which is the best place for teaching Therapeutics; (1) hospital, (2) dispensary, (3) clinic, (4) class-room, or (5) bedside, and how should it be done?

IV. Do you teach the potency of the remedy studied? If not, why not? If you do, how do you explain the potency you advocate?

V. When should the Organon be taught, and how?

This does not involve a long essay, unless you desire to contribute such to the Bureau over and above these answers. Please give this your prompt attention, in order that a complete resume of how our therapeutics are taught may be carefully prepared. WM. E. LEONARD, Secretary.

SOME ACUTE CASES.

CASE I. RHUS.—*Vesicular Erysipelas:* On June 16, 1888, I was called to see a man eighty-five years of age; the entire right arm, from the shoulder to the fingers, was swollen over twice its natural size, raw, red and wet from the water that was continually oozing from the vesicles; you could see it running out. Itching and burning, were very troublesome. I could not get many symptoms from him as he could not speak English very well. Gave one dose Rhus dmm. (Swan) with placebo. Improvement continued until July 1st, when I gave another dose of Rhus dmm., after which he continued to improve and was well in two weeks. He had been previously treated by an allopath, for two weeks, and was steadily getting worse. The arm was enveloped in a

flaxseed poultice when I saw him. I directed it to be dressed in thin muslin.

CASE II. RHUS.—*Hemiplegia:* On August 6, 1892, I was sent for to see Mr. H——, a man of seventy-eight years of age. The day previous he had got wet in a rain storm. I found the left arm and leg paralyzed, with partial paresis of the organs of speech, so that articulation was difficult and indistinct. He could not get out of bed, nor stand alone. Complained of stiffness and numbness of the parts. He was stupid and forgetful, difficult of comprehension, low-spirited and restless. I gave one dose of Rhus dmm. (Swan), with placebo to follow.

In two weeks he was going around in a wheel chair, and could walk around the house by pushing a chair.

On August 27, improvement seemed to stop, and I gave another dose of Rhus dmm., after which he steadily improved, and in less than two months was walking around as usual, and today is well.

CASE III. LACHESIS.—*Diphtheria:* On August 5, 1892, just after arising from breakfast, Mrs. C——, a neighbor who is subject to diphtheria, called and wanted medicine for a sore throat. She looked weak, pale and exhausted. She said she awoke during the night with severe pain on the left side of her throat. Externally, the left side of her neck was very sensitive to touch; internally was redness of fauces and slight exudation appearing on left tonsil. I gave her one dose of Lachesis dmm. (Swan). I saw her again in the evening, but she was no better.

August 6: Slightly better.

August 7: Swallowing was very difficult, liquids returned by the nose; towards evening she slept, and awoke strangling for breath; a messenger announced that she was worse. I gave another dose of Lachesis dmm., and when I returned, in less than an hour, she had vinegar stupes on her forehead. The fumes of vinegar were strong in the room, and thinking it had antidoted the Lachesis, I gave another dose, and in so doing erred, as will be seen later. She had a bad night, was afraid to go to sleep, but did, and was worse again after awakening. I was again summoned, but only gave Sac.

lac. The difficulty in swallowing increased; spitting large quantities of mucus.

On the 8th and 9th she remained about the same. I directed her to keep awake, if possible; however, the nurse, through neglect, let her sleep. She awoke about two A. M. on the morning of the 10th. A messenger came and said she was dying.

I found her sitting up in bed, gasping for breath. Her breathing could be heard in an adjoining room, slow, difficult, spasmodic. She was cold and almost pulseless, with great anxiety and fear of death. I thought she was going to die. I gave one dose of Diphtherinum dmm. (Swan), in a teaspoonful of water (should have been dry), and for about five minutes I thought she would suffocate.

In less than twenty-four hours she could swallow liquids, and in forty-eight hours she was well, and would get up if allowed; this, however, would probably have been fatal. Sac. lac. was given every two hours. S. J. HENDERSON.

BAD AXE, MICH.

ARSENIC VS. CHOLERA.

To the President: Inclosed you will find an introduction to your correspondent, from my friend General S. B. Maxey, which I should have handed you, but my wife's illness keeps me at home for the present. It will give you an inkling of what I hoped to present in person for your honorable consideration had it been possible to go to Washington at this time. Nevertheless I am ready and anxious to defend my theory before the medical fraternity of the world, and hope, should you deem it worthy further consideration, that you present it to them through the channels at your command. I am anxious to substantiate to the satisfaction of the world that Arsenic (pure or attenuated as the *rabies canina* of Pasteur or the cholera *virus* of Haffkine) will *prove itself as surely a vaccine against* Asiatic cholera, and better and safer than inoculation with cholera *virus*, as are those of Jenner, Pasteur or Haffkine sure antidotes to their respective similars. Arsenic should be affixed in plastic form to ivory "points," in quantity not exceeding 1-30 gr. to the "point," or used in hypodermic

injections in doses ranging from two to ten *minims* Fowler's or Pearson's solution.

Arsenic is, with but a few exceptions, destructive to animal and vegetable germ life, and is reconstructive and a tonic to the system, yet in lethal doses produces symptoms similar to Asiatic cholera, the same as does cow pox *virus*, at times, produce like symptoms in man to small pox: as does the *rabies canina* produce symptoms similar to hydrophobia; as does also the cholera *virus* of Haffkine effect similar symptoms as found in epidemic cholera.

Arsenic does all this in a like similarity to epidemic cholera, as does Jenner's cow pox *virus* to small pox. For instance: Let me here quote you from Bartholow, p. 142, where he says: "Arsenic is one of the numerous remedies proposed for the treatment of epidemic cholera;" also from Virchow, who says: "That many cases of arsenical poisoning are not distinguishable by their symptomatology or morbid anatomy from cases of epidemic cholera."

I here call attention of all medical men to the indisputable fact that many patients, before well, vaccinated with cow pox *virus*, have exhibited symptoms so astoundingly like small pox as to question the purity of the *virus*.

I would suggest that all who will acquiesce, especially those in the afflicted districts of Europe, all passengers, officers and sailors from infected ports, and even cholera patients themselves, especially in the first stage, all suspects or associates of suspects, quarantine officers, their assistants and counselors, be at once vaccinated with Arsenic as above prescribed, or take five-drop doses of Fowler's solution every few hours till slight physiological effect is produced. For the effect of Arsenic continues in the system from a few hours to four weeks or longer according to the size and frequency of the dose, and with such as prescribed *all may safely feel immunity from attack* for at least four weeks when, for safety, all still exposed to cholera should be resubjected to Arsenic.

As Koch is under royal favor in his efforts to assist the afflicted, as Pasteur is still recognized as the leader of experimenters in medicine, and Jenner has at last received the plaudits so long due from his colleagues and the world, I have the temerity at this time, to present my theory to the head of our

great Nation, when all danger signals are flying and all able minded thinkers at thought to devise some method whereby we may possibly be spared the threatened epidemic of a most loathsome and painful and fatal disease and probably thereby spared a financial panic, the greatest in our history.

With due deference to the opinions of others, but with a firm belief in my own, I present to your honorable attention.

Respectfully submitted,

PARIS, TEXAS. R. B. LEACH.

[In the treatment of any diseased condition Arsenic can only cure an Arsenic case under the law of similars, and it can no more cure or prevent all cases of Asiatic cholera than it can all cases of cancer. If an Arsenic epidemic of Asiatic cholera should appear Arsenic might act as a prophylactic, but not otherwise.—ED.]

SUPPRESSED DISEASE.

J. H., Aet 35, January 23d; family history poor: Mother died of phthisis; father of pneumonia, as near as I could ascertain. My patient is now just recovering from an attack of la grippe, but has not been in good health for a number of years. He complains of an aching across bridge of nose, creamish discharge from both nostrils with sometimes a bloody discharge from left; tickling sensation at bifurcation of bronchia, accompanied by an aggravating cough; little or no expectoration, but expectoration is aided by warm drinks; cough is worse on first retiring and during the morning; sleep restless—always awake from two to four A. M.; feels better out of doors. Some ten or twelve years ago, had gonorrhœa, which was cured(?) by injections; but he still has a reminder of it in the way of a gleety discharge, at times he loses control of urine—this is worse by mental excitement. There is a nodular eruption of nape of neck, which is intensely itchy at night. He tells me this extends pretty well down on back. Has hot flashes; soles of feet burn at night so that he must hunt a cool place for them. I gave him one dose of Sulphur 1m. (B. & T.,) and sufficient Sac. lac. as a placebo, and told him to report in one week.

January 30: Still improving—Sac. lac.

Feburary 7: Still improving—same.

March 5: All the symptoms seem better, except the urethral discharge and the occasional weakness of sphincter vesicæ. I gave him a dose of Med. cm. and told him to report in two weeks. When that time was up he sent word that he was much better, to send more of same medicine.

April 8: He reported in person, saying the bladder trouble was decidedly better, and no discharge.

April 29: Still doing well, but the eruption on neck was bothering him very much; he also was having the hot flashes and burning soles. I gave him Sulph. 55m., with instruction to report again in two weeks. In about that time he came into the office. He took a handkerchief from about his neck and there was a nicely developed boil, as large as a hen's egg, discharging a healthy pus. These were his words: "This is the strangest boil I ever saw; I have not suffered one particle of pain with it. It seemed to commence to develop on taking the last medicine. I used to have boils every few months, on the back of my neck, but have not had one for seven years now; but with those I suffered so I could get no rest. I have thought all the week that I would come and have it opened, but as it did not hurt me any I let it alone." I assured him that he did the right thing, and asked what cured his boils so suddenly. It was a preparation recommended by some friend In two weeks more he reported feeling well—weighing more than for a number of years.

Have we not here a good illustration of suppressed disease, or allopathic cures? No doubt the gonorrhœa was the foundation of this man's trouble—this was suppressed. The bimonthly crop of boils followed, which were also suppressed, and we have the gleety discharge and the general break-down as a result. He was probably going to follow his mother with phthisis. We also see how much more prompt and effective work the Sulphur did after the Medorrhinum than before, since the gonorrhœa was the first cause.

Case II: I have been treating a young lady of a number one family for some time for an old chronic throat trouble. I had a pretty good Sulphur case, so gave it. The consequence was a nice case of scabies. She was *sure* she never had anything of the kind. Some little time after, I questioned

the mother. She said yes, when my patient was a little girl they were visiting and in some way the child became infected with itch, and she was so ashamed and afraid some one would see it she immediately anointed her with sulphur ointment and cured(?) her. WM. E. WADDELL.

CHICAGO.

HYDROPHOBIA.

Robbie C., a bright healthy lad aged 4½ years, on June 5, 1892, while playing alone in a neighboring yard, was bitten by a strange dog on the right cheek.

He was taken to a doctor's office, the wound cauterized and closed with three stitches. It healed kindly, giving the little patient no trouble. So far as known the dog was not seen by anyone except the boy. The next day, however, a dog supposed to be rabid, was killed two miles south. These are all the facts that could be gathered at the time I was called to the case on the evening of June 11th. He had complained of pain in right side of his head but continued his play till nine P. M., when he was put to bed as usual. In a short time he awoke with a sharp cry and sprang out of bed with a frightened appearance. He was soon quieted however, and again asleep. These paroxysms continued through the night at intervals of fifteen to thirty minutes. During the forenoon Sunday he slept longer at a time and seemed less excited on waking. At noon he was dressed and ran about the house during the afternoon. The real condition of affairs was not up to this time apparent. He lay but a few minutes when put to bed at nine o'clock and from that time until six Monday morning he was constantly moving about and talking, although seemingly conscious of all he said and did. His only complaint was of being tired but could not rest. He seemed to have control of his muscular system to the extent of doing anything he wished, such as climbing into his crib, onto the bed or into a chair, but his movements must be very rapid. From six to eight o'clock, he lay in his crib, tonic spasms of the upper and lower extremities being only moderate; would answer when spoken to, but constant talking had ceased. The right side became still at eight

o'clock and a half hour later the left, and at 9:25 he quietly ceased to breathe.

Saturday night and Sunday it was very difficult for him to swallow anything and Sunday night he would not attempt it. Frothy saliva almost constantly issued from his mouth and micturition was frequent. A scream accompanied by shuddering would follow the least stir of air; even moving a handkerchief to wipe the large drops of sweat from his face could not be tolerated, neither would he allow anyone to touch him, saying "you want to kill me." Sunday night his tongue became swollen and protruded from the mouth so that we could understand nothing he tried to say, but this was all right again in an hour. It was impossible to get his temperature until just before he died, when it was 106⅘ degrees.

He had Bell. 200 Saturday night and cm. Sunday noon. For the swollen tongue Hyos. cm. H. F. SMILEY.

CHICAGO.

RINGWORM: ITS CONSTITUTIONAL NATURE AND CURE.

PREFACE.

Some years since I published a small volume under the title of "Diseases of the Skin from the Organismic Standpoint," and in it I seek to show that the so-called diseases of the skin are for the most part diseases of the constitutions of the persons, and not diseases of their skins. Since that time I have had ample opportunities of making observations on the true nature of skin diseases, and these observations tend almost uniformly to prove the correctness of the view.

Gout in the big toe is not a disease of the said toe; acne on the shoulders of young persons is not a disease of the skin of the shoulders, neither is a yellow-coated tongue a disease of the tongue.

The disease under consideration in this tiny treatise is one of the most characteristic, and its outward nature is indisputably parasitic; yet a careful survey of the young individuals that get it shows that they all have very peculiar characteristics—ætiological, cutaneous, and glandular.

Ringworm inspires disgust; more or less almost all skin diseases do that, and yet a perfectly clear skin may enclose a

very diseased organism, and a skin-diseased person may have a relatively much better constitution, and have all his internal organs in a relatively much better state, his cutaneous manifestations notwithstanding.

Indeed I would almost go so far as to say that many cutaneous manifestations betoken, in a certain sense, constitutional power—in the sense, namely, that such organism has the power to determine its diseases to the periphery, to its outside. In other words, the disease being of the organism, it is a smaller evil to have it outside, on the skin, than to have it inside in a given organ. Gouty inflammation of the big toe is one thing; the same process in the stomach, quite another; therefore, the disease being given, it is the stronger person who throws said disease into his skin; but that does not make it a disease of the skin. Old physicians who used to set up issues in their patients' flesh and maintain them there, knew well what they were about.

In regard to ringworm, I am of opinion that absolutely healthy children do not and cannot catch it. Before they can catch ringworm, it is essential that they be in tainted health, in some way, for otherwise they could not supply to the parasitic fungi the food which they need to live and thrive on, and to continue their propagation. On careful reflection this, I believe, will have to be conceded, and this the following pages illustrate clinically.

You cannot grow a common mushroom except under given conditions, neither can you the trichophyton of ringworm.

The trichophyton is not the disease itself, but its organic scavenger. Cure the internal disease, and this scavenger dies.

RINGWORM.—HERPES S. TINEA TONSURANS.

That Ringworm (Herpes S. tinea tonsurans) is due to a specific fungus is one of the certainties of practical medicine; that the recognized treatment of the same is by external applications, with the view of killing the fungi, no one needs to be told. Hitherto its medicability by internal remedies has been admitted by a certain section of the homœopathic school of medicine. Indeed, the more staunch Hahnemannians have always fought for this view, and time and again have proved its practicability; on this point I have long been at one with

these more staunch of the Hahnemannians, and that simply because I have been able to verify their views clinically. For years, in common with many others, I have been constantly in the habit of treating and curing ringworm by internal remedies with relative success. For all that I have, thus far, never had anything approaching to a clear notion of its true nature, and some of the cases would persist in not getting well; and this lack of a definite idea of its nature, and also the uncertainty of its cure is, I believe, fully shared by those who have thus habitually considered and treated ringworm constitutionally. It is due, let us say, to Psora; but we have no clear conception what Psora is. Psora needs to be split up into its component parts—no easy task; it roots in the vague, its trunk and boughs run away into anywhere. The Psora of the homœopaths seems somehow true, but it has no proper beginning, no definite course, and ends in pathological chaos. Perhaps we study it in Hahnemann, and in the best writers on the subject, and after doing our best to master it we rise from our studies with no clear idea, and we finally decide to abandon Psora as an intangible myth, and then we proceed with our clinical work; but, before long we stumble against a very tangible something, and looking at the stumbling block we find writ large upon it the word Psora! Have I then hit upon a solution of the Psora problem? No! but if we cannot break the whole faggot, we may perchance break one stick of it.

Hughes, in his Manual of Therapeutics, says that Herpes circinnatus (ringworm of the surface) is usually treated, and with fair success, by Sepia, but that when the proving of Tellurium produced so similar an eruption, he (Dr. Hughes) followed Dr. Metcalf in prescribing it instead of Sepia for this disorder, and has never failed to cure it speedily thereby.

Of ringworm proper of the scalp, Hughes thus writes—(Manual of Therapeutics, p. 520):

"That this disease is, when recent, amenable to internal remedies alone, seems to disprove the theory of its parasitic origin. The medicine for it is Sepia, at about the 6th dilution; but if this fails, you must resort to some local parasiticide, of which I suppose a solution of Sulphurous acid would be about the best."

Some time since I published a small volume, entitled "Five

Years' Experience in the New Cure of Consumption by its own Virus," and the fifty-third illustrative case therein runs thus (p. 95):

The influence of the virus upon the teeth and their growth and appearance is very striking. What I regard as tubercular teeth are those—often more or less rudimentary—with holes in their external surface. Whether this is a recognized pathological fact I do not happen to know, perhaps it is not. But it is an important clinical observation. I recognized it clinically some three years since, while treating a highly strumous lady with many scars and glands in her neck. While under the virus I noticed an extraordinary improvement in her teeth, they became a nice color, and the numerous superficial holes cleaned and partially disappeared. It was even more apparent and striking in the following case: A girl of eleven, with ringworm on the scalp; the lymphatic glands everywhere palpable, and her ribs very flat; strawberry tongue; a bad cough, worse at night; although eleven years old, she had practically no teeth, that is to say, they were rudimentary and not above the level of her gums. All her mother's brothers and sisters had died of consumption; after three months' treatment with our ordinary remedies, we had but little progress, and then I kept patient altogether five months under the bacillic virus, with the result that her palpable glands ceased to be palpable; her ringworm disappeared; her ribs took on a better form; her breathing was notably better; and, *mirable dictu*, her teeth had grown. She is now well and has a mouth full of teeth, which are quite passable. It may be noted that the ringworm had disappeared, and in respect to this nasty thing, I find it generally disappears under the influence of the virus.

I learned this very important fact, also purely clinically, in the following manner: A whole family of children of different ages had had ringworm for a full year, and the mother told me on bringing them that she had already spent over £60 on medical fees for its cure, but in vain. All known remedies had been applied by the local doctors in two neighborhoods, and several skin specialists had worked hard at their poor heads, but to no avail. Their heads were shaved and their scalps were well scoured night and morning, but still

the ringworm persisted. Finally, a distant cottage had been hired, and the afflicted ones were there isolated, and the services of a noted ringworm curer of the non-qualified variety had been secured; but these also failing they were put under my care. I have had no great cause to complain of the homœopathic treatment of ringworm with our antipsorics—indeed, quite the contrary—but it is apt to be a bit tedious at times. Now, their mother had been cured by me of incipient tuberculosis with the virus, and it occurred to me that ringworm might be a manifestation of the tubercular kind, and so I forthwith put the whole lot under the virus, administered in the usual way, internally in dynamic doses; this I did all the more readily, as they all had numerous superficial palpable glands. And the result? In a very few weeks they were all well of ringworm and of the glands, and have thriven splendidly ever since. Something like a dozen bad ringworm cases have come to me since then, and they were all quickly cured by the virus, and in each case the general state had been greatly improved. No doubt some bacteriologist will cultivate, some fine day, the germs of the ringworm, and astound the world with their subcutaneous injections.

I find Tilbury Fox and Startin were of this opinion; so are, doubtless, many others.

It is well that medical men should approach each subject from a different standpoint, as they serve to correct one another.

Since then I have systematically subjected almost all my ringworm cases to the influence of Bacillinum in high potency and infrequently administered, and of this latter experience I will now proceed to treat. Ringworm is a fairly common complaint, and sends terror into the hearts of masters and mistresses of houses; and schoolmasters and school mistresses give but a short shrift to any unfortunate wights who show on their scalps or necks or elsewhere, anything approaching to a scaly, ringworm patch. They know well that if it spreads, or is reported to the children's homes, the depletion of their schools is imminent.

"No, doctor; I am very fond of Gerald, he is my own nephew and a dear good boy, and his father is in India, but

I cannot take him back to my school unless you give me a written certificate, and that round patch on his neck is quite cured!" The very prince of darkness is less dreaded in a school than ringworm. Definite information, therefore, on the subject of the nature and cure of ringworm will be welcome to not a few. Moreover, it marks a new era in the treatment of the disease. When I say it marks a new era in the treatment of the disease, I should say that for the first time it gives us a clue to its ætiology, pathology, and, best of all, to its really radical cure. The metamorphosis wrought in the bad or poor constitutions of ringworm patients subjected to the influence of Bacillinum (high, and mark well, in very infrequent doses) is simply beautiful and delightful to the heart of the physician, who loves his work for its own sake, and the more so, if he has a fair share of the milk of human kindness in him.

I do not agree with those who consider that the amenability of ringworm to internal treatment—say to Sulphur, Sepia, or Tellurium—militates against its parasitic nature. There can be no question of its parasitic nature, however it may be cured. We must read the facts thus: The disease is parasitic in its external manifestation, and if this external manifestation the scaly annular patches—be the disease, and the whole of the disease, then, of course, internal treatment must be regarded as little less than silly, and the only sensible thing to do is to apply to the ringwormy parts something that shall kill the fungi and therefore cure the disease.

Well, few need to be told that the task of treating ringworm successfully by external means, i. e., killing the fungi, is so unsatisfactory, so uncertain, so tedious, so often an entire failure, that I well understand the state of mind of an eminent London skin specialist who six weeks ago exclaimed to Lady X., who wished to know how long it would be before her little boy would be quite cured of his ringworm, and fit to return to school: "How long? Heaven knows, I don't; perhaps by the end of next term, I really cannot say!"

And thus it is: the external treatment of ringworm is wrong, because it only deals with external manifestations of the internal organismic ailment. Ringworm is an internal disease of the organism, having for its outward sign

the ringworm consisting of fungi thriving in a certain order. The fungi are the guests of the diseased hosts; cure the host's diseased state, and the fungus—the ringworm—dies off from lack of a proper medium. Ringworm may be regarded as mould of the skin, analogus to the mould on cheese, bits of bread, oranges or lemons, and warm moisture favors its development. Mouldy products love darkness rather than light—a sort of half light, moisture, warmth and hiddenness; decaying organic matter is their food and life, and I am satisfied that those who get ringworm have in their scalps something whereon the ringworm mould can live, thrive and multiply.

INVETERATE CASE OF HERPES TONSURANS, OR RINGWORM.

A lad of eight years was brought to me at the end of April 1891, to be treated for ringworm, under a severe form of which he had been laboring for over a year. At the date in question it was nearly all over his body, scalp, neck, upper extremities, in large numbers of rings, varying in size from that of a six-penny piece to that of a half-penny. His scalp is one mass of scabs and scales extending all down his neck (said to have come from goapowder). The scalp is at times moist. He has no feelable glands in his neck, but those of his groins are like so many very small marbles. Sparsely strawberry-like tongue; teeth yellow and decaying.

"What have you tried for your son?" "Tried; everything, but he gets worse and worse, and since that goapowder his head has gone like that."

I am sure that any experienced practitioner of medicine, who places his faith in the outside treatment of ringworm, recognizes the picture I am drawing as that of a type of ringworm cases that will not get well, do what you will. I have had them myself in olden days, till I hated the very sight of them, with their closely shaven scalps that seemed to consist in a number of little exits of sticky, mattery ooze that they dried into scabs. Such was this boy's aspect, but some of its hideousness was covered by a natty, well-fitting skull cap.

Bacillinum C. was given for two months, when on the 24th of June, I find noted that the red pips of his tongue

were nearly gone; the lower half of his scalp was clean and healthy; appetite better; teeth much cleaner and whiter. "He is much better in his health."

To continue with the same remedy. July 29, 1891. He is quite well of his ringworm, though his scalp is slightly scurfy, and his teeth still rather dirty looking. He then had the same remedy (1000th), whereafter the only one thing wrong with him was the greeny state of his teeth, which presumably was from another ætological source, and therefore not amenable to the bacillinic influence. A worse case of ringworm would, indeed, be hard to find; a prettier, cleaner or more accurately scientific cure I do not ask for. When cured, the boy was a picture, with his splendid crop of hair stubbles about an inch in length—and, moreover, in excellent health.

I used no external remedies at all. I do not for one moment suppose that the medical world (and still less the surgical) will accept my statements in regard to the true nature and cure of ringworm; nor do I imagine that they will fairly try my treatment. Past experience teaches me, that really radical curing on lines of scientific precision with high homœopathic potencies is not in harmony with prevailing views, and, therefore, totally incomprehensible and unacceptable to the profession at large, and hardly more acceptable to eight-tenths of the medical men practicing homœopathically. Even the homœopathic practitioner seems very commonly quite unable to crawl out of his own old ways. Well, medical progress will pass him by and go on.

The internal treatment of ringworm by Sulphur, Sepia, and Tellurium is good, but I trust I shall be able in these pages to show that the treatment of ringworm by the internal administration of very infrequent doses of high potencies of Bacillinum is direct, exact, radical and beyond compare; the remedy being pathologically homœopathic to the whole morbid state and crasis of the individual, and not merely pathologically similar to the superficial cutaneous manifestations.

I have long maintained the organismic or constitutional nature of skin diseases, and have time and again defended the thesis in medical literature, notably in my small treatise,

"Diseases of the Skin from the Organismic Standpoint," which is here confirmed in a manner I had not even hopes for, viz., direct clinical proof of the thesis that skin diseases are indeed general, constitutional or organismic; and therefore, for very joy, I will dwell upon ringworm pretty fully, for as I have discovered that it is curable by the administration of Bacillinum in high potency, it so comes to pass, that I can demonstrate clinically the organismic nature and cure of an affection of the skin, that is clearly outside, to all intents and purposes, in its own life-history, being admittedly and demonstrately due to the fungus known as the trichophyton and this demonstration is all the more powerful, because we cannot deny that herpes tonsurans, or ringworm, is due to this fungus, the trichophyton. No; we cannot, of course, since the thing is scientifically demonstrable, as Kobner inoculated himself and certain animals with its products, and ringworm was the result.

Ringworm is, therefore, an external disease due to an external infection, the trichophyton, and (next to the itch) the skin disease of which people have the very greatest horror. This is due, in the first place, to the fact that its favorite seat is the hairy scalp, or near it, though we find it often in other parts of the body, and it causes the hair to fall out in circular patches, as if eaten away in a ring by little worms, and hence our English name of ringworm. Therefore any lady's imagination readily paints herself to herself with any number of these round "spots" with loss of hair, and thus an object to be shunned—and ladies do not, as a rule, wish to be shunned. Next to this horror is the disgrace(?) of being subject to such a disgusting disease; and, finally, it is very well known to be often exceedingly difficult of cure.

"Oh, I have tried all our big doctors and two quacks, and all the sure cures, but M.'s head is worse than ever!" But all these trials were on the same lines, viz.: external applications to kill the fungi.

What first stuck me was the fact, that in a given household infected by ringworm, only some of the members got the disease, and these were invariably the weaker ones, the weedy, and the unhealthy. I have known households in which ringworms existed in one or two of its members, and although

towels, brushes and combs were used almost indiscriminately, still the disease did not spread. Conversely I have known others in which only one child would have, perhaps, just one small patch, and in which the greatest care was taken to prevent the thing spreading, yet many of the children finally caught the complaint.

I have noticed the same with cattle. Thus, a herd of heifers of my own observing, two years ago, numbering eighteen, when mustered in the yard, were examined by me for ringworm, and five had it, three pretty badly. These five were relatively weedy specimens, and those that had it worse were the most weedy. I noticed that the infected ones rubbed the diseased parts against posts and the like, and the healthy ones living with them, grazing in the same meadows, eating out of the same bins, herded with them in the same yard at night, all rubbing against one another, and against the same hard objects. The healthy ones I saw remained healthy, and did not take ringworm in the smallest degree.

A practical cattle kenner standing by was questioned by me as to this ringworm. "Oh," said he, "the healthy, strong ones will not get it." "What do you do to cure the diseased ones?" "Oh, that's nothing; keep them dry, litter the yard well, feed them well, and they will get well of the ringworm as soon as they get strong."

I took particular notice of this herd for many months, and found, indeed, that the ringwormy ones mended of their ringworm exactly in proportion to their general improvement, and in the end only one remained unimproved, and that one had always been the most weedy, and it was thought that she would die. I had no further opportunity of observing the herd, but I had seen quite enough to satisfy myself that strong, healthy heifers do not get ringworm, although exposed to the infection closely and constantly, and those that have it get rid of it in direct proportion to the improvement in their general condition. In other words, the ringworm fungi cannot live and thrive in really healthy animals, and the ill condition of those that have the disease is not a consequence of the disease, but a necessary antecedent condition of the animals before the trichophyton can thrive.

Whether ringworm in itself is beneficial or hurtful, I am unable to say with certainty, but incline strongly to the belief that it may be beneficial. When I say that I incline strongly to the belief that it may be beneficial, I mean that the presence of the fungi being sequential to internal ill conditionedness, and being on the outside of the economy, may live on what harms that individual, and thus determine the hurtful matter from the within to the outside, thus acting as living derivatives.

Inquiring of my practical cattle kenner whether the men who tend ringwormy cattle catch the disease or not, he said: "Oh, yes, sometimes, but not as a rule."

The man who attended to this particular herd of heifers did catch the disease, and I found on examining him that he was phthisically disposed; he was very dusky, he tanned unduly in the sun, was morose and taciturn, and always felt tired and weary. I found further, that he had to give up a good situation in a large town, and had been recommended to find an outdoor occupation in the country, the doctors telling him that he would go into consumption if he stayed in town.

I remember years ago attending the family of a farmer, when several of the children were presented to me as having caught ringworm from the cows, and one of the boys afterwards became very distinctly consumptive, and was given up as past praying for, and then he was sent up to London to me. Four months of Bacillinum, high, quite cured him, and he is now thriving.

This all confirms me in my view, which is the underlying idea of this book, that there is some close relationship between tuberculosis and ringworm, the precise nature of which deserves attention and study. J. COMPTON BURNETT.

LONDON.

HELLEBORE cm.—Pain within the chest under the left nipple; general muscular soreness forced; her menses on before the time; had to get up at night to pass urine. Another prover, cured painful straining; constant desire to pass water, with burning; don't need to get up at night to pass it as formerly; cured that symptom. Scanty urine in one prover where the secretion has been free.

NEITHER HISTORY NOR HOMŒOPATHY.

In the titles under which the ignorant trifle that we purpose, cursorily, to review, there is an ambiguity which it is necessary to correct before giving heed to the four "epochs" in medicine amongst which this "Presidential Address"* is sufficiently apocryphal to figure as a fifth.

"A. M., M. D., of the University of Michigan." This ascription will lead any reader to conclude that the said titles "of" the University indicated were bestowed in due course *by* it. This is very far from being the case. The doctorate in medicine is "straight goods;" whether it is also "all wool, yard wide, and fast colors" will become apparent before the conclusion of this notice.

Of the "A. M." we know not how or whence it came. We have been informed that in earlier days our Professor found an insuperable *pons asinorum* in the simple curriculum of a second rate high school; and we do know that when he was matriculated in the homœopathic college "of" the U. of M., he was far indeed from being qualified to enter its literary department for even that "lame duck" degree, the B. L., which usually "blooms unseen" when its possessor has safely reached the years of discretion. However, though not aware by what means he obtained the Master of Arts *title*, his address enables us to estimate the *qualifications* in virtue of which he feels justified in sporting it.

We find some "characteristic symptoms" on the first page of his address. For instance: "similia similibus curantua," in the printed text, and no pen or pencil correction on the ample margin. Slovenly, at least.

A few lines further on we have, "The law similia similibus curantur;" and indeed the same form of the verb is given whenever he uses that phrase. The degree and accuracy of knowledge that an "A. M." is commonly supposed to denote would teach him that Hahnemann always wrote it, similia similibus curentur, and an earnest "tussle" with the conjugation of the verb may give our Professor a much-needed knowledge of Hahnemann's modesty.

---

*Epochs in Medicine. By James C. Wood, A. M., M. D., of the University of Michigan. Reprinted from the New England Medical Gazette, June, 1892.

On page five there s ia scintillation of blinding brilliancy, "a gem of purest ray serene," that had far better have been left undisturbed in "the dark unfathomed cave" from whence it came. How it "stinks and shines, and shines and stinks, like a rotten mackerel in the moonlight," as John Randolph said of the Northern "doughfaces." But, judge for yourself, for here it is:

"The discovery of the circulation of the capillaries between the arteries and the veins was made in 1661, by Marcellus Malpighi, of Bologna. Malpighi himself showed the capillary circulation to the delighted eyes of Harvey, who recognized in it the 'missing link' of his own theory."

Did our Professor import his "A. M." from Ireland before the iniquitous McKinley Bill excluded such cheap luxuries from the *market?* His languge certainly has an Hibernian flavor as distinctive as the well-known potheen. "The circulation *of* the capillaries *between* the arteries and the veins." No wonder that Malpighi died young! Such "discoveries" are generally fatal. Imagine the spectacle that met his astonished gaze, "the capillaries *circulating* between the arteries and the veins like a string of hod-carriers running between the mortar bed and the bricklayers. What a solution for the Problem of the Ages! And, as a "Circulator," how completely Malpighi knocked poor Harvey out of the ring!

"Hold on!" says some pitying reader, "you know, well enough, that that 'of' is simply a misprint for *in*." Begging pardon, we do not. Would an A. M. write "the circulation *between* the arteries and the veins?" Where else *are* the capillaries?

That bungling tautology would be quickly blotted out from a school-boy's composition, and it is surely out of place in a genuine A. M.'s address to a society of physicians. Suppose he had written, "the circulation between the arteries and the veins *through* the capillaries." Wouldn't he be a trifle more likely to pass for an A. M.?

But, our Professor has also delivered himself of a peculiar "after-birth." If it is not crammed with "circulating capillaries," it is big with fully as great a wonder. Let it be printed separately, so that it will stand out like the diamond on the dirty shirt of a boodling alderman.

"Malpighi himself showed the capillary circulation to the delighted eyes of Harvey, who recognized in it the 'missing link' of his own discovery."

It is an unwonted pleasure to behold a homœopathic stripling meeting a gigantic "regular" on his own ground and there "laying him out" with the jaw-bone of an ass, in good old scriptural fashion, or with a stick of wood, as appears to be the modern style. Our Professor may have employed both of these deadly implements; nevertheless, he has done the deed, and it is hoped that he will not "blush to find it fame." Here is the manner of his doing:

"Harvey, it must be observed, left the doctrine of the circulation as an inference or induction only, not as a sensible demonstration. He adduced certain facts which made a continuous transit of the blood from the arteries into the veins, from the veins into the arteries, a necessary consequence; but *he never saw this transit.* [Italics not in the original.—S. A. J.]. His idea of the way in which it was accomplished was even defective; he had no notion of the one order of sanguiferous vessels ending by uninterrupted continuity, or by an intermediate vascular network, in the other order." *

Here is R. Willis, M. D., Member of the Royal College of Physicians of England, corresponding Member of the Royal Academy of Sciences of Goettingen, of the Imperial Society of Physicians of Vienna, and of the National Institute of America, etc., etc., at variance with James C. Wood, "A. M., M. D., of the University of Michigan!" O! miserable Dr. Willis—but, happily, he is dead.

Dr. Willis declares that Harvey never saw the transit of the blood from artery to vein. Professor Wood informs a gaping State Society, several sapient editors, and all his readers, that "Malpighi, himself, showed the capillary circulation to Harvey, who recognized in it the 'missing link' of his own theory."

What is the actual fact? Well, Malpighi first saw the capillary circulation in the frog's lung, in the year 1661, and William Harvey, the discoverer of the circulation of the blood, died in 1657. *Make a note of it, Professor: Harvey died on the third of June, 1657, and had been four years in the*

* The Works of W. Harvey, M. D., p. xli. Sydenham Society. London: 1848.

grave when Malpighi "delighted" his sightless eyes by himself showing him the capillary circulation.

[Never mind that "missing link" item; that is just an *embarras de richesse.*]

The reader may charitably imagine that this *faux pas* is only an unfortunate slip (suggestive of a dose of Aloes cc.); but our professor also says: "The College of Physicians and Surgeons of London ignored it"—meaning Harvey's discovery of the circulation of the blood. Now, a legitimate A. M. would have known that in Harvey's time there was no College of Physicians *and Surgeons* of London.

There was the College of Physicians of London, before which, "for nine years and more" previously to the publication of his great work on the "Motion of the Heart and Blood in Animals," Harvey had lectured upon and demonstrated his discovery.

The College of Physicians of London shone resplendently in the light of his glory and knew that his discovery rested on the eternal truth. They elected him their president, which honor he modestly declined, and in 1652, five years before his death, "the College of Physicians came to the resolution of placing his statue in their hall, then occupying a site at Amen-corner. Measures being immediately taken in conformity with this purpose, it was carried into effect by the end of the year, when the statue, with the following complimentary inscription on the pedestal, was displayed:

GULIELMO HARVEIO
Viro monumentis suis immortali
Hoc insuper Collegium Medicorum Londinense
Posuit.
Qui enim Sanguini motu
ut et
Meruit esse
Startor Perpetuus."

Leaving our "A. M." to translate this at his leisure, we proceed to show that his knowledge of Harvey's life is equalled only by his ignorance of Hahnemann's teachings. Ordinarily, after such a display of ignorance, one would throw this "Address" into the waste basket; but the acci-

dents of place and position may invest certain of his utterances concerning Homœopathy with an importance that by no means belongs to them.

The accident of place is that these crude whimsies were delivered before a homœopathic State Society; the accident of position is that the speaker is, nominally, a professor of Homœopathy in one of its colleges. The irony of fate is that he has not received one word of rebuke from either of these sources. On the contrary he has displayed the effrontery of giving to words that had better have perished in the air, or in the empty heads of his hearers, the permanence of a reprint that

"Like a tall bully, lifts its head and lies."

It somewhat palliates his folly that the New England *Medical Gazette*, nominally homœopathic, and the New York *Medical Times*, nominally non-homœopathic, and a nondescript English magazine have published and praised it. I sympathize with his weakness far enough to allow him to enter the plea of the girl with her bastard, "It is the first offense Judge, and the baby is such a little one." Nevertheless, a bastard is always and everywhere only a bastard, and not the approval of all the *quasi* homœopathic editors in the universe can hide the bar sinister.

Our professor of the University of Michigan Homœopathy, has crammed for his history of Hahnemann in a layman's encyclopædia, instead of going to a Dudgeon or an Ameke. He makes Hahnemann's stay with Baron v. Bruckenthal two years; it was not that. He says Hahnemann spent six years in Gommern; he starved in that sterile territory just three years. He tells us that Hahnemann "was struck with the similarity of the effects of cinchona or Peruvian bark, when adminstered to persons in health, and the symptoms of intermittent fever." Up to the time when Hahnemann translated Cullen's Materia Medica, who, pray, was in the practice of giving Cinchona to "*persons in health?*" How could Hahnemann be "struck" by a "similarity" of which he then knew absolutely nothing? Our "Professor's" other "facts" are fully as flimsy.

He thinks Homœopathy "was a reform so radical as to be almost incomprehensible," and he has evidently found it such.

He indulges in a horological metaphor that knocks all Artemas Ward's "wax figgers" silly: "The pendulum swung so far across the dial as to make absurdities inevitable." It is a great pity that his father hadn't *forgot to wind up the clock;* then neither the pendulum nor the professor would have perpetrated this absurdity.

But it is by no means the swing of a pendulum alone that makes absurdities inevitable; the habit of playing parrot-like with words is potential in that sort of work, as witness: "Can we wonder then that men educated in the crudities of the medicine of one hundred years ago ridiculed the supremely esthetic system of Hahnemann!"

Our Professor had overheard some sentimental "co-ed" chirping about "æsthetics" and he fell so far in love with the sound of the word that he forgot to enquire into its sense. Homœopathy a "supremely *esthetic* system!" Next!

We take full breath and begin again. "Can we wonder that to-day broad-minded, liberally-educated men, of the other school—and there are many such—[How did he find it out? S. A. J.]—are kept from investigating Homœopathy when at the very threshhold of their investigations, [He means their enquiry; they do not stay long enough to make it an investigation. S. A. J.] they are confronted with teachings so subtle as to transcend the mental horizon of many of us who have been born, reared and educated under its banner."

It is indeed a sorry sight for the human family when *teachings* become so *subtle* as to *transcend the mental horizon*—and take improper liberties with the unsuspecting planets!

But, our Professor's "hits" are thicker than "fleas on a dog." Here is one that "wipes out" Hahnemann. "The consciousness that he had discovered a great therapeutic law, undoubtedly dazed his mental perception, so that he carried his dilution to what many of us ["Where are we at?"] consider an extreme, if not ridiculous degree. He wrote and said many things which, to my mind [Q. E. D.—S. A. J.] at least, it were better for Homœopathy had he left unwritten and unsaid."

Verily, "there is not a more fearful wild fowl than your

lion living." Then let our Professor, if only for the sake of our female practitioners, "name his name, and tell them plainly he is Snug, the joiner."

It only remains to exhibit this Professor of Homœopathy as an expounder of Homœopathy. It is presumed that he teaches his class the same principles that he avowed before the homœopathic Society of Michigan.

WOOD'S ADDRESS.	HAHNEMANN'S ORGANON.
We can assure him that the dose cuts no figure in Homœopathy, so far as its tenets are concerned.	The fitness of a medicine in a given case of disease, does not depend alone upon its accurate homœopathic selection, but also upon the requisite and proper size, or rather minuteness of dose. § 275.

I have not cited the whole of this paragraph, nor did I quote the complete utterance of the *quasi* Professor. I now give it-in all its native self-stultification.

We can assure him that the question of dose cuts no figure in Homœopathy, so far as its tenets are concerned, but that if he prescribes upon the principle of *similia*, experience will teach him the necessity of diminishing the dose.

In plain English that is saying: The size of the dose cuts no figure in Homœopathy, but if you prescribe homœopathically experience will teach you the necessity of diminishing the quantity of the dose.

Is it Dogberry's sole prerogative to be written down as ass, or did it descend to his heirs and assigns?

WOOD'S ADDRESS.	HAHNEMANN'S ORGANON.
And last, but not least, let us frankly admit that there are other methods and other laws of cure which are ours to use if we see fit to do so, and that if we choose Homœopathy in a given case it is because we think it for the best interests of our patient to do so, and not because the precepts of our school proscribe another course.	As above intimated, the course pursued by Homœopathy must be the only correct one; because of the three ways in which it is possible to apply medicines in diseases, it is the only direct one leading to a gentle, certain, and permanent cure, without subsequent ill effects or debility. The true homœopathic method of cure is the only direct, and the only possible means to be employed by human skill, as surely as it is possible to draw but one straight line between two given points § 57.

The only use that I can imagine for such a professor of

Homœopathy is that for which Rabelais recommends the neck of a goose. *Experto crede!*

The students in the Homœopathic College in the University of Michigan matriculate therein to be taught Homœopathy; this fellow is incapable of teaching it. He does worse than mis-teaching it; he willfully, or ignorantly, falsifies it. Neither the President of the University nor the Board of Regents care for that. Homœopathy in the University of Michigan is like Hagar's child in the tent of Abraham. Both the President and the Board of Regents are recreant to the trust reposed in them by the people of Michigan. He who strove for better things regardless of personal consequences, was made away with lest the despised school might enjoy the prosperity that attends tne earnest endeavor in spite of the devil in whatsoever shape he show himself.

He who writes this gave the flower of his life to the founding of the Homœopathic College in the University of Michigan, and in all the bitterness of one who to-day reviews those wasted years, he solemnly warns the earnest student from seeking an education in Homœopathy there. It is not to be gotten there.

He would have preferred to sign himself now "He who wrote the Grounds of a Homœopath's Faith," but knowing the meaning of the words he has written, he desires to assume the fullest responsibility for them, and he avows them as the convictions derived from the facts.

ANN ARBOR. SAMUEL A. JONES.

EUTHANASIA: THE SINGLE REMEDY: The late distinguished W. A. Hawley, M. D., of Syracuse, N. Y., said: "I abandoned the methods of the regulars thirty-five years ago, and never since have I, in one single instance, had occasion to resort to other than the homœopathic remedy to relieve the sufferings of the dying. He gives cases of phthisis, tumors and cancers, and in all of them he was able to control the pain without anything but the single remedy at a time. He gives this case, as one of many: Miss A. F. C., aged forty, was under my care from spring till October. The disease was cancer of the breast extending into the lungs, with death from hydrothorax. She suffered often from the characteristic pains, but was *always* soon relieved by the indicated remedy. Her death was as peaceful as possible and was unaccompanied by a single struggle, as I stood by her side and saw her expire." Would two alternating remedies have acted as well?

THE CAUSES OF SUFFERING AT THE CLIMACTERIC PERIOD.

The rapid development of the healthy female at puberty, without suffering or serious inconvenience, affords a striking illustration of nature's ability to meet the requirements necessary to prepare her for her divinely appointed mission of maternity. And we believe that the same ability exists to pilot her safely to her haven of rest after she has reared a family and arrived at a period of life at which procreation must cease.

Good health and proper environments should secure immunity from serious physical suffering during the trying ordeals consequent upon gestation, parturition, and the cessation of the menstrual function. Yet from the remotest period in history to the present time, and amongst all classes physical suffering has been so common as to be considered as a necessary part of these physiological processes.

Reason, however, rebels at the thought that grave systemic disturbances are to be coupled with the performance of normal functional action, and whilst the actual cessation of the procreative activity may leave the reserve life-force a little overbalanced for a time, the account should soon be adjusted by proper treatment, and all things should go on as harmoniously as ever. It is only when nature's efforts are thwarted and impediments are thrust in her way that she protests and suffering ensues.

Whilst this is frequently the case, I repeat, it is not the necessary concomitant of the change, and suffering at this time is as truly indicative of disease as it is at any other, and should claim our careful consideration for its relief.

It is not every child's life that is threatened at the time of dentition. It is not every woman that is confronted with serious danger during gestation, and it is not every one that has to suffer at the change of life. Everything conducive to good health diminishes the dangers and discomforts at these periods. Close attention should be paid to the diet of climacteric patients. The nervous, or neurasthenic should subsist almost if not exclusively upon vegetable food—and all climacteric

patients are better off without much meat. The stout and plethoric do not need it, but require plenty of fruit to promote regular alvine evacuations. The nervous and weak will be benefited by gluten preparations, gluten wafers, with unfermented wine or grape juice, but these are not such as suffer the most from the cessation ot the menstrual flow.

Exercise is an important factor to be considered in the treatment of the climacteric and attention to the action of the skin is quite as necessary. The copious sweats suggest the cold sponge bath in the morning followed by vigorous rubbing. Considerable suffering is induced by renal insufficiency. In such cases more than the usual attention is to be paid to the diet and with a healthy condition of the skin the emunctory may be able to ward off serious complications.

To renal insufficiency with constipation we can attribute much of the headache, sleeplessness, etc., so frequently complained of at this time of life. The use of coffee as well as all other stimulants must be stopped. Tea is to be preferred, as it promotes cutaneous transpiration, but this beverage must be used sparingly.

Sleep at proper times so as not to interfere with exercise is very important. The exacting demands of society cannot be comfortably met at the climacteric.

There are sources of suffering, however, besides these dependent upon imperfective functionalism of the emunctories. These are purely local, and are often the result of previous injuries to the reproductive organs sustained at parturition, or arise from the development of new growths within the uterus.

These conditions are so frequently met with, that I desire to lay especial stress upon them at this time, and urge an examination, carefully made, whenever the symptoms do not speedily disappear from the administration of medicine and careful attention to the laws of health just alluded to.

So many of the symptoms of serious pelvic disease are dismissed by physicians with the assurance that they will disappear and all will be well after the change, that this advice seems to be especially necessary at this time, for without it many patients wait in vain until their application for relief comes too late.

When an examination is made, we often find that an incomplete laceration of the perinæum is causing the rectal and vesical walls, already weakened by the atrophic process of the menopause, to become prolapsed, so that constipation is aggravated from the development of rectocele, and a cystocele prevents a perfect evacuation of the bladder. These, in turn, tend to induce prolapsus uteri and complete protrusion or procidentia later in life. In such cases the hot flushes, the critical sweats, and the nervous phenomena of the climacteric are all very much aggravated.

There is no part of the genital tract in closer sympathy with the nerve centres than the uterine cervix. If it is diseased or disorganized, an impression is conveyed to the nervous system, causing not only severe gastric disturbances, dyspepsia and its train of ills, but also functional disturbances in the brain and spinal cord, inducing numbness, muscular twitchings, and formication, as well as such an impairment of the intellectual faculties as to cause melancholy, irritability of temper, or even insanity.

If we find a laceration of the cervix of long standing, we can very readily understand how such a source of irritation can impair the general health; for we do not overlook the fact that it may have imprisoned within its tissues diseased nerve filaments which produce a profound impression upon both the ganglionic nervous system and the cerebro-spinal axis.

Patients on the verge of insanity have been restored to perfect health by cutting away all this hard cicatricial tissue upon the edges and within the cleft of old lacerations. In some cases a displacement will require to be corrected or an erosion of the cervix will have to be healed by the application of iodized phenol, cleansing vaginal injections, and the suitable homœopathic remedy. Vaginitis, resulting from a trickling of urine into the vaginal passage during the night when there is partial incontinence, should not be overlooked as a source of reflex nervous distress.

Evidences of cancer are sought for early in those cases in which the menses continue to recur too frequently or are too profuse. It will be remembered that this disease is especially liable to occur at this time, and that an early resort to the

knife is the only means for prolonging life or relieving suffering.

A stenosis of the cervical canal, after a cessation of the menses, induces epigastric distress and general discomfort, and can be opened by the passage of the uterine sound, or in some cases it will need to be incised.

After a previous operation for the repair of a lacerated cervix the atrophic process may cause such a diminution in the caliber of the canal as to make it necessary to open it by bilateral incisions to a slight extent so as to permit the passage of instruments and the discharge of pent up secretions. The remedies most frequently required are the following, viz.:

Sulph.—For the hot flashes of heat, when considerable prostration follows or they are succeeded by cold perspiration or a hungry feeling. The skin is dry; the bowels are constipated; there is no desire for food in the morning, but hunger at eleven or twelve o'clock. The patient is irritable or melancholy; with anxiety about her salvation; often feels suffocated and must go to the open window or door for fresh air.

Sulph. ac.—Flushes of heat with perspiration, or profuse perspiration on the upper part of the body only in debilitated women with polapsus uteri or retroversion. They often complain of trembling in different parts of the body; it is an inward trembling, not visible externally. They have perverted sensations, as if a film was on the skin of the face. They want to do everything in a hurry, and are restless and nervous.

Lachesis.—Loquacious women with vertigo, heat in the vertex and a bruised feeling in the hips, relieved by the flow, with flashes at night; they awaken feeling badly.

Sanguinaria.—Hot flashes of heat. Gastric disarrangements at the climacteric; burning heat in the region of the stomach; irregular action of the heart, with great weakness and soreness in the muscles of the neck and down the back.

Verat. alb.—Despondency at the climacteric. Cold sweats even in a warm room. Complains of being bathed in a cold sweat. Very nervous at the climacteric. Feels as if she must almost fly. Is very much constipated and depressed.

Actea rac.—Melancholy, low-spirited and nervous. Has headache on top of the head. Suspicious; thinks she will

surely go crazy. Numbness in different parts of the body, arms, legs, etc. Bruised, sore feeling in the muscles.

Crocus.—Uterine hæmorrhage at time of menses. Blood dark and stringy, with sensation of movement in the abdomen.

Magnolia grandiflora has benefited patients who complained of mental and physical inability, lassitude of mind and body, leading to despondency, confusion, apprehension, and dullness of hearing.

B. FRANK BETTS,
In Hahnemannian Monthly.

[The above well written paper is published not so much for what it contains as for what it does not, for "the causes of suffering at the climacteric" are not even hinted at, much less explained. Should not the author explain why: "It is not every woman that is confronted with serious danger during gestation, and it is not every one that has to suffer at the change of life." Every student who has mastered the Organon and Chronic Diseases, can not only explain why, but can by the selection of the similar antipsoric, as recommended by Hahnemann, greatly ameliorate if not entirely relieve these sufferings.—ED.]

THE MODE OF PROPAGATION OF THE ASIATIC CHOLERA.

Two opinions exactly opposed to each other prevail on this subject. One party considers the pestilence as only epidemic, of atmospheric-telluric nature, just as though it were merely spread through the air, from which there would in that case, be no protection. The other party denies this, and holds it to be communicable by contagion only, and propagated from one individual to another.

Of these two opinions, one only can be the right one, and that which is found to be the correct one will, like all other truths, exercise a great influence on the welfare of mankind.

The first has the most obstinate defenders, who adduce the fact that when the cholera has broken out at one extremity of the town, it may the very next morning be ranging at the other extremity, consequently the infection can only be

present in the air; and that they (the physicians) are in their own persons proofs of the non-contagious character of cholera, seeing that they generally remain unaffected by it and in good health, although they are daily in personal communication with those dying of cholera, and have even tasted the matter they ejected and the blood out of their veins, lain down in their beds, and so forth. This fool hardy, disgusting procedure they allege to be the *experimentum crucis*, that is to say, an incontrovertible proof of the non-contagious nature of cholera, that it is not propagated by contact, but is present in the atmosphere, and for this reason attacks individuals in widely distant places.

A fearfully pernicious and totally false assertion!

Were it the fact that this pestilential disease was uniformly distributed throughout the atmosphere, like the influenza that recently spread over all Europe, then the many cases reported by all the public journals would be quite inexplicable, where small towns and villages in the vicinity of the murderously prevalent cholera, which, by the unanimous effort of all their inhabitants, kept themselves strictly isolated, like a besieged fortress, and which refused to admit a single person from without—inexplicable I repeat, would be the perfect exemption of such places from the ravages of the cholera. This plague raged fiercely over an extensive tract on the banks of the Volga, but in the very middle of it, Serepta, which had strictly and undeviatingly kept itself secluded, remained perfectly free from the cholera, and up to a recent period, none of the villages around Vienna, where the plague daily carries off a large number of victims, were invaded by cholera, the peasants of these villages, having sworn to kill any one who ventured near them, and even to refuse to permit any of the inhabitants who had gone out of the villages to re-enter them. How could their exemption have been possible had the cholera been distributed throughout the atmosphere! And how easy it is to comprehend their freedom from it, seeing that they held aloof from contact with infested individuals.

The course followed by the cholera in every place it traversed was almost uniformly this: That its fury showed itself most virulently and most rapidly fatal at the commence-

ment of its invasion (evidently solely because at that time the miasm encountered none but unprepared systems, for which even the slightest cholera miasm was something quite novel, never before experienced, and consequently extremely infectious); hence, it then infected persons most frequently and most fatally.

Thereafter the cases increased, and with them at the same time, by the communication of the inhabitants among each other, the quantity of diluted miasm, whereby a local sphere of cholera miasm exhalation was formed in the town, to which the more or less robust individuals had an opportunity of becoming gradually accustomed and hardened against it, so that by degrees always fewer inhabitants were attacked by it and could be severely affected by it (the cholera was then said to take on a milder character), until at last all the inhabitants were almost uniformly indurated against it, and thus the epidemic was extinguished in this town.

Did the miasm only exist in the general atmosphere, the cases could not be less numerous at last than they were at the commencement, for the same cause (said to be the general atmospheric constitution) must have remained identical in its effects.

The only fact brought forward by Hufeland against my proofs (viz., that on board an English ship in the open sea, about the latitude of Riga, that had no (?) communication with the town, two sailors were suddenly seized with the cholera) proves nothing, for it it is not known how near the ship came to an infected town, Riga, so that the sphere of the miasm exhalation from the town, although diluted, might yet have reached and infected the sailors, who were still unused to the miasm; especially if they, as is often the case, were rendered more susceptible to it from intemperance.

The most striking examples of infection and rapid spread of cholera take place, as is well known, and as the public journals likewise inform us, in this way: On board ships in those confined places, filled with mouldy watery vapors, the cholera miasm finds a favorable element for its multiplication, and grows into an enormously increased brood of those excessive minute, invisible, living creatures, so inimical to human life, of which the contagious matter of the cholera most probably consists—on board these ships, I say, this concentrated aggravated miasm kills several of the crew; the

others however, being frequently exposed to the danger of infection and thus gradua.ly habituated to it, at length become fortified against it, and no longer liable to be infected. These individuals, apparently in good health, go ashore, and are received by the inhabitants without hesitation into their cottages and ere they have time to give an account of those who died of the pestilence on board the ship, those who approach nearest to them are suddenly carried off by the cholera. The cause of this is undoubtedly the invisible cloud that hovers closely around the sailors who have remained free from the disease, and which is composed probably of millions of those miasmatic animated beings, which, at first developed on the broad marshy banks of the tepid Ganges, always searching out in preference the human being to his destruction, and attaching themselves closely to him, when transferred to distant and even colder regions become habituated to these also, without any diminution either of their unhappy fertility or of their fatal destructiveness.

Closely but invisibly environed by this pestiferous matter, against which, however, as has been observed, his own individual system is, as it were, fortified by the long resistance of his vital force to its action, and by being gradually habituated to the inimical influence surrounding him, such a sailor (flying from the corpses of his companions on board) has often gone ashore apparently innocuous and well, and behold! the inhabitants who hospitably entertain them, and first of all those who came into immediate contact with them, quite unused to the miasm, are first most rapidly and most certainly attacked without any warning, and killed by the cholera, whilst of those who are more remote, such only as are unnerved by their bad habits of life are liable to take the infection. Those who are not debilitated, and who have kept at some distance from the stranger, who is surrounded by the cholera miasm, suffered only a slight attack from the miasmatic exhalation hovering about in a more diluted form; their vital force could easily ward off the weaker attack and master it, and when they subsequently came nearer it their system had by this time become somewhat habituated to the miasm, retained the mastery over it, and even when these persons at length approach nearer or quite close to the infected stranger, their vital force had thus gradually become so fortified against it, that they could hold intercourse with him with perfect impunity, having now become completely uninfectable by the contagious principle of cholera. It is a wonderfully benevolent arrangement of God that has made it possible for man to fortify himself against, and render himself unsusceptible to, the most deadly distempers, and especially the most fatal of them all, the infectious principle

of cholera if he gradually approaches it ever nearer and nearer, allowing intervals of time to elapse in order to recover himself, provided always that he have an undebilitated body.

When first called to a cholera patient, the physician, somewhat timid as yet, as is but reasonable, either tarries at first in the antechamber (in the weaker atmosphere of the miasmatic exhalation), or if he enter the patient's room, prefers keeping at some distance, or, standing at the door, orders the nurse in attendance to do this or the other to the patient; he then prudently soon takes his departure promising to return again shortly; in the meantime he either goes about a little in the open air, or goes home and has some refreshments. His vital force, which at the first short visit, at some distance from the patient, was only moderately assailed by the diluted miasm, recovers itself completely in the meantime by this recreation, and when he again comes into the patient's room and approaches somewhat nearer to the patient, it soon by practice comes to resist more powerfully the more concentrated infectious atmosphere that exists closer to the patient, until at length, from frequent visits and a nearer approach to the patient, it attains a mastery over the assaults of the miasm, so that at last the physician is completely hardened against even the most poisonous cholera miasm at the bedside, and rendered quite uninfectable by this pestilence; and the same is the case with the nurse who goes as cautiously and gradually to work.

Both the one and the other then boast, because they can come into immediate contact with the patient without any fear and without any ill consequence, that they know better than to call the disease contagious. It is not, they say, the least catching. This presumptuous, inconsiderate and perfectly untrue assertion has already cost thousands their lives, who, in their ignorance, and quite unprepared, either approached the cholera patient suddenly or came in contact with these cholera physicians (who do not treat with camphor) or the nurses. For such physicians and nurses, fortified in this manner against the miasm, now take away with them, in their clothes, in their skin, in their hair, probably also in their breath, the invisible (probably animated) and perpetually reproductive contagious matter surrounding the cholera patient they have just visited, and this contagious matter they unconsciously and unsuspectingly carry along with them throughout the town, and to their acquaintances, whom it unexpectedly and infallibly infects, without the slightest suspicion on their part of its source.

Thus the cholera physicians and nurses are the most certain and frequent propagators and communicators of contagion far and wide; and yet amazement is expressed, even in the pub-

lic journals, how the infection can spread so rapidly the very first day, from the first cholera patient, at the one end of the town to persons at the other end of the town, who had not come near the patient!

And thus the flame for the sacrifice of innocent persons breaks out in all corners and ends of the town, lighted up by the sparks of the black death scattered in every direction by physicians and their assistants! Every one readily opens the door to these plague propagators; allows them to sit down beside him, putting implicit faith in their confidential declared assurance, "that it is ridiculous to call the cholera contagious, as the cholera pestilence is only diffused epidemically through the air, and cannot, therefore, be infectious;" and see! the poor cajoled creatures are rewarded for their hospitality with the most miserable death.

To the very highest people of the town and of the court the cholera angel of death obtains access, in the person of the physician who gives this evil counsel, enveloped by the fresh miasm; and no one detects the concealed invisible, but, for that reason, all the more dangerous enemy.

Wherever such physicians and such nurses go (for what all-seeing eye could perceive this invisible danger on these healthy miasm bearers)—wherever they go, their presence communicates the spark, and mortal sickness bursts forth everywhere, and the pestilence depopulates whole towns and countries!

If physicians would but take warning and, rendered uninfectable by taking a few drops of camphorated spirits (ever so quickly), approach the cholera patient, in order to treat him at the commencement of his sickening with this medicine (pure, unadulterated camphorated spirit,) which alone is efficacious, and which most certainly destroys the miasm about the patient, by giving him, as I have taught, every five minutes, one drop of it, and in the interval assiduously rubbing him on the head, neck, chest and abdomen with the same medicine poured into the hollow of the hand, until all his giddy, faint powerlessness, his suffocative anxiety, and the icy coldness of his body has disappeared and given place to reviving animation, tranquility of mind, and complete return of the vital warmth—if they would but do this, then every patient would not only be infallibly restored within a couple of hours (as the most undeniable facts and instances prove), but by the cure of the disease with pure camphor, they would at the same time eradicate and annihilate the miasm (that probably consists of innumerable, invisible living beings) in and about the patient, about themselves, even in the clothes, the linen, the bed of the patient (for these all would be penetrated by the vapor of the camphor if it were employed in this way), in

the very furniture and walls of the apartment also, and they themselves (the physicians and nurses) would then carry off none of the contagious principle with them, and could no longer infect persons throughout the town.

But these physicians, as we see, despise this; they prefer going on killing their patients in crowds by pouring into them large quantities of aqua-fortis and opium, by blood letting and so forth, or giving the camphor mixed with so many obstructing and injurious matters, that it can scarcely do any good, solely to avoid giving the simple, pure (efficacious) solution of camphor, because the reformer of the old injurious system of treatment (the only one they know), because I, from conviction, recommended it in the most urgent manner in all countries of Europe. They seem to prefer delivering over all mankind to the grave digger, to listening to the good counsel of the new purified healing art.

But who can prevent them from acting so, as they alone possess the power in the state to suppress what is good?

However bountiful Providence has provided a beneficent remedy for this state of things (for these physicians are protected, even in their ill deeds, by antiquated injurious laws).

Thus, the cholera is most surely and easily and almost miraculously curable; but only in the first couple of hours from the commencement of the sickening, by means of the employment of pure camphor, and that before the physicians in larger towns, that are summoned, can attend. But on their arrival they may even then, by the employment of unadulterated camphor spirit, if not cure the cholera completely (for the lapse of a few hours generally makes it too late to do so), yet annihilate the whole of the contagious principle of this pestilence on and about the patient, and adhering to themselves and the bystanders, and cease to convey the miasm with them to other parts of the town. Hence the families of non-medical persons, by means of this employment of camphor, cure the members of their families by thousands in secret (the higher classes alone, must on account of their station, be under the necessity of calling the physician, who, in defiance of the philanthropic reformer of the healing art, and his efficacious system of treatment, not unfrequently, with his improper remedies, dispatches them to Orcus).

It is members of a family alone that can most certainly and easily mutually cure each other with camphor spirit, because they are able instantaneously to aid those taken ill.

Will physicians ever come to comprehend what is essential, and what will at once put a stop to the devastation and depopulation of two quarters of the globe? *Dixi et salvavi animam!*

SAMUEL HAHNEMANN.

CŒTHEN, October 24, 1831.

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.

CALIFORNIA HOMŒOPATH VS. THE HERING COLLEGE.—The *California Homœopath* in its October issue indulges in an editorial attack upon homœopathic colleges in general and upon the Hering College of Homœopathy in particular. It refers to the latter in the following words:

"Of these new schools, the Hering commands the more respectful hearing, because in its first annual announcement there is made something of an argument to prove the necessity of just such an institution, and there is boldly set forth the modest claim, that it 'differs from all other existing colleges, both in regard to the principles taught and in the methods of teaching.'" Then follows a liberal quotation from the first two pages of the announcement of the college in question: "These sentences bear evidence of care in their preparation and sound fairly well. Unfortunately the modesty of the genius who framed them was too overwhelming to make them wholly effective. Why be satisfied with the timid statement that the 'Hering' presents 'vast improvements on any college now in existence,' when it would be only a trifle more expansive to say that its very inception represents more genius and the composition of its faculty more brains and intellectual honesty than has ever been or can ever again be crowded into a similar institution of learning? * * * To demonstrate that 'pure Homœopathy is all that is necessary or desirable in the cure of the sick' is a job so extensive, that few men would dare undertake it, always provided that the men concerned have sufficient knowledge of the science of medicine to speak intelligently on the subject under discussion." In this screed our western cotemporary confounds confidence in one's art, pride in the truth of one's principles and boldness in their assertion, with *personal* pride and *personal* assertiveness. The "modest claim" alluded to is neither modest nor immodest; it is simply true, and modesty has nothing to do with it. The "modesty of the genius who

framed" the opening pages of the announcement would make him very far from claiming for this faculty "more brain, more genius," or other desirable natural qualities than for any other faculty that has "ever been crowded into a similar institution of learning."

To correct this false impression of our occidental friend, we hasten to inform him that the faculty of this college is composed of ordinary mortals bound down by all the limitations of humanity. Some of them are older than others, and some are younger, some have had much experience, and some have had less, but, however various in their opinions on other questions, they are all united in a firm conviction that the Homœopathy of Hahnemann, Hering, Dunham and Lippe is vastly superior as a means of curing sick people to the Homœopathy of Hughes, Hale or Hempel. They boast no pre-eminence in brains or genius, but they do boast of and are prepared to demonstrate to students, the ability of Homœopathy to cure nasal catarrhs without the multitudinous sprays of the rhinologists; tumors without hypodermic injections of Ergot, and often without the knife; intermittents without crude Quinine; iritis without Atropine; skin diseases without external applications, and so on to the end of a long list. They are proud of the power of Homœopathy to greatly limit the field of surgery and to demonstrate that in the latter, pure water and cleanliness are far more successful than multitudes of poisonous antiseptics.

If our far-away critic does not think that such principles and such methods "differ from those taught in any other existing colleges" let him go to any other homœopathic college or colleges in the land and see for himself. He will find homœopathic oculists and aurists, in whose armamentarium, Argentic nitrate, Zinc sulphate or chloride, Atropine, and Boracic acid, hold the chief place; homœopathic gynecologists, who could not give five symptoms of Sepia, but who are at home with tampons, douches, sprays, and useless operations; in short, he would find every variety of homœopathic specialists who were specialists first, pathologists second, diagnosticians third, and homœopathists fourth or fifth. In many faculties he might find one, two or three members who were genuine homœopaths, but nowhere outside of the Her-

ing College will he find a faculty who are unanimously devoted to the central truth of Homœopathy—both in teaching and practice.

In this there is no tinge of arrogance, no *self-conceit*, no *personal* pride, and it is a mistake on the part of the *California Homœopath*, or any other homœopath, to think so.

"* * * the dignity of the profession is lowered and the task of raising the standard of medical education made more difficult by the establishment of one-horse colleges wherever a building can be had cheaply, a faculty of some sort collected and a plausible reason be found for imposing upon the good nature of the profession, etc., etc. * * * Clinical material must be gathered in well appointed hospitals, properly located and liberally furnished. Extensive laboratories are an absolutenecessity. * * *

The *California Homœopath*, in common with all mankind, should not make unwarranted, unsupported and untrue assertions about a well-disposed neighbor, even by inference. Its editor has never seen the "Hering College," its interior arrangement or its exterior appearance, and can know nothing of its laboratories or apparatus, and apparently very little of the medical colleges of Chicago. We are well informed on these points, and can speak with authority, and we assure our critic that this college is *not* one-horse, nor in a *cheap* building; that clinical material *is* abundant and *is* gathered into a well appointed hospital, properly located *and* liberally furnished; that it has laboratories, apparatus and dissecting rooms, nor *can* equal advantages be had by "simply going around the corner in the same city," nor in any other city whatsoever.

Now that the *California Homœopath* is more accurately informed of the advantages appertaining to and clustering around this college, could the writer of that editorial do a better thing for his readers than acknowledge his error, and for himself than to take our post-graduate course, which begins next spring.

The slight estimate which he puts upon the efficacy of pure Homœopathy, as evinced in his editorial, is abundant evidence that a short course at the Hering would not be entirely useless.

J. B. S. King.

Comment and Criticism.

"ON THE USE OF REPERTORIES."

REPLY BY DR. HOLMES.

Dr. Frank Kraft has thrown down the gauntlet in a persistent challenge to writers on the use of Repertories. First comes a paper in *The Hahnemannian Monthly*, which was read by the genial doctor before the Ohio Homœopathic Medical Society, and in which the author assumes some very striking antagonistical positions. This paper elicited a reply from Dr. S. E. Chapman, in the August number of THE MEDICAL ADVANCE, which induced Dr. Kraft to again enter the arena in the September issue of the same journal. Anyone familiar with the penwork of this versatile homœopathic writer knows how funny he is, and the two productions above referred to are no exceptions in point of humor. Combined with the mirth and wit which bubbles up and effervesces in almost every sentence, is an underlying and overlapping vein of "causticum," which is as uncalled for as it is inappropriate in a friendly, scientific discussion. An answer to the articles must necessarily mention the witty references, the caustic remarks and the glaring faults which appear in the two papers.

It is hardly fair to state that an author does not know how to say just what he means, and it is equally unfair to say he does not mean just what he says; but if courtesy restrict us on the one hand from mentioning such a fact, justice on the other should demand of a writer that he put his criticisms in such language that no false or unfair inferences can be drawn from them. Certain it is that neither of the papers advances any definite argument nor sustains any particular position taken.

Nothing serious seems to strike the doctor, and he would just as soon topple over the best work of a friend with a piece of comical ridicule as to offer the least praise or support to

what he knows to be good, honest work. Ridicule spicily applied is one of the most potent weapons in any discussion, and many a speaker or writer finds himself compelled to resort to it in order to down an adversary where he finds himself unable to do it by fair means. What can be funnier than his summing up the merits of a paper of mine in the words: "The longest pole knocks the persimmons. A girl of seven is just as competent to prescribe on such a system as the sage of seventy." Yes, truly, and by the same ratiocination the girl of three and-a-half is just as competent as the doctor of thirty-five. As that is about my own age, it makes me feel very small.

But there is something still funnier, if that be possible, in the first page the doctor writes—and what makes the fun more side-splitting is that the writer did not intend to be witty at that point. Just read this: "It was my good fortune, at the beginning of my medical career, to have sat at the feet of a master of homœopathic therapeutics, and to whom I owe, in great part, if not in whole, my system of study and teaching of materia medica. * * * Of all these students, as I now remember, I alone continued stupid and uninstructable, and to my confusion be it said, I am still at the foot of that repertory class, if not on the dunce-block. I refer gratefully to James T. Kent, M. D., then of St. Louis, now of Philadelphia." There is a sort of serio-comic fun about this paragraph that is startling. It has that mysterious uncertainty that makes one feel there is something awfully funny about it without knowing just where it comes in.

Almost as comical is the argument on Dr. Markham's work, that after the repertory had pointed to the remedy, the doctor kicked the repertorial milk-bucket over by advising the patient to take a vacation along with the remedy. By the shade of Cæsar! how does that interfere with the value of a repertory? If one finds by its use that a certain remedy is the simillimum does it detract from the value of the book to advise the patient to eat a beefsteak occasionally? Not unless one wants to be funny.

Another humorous argument to which I will refer is the statement that after I had examined my patient once, taken a record "rough and tumble," worked it out with repertories,

and decided upon Silicea enough to quiz the patient at the next visit for symptoms of that remedy, I demonstrated that I had not yet reached the stage of perfection which any one of the doctor's students would possess who had listened to one of his lectures on Silicea. Reluctantly admitting the possibilities of such a fact, I must confess that this statement seems funnier to the other fellow than it does to me. It may be true that I went at this case wrong end first (even though I cured the patient), for had I begun with the condition of the toes, instead of the man's head, I should have found the Silicea key-note at once for the headache. But I must regret my misfortune in not having received my lectures at Cleveland!

All through our friend's writing, the same egotistical spirit crops out. *He* could have taught me better. None of these allusions seem to our critic to be "mud throwing," though he sorrowfully parries Dr. Chapman's thrusts with that answer. But the funniest combination of wit and caustic the doctor indulges in is placing Dr. Chapman and myself below the "second reader class," beneath the ability of those he taught at Cleveland, ranking us as children but little out of our materia medica swaddling clothes. "Will the class of '92 please rise," says our funny man, and in his own estimation Dr. Chapman and I go down at one blow. "The crime of being a young man I can neither palliate nor deny," but if the coming years make me as egotistical as they have Grandpa Kraft, I believe it will be better for my profession if I remain young.

Had either of the cases treated by Dr. Chapman and myself been well taken, our critic claims that the use of repertories would not have been necessary. The gentleman must remember that neither paper had for a title: "How to take a case." Both the cases were cured, and both had the indicated remedy pointed out, where the attendant physician was in doubt, by the use of repertories. Admitting that the cases were badly taken, the fact is proved that a good repertory and a poor doctor is equal to a Cleveland professor. Should our funny man succeed in establishing a reputation, as he seems to be trying to do, as a man of marked ability in teaching students "how to take cases," he may perhaps be appointed to a chair for

that purpose, and it is greatly to be hoped his appointment will be made permanent.

But let us lay aside the funny arguments and take up the serious part of the question, for it is a serious question. It deals with the method of making it more certain to find the remedy that will relieve pain, cure the sick and bring back the health of the sufferer. There is nothing more noble on earth than this same desire to help in pointing a way to better and surer methods in prescribing.

First, let me refer to the errors in the doctor's criticism, for errors should not enter into such a paper. To begin with, his definition of a repertory is wrong. It is hard to conceive how he made such a mistake. A repertory can never be a dictionary. The simplest and nearest correct definition is one found in the *Century Dictionary:* "Repertory, a place where things are so arranged that they can readily be found when wanted; a book the contents of which are so arranged." This is far different from the one given in the paper cited: "A Dictionary of Materia Medica; an arrangement of the words (symptoms) current in the language (materia medica) with explanatory marks and instances (clinical uses, etc.)." Repertory is very nearly synonymous with Concordance, but not at all with Dictionary. In this line "Gentry's Concordance Repertory" is a title nearest to self-explanation of what our repertories really are.

The next error lies in the statements already alluded to, that advice subsequent to the prescription of the simillimum—as a vacation, a certain line of diet, or hygienic surroundings—can in no way conflict with the value of the repertory or the method of using it. And again, it is not a fact that the peculiar ability of a physician to find the so-called "red string" deteriorates the value of the repertory. It enhances it. Another error the doctor made was jumping at conclusions on the symptom: "Fetid footsweat." Silicea by no means bears the palm. Lippe gives *fifteen* remedies under this rubric, and *four* of them besides Silicea are italicized. And as for memorizing the "red strings" of our materia medica, it is impossible. I doubt if there is a physician in the land who can tell what four remedies stand nearest to Silicea in fetid footsweat, without looking it up in a repertory. Another

error is the statement, or inference, that the use of repertories seems to abridge the value of a thorough understanding of materia medica. It does nothing of the kind. It is the guide-board that points the way when you are uncertain. One may have ever so thorough a knowledge of materia medica and yet forget where a peculiar symptom belongs or under which remedy it is most characteristic.

The real use of a repertory is to direct us to the remedy having any peculiar symptom, or to the several remedies having the symptoms in common; and out of several rubrics we can determine which remedy covers all or most of them. This was taught us by Hahnemann in his practice, and he earnestly commended Bönninghausen for his valuable assistance to the profession in giving to us that inimitable Therapeutic Pocket-book. If one knows that a certain remedy is plainly indicated the repertory is unnecessary. If I could have been certain that Silicea was indicated in my patient's case, I would never have taken down a book. But after a half hour's questioning I was completely at sea, and yet the repertory made the path so straight it coincided with the teachings given at Cleveland. What greater praise is needed for the commendation of the book and the method?

The real object in my paper on the use of repertories was to teach the fact, which I have demonstrated to my own satisfaction to be a certainty, that it is possible to so use our repertories as to make the finding of the simillimum almost a mathematical certainty. It is so correct that it will often prove another remedy is nearer indicated than the one we first feel so satisfied with. It is often the case that we do not get hold of guiding symptoms and we find cases that seem to present indications for no remedy in particular. These common symptoms, when worked through a repertory, will, as a rule, reduce the indicated remedies to three or four, and then a farther examination, with a study of the materia medica, will clinch the work.

My first idea of this kind of repertory work dawned upon me several years ago, while reading the introduction to that little homœopathic gem, "Bell's Therapeutics of Diarrhœa." Under the caption of "The Selection of the Remedy," he

says: "To illustrate, a patient has stools consisting of bloody mucus, small and frequent, with tenesmus. We diagnose dysentery; hyperæmia and inflammation of the mucous membrane of the colon, with exudation of blood, and secretion of mucus. Forty-four volunteers stand ready, armed and equipped with a similar pathological condition. But we want but one, and how shall we learn which one? We must be more exact and discover that our patient has restlessness, dry heat, and much thirst. Our volunteers are now reduced to three; but still too many. Applying our magnifying glass again, we observe a recent exposure to cold, dry wind, and a flushed face becoming pale, with faintness on rising, and now we have the man we want."

I read this over so many times, and vaguely felt that in it lay something I very much wanted. As in Maud Muller, "a nameless longing filled my breast." Dr. Bell had put a jewel in his book of such rare quality that while it fascinated me I could not quite grasp its significance—its worth—could not quite utilize the hint so beautifully given. It was only after years of thought and discouraging work that the method came to me which I attempted to express in my paper. I find now that I was not the only inventor—that several were at work upon the same thing. This, however, does not detract from its value, and I only claim that I did it working independently of others. Drs. Bell, Wolff, Markham, Heath and Berridge, that I know of, were working out the same line of thought and I only wish some one had shown me years before, instead of having to dig the thing out myself. I am confident I could have saved lives that I then lost had I possessed the knowledge of finding the remedy I now have.

And if my method is not perfect, if it bear the marks of incompleteness, if there are flaws which may be pointed out by mature minds, if it prove in the end that the prescriber is not omniscient, that he is at best but a weak mortal, it certainly does not prove the method valueless. And, lastly, "When we have to do with an art whose end is the saving of human life," any effort to make ourselves masters of that art is not a matter to be burlesqued.

HORACE P. HOLMES.

OMAHA, NEB.

THE HIGHER POTENCIES IN SURGERY.

EDITOR ADVANCE:—In the August number of the ADVANCE Dr. J. W. Means asks the question: "Did you ever see or hear of a surgeon in the homœopathic school who believed in high potencies?" In addition to those you name, I would like to mention the late Dr. Pease of San Francisco, and, if you will permit the use of the personal pronoun, I want to say that I not only believe in them but have used them for years, both in my private practice and in Fabiola Hospital. In fact, I carry only the 200th in my visiting case.

J. M. SELFRIDGE,
OAKLAND, CAL. Surgeon Fabiola Hospital.

[We are pleased to be able to add the name of Dr. Selfridge to our list of surgeons who use the single potentized remedy in their surgical practice. The sooner all our surgeons, both in general and special practice, adopt the single remedy in the higher potencies and abandon the antiseptic and other fads of the dominant school, the more marked will be their success, and the less frequent will be the resort to operative measures.—ED.]

THE I. H. A. DISCUSSION.

In the September ADVANCE, page 207, Dr. E. W. Sawyer says: "In the Mississippi valley I find a large proportion of the cases of albuminuria come from the abuse of Quinine in malarial fever."

A verifying case: In 1889, while visiting a member of a family, I observed a boy about thirteen years of age whose appearance attracted my attention. Upon inquiry I found he had the quartan type of ague, his chill occurring about ten o'clock A. M., and he had not missed over two weeks of this regular shaking for *over three years.*

They had "used eight or ten doctors and lots of patent medicine," none of which benefited him. I gave him Nat. mur. 6, about three grain doses, three a day. After a month's treatment he appeared well and was accordingly discharged.

Ten months later he returned—dropsical! Diagnosis: Bright's disease (albumen and tube casts being present in the

urine), and, despite all the best care I knew how to give him, he died in six weeks. We had no remedy above the 6x; and no Quinine at all.*

Of course I console myself by thinking the case was incurable; *but was it?* Could it have been cured? Now, on the same page, etc., as above mentioned, we have from Dr. Reed: "I gave him the four doses because it was a comparatively low potency. When I give a cm. potency they only get one dose. Sometimes when I use a low potency I do repeat." My potency was probably lower than Dr. Reed's, and probably I repeated the dose oftener. Dr. Reed cures with one dose of a *high* potency, and also with several doses of a *low* potency. Two things that are equal to the same thing, are equal to each other.

From looking through the discussions of the papers presented at the thirteenth session of the I. H. A., it seems that physicians cure by various ways; and from the general tenor I observe that most of the members give the *single* dose *high* and *cure;* but some give *many* doses *low* and *cure.* The latter way seems to be the safest, since it cures with no risk of those awful aggravations, etc. Understand, I am not "kicking," growling, or ridiculing, but indeed I am constantly studying my Materia Medica and Organon, etc., endeavoring to practice *pure* Homœopathy, with the minimum dose. And I must confess I have much labor with both; but of the two questions, that of dose is the most perplexing.

My deductions are apparent.

WARSAW, IND. J. W. PARKER.

THE NUMBER OF DEATHS FROM CHOLERA IN RUSSIA, up to September 1st, has been officially placed at about one hundred and sixty thousand. Adding to this upward of forty thousand deaths in other parts of the Continent, we obtain a total of two hundred thousand victims in Europe alone. There is no doubt that these figures are much below the actual number, for the official returns are universally acknowledged to be incorrect. How many have perished in Central Asia will never be known.—*Medical Record.*

---

* How much Quinine did he receive before he came under Dr. Parker's care. We certainly think this case corroborates the observation of Dr. Sawyer.—ED?

IS IT SPECIOUS OR DISINGENUOUS REASONING?

In a reply to a criticism made some months ago, upon an article in which the author "proposed to prove that the placenta may remain attached wholly or in part for hours or days, without injury to the patient," the authorities for this doctrine quoted, are, one case from hearsay and one authority, to wit: Guernsey.

He returned to the defense in the June number by "quoting Guernsey and others." The others are named below. Will the writer assert that the *Medical Summary*, April, 1892, and the *Indiana Medical Journal* (date and page not given?), "Ludlam in his work on Diseases of Women," meant in the quotations given to advise "that the placenta be left for days or even weeks" if not expelled by other means than surgical interference?

The answer to this will clear up some doubt, in my own mind, as to what the writer, aside from his personalities, intended in his reply. M. W. VANDENBURG.

FT. EDWARD, N. Y., September, 1892.

New Publications.

HOMŒOPATHIC BIBLIOGRAPHY OF THE UNITED STATES. From the year 1825 to 1891, inclusive.

Part I. Alphabetical List of Homœopathic Books and Pamphlets; Books against Homœopathy; Magazines; Directories; List of Homœopathic Publishers; Libraries; Previous American Homœopathic Bibliography.

Part II. Condensed Histories, Data, and Bibliography of the Homœopathic Societies, Colleges, Hospitals, Asylums, Homes, Sanitariums, Asylums for the Insane, Dispensaries, Pharmacies, Life Insurance, Legislation now or at any time existent in the United States. Carefully compiled and arranged, by Thomas Lindsley Bradford, M. D. Octavo, pp. 596. Philadelphia: Boericke & Tafel, 1892. Price, $3.50.

It is just a half century since the medical critic and poet-laureate of Boston, the gifted author of the Autocrat of the Breakfast Table, delivered a lecture before the Boston Society

for the Diffusion of Useful Knowledge, entitled "Homœopathy and Its Kindred Delusions," in which he prophesied that in twenty years from that time Homœopathy would pass into the rubbish of forgotten humbugs. Well, it has passed into history, and so has the prophesy. This book is a part of the record of its work, well done; the prophesy has long since become a "chestnut." The author has exhibited a patience, enthusiasm and research in the compilation of this bulky volume for which too much credit cannot be accorded him, and we earnestly recommend every homœopathic practitioner who would make a good investment, to place a copy of this work on the table in his waiting room. The triumphs of Homœopathy can in no way be so effectually demonstrated to his patients as in this. It will make them more enthusiastic in his defense and in the defense of the cause he represents. It certainly is one of the most convincing missionary works extant, and as such, we trust every practitioner will procure a copy.

BOOK ON THE PHYSICIAN HIMSELF, and Things that Concern His Reputation and Success. By D. W. Cathell, M. D. New tenth edition (author's last revision). Thoroughly revised, enlarged, and rewritten. In one handsome royal octavo volume. 348 pages. Bound in extra cloth. Price, post paid, $2.00 net. Philadelphia: The F. A. Davis Co., publishers, 1231 Filbert street.

As we have said in a former notice of this work, it contains many practical hints of value to the beginner. But if all the advice in this volume were as truthful and as valuable as the chapter devoted to the explanation of what Homœopathy is, and how several thousand allopathic physicians, after putting it to the test of practical experience, have adopted it as the superior of all other systems of medicine, the book would never have reached a second edition. Perhaps the key to this diatribe may be found in the following: "Remember that the epithet 'Allopath' is a false nick-name, not chosen by regular physicians at all, but coined for us, and put in use against us by our enemy, Hahnemann." Well, Hahnemann was one of the ablest allopaths of his day, and the simple fact that the allopathic school has never been able to shake off

the "epithet" proves pretty conclusively the soundness of the term. It is correct, doctor; you must bear it, or disprove it.

EPITOME OF MENTAL DISEASES, including their Classification, Synonyms, and Symptoms, their Etiology, Diagnosis and Treatment, with the present methods of certification of the insane. By James Shaw, M. D., formerly Superintendent, and Co-Licensee Haydock Lodge Asylum, London. One octavo volume. Illustrated. Uniform with Medical Classics. Morocco Cloth. New York: E. B. Treat. Price, $2.75.

Its semi-dictionary form of compilation makes its ready reference exceedingly convenient for practitioners and students and forms a valuable introduction to the more comprehensive treatises and exhaustive monographs. The work is largely a compilation from the bibliography of the subject, yet the author appears to have stamped his own individuality as a specialist upon the book by observations and experiences both in asylum and private practice. Its several chapters are:

I. Definitions of insanity and classification of mental diseases.

II. Index of symptoms somatic, physiological and psychical, with the mental diseases in which they occur.

III. Index of mental diseases with their synonyms and symptoms.

IV. Etiology. V. Diagnosis. VI. Prognosis.

VII. Pathological anatomy, Pathology, and Pathogenesis.

VIII. Therapeutics and Hygiene.

IX. Legal regulations and Forensic Psychiatry. General index of twenty-three pages.

This will be found a valuable condensation and of great aid in the examination, classification and certification of the insane. There are a number of classifications given including that proposed by the International Congress of Alienists at Paris in 1867.

THE SCIENCE AND ART OF OBSTETRICS. By Sheldon Leavitt, M. D. Second Edition. Rewritten and Enlarged. Octavo, pp. 769, with 314 illustrations. Chicago: Gross & Delbridge. 1892.

It is just ten years since the first edition of Leavitt's Ob-

stetrics appeared, and ten years of active work in the college and in the practice of the obstetric art has enabled the author to produce a work of which every representative of the homœopathic school in Europe or America may justly feel proud. A decade of active and incessant labor and an extensive obstetric practice have enlarged his experience and ripened his judgment, and the result is a text-book on the science of obstetrics alike creditable to the author, the publishers, the profession and the literature of our school. It is well illustrated, and well printed, in fact the mechanical execution is all that could be desired. This is also true of the anatomy, physiology, and general descriptions of the external and internal generative organs; of pregnancy, its diagnosis, normal and abnormal conditions, and minor and major obstetric operations; in fact the entire mechanism of labor and the management of the puerperal state. In this the work is unexcelled by any treatise on obstetrics. In every chapter the careful attention to detail is shown which has characterized the hospital and private practice of the author. The minutiæ of the lying-in-room are never overlooked, and careless midwifery severely condemned, and for this reason if for no other we sincerely trust that the teachings of this work may be practiced by every graduate of every homœopathic college. But like all works this apparently must have its weak point. It is greatly to be regretted that the appendix was added; that the antiseptic fad, which in a few years will be relegated to the forgotten, was thought fit to be added to a homœopathic book simply to satisfy a popular demand. There is nothing in the chapter which cannot be had in any allopathic work of recent publication, and it seems deplorable that our students and our school should be instructed in teachings not only pernicious in tendency but demoralizing in principle, and that too by a homœopathic work by one of our best teachers in one of our best colleges. No wonder our friends, the enemy, can point the finger of shame at our lack of principle and dishonest work. When such things are done by the leaders, the teachers, the authors in our school, what can be expected from the rank and file.

While the symptomatic indications for a large number of remedies are given for the various abnormal conditions that

may arise during pregnancy, parturition and the puerperal state are numerous, yet the impression is somehow conveyed that the author has much more confidence in mechanics and antiseptics than in the potency of similia. In the preface the author concludes: "I re-affirm my implicit confidence in the efficacy of the indicated remedy for the correction of abnormal conditions which may reasonably be expected to respond to mere medication," but what "may reasonably be expected to respond to *mere medication*," he fails to tell us. Contrast this "implicit confidence" with the abounding faith of Guernsey's admirable work, in the removal of abnormalities which may arise in obstetric practice, by the uses of the simillimum. For instance, in the treatment of hæmorrhage, often one of the alarming accidents incident to pregnancy or parturition, Prof. Leavitt says: "We can expect but little aid from drugs administered in any form; * * * none of these remedies can have direct influence over the hæmorrhage itself, which constitues the alarming symptom." Prof. Guernsey taught the very opposite, and no doubt the opinion of each is based on his experience. In our experience, and the experience of hundreds of homœopathic physicians, there is no condition met with in the sick, pathological or otherwise, which is more readily amenable to the action of the simillimum, or none in which more brilliant achievements have been accomplished, than in the hæmorrhage of parturition. But *the prevention* of parturient hæmorrhage and all other complications of pregnancy by prenatal treatment, is scarcely mentioned in the latest work on homœopathic obstetrics. A chapter devoted to this treatment would have been a lasting blessing to womankind and a wonderful incentive to better obstetric practice; a higher practice, in that it cares for the future child as well. The allopathic works on obstetrics are silent here. Here is an unoccupied and uncultivated field pregnant with grand results for the future of the race, and Prof. Leavitt does not appear to have even heard of it. Ten pages of the work devoted to this most important subject would have done more for homœopathic obstetrics than ten volumes of the best antiseptic methods the world has ever seen.

RINGWORM: ITS CONSTITUTIONAL NATURE AND CURE. By J. Compton Burnett, M. D. London: The Homœopathic Publishing Co., 12 Warwick Lane, E. C. 1892.

We sincerely thank the author for this racy little monograph and earnestly advise every homœopath to procure a copy and not only read it but study it carefully. There is something here to learn for which the majority of homœopathic physicians have been in search. "Gout in the big toe is not a disease of the said toe; acne on the shoulders of young persons is not a disease of the skin of the shoulders; neither is a yellow-coated tongue a disease of the tongue." This is the teaching of the preface; and the book also teaches and proves that "ring-worm" is not a local but a constitutional affection. After an explanation of the etiology, pathology and homœopathic treatment of ringworm, the author gives a general survey of this disease in medical literature, which, like every thing he has written, is delightful in style. See page 300.

THE SPEECH OF MONKEYS. By R. L. Garner. New York: Charles L. Webster & Co. 1892.

The author has struck out for himself in his investigations of speech in the lower order of life, for he says in the preface: "I have had no precedents to guide me, no literature to consult, and no landmarks by which to steer my course." This may have been fortunate, and compelled some original work. But whether he is entirely correct when he says: "Not a line on this subject is to be found in all the literature of the world" is a question far from settled, for the idea that many animals have a language of their own is not new. In fact, it is historic that a knowledge of the language of birds was known to the ancient Greeks, among whom it was regarded as a special or divine gift. The original part of this work consists in attributing to monkeys, especially, the use of speech, the same in its elements as that of man. He has made a series of careful investigations and some of the results reached by the use of the phonograph or graphophone are very curious and warrant the author in drawing scientific attention to the question. But we do not think he has demonstrated that monkeys have what is understood by articulate language, or that the speech of monkeys is nearly related to that of man. Perhaps

he does not intend to make that claim, for all he practically claims is, in his own words, "their speech is capable of communicating the ideas that they are capable of conceiving, and measured by their mental, moral and social status, is as well developed as the speech of man measured by the same unit."

"The most important feature in Mr. Garner's work is his proposal to attempt to reach the primitive elements of speech by the use of the phonograph. His experiments with this instrument lead him to believe that the fundamental sounds of monkey speech are pure vowels, although faint traces of consonant sounds are found in many words, especially those of low pitch. He has been able also to develop certain consonant sounds from a vowel base, and he thinks therefore that this has been the origin of the former in human language. This view is not confirmed, however, by what we know of the most primitive human language in which the dropping of consonantal sounds is rather a mark of decay. As to the extent of the monkey vocabulary, it appears to be somewhat limited, as the author is able to credit his Capuchin friends with only nine words, although some of these are supposed to be capable of several meanings by difference inflections. This would hardly seem, however, to be sufficient to enable little Dodo, whose portrait is given on the cover of the book, to express the ideas ascribed to her in her *lover's complaint*, which must have been of the most remarkable character."

CHILDHOOD.—Dr. George William Winterburn and Mrs. Florence Hull will edit a new magazine, the first number of which will appear November 25, 1892, to be called *Childhood.* It will cover a field not hitherto occupied. It will be addressed to parents, and will endeavor to inculcate the most advanced ideas in regard to the moral, intellectual and physical development of children. It is believed that there are a very large number of parents who desire to give their children the advantages of the best training, but who, defectively trained themselves, do not know how to secure the ends desired. It will attempt to be the guide of such, and by presenting the subject, in all its phases, by means of short, well-written contributions, to supply information which cannot be found elsewhere.

Men and women, well known in literature, prominent teachers, physiologists and biologists, have been engaged to write for it. The paper and printing will be of the best, and the editors will spare no effort to make the magazine interesting, ennobling and instructive. Parents and teachers who desire to do the best possible for the children committed to their care, cannot afford to neglect the help it will be to them. It will contain thirty-two double column pages, and will be published monthly, at ten cents a number—one dollar a year, by A. L. Chatterton & Co., Publishers, 78 Maiden Lane, New York.

Every homœopathic physician should recommend this work to his patients, and we trust every reader of the ADVANCE will do so.

ALASKANA: OR ALASKA IN DESCRIPTIVE AND LEGENDARY POEMS. By Bushrod W. James, M. D. Philadelphia: Porter & Coates.

This work on "Alaska Legends" is the first one of its style yet published which deals exclusively with the legends, ethnology, customs and scenery of Alaska. Although the rhythm is in conformity with that of "Hiawatha" and "The Kalavala," this book claims distinction in that each chapter is complete in itself, no one depending upon another for either subject or conclusion. The descriptions of scenery are taken from the author's note-book, which was his constant companion while traveling in the Territory, therefore their reality is assured.

In following the Finnish verse, the author has taken the liberty of avoiding, in a great measure, the tautology for which "Hiawatha" is remarkable. Whether this slight innovation is an improvement or not remains with its readers to decide.

The author, an ex-president of the American Institute, is qualified to speak on the "Medicine Men," or "Shamans," their peculiar education, strange practices, ostentatious manners, mode of collecting fees, their death and burial, all of which is interesting, and some parts are startling in their intense realism. Many of these sketches are exquisite.

"Muir Glacier" is full of gorgeous, tinted splendor; "Moonlight" is lovely in its quiet tenderness; "Aurora" flashes its coloring in every line; and "Sunset" is a glorious benison to the whole book, which must be read before one can say that it has been too loudly praised.

THE

MEDICAL ADVANCE.

A HOMŒOPATHIC MAGAZINE.

VOL. XXIX. DECEMBER, 1892. No. 6

SILICA: ITS CURATIVE ACTION IN THE TREATMENT OF ALVEOLAR ABSCESS.

At a recent meeting of the American Academy of Dental Science held in Boston, a paper on "Silica: Its Curative Action in the Treatment of Alveolar Abscess," was read by Chas. H. Taft, D. M. D., Professor of Dental Surgery in Hering College, and published in THE MEDICAL ADVANCE May, 1892.

At that time the following discussion was not obtainable. We give it in full as a sign of the times, for the Academy before which it was read, and the members taking part in the discussion were practically allopathic, nevertheless it met with a fair and honorable reception; the paper was met on its merits, and the discussion was remarkably free from partisan prejudice.

The *Hahnemannian Monthly* for November, thus speaks of the paper and the discussion:

Those whose medical beliefs heretofore had not given them a knowledge of the remedy which Dr. Taft recommended, discussed the subject from the standpoint of liberal-minded men who were learning something new. If Dr. Taft's recommendations were good ones, they were anxious to determine that fact for the advantage of themselves and their patients. If his ideas were delusions and snares, then they recognized their proper appreciation was best obtained by a fair and impartial consideration We commend the discussion as a model to medical men. Where everyone is anxious to learn the truth, dissension and discord cannot enter.

DISCUSSION OF DR. TAFT'S PAPER.

Dr. Hitchcock: If I understood the essayist correctly, he began treatment in February, 1891, and ended in March,

1892. It seems to me that if the abscess was not cured in less time than that, Silica had little to do with it. I would like to ask Dr. Taft whether he purchased his peroxide of hydrogen or prepared it himself.

Dr. Taft: I purchased it.

Dr. Hitchcock: If I remember correctly, peroxide of hydrogen is dormant at a temperature below 40° F., and at a temperature over 70° it loses its oxygen. The solution should be made by a competent chemist, and kept in a cool place.

Dr. Williams: Dr. Taft's mention of the use of Silica reminds me of a case I had fifteen or twenty years ago. It was a very obstinate ulceration, occurring after the extraction of a tooth. The patient was not in very good health, and suppuration continued for some time. I tried various remedies without effect. Dr. Cabot, who was an excellent surgeon, gave me a hint. It was to apply Silicate of Soda, a little diluted, perhaps half or two-thirds strength, on a bit of cotton. That seemed to have a very good result, and I applied it once a day for several days, and I think in the course of ten days the case was healed. I have found it very useful in several cases since.

Dr. Cooke: I would like to ask Dr. Taft what was the strength of the dose he used in the last case?

Dr. Taft: The medicine I last gave was in the one-hundred-thousandth potency.

Dr. Cooke: I do not understand what virtue there can be in a solution made from the hundred-thousandth potency.

Dr. Taft: I hope the gentleman does not confound a simple dilution with a potency. If you put a couple of drops of a drug in a bucket of water you get a solution with no value as a medicine; but if you take two drops of that drug and add ninety-eight drops of alcohol, and shake it, then you get a potency; then take two drops of that and add to it ninety-eight more of alcohol, and shake again, and so on—in that way you evolve the medicinal properties of a drug.

Dr. Williams: This shaking must be done by hand, as I understand it. Wouldn't it have the same effect if the solution were put in a machine and shaken up?

Dr. Taft: I should think the effect would be the same: I don't know about that.

Dr. Allen: I have no experience in administering homœopathic remedies in dentistry: but, if you will allow me, I would like to speak of two cases of their use which interested me a great deal. Each case happened to be in the family of a homœopathic physician, both physicians being eminent in their profession. One case was a chronic alveolar abscess, which originated in a central incisor that had a Richmond crown on it. The crown had been placed there by a dentist who is well known to most of us, and there is reason to believe that he had thoroughly prepared the root, and had filled it properly. Notwithstanding that, an abscess formed, followed by a fistula and copious discharge of pus, which condition seemed to indicate the removal of the crown and further treatment of the root. I suggested to the doctor that he try his homœopathic remedies on it—certainly a safe thing to do, you would say—and that the dentist should not interfere until it became imperative that he should do so. My suggestion was followed, and the result was eminently satisfactory. I had occasion to examine the lady's mouth afterwards, and the apparent healthy condition of the root fully warranted the course that had been pursued.

The other case was an acute alveolar abscess in the left superior second bicuspid, which also had a crown upon it. The lady's husband was a physician, and an enthusiast in Homœopathy. He refused to have the dentist treat the case, saying that he would take care of it himself. As there was very great swelling and much fever present, I did not believe that speedy relief could be obtained without lancing the abscess, nor a cure effected without opening the root. The abscess, however, was not lanced, but homœopathic remedies were administered internally, and relief followed within a very few hours, together with a rapid subsidence of the swelling.

If it is not irrelevant to the subject, I would like to give a personal experience in regard to homœopathic medicines. It was my ill-fortune, several years ago, to injure the instep of my right foot. I was in a lecture room, and a number of students were seated on a settee directly in front of me. They were leaning back, and finally tipped over, and I received the

weight of that row of students on my instep. The injury seemed trifling at the time, but next morning my foot was very lame, and for several days continued to be so, when, happening to mention my accident to a friend, who was a homœopathic physician, he said, "Let me prescribe for it; I will give you some Arnica." Said I, "Yes; I think Arnica would be very good to rub my foot with." He replied, "You must take it internally." I laughed, and had no faith whatever in it, but took his dose, and next morning my foot was very comfortable, and continued so for several days, when the trouble again appeared.

To make a long story short, the trouble would subside and then reappear at intervals of a few days, the relief always being coincident with a dose of medicine administered internally. After the absence of six months, during which time the trouble again appeared, I went to him for an examination. He said the periosteum had been bruised, and that a bone abscess was threatening. At my request he prescribed for me, and told me that later on I would know what the remedy was. Relief followed immediately, and has been permanent. In reply to my question afterwards as to what the medicine was, he said it was the one-hundred-thousandth potency of Arnica.

Dr. Williams: I would like to ask the gentleman if in any of these cases Silica was used.

Dr. Allen: I do not know. It would be very easy to find out. I know that Silica is used by homœopathic physicians in cases of suppuration.

Dr. Andrews: I want to say a word in appreciation of this paper. I don't think we have had a better written one in this Association for a great while, and although I am not able to discuss it, I am glad that I have heard it. The action of homœopathic remedies does not seem at all improbable to those who have prepared microscopical tissues, and have noted the effect that minute percentages of reagents have on them.

Dr. Hitchcock: I do not want to be understood, Mr. President, as criticising the practice of Homœopathy, as I have some faith in it. But I was surprised at the length of time required for treatment in the case described by Dr. Taft.

Dr. Taft: The case was undergoing treatment during that period mentioned, but I was not using Silica all that time. I would say that the effect of one dose of Silica will go on in the system for as long as eight weeks. I think my mistake in the treatment of the fistula was that I produced what is called an aggravation by repeating the medicine a second time too soon. I felt sure, after I had given the other two remedies without any result, that if the Silica were given in a very high power it ought to cause the flow of pus to cease entirely, and the result bore out my conclusions. It shows how beautifully the higher potencies work; and shows, too, that the very word "potency" means power, and the higher the potency is carried the greater the discretion to be exercised in the use of the drug.

Dr. Eames: I have always understood that mischief would not be incurred if the remedy was not applicable; or, as is popularly said, "homœopathic medicines do no harm, even if they do no good."

Dr. Taft: Well, if the selected medicine is not the similli-mum, and does not reach the totality of all the symptoms, it has no effect. For instance, let a person when well take a few drops of the tincture of Gelsemium; if he is at all sensitive, he will notice in a few minutes that his pulse has from ten to fifteen beats fewer in the minute than it had before, with a feeling of chilliness accompanying it. This will soon be followed by heat, a quickened pulse, with pains in the head, and perhaps in the back and limbs. In short, he will find that he has a fever. Soon a prickling sensation is felt, perspiration breaks out, and in a little while he is well again. Now, it is just because Gelsemium produces fever symptoms when given in large doses that it cures the same symptoms when administered in small doses.

Dr. Eames: Then, if one had no disease at all, it will cause these symptoms in a healthy person? If a child gets hold of a vial full of a certain drug and takes a quantity of it, it has the effect of producing the disease in the child for which the drug is used.

Dr. Taft: Certainly.

Dr. Eames: I can hardly see how the shaking of the drug, as given by Dr. Taft, is different from the dilution.

Dr. Taft: There are a good many things that cannot be explained; we have got to accept them as facts. We might say, for instance, that because we cannot understand how waves of a certain kind can be sent over an electric wire so that six messages can be sent from either end at the same time, that it cannot be done. We cannot understand how hydrogen and oxygen unite in certain definite, fixed proportions to form a drop of water, but we know that they do. Just how this action is obtained with drugs nobody knows; but it is a law and a fixed law, as those who have tested it well know.

Dr. Meriam: Do we understand, then, if we get a remedy that meets all the symptoms, there is no death?

Dr. Taft: I do not go so far as that; we are talking of curable cases.

Dr. Briggs: I would like to ask Dr. Taft if he uses Silica in all cases of alveolar abscess, as in the case that he has cited?

Dr. Taft: No, sir; by no means. I would not be understood as saying that I use Silica in every form of abscess. I very often use Mercury or Hepar sulphur; the administration of either one depending entirely upon the condition of the other symptoms. They are equally valuable with Silica, providing certain symptoms are present. Silica is a very slow, deep-acting drug, and, as I have said, is suited rather to chronic than to acute cases.

Dr. Briggs: It is inert, is it not, on the healthy human organism?

Dr. Taft: Not in the medicinal form. In its crude form it is practically inert.

Dr. Briggs: What are the symptoms that occur in the healthy individual in its medicinal form?

Dr. Taft: It affects the whole system, from the top of the head to the tip of the toes.

Dr. Briggs: Does it produce suppuration?

Dr. Taft: Yes, in its physiological action.

Dr. Briggs: Does Dr. Taft know how many times that has been proven?

Dr. Taft: I do not; but all of the symptoms that are ascribed to it are not the provings that have been obtained by its ad-

ministration to any one individual, but those that have been gathered from a number of individuals.

Dr. Williams: I would like to ask if it is known who is the discoverer of this remarkable effect obtained by shaking by hand?

Dr. Smith: I would like to ask Dr. Taft if he gives this Silica for chronic abscesses, as he cites in his paper, why it would not be equally serviceable for an acute form of abscess, to allay the inflammation before suppuration takes place?

Dr. Taft: Mercury or Hepar sulphur have the power to hasten suppuration, or prevent it entirely; that is to say, if the process of suppuration has begun, and cannot be averted, it will be materially hastened by the administration of either. The case in question, Mr. President, was entirely without other symptoms. The lady was one of the healthiest individuals that I have ever seen. There was not a single symptom to aid in the selection of the remedy other than what was presented in the fistula itself. The fact that I had no success in treating it by dental agents or methods, and the fact that the discharge was so profuse all the time as to be exceedingly annoying, made it very pleasant for me to have her say, of her own accord, that she noticed an improvement the very next day after the administration of the medicine. It shows how nicely the medicine worked. We cannot explain how it worked, but if the lady were here she would tell you there was no question but that it did.

Dr. Meriam: There is one thing to be considered in connection with this case. From Dr. Taft's description, I should judge that the fistula was entirely sheltered from pressure, and such are extremely difficult to heal.

Dr. Smith: Dr. Taft has said that were his patient here she would tell us that he had not overstated the case. Any one who is acquainted with Dr. Taft asks no further evidence for the truth of his assertion than his plain, unsupported statement.

The paper, I think, has been an exceedingly interesting one. He has seen fit to venture into new fields and try these drugs, and he has made, under the circumstances, a creditable success of it; and, what is more, he has the courage of his convictions, and the heroism to come here and present them.

In my dental student days, we never were taught to use remedies to abort abscesses, and I doubt very much to-day if a majority of our practitioners in dentistry are in the habit of resorting to drugs of any kind to assist in treatment. I have had under my dental care, some eminent physicians and surgeons, and have purposely asked them what drug they would recommend for use in the treatment of abscessed teeth, and those eminent men say "None." The homœopathists claim that drugs have their proper effect and will cure, and I have had cases of this kind where the patients were homœopathic physicians, and while I performed the surgical part of it they took what they considered the proper drug, and I have always got along with these in a thoroughly satisfactory manner.

We have had cases where it is claimed that Christian Science cures. I have two patients who were under treatment with the best allopathic physicians for years, men who were eminent in their profession here in Boston, and after trying everything in their science, they gave them up as incurable. Those patients went to Christian Science, and in two or three months' time they were well people. Naturally, these are firm believers in the Christian Science cure, and one of them who was particularly nervous, is now a much better patient; in fact, she is an excellent patient. She states that she succeeds, when in the chair, in absenting herself from her body. And so, gentlemen, I pay my tribute of respect to the essayist, and I am inclined to try the treatment which he has outlined.

Mr. Houghton: I have been under the care of homœopathic physicians for the last two years. Before that time, my health had been very poor, and I was under allopathic treatment for a number of years. I first came under the doctor's care when I was about twelve years old, and it was about that time that I began to have my teeth filled with amalgam and gold fillings. I kept growing worse until about three years ago when I first came under the treatment of a homœopathic physician. At that time I think I was taking about a dozen different kinds of drugs, but soon began to improve under homœopathic medicines. My physician felt that I was not improving as fast as I ought, and ordered my amalgam removed, and since then there has been a rapid change for the better.

Dr. Williams: The gentleman, in relating his own experience, spoke of having two kinds of fillings in his mouth—amalgam and gold. His physician recommended the amalgam fillings to be removed, after which he noticed a marked improvement. I want to ask if any effect was attributed to the remaining fillings of gold, by the physician?

Mr. Houghton: Not that I know of.

Dr. Taft: In closing I would say, Mr. President, that I had no intention, in presenting my paper to-night, to antagonize in any way the two great schools of medicine. It was simply to give you the benefit of the experience that I have had in administering an important and valuable drug, and incidentally I have spoken of other homœopathic remedies.

I brought with me to-night a small volume on Homœopathy called "Hering's Domestic Physician," which has one or two chapters devoted entirely to the affections of the teeth. Usually there is no question about the symptoms of any case, because the patient can express those symptoms quite clearly. When a case presents itself, I recognize at once certain "key-note" symptoms, which suggest a given drug. I then turn at once to the chapter alluded to, and look up the symptoms coming under it. If a large number of those symptoms do not come under that drug, I look up another, and go through as quickly as I can the different drugs to see which one has the largest number of symptoms corresponding to those of the patient, and when I find what I think is the right one, I take the large Materia Medica and confirm my opinions; then, with considerable confidence, give the medicine in the very high power I have spoken of.

I have also brought with me this medicine case. It holds enough of the more important remedies which the dentist would need for affections of the mouth and kindred troubles. It contains only a small proportion to the number of remedies that are used in the science of Homœopathy.

I have just started to make a record of every case in which systemic treatment is adopted. In this record I put down the name of the patient, all of the symptoms present, the aggravations and ameliorations, and the medicine that I give, taking pains to find out from the patient afterwards what the action of the medicine has been. In a large proportion of cases relief

is given at once, and in almost all relief is given within a day or two. In some I do not select the right remedy, and consequently have to give the case further study. In this way I hope in time to get a homœopathic dental Materia Medica, that will be as accurate as my own practical experience can make it. I find systemic treatment just as useful in the management of an exposed pulp, which begins immediately to ache after a careful capping, as in cases where there has been continuous pain. I had such a one come to me about a month ago. A young lady suffered a great deal after a capping that I made in an inferior bicuspid. Notwithstanding the fact that I capped it very carefully, the tooth gave her considerable trouble, and for two weeks I tried Capsicum plasters, and all the local obtunders of pain with which we are familiar. At first they had good effect, but the pain would soon recur. I did not want to destroy the pulp of the tooth, so I took very carefully all the symptoms, and from what I could gather, thought that Belladonna was the indicated remedy. I gave her the medicine, but it had no effect whatever. I told her that before destroying the pulp I would like to have one more trial, and after making a further careful study of the case, prescribed Mercurius, when the pain ceased almost immediately, and she has had no serious trouble with it since then.

Dr. Briggs: The key-note of the use of the drug is its high potency?

Dr. Taft: Yes.

Dr. Briggs: And don't prominent homœopaths practice only in the lower potencies?

Dr. Taft: Yes; there are a great many of those. Their number is much greater than that of those who use the high potencies.

REMARKS ON THE EXTREME ATTENUATION OF HOMŒOPATHIC MEDICINES.

I. The essay of this intelligent and unwearied and honorable investigator and promoter of our art, incontestably corroborates the following truths that some observations of my own had already hinted at, viz., first, that the development of the powers of medicinal substances by the process peculiar to

Homœopathy, may be assumed to be almost illimitable; second, that the higher their dynamization (dematerialization) is carried, the more penetrating and rapid does their operation become; third, that, however, their effects pass off so much the more speedily.

All this is in strict accordance with my own experiments, though I have not carried them so far; one of them I may only allude to, namely, that once having prepared a dynamized attenuation of Sulphur up to xxx (90th dilution), I administered a drop of it on sugar to an aged unmarried lady, who was subject to rare epileptic attacks (one every nine, twelve or fourteen months) and within an hour afterwards she had an epileptic fit, and since then she has remained quite free from them.

The opponents of Homœopathy, obstinately attached to their old system, who seem to have made a resolution not to allow themselves to be convinced of this wonderful development of the powers of crude medicinal substances, which, however, manifests itself to every unprejudiced person who honestly puts the matter to the test, and which gives to the practice of Homœopathy that tranquilizing certainty and trustworthiness in the treatment of diseases with highly dynamized attenuations of medicines in the smallest doses, whereby it vastly surpasses every other method of treatment;—our opponents, I say, on being informed of these extended experiments and observations of the author of this treatise, who has rendered such service to our art, can do nothing more than, as they have hitherto done, remain standing in amazement below the steps of the outer court to the sanctuary of these health bringing truths, and announced by a skeptical smile their inability to avail themselves of these beneficent revelations of the nature of things for the welfare of their patients. They wore the same skeptical smile when I, some thirty and odd years ago, pointed out the efficacy of the millionth part of a grain of Belladonna in scarlet fever; they can now also do nothing more when they read of the dematerialization of Sulphur up to the thousandth potency, that it still displays a powerful medicinal action on the human body. Their Bœotian smiling however will not stay the eagle flight of the new beneficent healing art, and in the

meantime they remain, as they deserve to do, deprived of its blessings.

However, it must be borne in mind, that the chief use of these experiments, was to demonstrate how high medicinal attenuations might be potentized without their action on man's state of health being reduced to nothing, and for this these experiments are invaluable; but for the homœopathic treatment of patients it is advisable, in preparing all kinds of medicines, not to go higher than the decillionth attenuation and dynamization (X), in order that homœopathic physicians may be able to assure themselves of uniform results in their practice.

II. I can scarcely believe that the carefully discriminating Graf von Korsakoff can regard the subdivision and dynamization peculiar to Homœopathy as complete at the millionth and billionth development (third and sixth dilution), and incapable of any further disembodiment and spiritualization of their medicinal powers to an even greater degree by further trituration of the dry and further succussion of the fluid attenuations—the occurrence of which cannot be doubted—or that he actually looks upon them as weaker, as he seems to imply. Who can say that in the millionth or billionth development the small particles of the medicinal substances have arrived at the state of atoms not susceptible of further division, of whose nature we can form not the slightest conception? For if the living human organism shows an ever stronger reaction to the more highly dynamized attenuations when they are used medicinally (as experience teaches, and as the author himself admits), it follows that such highly medicinal preparations must be regarded as stronger, inasmuch as there can be no standard for measuring the degrees of dynamic potency of a medicine, except the degree of the reaction of the vital force against it.

Thus much, however, is deducible from his experiments, that since a single dry globule imbibed with a high medicinal dynamization, communicates to 13,500 unmedicated globules, with which it is shaken for five minutes, medicinal power fully equal to what it possesses itself, without suffering any diminution of power itself, it seems that this marvellous

communication takes place by means of proximity and contact, and is a sort of infection, bearing a strong resemblance to the infection of healthy persons by a contagion brought near or in contact with them—a perfectly novel, ingenious and probable idea, for which we are indebted to the Graf.

The communication or infection appears to take place by means of the power which is perpetually spreading around, like an exhalation or emanation from such bodies, even though they are dry, just like those globules the size of a mustard seed that had previously been moistened with a fluid medicine which we employ for the cure of patients by olfaction. A globule of this kind, e. g., of Staphisagria X, which, in the course of twenty years, had been smelt several hundreds of times after opening the bottle in which it was, for a certain symptom that always recurred of the same character, possesses at this hour medicinal power of equal strength as at first, which could not be the case did it not continually exhale its medicinal power in an inexhaustible manner.

The supposition of our author that dry globules that have been impregnated with a certain degree of development of power can be further dynamized and their medicinal power increased in their bottles by shaking or carrying about in the pocket, like medicinal fluids further shaken, is not borne out by any fact, and will appear to me incredible until it is supported by proper experimental proofs.

On the whole we owe many thanks to this ingenious and indefatigable investigator for his present valuable communication. SAMUEL HAHNEMANN.

COETHEN, 30th May, 1832.

TWO DECADES IN MEDICINE.

Nearly twenty years ago I began the study of medicine in an eastern allopathic college. I never dreamed that there was a better place, more efficient teaching, or wiser instructors. And, indeed, this was for my purpose at that time sufficiently true. The institution was splendidly equipped, the faculty composed of earnest, thoughtful, brainy men. The thought that any mistake could have been made as to schools never once occurred to me. If it had, the teaching which I there received would have banished such thoughts from my untutored mind.

I remember especially one professor of splendid physique and magnificent presence, an orator and capable teacher, who used to stand six feet two before our class of three hundred students, and in his magnetic way say: "Gentlemen, when you leave your *alma mater* go not after strange gods; chase no 'Will o' the Wisp' though the bogs and marshes of Homœopathy or eclecticism! All that is worth teaching in medicine we know; all that is worth knowing we teach." And so, under such teachers (the best of their kind), and from such an institution (as good as the best), I graduated.

For nearly one decade I practiced *regular medicine*, with as much success as my colleagues and neighbors, and I was satisfied. No "Will o' the Wisp" crossed my pathway, or if it did it, made no impression upon my steadfast soul.

My frame was calm, my faith serene, my mental vision fixed upon the unswerving path. If a patient died, as he often did—sometimes unaccountably to me—the responsibility was thrown upon an inscrutable providence. If he lived under my ministrations, Quinine, Calomel, and their accessories, were the gods which had brought him safely through.

Once in a great while a qualm was felt at the sudden demise of some mature man who bade fair to live out his allotted time, but I had treated him regularly, scientifically, according to the approved method, what more could be expected of mortal man?

After a sleepless night or two, and the oft recurring wish that I had done something more, or less, or something else, I would become reconciled, charge the death to providence, the bill to the administrator, and with faith as firm as ever start out next morning seeking whom I might find to devour my prescriptions.

Occasionally it was entirely apparent that *too much* was done; that the patient got *too much* regular medicine; providence wonld *not* share the responsibilify, and conscience would *not* down at my bidding.

One of these instances I now recall. The patient, a young man of twenty-four years, was a perfect Apollo in form and figure, a Hercules in physical strength, with a mental endowment of no ordinary kind, improved by close application to study in one of the finest institutions of learning in the land.

At the close of the college year he came home, not sick, yet not quite well; had had, a few weeks before, a slight attack of articular rheumatism; had still some wandering pains about the joints, of no great severity; went where and when he pleased and did what he pleased. Soon, however, he began to have some trouble referable to the cardiac region, attended with a sinking sensation, which distressed and alarmed him. These attacks at first came at intervals of fourteen or twenty-one days, later they became more frequent; intervals were shortened to five or seven days. They were accompanied by great weakness in the chest, so that he was scarcely able to talk. His heart would beat violently, though not very rapidly, especially when lying down. Rising or even turning in bed would accelerate it. The pulse at the wrist was small, slow when lying quiet, extremely slow at times, and often irregular, missing sometimes for hours every third beat, at other times every fifth or seventh beat. He often complained of heaviness of his arms and of numbness or tingling of the fingers. His attacks (at least the severe symptoms) were of short duration, so they were always well nigh over upon my arrival, as my office was two miles distant from his residence.

So the case ran on through the spring, through the summer, into the autumn. I had numerous consultations, but they neither brought light to me nor relief to him. Finally, at a meeting of our county medical association, composed of twenty-eight physician (not a *militia* man among them), all *regulars*, it was determined to invoke the aid of a celebrated physician of a distant city, whose specialty was diseases of the chest and its contents, notably the heart, and whose reputation as a skillful diagnostician and prognostician was deservedly great. Accordingly, with the acquiescence of my patient, who was present, the celebrated physician was summoned and arrived the next day but one. Immediately upon looking at the patient, and before further examination, he told me aside that we should find organic heart disease. After making a careful examination he diagnosed pericarditis, thereby agreeing with a majority of former examiners. The prognosis was doubtful, and the treatment Mercury, until the constitutional effects became manifest, with Digitalis tr., ten drop doses, thrice daily.

Previously, through the instrumentality of our youngest member (a follower of Dr. Ringer), he had taken this remedy in drop doses at six-hour intervals, but grew so manifestly worse during its administration that we had abandoned it. Through our remonstrance the dose was changed to eight drops, which was administered at once.

Then we took our leave, our counselor departed on the train for his distant home, the rest of us went our several ways.

Scarcely had I reached my office when a messenger came in hot haste, saying my patient was dying. I rushed to his bedside and found him almost dead. I antidoted *Digitalis* in every possible way. I worked with him many hours, plied him with stimulants and applied external heat. A sudden flush of heat would be followed by coldness, prostration, pinched features, blanched lips, lustreless eyes and deathlike expression. At times, one side was cold, the other burning hot. After midnight the paroxysms ceased and he slept quietly.

For several days he was better than for weeks before. Of course the drug was discontinued. I wrote the consultant, carefully detailing the symptoms, and telling him that to my mind it was clearly a case of Digitalis poisoning. He replied: "It was a coincidence; repeat the dose; continue the remedy." I gave the reply to the patient and to his father, who was himself an intelligent man, assuring them that I would not take the responsibility of a repetition of the "dose," advising them to continue the remedy only upon the condition that they release me from any responsibility in the case—that I would not, *could* not, share it. For days they hesitated and debated; finally they determined in favor of Digitalis. Luckless conclusion! That dose was his last. In precisely the same time as before, the same untoward symptoms began. When the messenger reached my office I was away. Before I could be found and reach my patient he was too far gone for help or hope.

With bitter reflections and a sad heart (for I loved him) I saw him die. Just before his death, between gasps, he said: "Tell Dr. ——— never to give Digitalis to another case like mine."

Years passed by before the mystery of this taking off was

understood. It is all clear now; but the book which would have revealed it—aye, and prevented it, too—was a sealed book then, and my stubborn prejudice was the seal which locked it from me. Many problems then are now solved, many mysteries revealed, many dark places flooded with light.

I recall another case which occurred in the same community. A farmer boy twenty years old, stalwart and strong, with an inherited constitution which betokened defiance to disease, awoke one morning with slight throbbing headache and vertigo. He was feverish, but ate a light breakfast and as usual went to the field to work. Towards noon the headache had so increated that he went home. After bathing his head in cool water and sitting quietly in the shade, he felt better. During the afternoon he remained at the house, and early in the evening retired, but could not sleep. He made no complaint, however, until morning, when a physician was called, who prescribed Bromide of potash. He grew worse through, the day and at nightfall the physician was again summoned. He continued to grow worse, and at midnight I was called in consultation. I found him suffering with excruciating pain in the head, the carotid and temporal arteries were throbbing violently; his face was red, head hot, eyes injected, and pupils dilated. His temperature was 104°; he was very restless, slightly delirious, often sat up in bed, and sometimes attempted to get out. While sitting he would fall asleep and awaken with a sudden start. When lying down he could not sleep.

Bromide of potash has been abandoned in favor of some other remedy, we resumed it in larger doses, reinforced by Valerian.

A homœopathic student, with a vial of Belladonna, would have saved this boy, but how were we to know that? *We were regular physicians!* So we bathed him, bled him, gave him Hydrate of chloral, Bromides in larger doses, and Morphine hypodermically. Not all of these at once, but as one combination failed we tried another. Certainly! What else *could* we do? Seeing nothing more to be done, and no good from what *had* been done, I left him to his fate and the other doctor.

As I rode home under the fading stars, I congratulated

meantime they remain, as they deserve to do, deprived of its blessings.

However, it must be borne in mind, that the chief use of these experiments, was to demonstrate how high medicinal attenuations might be potentized without their action on man's state of health being reduced to nothing, and for this these experiments are invaluable; but for the homœopathic treatment of patients it is advisable, in preparing all kinds of medicines, not to go higher than the decillionth attenuation and dynamization (X), in order that homœopathic physicians may be able to assure themselves of uniform results in their practice.

II. I can scarcely believe that the carefully discriminating Graf von Korsakoff can regard the subdivision and dynamization peculiar to Homœopathy as complete at the millionth and billionth development (third and sixth dilution), and incapable of any further disembodiment and spiritualization of their medicinal powers to an even greater degree by further trituration of the dry and further succussion of the fluid attenuations—the occurrence of which cannot be doubted—or that he actually looks upon them as weaker, as he seems to imply. Who can say that in the millionth or billionth development the small particles of the medicinal substances have arrived at the state of atoms not susceptible of further division, of whose nature we can form not the slightest conception? For if the living human organism shows an ever stronger reaction to the more highly dynamized attenuations when they are used medicinally (as experience teaches, and as the author himself admits), it follows that such highly medicinal preparations must be regarded as stronger, inasmuch as there can be no standard for measuring the degrees of dynamic potency of a medicine, except the degree of the reaction of the vital force against it.

Thus much, however, is deducible from his experiments, that since a single dry globule imbibed with a high medicinal dynamization, communicates to 13,500 unmedicated globules, with which it is shaken for five minutes, medicinal power fully equal to what it possesses itself, without suffering any diminution of power itself, it seems that this marvellous

communication takes place by means of proximity and contact, and is a sort of infection, bearing a strong resemblance to the infection of healthy persons by a contagion brought near or in contact with them—a perfectly novel, ingenious and probable idea, for which we are indebted to the Graf.

The communication or infection appears to take place by means of the power which is perpetually spreading around, like an exhalation or emanation from such bodies, even though they are dry, just like those globules the size of a mustard seed that had previously been moistened with a fluid medicine which we employ for the cure of patients by olfaction. A globule of this kind, e. g., of Staphisagria X, which, in the course of twenty years, had been smelt several hundreds of times after opening the bottle in which it was, for a certain symptom that always recurred of the same character, possesses at this hour medicinal power of equal strength as at first, which could not be the case did it not continually exhale its medicinal power in an inexhaustible manner.

The supposition of our author that dry globules that have been impregnated with a certain degree of development of power can be further dynamized and their medicinal power increased in their bottles by shaking or carrying about in the pocket, like medicinal fluids further shaken, is not borne out by any fact, and will appear to me incredible until it is supported by proper experimental proofs.

On the whole we owe many thanks to this ingenious and indefatigable investigator for his present valuable communication. SAMUEL HAHNEMANN.

CŒTHEN, 30th May, 1832.

TWO DECADES IN MEDICINE.

Nearly twenty years ago I began the study of medicine in an eastern allopathic college. I never dreamed that there was a better place, more efficient teaching, or wiser instructors. And, indeed, this was for my purpose at that time sufficiently true. The institution was splendidly equipped, the faculty composed of earnest, thoughtful, brainy men. The thought that any mistake could have been made as to schools never once occurred to me. If it had, the teaching which I there received would have banished such thoughts from my untutored mind.

myself that it was not my case; albeit, I could not banish the sense of personal responsibility. My prognosis was unfavorable.

A few days before I had witnessed the death of a young man under very similar circumstances. Good counsel, too, of the kind, I had; but in spite of all that we could do he had gone straight down to death. Slowly I rode and pondered. How could such powerful and applicable remedies fail to cool that fevered brain. My conclusion was that they were not so applicable as they seemed, and that somewhere there was a right remedy, if we could only find it, or a right combination if we could only make it.

The next afternoon I was again called. The symptoms had all deepened; restlessness had given place to wild tossing, the mild delirium to furious rage. He was fighting, biting, striking, bounding continuously from side to side of the bed, and making such frantic efforts to rise that his strength seemed almost superhuman. Four strong men were scarcely able to control him. His temperature was the highest that I had ever known. Drug after drug, opiate after opiate had been given to no purpose, except that it seemed to add fuel to the flame. Through the long hopeless night we did what we could and all we could, but the struggle was an unequal one. Our weapons opposed no barrier to the sharp scythe of death, and in the grey light of dawn he claimed for his victim one who had made a gallant fight for life. Such magnificent manhood deserved a better fate than to grapple with the grim monster unaided. Would heaven that we, whose business it was, should have known how to furnish the aid. Alas, the stricken youth was the idol of his mother's heart, her staff and stay, and she a widow. She still lives, but the blush of shame for my ignorance then, would mantle my cheek even now, should I confess to her how easily her son might have been saved, could we only have known how.

The intervening years, with more and better light, have shown me why Digitalis slew the one, and how Belladonna would have saved the other; but all the years can scarcely dull the keen remorse I feel when contemplating the ignorance which, substituted for knowledge, permitted such needless calamities.

The same light was then shining and the same gospel being

preached as now, but we neither saw the one nor heard the other.

May the Great Judge hold him guitless whose prejudice obstructs truth and forgive all ignorance not absolutely willful.

Occasionally I blundered upon a remedy which cured with such amazing celerity as left my diagnosis doubtful and my prognosis a delusion.

A case of inflammatory rheumatism for which my partner in practice prescribed six weeks in bed, as the only remedy, was cured within two days by small doses of Aconite alone. The patient was so anxious and restless that she could not keep still, although every movement was painful, and so apprehensive of death that she terrorized her friends by repeated predictions of its occurrence at a certain hour.

I remember a case of stranguary which had resisted every remedy ever found efficacious in such cases, to which, in sheer desperation (one day guided by Heaven knows what impulse), I gave a few drops of Tr. cantharides, in four ounces of water, teaspoonful every two hours. The patient returned the following day saying: "For God's sake, doctor, don't forget the remedy you gave me yesterday, it is the only thing that ever did me any good." I had no occasion to remember it for him, for he was cured and remained so. But it set me thinking. Unfortunately, thought could not pursue straight lines beyond a cable tow's length until it met a barrier hoary with age and firm as the everlasting hills, composed of custom, habit, tradition, superstition, ignorance, and prejudice, which turned it back into the old circle, the end of which is the beginning of the same.

One day in 1880, at a dining, I met a homœopathic physician. The party was a small one, he and I were the only physicians present. After dinner, very naturally, we two engaged in conversation. Equally natural, we talked medicine. Hitherto I had considered homœopathic physicians willful humbugs; their superstitious patrons I had thought were unwittingly humbugged. I had prepared some stunning questions to propound to the first homœopathic doctor to whom etiquette, common politeness or circumstance should compel me to talk. I found in my new acquaintance a dignified, intel-

lectual, scholarly man. At the beginning of the war he was brigade surgeon in the United States army; at the close of the war, he was chief surgeon of one of the country's large hospitals. All this, of course, as an allopath. Shortly after the war he had been converted to Homœopathy. I had often heard of him as an illustrious representative of that school. I found him a foeman worthy of my steel. I propounded my questions. I expected to upset his theories, demolish his sophistries; in short, as Mr. Macawber says, "floor him," and march triumphantly over his prostrate form. I had undersized my opponent, undervalued his theory. He answered my interrogatories! Shall I say satisfactorily? He walked away with them like Samson with the gates. He gathered them together and dumped them at my feet; he took them up and dissected them; plucked them to pieces and scattered them like chaff to the winds. He knew all that I knew of my own school, and apparently all that I did *not* know of his. He led me into a new field; he explained the theory of potency, the law of cure, the division of the superfices of drugs, and the dynamic power of remedies. My critical, carping inquisitiveness was satisfied. In his presence I sat abashed, confused, confounded. By and by I began asking questions for *information;* he answered clearly, concisely, logically. He talked to me two hours, and at the conclusion of the conversation invited me to his house. Possibly he fancied that mixed up with ignorance, egotism and prejudice, there might be something of me worth saving. That thought occurred to me at the time. I have always hoped that it was so. I accepted his invitation, I went to his home. He invited me to see a patient with him, saying that it would illustrate a subject of which we had talked. Again I accepted his invitation. We found—what shall I call it? To this day I do not know what his diagnosis was, but I do know there was a leaking heart, and one of the symptoms was the worst general dropsy that, up to that time, I had ever seen benefited.

The patient, a prominent citizen, had been sick several weeks. Three representative allopathic physicians, one of them a man of renown, had regularly attended him. Their prognosis was death, inevitable death, and soon.

When this announcement was made, some mutual friends

of the patient and Homœopathy advised that the homœopathist be called, which was accordingly done. The visit in which I accompanied him was the third, and upon the third consecutive day. The patient's measurement around the abdomen was four inches less than three days before, and the water was leaving the limbs so rapidly that the integument was shriveled like a washerwoman's hands. From a sitting posture, which for days before he had been compelled to assume, he was reclining comfortably in bed, and the erstwhile drowning heart was doing its work agreeably to itself and satisfactorily to its possessor.

As we drove away from the house I said: "Doctor, what did you give that man?" He replied: "I gave him Hyoscyamus." "Well, said I, "I have heard Hyoscyamus lectured upon, read it in text books, often administered it, but certainly should not have thought of it in this case." His reply was that perhaps the next dozen similar cases would not demand it; but in this case it was *the* remedy, no other or any combination of others would suffice or substitute for it. He then explained to me that the remedies formerly administered—diaphoretics, diuretics, and hydragogue cathartics—were useless and worse than useless; that even tapping, which had already been several times resorted to, could be of only temporary benefit, since none of these did more than remove the already accumulated fluid, while many of them were positively injurious, since they weakened and exhausted the patient; whereas this remedy, being the appropriate one, through its influence upon the vaso-motor system of nerves, controlled seepage of fluid, and the cure at once began. And it was so. The man recovered without once turning aside, and the doctor afterward assured me that he never had occasion to change the remedy.

That day I went home somewhat wiser and, strange to say, a much sadder man. In my first tilt with a homœopathist I, a *regular*, had been vanquished; routed, utterly routed, horse, foot and dragoons; I was not chagrined; I was sad. How could I reconcile it to myself to investigate a theory of medmedicine wholly antagonistic to all my previous training? Was it possible that the great authors and teachers of our school were mistaken?

I tried to believe that the cure I had just witnessed would have occurred anyhow. But how about the answers to my questions? And what of the arguments which supported the answers? I determined to revisit the doctor. I did so. I stayed a week; saw him treat other cases, witnessed other cures; saw him cure an ague which had resisted large doses of Quinine, with Ipecac 30 x. I remember, as if it were but yesterday, how the examination brought out the characteristics; chill without thirst, worse in warm room, vomiting in all stages, thirst and cough during fever, etc. I examined the medicine for some hint of the drug, but there was no hint of Ipecac in taste or odor, and yet there were no more chills.

On the very next day another case of the same disease, of fourteen months standing, presented for treatment. Again a few questions elicited the following condition: Thirst only during chill; chill usually only on left side; constant sense as if stomach and abdomen were full of gas. This case got Carbo veg. 200 x, two powders; one while in the office, the other to take in the event of another chill. He reported one more light chill, and that was the last one.

These two cases of genuine, old-fashioned ague, cured with what I considered "the little end of nothing," were unexplainable by any law of logic at my command. The first year of my practice had been devoted almost exclusively to ague cases. No matter how many diseases the patient had, ague was one of them. It was indigenous to the soil. It originated there, staid there the year round, feasted and fattened upon the lean, lank, lantern-jawed, sallow-complected, stoop-shouldered inhabitants of that God-forsaken land. I knew what ague meant. I had met it at all hours of the day and night, in ambush and in the open field, on the skirmish line and in the death struggle. Sometimes the death struggle was very brief, for when ague assumed the character of congestive chill, got on its war paint and hoisted the black flag, it was as likely to overthrow its victim in the first as in the third attack. Many a bilious wood-cutter of the swamps gave up the ghost before reinforeements could arrive; the doctor coming too late to help him in his last prayer. When it didn't mean sudden death, I knew what it did mean. It meant Quinine, and lots of it, before breakfast, dinner, supper, at bed-time and

between meals. Quinine was the remedy—the one only true remedy that a first-class regular physician would think of using in a bad case. Cinchona or Cinchonida might answer if the chill only lasted four to six hours, and the fever following only reached 105° or 106°; but if it was a *bad* case, nothing ever invented, or that might, could, would or should be invented, would ever, *ever* substitute for Quinine. And Quinine would often break the paroxysm and sometimes prevent its return for seven or even fourteen days. But the cases which worried me most were those which Quinine could not break and which ran on and on. "Men might stay, or men might go," but they went on forever. To such cases I gave Fowler's solution of Arsenic. This they took until they were puffed up like poisoned rats. "'Twas all that I could do." And now to see these two cases cured—one with colorless charcoal, the other with tasteless and odorless Ipecac—suggested a line of investigation foreign to my former habits of mind. This was enough to cogitate upon for awhile, so I went home and was shortly afterwards called to attend a youth of twelve years, who had been treated heroically during a long-continued low fever, and who, at the time of my call, was in his fourth month of illness. He was in a pitiable condition; for although the fever had succumbed, the patient was in a fair way to succumb also. From crown of head to sole of foot he was dropsical. The skin over the abdomen looked like a full-blown bladder, ready to burst at a touch, or to collapse from the prick of a needle.

Not only water but wind had accumulated, and with these were pain and tenderness. The stomach was so irritable that but little food was retained. There was almost complete suppression of urine—the little voided being muddy and offensive. The expression of face was that of anxiety and alarm, sometimes of terror, and he could scarcely be induced to attempt to speak, so intent was he on supervising the process of breathing. He seemed to feel that unless constant and undivided attention was given to respiration, it would cease. The temperature was subnormal, the pulse small, weak and rapid. The heart's action was scarcely perceptible, and its sounds nearly inaudible. The complexion was ashy pale, the lips purple, the finger-nails lead-colored. The long-continued

fever had consumed every ounce of adipose tissue, and protracted decubitus had worn the bones through the skin. Such an emaciated, bloodless, cadaverous, hopeless-looking object I have rarely seen. Three or four physicians had treated him before I was called, and had been dismissed, or had dismissed themselves. My immediate predecessor had made but a single visit, prescribed a coffin and left, saying that he could not raise the dead. I was not in the resurrection business myself—had not been since I left college.

I did not prescribe; but I wrote a history of the case, made a careful list of the symptoms and sent by mail to my homœopathic doctor friend, with the request that he would send medicine and directions. Next day the medicine came, and I gave it as directed. I did not know what it was, nor did I care. It was easier to give than mine, so I gave it. I knew mine would not stay on his stomach, and would do no good if it did. I knew his would do no harm, so I gave it and reported the case every day, recording the appearance of every new symptom, and the subsidence of any old one. I told the parents that I was in close conference with a great doctor or a great humbug, I was not sure which; but if his medicine would accomplish anything it would do more than mine. So I simply played the part of an automaton. What an agreeable, indolent, enjoyable position to fill! No responsibility, no consumption of midnight oil, no cudgeling of brain, no halting between two opinions as to the efficacy of Acetate of Potash, Buchu and Elaterium as a diuretic; Nitrate of Potash, Opium and Ipecac, as a diaphoretic; Iron as a blood-builder, or Digitalis as a heart-strengthener. Nothing to do but give little sugar pellets, watch and report the result.

The patient was as pleased as a pack of bones could be at the change from obnoxious drugs to dainty doses, and about the first sentence he found breathing time to utter was: "I like that stuff, gimme more." The parents were well-nigh hopeless, though not indifferent. The doctrine was new, the doctoring new, but whether both were from heaven or hell, they were at a loss to say. I did not publish to the interested community my position in this case. I was willing that it should be a family affair; yet it was known, discussed and dissected by layman and doctor, neighbor and stranger, and if

the results had been different, perhaps I should have been dissected also. As long as the patient lingered between life and death, the opinion of his friends was divided as to whether I was more knave or fool; but when improvement began, they had all known and predicted all along that I would "bring him through." I cannot make a long story short, but I can prevent it becoming longer. I need not follow this patient through a tedious convalescence. Suffice it to say that he recovered, that Homœopathy got the glory and God the praise, while I got more of both than I deserved.

Two years ago, among the hills of Kentucky, I met this whilom skeleton. He is a man of family now, "broad of chest and brawny of arm," six feet two in his stockings, a match for most men of his inches, and, when medical aid is needed, sends to Shelbyville, twenty miles away, for Dr. Bryan, because there is no homœopath closer; although the woods are full of allopaths, he will not employ them. After this patient's recovery, I turned my attention to Hahnemann's Organon. Later I procured other homœopathic literature—Hughes's Pharmacodynamics, Dunham's Materia Medica, and others. These books alone should convince the most skeptical, but such is the force of habit, such the power of prejudice, that although my reason must have been convinced, the old fetters still bound me, and while my faith in my beloved school was terribly shaken, I could not "ring out the old or ring in the new." Although the old was hopelessly declining, the tendrils of the new were too fragile to take tenacious hold of anything. I could not go from "big pills" to "little pills" at a single bound. If I reached infinitesimals I must do it by easy stages. If I had made a mistake in the first place, I must not make a greater one in the second. If allopathy was one extreme, Homœopathy must be the other. If both are extremes, the truth must be in the middle.

After much casting about and many anxious inquiries in search of it, I thought it might be found in the eclectic school. Accordingly the next September found me in Cincinnati, and a matriculant of the Eclectic Medical School of that city. Permit me to say, to the credit of that institution, that some of its teachers and many of its alumni "are not far from the kingdom." The modern eclectic, who keeps close up with

Prof. John M. Scudder and abreast of his teachings, is next best to a crude homœopath.

While in this college I visited all the others in the city. I had matriculated chiefly for the lectures on practice; these I was careful to attend; at other times, when I chose, I went visiting. Some of my visits were to the Homœopathic College; perhaps a good many of them. Possibly I visited there more frequently than strict rules of etiquette demanded. But, oh! I went with a song of rejoicing in my heart, and left with a sigh and a wish that I might remain.

The college session ended; I returned to my home and my practice. My Hughes and my Dunham were doubly dear. I studied them, pondered them, committed much of them to memory, brooded over them through the day and dreamed of them at night.

My plan was to thoroughly study one remedy at a time, put it into my case, and when I found it indicated, use it. In this way my medicine case gradually changed complexion. Sulphate of Quinine was supplanted by China, Santonine by Cina, Nux vomica took the place of Strychnia, and Belladonna that of Atropine. Morphine was in much less demand than formerly—albeit, I still carried my hypodermic syringe, lest some day I might need it; like a pistol in Texas.

To be sure, my remedies were very crude; I was very crude myself. I never rose above the first dilution, rarely above the mother tincture. But I prescribed as best I could, according to homœopathic indications, when I could see any, and sometimes met with success, which astonished me more than it did the patient. He expected me to cure him; had called me for that purpose; but sometimes I cured him much sooner than had been my wont, or than under the good old way I had any reasonable right to expect.

I shall never forget one of my first experiences. I had been called in consultation with one of my former colleagues. The case was one of vesicular erysipelas. The patient (a married lady) was very restless, constantly moving a limb or changing position. The inflammation had begun on the chin, spread over the entire face, and was rapidly invading the scalp. Her eyes had entirely closed by swelling; her temperature was

105, and she was somewhat delirious, and in every way growing rapidly worse.

Through some misunderstanding as to time, the other doctor had not arrived. I was several miles from home and a heavy road between us. The night was coming on and promised to be stormy.

The picture of Rhus tox. was so perfect that, tyro as I was, I felt sure of it. I put one drop of the *mother tincture* into twelve teaspoonfuls of water, ordered one teaspoonful every hour till she slept (which she had not done for eight and forty hours), wrote an apology to the doctor for the ethical breach, explained to him what I had given, and ventured the opinion that by morning the inflammation would be fading out. At midnight, after seven doses of medicine, she fell asleep, slept sweetly until ten o'clock next morning, awoke refreshed, opened her eyes to the sunlight with neither photophobia nor acrid discharge. The inflammation had subsided, the fever had abated, and neither returned. To this day I have never done better work, or witnessed better results.

Years after this my friend, the doctor, asked another of my doctor friends if he knew what I gave for erysipelas. He had not yet learned that we have more than one remedy for one disease.

Ah, my dear doctor friends of the olden time and old school, should any of you read these lines, may I not hope that a spirit of investigation will be aroused which shall compel you to compare results of practice with your homœopathic neighbors; to contrast empiricism with a positive law of cure; to determine whether physical force or dynamic power is the more potent agent in the cure of disease. Ask yourselves fair questions and be satisfied with nothing but impartial answers. "Do I understand the system of medicine which I condemn? Have I tried it? Have I examined the testimony upon both sides of this medical question? Am I a competent judge? Does even-handed justice sanction a verdict without impartial trial? What is the statistical evidence of hospitals and sanitariums all over the world? Indeed! is it true, is it *possible*, that all such reports prove the mortality greater in allopathic than in homœopathic institutions? Is Homœopathy powerful or inert? Does it actually help the sick or simply refrain from doing

them damage? Has it power for good or evil, or is it only impotent? If only impotent, and yet more recover under its administration, is not allopathy hurtful?" These and kindred questions will multiply and ramify in all directions.

Only be just to reason, thorough in investigation, impartial in judgment, and your conclusion will be that of many a good and worthy brother who has gone before you. True, it is not agreeable to be ostracised nor to forsake former friends. It is not easy to renounce opinions long held, nor to break habits well fixed, but if reason and justice and truth require these sacrifices, he who makes them can afford them. If anything that I may do, or say, or write, shall induce former friend or stranger to investigate along these lines in the spirit of true inquiry, I shall be well repaid.

In whatever effort I have made or shall hereafter make towards the conversion of others, there is intermingled with other motives a delicious satisfaction that I am discharging an obligation to him who led me out of the old and false, into the new, the true, and the better way. To Dr. J. A. Lucy—the nestor of Homœopathy in my native State—I owe this obligation. He was my preceptor, my father in the faith, later my partner in practice, and always my counselor, guide and friend.

Shall I ever forget his patient explanations, forcible arguments, wise counsel, or sound advice? One of his precepts was: "Prove all things; hold fast to that which is good." He urged no duty upon me, but commended knowledge as infinitely superior to mere belief. He insisted that no student of science had a right to an opinion upon a subject of which it was possible to obtain knowledge. In my uncertainty, perplexity and doubt, I was convicted of error, but not convinced of truth. He did not expostulate but granted time, furnished books, invited me to make his house my home, counseled with me in serious cases, apologized for my crude prescriptions and suggested better ones; assisted me through difficulties, enabled me to surmount obstacles, stood by me in emergencies, encouraged me always, and made me feel that he was proud of my feeble efforts, but infinitely prouder of what I might accomplish, until at last my crude thoughts took purpose and direction.

Nor was I the only recipient of this teacher's instruction. Many another benighted wanderer in the mazes of traditional twilight has been led by him into the lambent light of a new day. Join with me, brothers mine, pupils of this master, in the hope that he may reap a bountiful harvest from the seed that he has sown. May heaven's choicest blessings rest upon the sympathetic, unselfish, helpful ones of earth.

"Nothing so dwarfs man as selfishness; nothing so broadens and elevates man as sympathy." No one save him who has needed it can appreciate the blessedness of timely assistance.

You smile, dear doctor! You who have been reared in a clear atmosphere and trained from childhood "in the way wherein you should walk;" but put yourself in my place, cut loose from your moorings, toss overboard the chart and compass which have hitherto guided you, wave your last adieu to friends on shore and launch out through wild waves upon strange seas; then if your derisive smile melt not into a sigh of commiseration, you are indeed a strong and worthy seaman. May those who have received the light let it so shine that others may see. May that most beneficent of human gospels be proclaimed through all the land, unto all the inhabitants thereof, until they shall know that, founded upon immutable and everlasting truth, there is a law for the cure of all human ills.

I had been practicing Homœopathy about three years, with success proportionate to my ability for selecting appropriate remedies, when one day a young lady, who had suffered for fourteen years with an intermittent neuralgia, applied to me for relief. She was then twenty-eight years old, though she looked much older. Suffering, not age, had furrowed her brow, and the expression of her face was sad and anxious—almost despairing. She assured me that half her life had been spent in pain of the most excruciating character. Her ill health began when she was fourteen years of age, and every week since then had brought three or four days and nights of torture. She said the attacks came in the early morning, increased during the forenoon, reached their acme at noon, decreased with the declining sun, ceased at nightfall, returned about ten o'clock in the evening and lasted until three or four next morn-

ing. She described the pain as jerking, shooting and burning, usually in the left eyeball, sometimes spreading in all directions on left side of face and head, but rarely crossing to the right side. The height of the paroxysm was attended by a profuse flow of tears from the affected eye, and she declared the pain to be almost unendurable. In addition to this, during damp weather she had asthma accompanied by rheumatic pains all over the body, especially severe in the intercostal muscles, with sudden shocks of pain in the left chest, and violent palpitation of the heart.

In the earlier years of her ailment she had consulted many celebrated physicians. Later, she had been gulled and bled by advertisers. Then, losing faith in men, though not in medicine, she procured and took each new patent anti-neuralgic as soon as she could hear of and obtain it, until finally, hearing of the novelty called Homœopathy, she determined to try that. I gave her Spigelia 30 x, night and morning. An appropriate sequel to this story would seem to demand that after many months' persistent use of the remedy she was greatly benefitted. But the fact is that she was permanently cured within one week. During the two following years I saw her frequently, though never professionally.

Four years later, while traveling through the State, I stopped at a village some thirty miles from this young lady's home. During the day I was called professionally to see a girl of thirteen years, whom I found suffering with prosopalgia. The mystery of the call was explained when I found as a visitor in this family my former patient, who, hearing of my arrival, had persuaded the parents to send for me. I learned from her then, that neuralgia, rheumatism or apprehension of their return had ceased to trouble her. I thought and still think of this as one of the most convincing proofs of the beauty, truth and simplicity of Homœopathy, and the irresistible force of a properly chosen remedy. Here was a chronic disease which had resisted regular physician and quack, officinal preparation and proprietary medicine, during all these years—cured, absolutely cured, and entirely eradicated, by a few doses of a simple plebeian plant, which has never aspired to a high position, or been ranked as a polychrest in our school of medicine. It is but an additional proof to the many already ad-

duced that there is no such thing as substitution. That as with men, so with inanimate things, each has its sphere of action in which it must work, or its niche which no other can fill.

How passing strange that our brethren of the antiquated school should lose sight of and destroy the individuality of remedies by mixing into heterogeneous masses the homogeneous affinities which nature has been at infinite pains to prepare and unite. In nature's laboratory no mistakes are made. The law of elective affinity makes no faulty combinations. Each plant is a family in and of itself, in which the most perfect homogeneity and harmony prevails. Growing side by side in the same soil, under the same sunlight, pink root and plantain, poke root and poppy, select and arrange in definite proportion the molecules of soda and lime, potash and iron which each individual plant needs and must have to preserve its identity and individuality. Man cannot separate these families without doing them injustice and impairing their usefulness. Nor are any two families sufficiently congenial to be associated together without discord. This being true, it follows that no two remedies should be administered at the same time to any patient under any conditions.

Neither should medicines be alternated, for although conditions of disease may change quickly and demand a change of remedy, they do not turn to and fro, hour by hour. Whoever saw a rheumatism flying like a weaver's shuttle, back and forth, from Rhus tox. to Bryonia? Who would give one remedy each, for the different stages of intermittent fever, or to a cholera case "the big four" at a gulp? Camphor, Cuprum, Arsenicum and Veratrum are the great cholera remedies; but it is not wise to combine or alternate them. A master prescriber will not select Aconite for the chill, Gelsemium for the fever, and Belladonna for the sweat of an intermittent, but he will select that remedy which covers the totality. Study your remedies, dear young doctor, and study your patient. Study until the features of disease and its remedy are alike luminous and transparent. Learn to diagnose diseases, but fail not to know how to apply remedies. Study disease until your head aches—remedies until your heart aches. Earth furnishes the matter, study will make it yours.

Man is made of earth. The elements of earth compose his body. From the earth comes his nutriment and his medicament. Food sustains the entire body and keeps it in a normal condition. Medicine corrects errors in limited areas.

Health is the normal action of every part of the body. Disease is the abnormal action of some particular part. A pound of meat may be necessary to furnish nutriment to every bone and muscle, while the hundredth part of a grain of medicine may be sufficient to correct disease originating and localized in a group of microscopical cells, or in a nerve center no larger than a mustard seed. While in the chrysalis state, during the period of transformation into a full fledged homœopath, my faith was severely tested by the haunting spectre of small doses. It was a comfort to learn that the law of similars had nothing to do with doses. Selection of the remedy is one thing, determination of dose another and entirely different thing. My study of microscopical anatomy so far had been to very poor purpose, for I had been able to make of it but little use. I had learned that all life is cell life, but this knowledge had not taught me that all disease is cell disease. I renewed my researches, and found that in the human body there are myriads of cells smaller than the thirtieth decimal attenuation. To reach these cells the remedy must be equally fine. To affect them it must enter them, to enter them it must be smaller than they.

Food, to be appropriated by the body, must go to the stomach, and be digested, pass from the stomach and be assimilated. Medicine, to be effectual, should not travel this route. Digestion would destroy it. It should be so minutely divided that the open mouthed absorbents swallow it as soon as it comes in contact with the mucous membrane of the mouth. Thus unchanged it enters the circulation. No need then of further concern or anxiety. If the doctor has selected well, the drug will reach its destination.

A group of cells in a remote corner of the anatomy are hurt and crying out for help. Help is on the road. Over the trunk lines, past the way stations, out on the local road, recognized by every road official, *en route* and hurried unerringly to its destination.

The trouble may be a lack of lime or silica or salt. It may

be a disturbance of the molecular motion or a lost balance in any way. It may be that Shüssler's theory is true, and yet it does not follow that Magnesia phos., administered as such, will cure all cramps, or Ferrum phos. subdue all inflammation. It may be that these remedies must be arranged as plants arrange them to be efficacious.

Awhile ago I had a case of abdominal cramping, for which I prescribed Mag. phos., which was given several hours without beneficial result. Being again called, I gave Colocynthis, which gave prompt relief. Colocynth grows only upon magnesia soil. Possibly Magnesia was the remedy, but to be effective it had to be prepared in the Colocynth pharmacy.

Who shall locate the initial lesion of disease, or who determine the dose for its relief? My theory may have been very faulty and very wide of the mark, but it furnished a solution to the vexed question of dose; and what it did for me possibly it may do for some other. I was easier in my mind after figuring it out, and I soon passed the place where faith staggers at infinitesimals. As to dose and potency, I have nothing to recommend save the smallest and highest capable of accomplishing the desired result. As to the selection of remedy, only this: "Let similars be treated with similars." If there be a "higher life" in Homœopathy I am ready for it. If back of bone and brawn and blood and brain there exists the real man, I am ready to treat him, if he is sick and I can find him.

We may not be able to locate the origin of or always diagnose disease to our entire satisfaction, but this need not, *does* not, prevent intelligent and successful treatment of the sick. Every disease or condition of disease will photograph its appropriate remedy, and every remedy true to the picture will accomplish the object designed. In the midst of uncertainty and doubt regarding exact pathological conditions, we can at least be sure that disease is not an entity. That it cannot be expelled by emetics, cathartics, diuretics or diaphoretics. That it is wrong life, perverted life; inharmonious, discordant life; and that while it may be coaxed back into tune and harmony, it will not, can not be coerced.

A recent writer has said that the osseous structure alone, with every bone in proper position, makes a fairly good pic-

ture of man. The same is true of the muscular, vascular and nervous systems. Each, if separated from all the others and kept *in situ*, would form eyes, nose, ears, mouth, size, weight and form of a man. But that which ties them all together, blends them all into one, directs, governs and controls, makes the eye to sparkle, the cheek to blush, the tuneful tongue to sing; that invisible power whose departure is the signal for decay, and whose absence means what we call death—this is the man, the real man, the monarch whom all the rest obey. Is this king immortal? Is he a part of the Infinite and Almighty? If so, is he subject to disease? Does he suffer pain? Shall remedies be addressed to him for his use, or will he, through brain and nerve, those loyal subjects nearest the throne, distribute to servant and vassal throughout his kingdom as each has need? Whether, as has been prophesied, we shall all at some time agree that all disease must be treated through the nervous system, or whether his majesty, the keeper of the house, the watcher at the windows, the ethereal essence, the vital force, shall demand our attention and receive our aid, is a question which I cheerfully leave to the prophets among us. Prophecies may fail, and speculation avail nothing, but this one thing, thank God! we know: while humanity inhabits the earth, while conditions which now surround it continue to exist, while "pestilence walketh in darkness, or destruction wasteth at noonday," *the law of cure*, THE ONE ONLY LAW OF CURE, shall endure unchanged and unchangeable, and shall take deeper root within, and firmer hold upon, the hearts of nations yet unborn. Disaster cannot overtake, catastrophe overwhelm, or oblivion engulf it. Even now, in its infancy, it gives promise of power. If its friends are faithful they will find it true. If its representatives are conscientious and careful, it will not disappoint them.

Be disease acute or chronic, simple or complicated, it must yield if met by the right remedy. This statement is made after due deliberation. If, after careful investigation, the doubter is still incredulous, I envy him not his incredulity. Let not him who fails attribute his failure to the law, but to his own inefficient application of it. Permit me, patient reader, in support of my proposition, to examine one or two other witnesses. There be those who need no "further wit-

ness," they have proven the truth and are satisfied. But I would fain reach those of other faith. If any such should read this testimony, I pray you accept it not as final—nor my word, nor the word of any man for that which you yourself may prove. Fairly and perseveringly investigate until the truth or falsity of the proposition be settled.

I was once called to see a patient whose disease was diagnosed by the attending physicians to be typhoid pneumonia. Two of these physicians, both reputable and "regular," had treated the case from its incipiency, and during its progress had summoned other advisers, both "regular" and reputable, but, in spite of these, the patient had slipped deathward, until all agreed that certain death was nigh. After commending the sick man's soul to God, who gave it, and bidding the weeping family farewell, the counselors departed upon other missions of mercy and condolence. The two regular attendants remained to see, as they said, "What a homœopath would attempt to do for a man in the hour of death." Upon arrival I found appearances indicating the prognosis to be correct. The drawn and shrunken features, livid complexion, fixed and expressionless eyes, cold perspiration, and stertorous breathing gave unmistakable evidence of approaching dissolution. Without waiting for other symptoms than those perceptible at a glance, having already gleaned some others from the messenger on the way, I at once gave a dose of Veratrum album. Then, apart from the assembled friends, the doctors gave me a brief history of the case; told me what remedies they had administered, and inquired what I had given. Upon being informed, they replied: "Why! he has had exhausting alvine discharges for the past forty-eight hours, which, during the last eight or ten hours, have been involuntary."

That, I replied, is a bad symptom, but it indicates Veratrum. "But," said they, "Veratrum is one of the most prostrating of remedies, and this patient is already prostrated beyond the power of voluntary motion." Very true, I answered, and for that very reason Veratrum is all the more suitable. Again they replied: "But, doctor, the dew of death is upon his brow; he is sinking every moment; within two hours he will die unless something be given which shall induce reaction, for which purpose we have given the strongest stim-

ulants, with no results." I said, your position is well taken, gentlemen, and if this remedy fails to arouse the sinking vitality, it cannot be done, and we must lose our patient. I admitted that my hope, even in this remedy, was as slight as the patient's chance of life; but that as long as he could take it I should continue to give it.

As soon as this brief colloquy was ended, I gave the second dose, and continued to repeat it at intervals of fifteen minutes for two hours, at the end of which time the unexpected reaction was perceptible. The interval of dose was then extended to one hour, and we watched by his bedside until six doses were taken, at the end of which time the improvement was apparent even to non-professional eyes. The livid hue was giving place to a hopeful glow, and the death-damp to warm moisture. The lusterless eyes began to hint of returning expression, and some incoherent muttering announced that the sluggish stream of life was receiving a fresh supply from the fountain, and with this came the capacity to feel and the returning consciousness of suffering. The friends took courage and rejoiced. The homœopath was elated, but undemonstrative, and the allopaths, amazed beyond expression, muttered and grunted, but never swore an oath, and even forgot, for the time being, to take the credit of the change, though they did say, afterward, that "the patient was just ready to turn" (which indeed he was, in the wrong direction,) "when the homœopath was called." After turning in the right direction, the patient slowly but steadily improved until convalescence was established through which he passed into ordinary health, in which condition he still remains.

One witness more, and but one, shall be called. Indeed, the forthcoming evidence need not appear except for the attempt to invalidate the testimony just given by the assertion that the recovery was due to ammonia and whisky previously administered, rather than to Veratrum, which every homœopathic physician would at once recognize as the true and only remedy in such condition as the one described.

At the time to which I now refer, I was the only homœopathic physician in my town. The local physicians opposed me because they considered me an impostor; the druggists opposed me because their craft was in danger, and many of the

dear people, taking their cue from physician and pharmacist, supposed that Homœopathy was a myth and its representatives the shallowest of pretenders. Thanks to the influence of a true system of medicine, as compared with a false, these same people who had at first been fond of deriding me became in time my personal friends and the earnest advocates of Homœopathy.

I had been so often called just at the turning point—in fact, I can say truthfully, and I hope modestly, that I had so often been instrumental in turning the very sick from glory back to grace, that such turnings had ceased to be considered coincidences, and had begun to be believed the legitimate results of properly applied remedial measures. About this time there was sent to me for treatment, the shadow of a man—for he was scarcely more—so wan and wasted was he by the consuming fire of consumption. This had been the diagnosis of his physicians any time, and all the time, for the past twelve months, and they had now limited his span of life to six weeks. This was also the diagnosis of other physicians who saw him upon his arrival and afterward. He was brought from a neighboring town in bed, from which he was unable to rise without assistance, and lodged at his sister's, who, dear soul, had faith like a saint, and believed that Homœopathy could save her brother. It was through her instrumentality that he was brought and I was called.

He had hectic fever, night sweats, hollow cough and difficult expectoration of heavy, purulent, offensive matter. When propped up in a sitting posture the cough was less severe, but this position could be maintained but a short time on account of extreme weakness, which was greatest in the evenings. The whole chest, especially the right, was sore and painful. The odor of the sputa was atrocious and was recognized and complained of by the patient himself. The extremities were usually cold, the finger nails blue, and the feet often bathed in cold perspiration. No search was made for bacilli tuberculosis, the physical signs being amply sufficient for a positive diagnosis. Such was the condition of this patient on November the first, when homœopathic treatment was begun. The treatment consisted of Sanguinaria six days in each week, with a single dose of Calcarea on the seventh. In seven

weeks from the administration of the first dose, he walked alone down stairs and ate his Christmas dinner with the family. The first day of the following May he went fishing with the boys, and when last I saw him he assured me that he had neither cough nor pain, and that he had gained seventy pounds since his illness two years before.

Living witnesses, peers of the realm, would willingly attest the truth of the statements herein made, and cheerfully certify that the pictures are not overdrawn. Scores of cases might be presented in proof of the superiority of Homœopathy over other methods of medical practice. The law itself is perfect; but, alas! he upon whom its application depends is fallible. Could hands unerring apply a law unfailing, age, not disease, should cause death. Mortal injury alone should loose the "silver cord," or break the "golden bowl," until the "grinders cease because they are few, and those that look out of the windows be darkened." High noon should fulfill the promise of life's bright morning, and the lengthening shadows of declining day should warn the traveler of approaching night, ere he prepares to seek repose. Made in his Maker's image, man travels heavenward, but his journey thither should cover threescore miles and ten on life's highway, nor end until weariness compels him to lie down and rest.

The law is unerring; but he who attempts to apply it, though he were the embodiment of human wisdom, must sometimes err. To err is human; error and truth in man are blended. Error is ephemeral and perishable. Truth is deathless and divine. The law of the homœopath is not an invention, but a discovery. It is a law of nature; therefore true. Like all truth, it is changeless, unerring, indestructible, eternal.

Would that the earth might know these two truths: *There is no remedy for any disease, by name; there is no disease incurable!* Providence has placed within our reach a remedy for all human ills! Ours the duty to study, to know, to apply them. In the language of the immortal Dunham: "There is no better, no best; no worse, no worst; but one right remedy." To select this remedy is the physician's work, and it is no holiday task. The ability to select the remedy by the totality of symptoms, in accordance with the law of cure, gives to our physicians an incomparable advantage over all others.

We need surgeons; we need specialists; we must have them; but may our colleges and our teachers everywhere recognize and remember the fact that our *law* is our glory and our strength; the chief corner stone of our foundation, and our crown of rejoicing. We should keep it to the letter.

As the years go by, and we raise our banner higher, may we retouch with more brilliant hue each talismanic word thereon inscribed, until unfurling in the blue bending heavens the denizens of this green earth shall read: "*Similia, similibus curentur*.." T. H. HUDSON.

KANSAS CITY. MO.

TOOTHACHE AND HOMŒOPATHY.

Readers of the ADVANCE, do you cure the toothache in your patients, or do you advise them to go to the dentist, thinking that homœopathic remedies will not cure that kind of a pain? Four years ago I would look in pity at the homœopath that claimed to cure toothache with our remedies, and for fear that there are others as skeptical as I was I write this in hope that it will inspire them to make a thorough test before condemning.

I have just read an article by Dr. Chas. H. Taft, in the October number of the ADVANCE. It is right in the line of my recent experiments, and I wish to add my testimony to the efficiency of the potentized medicine in the treatment of toothache.

I must confess, that it was with a feeling of doubt and uncertainty that I prescribed for Miss Mamie McB—, who came to my house one morning early. She was menstruating. Said she often had toothache during menses. Was worse at night, always on left side and in sound teeth. It got so bad after taking hot coffee for breakfast that she could not endure the pain. Her temper was beyond control, and I think I never saw anyone who appeared to suffer as she did. I had never prescribed for toothache, but was determined to give her Chamomilla, if I could find it in the repertory under toothache during menses, which I did, and in italics, too; so she got a dose of the 4000th dry. She sat down and was telling me what an awful night she had, and lamenting that she had to suffer so every month, when she suddenly

stopped talking, a smile stole over the hitherto agonized face, and she remarked, "Doctor, the toothache is gone. It never stopped that way before."

Well, I must confess that I was as much surprised as she only I was more careful to conceal my surprise. Not over ten minutes after taking the dose, she made the above remark, and what is still more remarkable, in the years now lapsed she has menstruated every month and has never had any more odontalgia.

Oh! what a revelation to me. I supposed I was one of that class of homœopaths upon whom Hahnemann, from his high seat in glory, was smiling in approval; but, alas! I discovered how little I knew of the wonderful power of his great law when properly applied. I had not grasped the whole truth, it was beyond my comprehension. I was a doubting Thomas; I did not believe fully until I saw the unmistakable proof.

Since treating the above I have treated many cases with wonderful success, the relief coming in from a few minutes to a few hours. I must give you one more experience.

About ten months ago I met a friend in a dental office who had toothache and had it bad. I listened to him telling the dentist about his misery, and how he had suffered for a week. The symptoms were plain, and I was sorry that the poor fellow had applied in the wrong office for aid (my office was across the hall from the dental rooms). Well, the dentist worked on that sufferer for three weeks. I was in the office several times when he would come in with the same sad story of horrible agony. He would always have his mouth open drawing in the cold air against his tooth. Would hold ice water on that side of his mouth and would always say, "Doctor, I hurt worse *in here* than I did on the way here." A hot drink would almost set him crazy. Was always worse in evenings.

Oh! how I longed to help that man. The dentist had used all the Creosote, Arsenic and "what not," in his office trying to kill that tooth, the pain or the man, I hardly know which, but the *man* was the nearest dead, I assure you. I did not like to say anything in my friend's office, but in desperation I followed that man into the street below and told him I could

cure that trouble in a few hours, or may be in a few minutes. He promised if he was not better in a day he would give me a trial. At 6 P. M., next day, he came into my office suffering even more than ever. I had heard his symptoms so often that I had ample time to search Lippe's repertory and Hering for his remedy. I knew that Pulsatilla or Natrum sulph. would cure him. I gave Pulsatilla 5000, one dose. He was back twenty-four hours later to tell me that my medicine had done him *no good.* Says he, "something must be done. I would rather die than suffer twenty-four hours more like this." He was standing by my side, a perfect picture of despair. I poured a few pellets of Natrum sulph. 500 on his tongue, and before he left the office the pain ceased and never returned.

Readers, accept the evidence of one who *positively knows* that our potencies given according to the *totality of symptoms* will cure odontalgia *more promptly* than any other ill to which the human body is heir.

Take Lippe's Repertory, chapter on teeth and gums, ask your patient the questions that are suggested there, and give the indicated remedy in a potency above the 30th, (the cm.'s are better), and you will have a heart full of satisfaction and the undying gratitude of your patients.

AUSTIN, TEXAS. FRANK LYMAN GRIFFITH.

DIABETES.*

By the term diabetes, we understand an affection accompanied by progessive emaciation, pruritus and glycosuria.

The mere presence of sugar in the urine constitutes a glycosuria or mellituria, and of itself may not be of serious import. When, however, it is accompanied by pruritus and emaciation, we have the disease known as diabetes.

As regards the ætiology of this disease nothing positive is nkown, aside from the fact that it is not an affection of the kidneys, although on account of its chief symptom, glycosuria, it is usually considered among the affections of those organs. The most frequent cause appears to be an excess of sugar in the system, as the result of a deficient conversion

* Read before the Dunham Medical Society, November 10, 1892.

into lactic acid, while the sugar is yet in the intestine. This may be due either to some fault of the epithelial cells of the intestine, which allows a too free passage of sugar into the lacteals, or there may be some cause existing which interferes with the lactic acid fermentation.

Again, we may have an increased pressure in the portal vein by which sugar is brought to the liver more rapidly than it can be converted into glycogen. The result of this is the escape of sugar into the vena cava ascendens, and eventually into the arterial system.

Or, owing to a hyper-activity of the liver cells, the glycogen is reconverted into sugar more rapidly than the needs of the system demand, and the excess is eliminated by the kidneys.

We can account for the presence of sugar in this manner as well as by the failure of certain glands to perform their work of splitting up sugar into its elementary compounds, but this does not account for the other symptoms of the disease.

The removal of the pancreas is followed by the appearance of sugar in the urine, but not, as a rule by the other symptoms of diabetes.

It is my own belief that the cause has its origin in the nervous system, either the cerebro-spinal or the sympathetic. Certain experiments in which different portions of the cerebro-spinal axis were injured, were followed by all the symptoms of diabetes, seem to support this view. Furthermore, the post mortem will usually reveal irritation of the great nerve centers, or of the peripheral terminations of the nerve fibres.

The internal organs usually show a chronic atrophic catarrhal condition, although at times we may find the liver or the kidneys enlarged. These conditions seem to indicate that several causes may produce this disorder, but the way in which they act, is as yet obscure.

The exciting causes are many; chief among which may be mentioned: severe concussions, especially involving the brain and spinal cord; affections of the nerve centers, such as tumors, inflammation or softening, fright, fear, or other violent emotions; errors in diet, sexual excesses, severe bodily

or mental work, and finally, diabetes often follows severe febrile disorders, especially intermittent fevers.

Although occasionally the onset of diabetes may be sudden; it is usually very insidious in its approach. For months, or even years, the patient will present the general conditions of a gradually increasing dyspepsia, loss of appetite, nausea, pyrosis, headache, eructations and irregularities of the bowels. These symptoms may be severe enough to command the attention of the patient. Usually, however, the initial stage passes unnoticed, or is attributed to another cause. During the first stage we do not find sugar in the urine.

The onset of the second stage is gradual and not until it is well established do we find the symptoms particularly annoying. Examining the patient at this stage, we find frequent micturation, constant thirst, debility, impairment of sight, constipation and pruritus. An analysis of the urine shows the presence of sugar in greater or less abundance.

The pruritus of diabetes is often extremely annoying. It may be general or localized. If localized, it is usually about the meatus urinarius. At first the mucous membrane about the meatus will look dry and shrivelled, later it becomes congested, and may become enormously swollen.

The urinary symptoms, aside from the frequent desire to evacuate the contents of the bladder and the increased amount of urine secreted, are not of particular importance. At times there may be transient pains in the region of the kidneys or possibly sharp sticking pains in the bladder. Occasionally urination is painful and there will be a sense of weight and discomfort after the passage of the urine.

The changes in the urine itself are of themselves almost diagnostic. The quantity becomes greatly increased and of a lighter color. It is free from sediment when profuse, but shows a deposit of mucus and bladder epithelium when concentrated. Its odor is either faint or a peculiar aromatic, which has often been likened to the odor of new mown hay. The specific gravity is, in general, an index as to the amount of sugar present. It is usually about 10.28 to 10.35, but may rise to 10.50, 10.60 or even to 10.75. The reaction is always acid, unless the case is complicated by a severe cystitis, when it may appear neutral or even alkaline.

The appetite is increased in direct ratio to the amount of sugar excreted, even the most hearty foods failing to afford more than temporary relief. Thirst is constant and excessive, and like the hunger, depends upon the amount of sugar excreted.

The skin is usually dry and hard. Perspiration only occurs when the disease has become complicated by the advent of tuberculosis. The glands of the skin suffer, with the rest and boils and carbuncles are of common occurrence. Indeed, there seems to be some relation between the kidneys and the skin, for whenever we have a boil we have glycosuria. The reverse is also true.

Destruction of the skin may take place, more especially on the lower extremities, by the development of a form of dry gangrene. Œdema of the limbs may occur in the last stages, but is rather evidence of an inflammation springing up in the cortex of the kidneys, than a feature of the disease itself. The same odor which appears in the urine may be present in the breath. The lungs frequently become involved and pneumonia or tuberculosis may follow.

The nervous system, as might be expected, shows many disturbances, among which are frequently observed: irritability, dread of approaching death, or of financial ruin, melancholia, stinginess, headache, formication, pruritus, muscular twitchings, loss of sexual power and desire, and a host of other sensations, all of which are apt to direct one's attention to anything except diabetes.

Usually the disease progresses very slowly, years elapsing after the appearance of the first symptoms before the patient succumbs. Occasionally in a child or other young person, the disease runs its course in a few months, or even weeks. Such cases only occur when the exciting cause has been such that the patient's strength is already exhausted before the diabetes sets in.

As to the question of treatment, I differ somewhat from the usual lines. We know that by withholding starch and sugar from the patient, the elimination of sugar will cease; but is that curing the case? The moment you return to the old foods, the trouble returns as severely as before. Accordingly I have allowed my patients a liberal diet, but have

restricted as far as can be done conveniently, the supply of starches and sugar. Aside from this, I have paid very little attention to the diet, as the trouble is not with the food, but with its digestion.

Acting on the theory that glycosuria was dependent upon deficient oxydation, and as the intense irritation about the external urinary organs frequently prevents exercise, I have fed the patients hydrogen peroxide in small doses, and at frequent intervals. The results so far have been very good, in all cases the quantity of sugar having markedly decreased.

Other cases have been sent into the northern pine woods where they could keep out of doors, and were obliged to exercise more or less. The results in these cases have been good. Again, I have seen excellent results follow suitable calisthenic exercises taken with the view to increasing the respiratory powers, and in this way consuming the excess of sugar. In a case under observation at the present time, where other methods seem inadmissible, the inhalation of oxygen gas is to be tried. The result I am awaiting with considerable interest.

The list of remedies which may be of value in diabetes, is a long one, but their success has been very meagre. Few cases of diabetes have been reported cured, and many of the cases reported have not been authentic, or have been cases of non-diabetic glycosuria. In this disease as in all others, the symptoms of the individual case must be the guide, not only in selecting the remedy, but in outlining the treatment. As I recall them now the particular remedies that have helped me have been Arsenic, Apocynum, Creosote, Uranium nitrate, Strychnium et ferri citras, Lycopodium, Nux vomica, Lactic acid, Chelidonium and Argentum nit.

In examining the urine for sugar care must be taken, especially with Fehling's and Neilander's solutions. These, it should be remembered, may react with other substances than sugar.

If you get no reaction with Fehling's solution, you are sure there is no sugar present. If a reaction occurs you are in doubt. A rather broad experience in the examination of the urine has led me to prefer the fermentation test to all

others. Here only decomposition can affect the results, and if care be taken, even this possible error can be avoided.

In the microscope we have, I believe, an agent that will often enable us to make our diagnosis in this disease long before other signs assume serious import. I have noticed in a large number of examinations the following conditions: The urine is normal in amount and contains a trace of sugar. The specific gravity is 10.26 to 10.28. The sediment is slightly greater than normal, and contains many epithelial cells from the bladder. In addition, we have an increased deposit of mucus and possibly of oxalate of lime. If the urine is allowed to stand the yeast and sugar fungus develops more or less abundantly, according to the amount of sugar.

The sediment is peculiar in that it is an increase of normal elements without there being any visible reason for such an increase. This sediment disappears after diabetes becomes established, and the urine remains free from any deposit. A deposit of oxalite of lime is of frequent occurrence in diabetic urine and seems to bear some relation to the disease. In the first stage of diabetes the oxalate deposit is generally present, seeming to take the place of the sugar of the second stage.

While oxaluria is not necessarily the first stage of diabetes, the fact must never be forgotten that oxaluria is frequently the forerunner of diabetes.

In tracing the subsequent history of a number of cases of oxaluria which were either under my care or observation several years ago, I find in every instance where I am able to learn the present history, that diabetes is now present in a more or less severe form.

As both oxaluria and diabetes are primarily disorders of the nerve centers, we can account for the frequency with which the two diseases appear in the same person.

VENETIAN BUILDING, CHICAGO. HOWARD N. LYON.

[Referring to the exciting causes of diabetes, the author mentions intermittent fever, the suppression of which by massive doses of quinine and the suppression of gonorrhœa by local astringents are the most frequent and most potent causes. In fact, it has been stated by one of our most experienced practitioners that the large majority of cases can be traced directly to suppressed gonorrhœa.—ED.]

A CASE OF FEVER.

On the 16th day of September, of the present year, I was called to see Marion L., a girl twelve years old. I found her suffering from headache, slight fever, considerable looseness of bowels, some thirst and restlessness.

There was a north-east wind prevailing from Lake Huron, and although her mother informed me that she had been poorly a week or two, I concluded she was suffering from a recent cold and prescribed a dose of Aconite, as that remedy had at previous times relieved what I believed to be similar conditions.

I was called again the next morning and informed that my patient had passed a very poor night. There was a slight elevation of temperature, the headache was no better, the eyelids were heavy, and she complained of aching in the back and limbs. I prescribed Gelsemium in water—a teaspoonful once an hour. On calling again in the evening temperature had risen about one degree, and my patient was worse in every way. I now informed her mother that I very much feared we had a case of typhoid fever on our hands. Her mother is a very intelligent woman, and although considerably distressed at the prospect of having so severe a disease to deal with, and somewhat doubtful as to the final outcome, she quietly prepared to make the best of a bad matter.

The patient was placed in a large airy upper room, from which the other children were excluded. All the evacuations from the bowels were immediately disinfected with a strong solution of copperas water, and all soiled linen was treated in the same way.

The mother acted as nurse and gave patient a tepid sponge bath each evening. I gave no medicine for four days, as I thought I had already given too much to no purpose. The patient grew gradually worse in the characteristic typhoid manner until the evening of the 22d. She was then delirious and the temperature 104½°.

The lips were dry, black, and cracked; the tongue was coated a dirty yellow, and very dry. Sordes accumulated on the teeth and blood oozed through all the mucous membranes,

including that of the vagina and rectum. I thought I now had an indication for a remedy, and a dose of Lachesis 200 was placed upon her tongue.

When I called the next morning, my patient was so much better that I was greatly surprised. Temperature had fallen to 101°. Lips and tongue were moist. All bleeding from mucous membranes had ceased, and patient was entirely rational. The mother said, "Why doctor, that powder you gave acted like magic. You had not been gone an hour when Marion was much better."

That evening the temperature rose only to 102°. The patient received no more medicine for a week, and was very comfortable all that time. She then began to complain of aching in her arms and legs, became restless, and would not remain in one position but a few minutes at a time.

There was a red triangular tip on the tongue and a dry hacking cough had developed. She received one dose of Rhus tox. 200 with immediate benefit. The restlessness and aching subsided, the tongue became clean and moist, the cough ceased, the temperature sank to normal mornings, and would rise to 99° or 99½° at night. Appetite returned, and bowels became regular.

On October 6, she was able to sit up, and although she remained weak for some time, she had no further trouble.

The characteristic rash was well developed on the eighth day, and her hair has since fallen out. She is now strong and well.

Was this a case of the abortive type of typhoid? Was it typhoid at all, or did the dose of Lachesis cut short what otherwise would have been a severe case of typhoid fever?

OSCODA, MICH. A. L. RUFFE.

MAKE A NOTE OF THIS.—The best remedy for post diptheritic paralysis, is Diptherinum, d. m. m., one dose.

SAMUEL SWAN.

FIRST ANNUAL REPORT TORONTO HOMŒOPATHIC HOSPITAL: This young hospital is making a splendid showing in work; its mortality for the last year being less than one-half that of any hospital in Canada.

MEDICINES WHICH PREVENT ALCOHOLICS FROM PROCREATING WHILE IN A STATE OF INTOXICATION.*

From the 5th of February, 1886, to the 30th of September, 1892, I have given gratuitous, at my Wednesday morning Policlinic, 3,976 consultations with medicines for alcoholics, all treated unknown to themselves, with remedies administered in their foods and drinks. It is their mothers, their wives, their daughters, or their sisters, who came for the remedies and administered them.

Frequently the wives complain that their husbands, when intoxicated, desire coition and can then only ejaculate with difficulty, and after a long time, which is very fatiguing to these women during a part of the night. For the double purpose of sparing them this fatigue, and of preventing their husbands from procreating at this moment children destined to be idiots, epileptics, choreics, etc. I have sought for remedies. I have one in Causticum, 200 centesimal potency, which, administered in a single dose every twenty or every ten days, prevents nine alcoholics out of ten from procreating when drunk, but not when they are sober.

This remedy is, besides, particularly indicated when the patients present this characteristic symptom: great disposition to be affected, to have tears in the eyes, to weep.

When Causticum 200 fails to prevent the alcoholics from having connection when drunk, I give Conium maculatum 600, with constant success, and that in a single dose, given only once every twenty or ten days.

In two cases in which Causticum and Conium had failed I succeeded by prescribing in the same manner Calcarea carbonica 200, and one other time Nux vomica 200.

I make known the new indications for these remedies for the following reasons: (1) because they induce drunken persons to sleep instead of making useless efforts to have connection; (2) because they save their wives from nightly fatigue and sufferings; (3) because they will convince skeptics of the efficacy of our medicines; (4) because they will also convince of the action of high potencies certain homœopaths of

* Translated and communicated by John H. Clarke, M. D., editor of *The Homœopathic World.*

today, unfortunately too numerous, who innocently think they are progressing because they are going back to that epoch of Hahnemann's life in which he, not having yet discovered infinitesmal doses, administered medicines in ponderable and even massive doses. Dr. Leon Simon recently wrote in the *Revue Homœopathic Francaise* that these new homœopaths had come to prescribe a greater number of drops of mother tinctures then allopathic doctors themselves.

In order that the readers of this journal may be able to try the remedies prescribed in the cases indicated above, I am sending to the esteemed editor grafts of Causticum 200 and of Conium 600, from which homœopathic pharmacies can make preparations for the use of physicians and their patients.

LYONS, FRANCE. DR. GALLIVARDIN.

HOW HAHNEMANN PRACTICED MEDICINE.*

Samuel Hahnemann was a practitioner of medicine from the 10th of August, 1779, when he defended his thesis before the faculty at Erlangen and received his degree of Doctor of Medicine, till the day of his death at his home on the Rue Milan in Paris, on the 2nd of July, 1843. This covers a period of almost sixty-four years, a life-time in itself. On the 10th of August, 1829, he was given a jubilee celebration, the day commemorating the 50th anniversary of his receiving his degree, a day seldom reached by any of our profession, and yet we find him remaining at his post alleviating the suffering of his fellow-men for nearly fourteen years afterwards. What a chance for retrospect! What an opportunity to witness the changes of a profession which have ever been kaleidoscopic in their transmutations!

During the early part of his professional life, Hahnemann was an allopath, a regular, according to the latter day innovation. No one could question his devotion to the art nor his loyalty to his school, until there dawned upon him a new idea regarding the action of medicine in 1790. It is true that he had become so dissatisfied with the imperfections and vagaries of the profession that he had abandoned his practice and had given himself up to literature and the study of the more exact

* Lecture delivered to the students of Hering Medical College Nov. 15, 1898, by Prof. H. P. Holmes.

sciences. But as there flashed upon his mind the possibilities of his new school of practice, he threw himself into the work with all the vigor of his early manhood. The first duty was to lay the discovery before his fraternity, which he did with the zeal of all discoverers. For his pains he received the doubts, the scoffs and jeers, and later the persecutions, which have attended genius so often in the past and have steadily hampered scientific progress in all ages. Heart-sick and discouraged with the ways of men at such times, but sustained by his faith in the value of his discovery, and his belief that God would establish the right in His own due time, Hahnemann never faltered but went on in his painful, painstaking career, investigating here, proving there, putting into practice each new idea or remedy that came to him, until he crowned his work with the glorious success that awaited him and established a school which has revolutionized medicine, and to which we now gather to study and examine.

In taking up the study of the medical practice of one who spent so many years in the work, we necessarily have a varied field. Let us first understand that Hahnemann was always a successful physician, as the world understands by the word success. After maintaining a large family, we find that when he left Cöthen he divided a fortune of $50,000 among his children. In the days when all physicians were groping about in the mists which befogged the profession one hundred years ago, Hahnemann had his share of business and did his share of practice. But the theories were based on shaking foundations and the practical results were not productive enough of successes to satisfy a man who aimed so nearly at perfection. All this, however, experienced a change when Hahnemann began to treat his patients according to the law of Similia Similibus Curantur.

Let us grant to the man the hesitancy and experimental work which was so necessary in establishing and building up the homœopathic system. Little by little he abandoned the old and proved the new. Step by step he emerged out of the darkness and uncertainty of that which he wished forever to throw aside and finally walked in the light of his new revelation. His practice was governed accordingly. His writings bear evidence all along the line of a steady progress

towards perfection, until at the last his work was of a purity marvelous to comprehend even at this day of our development.

The first of his collected writings bears the date of 1789, a year before the first suspicion that "likes cure likes" came to his mind. It was written twenty-one years before his masterpiece, the Organon, was placed in the hands of its readers. It deals with old school methods entirely and here we find him advocating the use of massive doses of Hepar Sulphur, and he reports giving thirty-six grains to a mercurialized patient in twelve hours. Farther in his practice he recommends Hepar Sulphur in alternation with Spongia for croup; but this was in 1817, only seven years after the first edition of the Organon and twenty-six years before his death. Hahnemann has often been accused of being an alternationist by those who have not stopped to consider that his practice was one of gradual improvement and that his first years' work should not be taken as a standard of what he did when he had farther perfected his art.

Coming from the ranks of old school practice, his knowledge was one of crude dosing. It was through years of experience that he learned he must decrease his doses if he would successfully treat his cases according to the law of similia. As he slowly advanced in the mysteries of his new school, he *slowly* adopted the theory and system of dilution—now using the third decimal and now the sixth centesimal, until we find him recommending the 30th potencies as the most efficacious and reliable. It is understood by the mass of our homœopathic physicians, that here Hahnemann stopped, and that he did not recommend nor use the dilutions *or* potencies above the 30th. Here again, we must grant to the man the right to change through knowledge gained by experiment in advancing years. But little of his writings after 1830 can be found, excepting a portion of his Chronic Diseases, and only six short papers besides these, from 1830 to the time of his death. Hahnemann lived ten years after his last published writings in the papers referred to, and a portion of the time was doing the phenomenal practice of $40,000 a year.

During the last decade of his life we find him using poten-

cies among the highest known even at this time. In 1832 he reviews a paper by Graf von Korsakoff in which that author reports potentizing remedies up to the 150th, 1,000th and 1,500th. Hahnemann here writes as follows: "All this is in strict accordance with my own experiments, though I have not carried them so far; one of them I may only allude to, namely, that once having prepared a dynamized attenuation of sulphur up to XXX (90th dilution,) I administered a drop of it on sugar to an aged, unmarried lady, who was subject to rare epileptic attacks (one every 9, 12, 14 months), and within an hour afterwards she had an epileptic fit, and since then she has remained quite free from them." In 1833 he speaks of the 60th, 150th and 300th attenuations. We read in the second note to paragraph 287 of the Organon as follows: "The higher the process of dilution, combined with potentiation (by means of two succussions,) is carried, so much the more rapid and penetrant the effect of the preparation will appear in its influence upon the vital force, and in altering the sensorial condition. This process, however, does not lessen the efficacy of the preparation much, even if it is carried up to XX, L, C, (60th, 150th, 300th) and still higher, instead of stopping as usual at X, which is generally sufficient. These higher degrees seem to differ from the lower ones only in having an effect of shorter duration." In the preface to the last volume of Chronic Diseases Hahnemann speaks very positively of the action of the 50th potency: "By employing proper care in the preparation of our potencies even the 50th potency becomes exceedingly powerful, so powerful that a pellet of that potency has frequently to be dissolved in a large quantity of water, and has to be taken in very small doses by susceptible patients, lest the effect should be overwhelming; for, I repeat that in these high potencies *almost all* the inmost powers of the medicinal substance are fully developed and set free." [1838.] Dr. Bönninghausen claims that Hahnemann usually gave the 60th potency and where no potency is specified in his reports, the 60th is understood. This was in 1843, representing Hahnemann's practice at the close of his life.

Hahnemann first prepared his potencies by striking the vial twice only in its succussion; but he afterward stated that it was not only possible but probable that if each vial was suc-

cussed many times, and struck upon a hard substance, the efficacy of the remedy might be carried to an almost unlimited degree in potentizing. In this way he accounts for the decided action of the then highest known potencies which had reached the 1500th. Jenichen worked on this hint in the preparation of his matchless potencies. And so we find Hahnemann gradually ascending in the scale of potentiation from the crude drugs of the olden times to the highest preparations, with a few exceptions, today found in physicians' offices.

Hahnemann faithfully followed the plan of writing down his cases, as he advised to do in so many of his writings. His records of cases were constantly before him and with his Materia Medica and the Repertories of Rückert and Bönninghausen, he worked upon certainty and recorded as he went along. The amount of writing done by him in this and other ways may be understood when we read that upon his library shelves were to be seen "thirty-six quarto volumes of at least 500 pages each, entirely written by his own hand." Eighteen thousand quarto pages in one set! It is a mystery what has become of Hahnemann's symptom registers. When in Leipsic his symptom registers soon increased to two folio volumes. These were insufficient and he revised and copied them entirely with his own hand. In Cöethen he commenced two more in his usual painstaking manner. How many were filled in Paris is not known. These volumes were taken to Paris with the express understanding, mentioned in Hahnemann's will, that they were to be returned after his death to his daughter, Mrs. Dr. Mossdorf. But Madam Hahnemann said they were destroyed in the Paris rebellion. As this lady had left the city five weeks previously it is hardly reasonable that she could have left this valuable treasure behind her. As her son-in-law in Munich, to whom she fled at the time of the Paris rebellion, was a homœopathic physician it is more than likely she gave the volumes to him.

Hahnemann's conduct toward the sick was most exemplary. While he made the rich pay him well for his services, he was constantly doing charitable work for the poor, not only in treating them gratis, but assisting them financially. To that most excellent letter, "On the Choice of a Family Physician," in which the writer deals with many of the tricks

which were common with the practitioners in that day, and, unfortunately, practiced in the present, Hahnemann adds the postscript: "One word more! Before you finally fix on him, see how he behaves to the poor, and if he occupies himself at home unseen with some useful work." And in a letter to our own Constantine Hering, Hahnemann said he hoped Hering was a good man, for no man could be a good physician unless he was a good man.

In the examination of the patient, Hahnemann was very particular. He never put the answers in the mouths of his patients, but made them tell their own symptoms. His first examination lasted the longest, as at that time he inquired not only into the symptoms of the disease, but as to how the patient lived, how he kept house, how the kitchen was arranged, how he worked, and how he divided his time. On account of the smallness of the dose and the highly dynamized character of his remedies he prescribed a very strict diet with the avoidance of seasonings, coffee, tea, liquors and all medicinal substances. He prohibited everything in the way of topical applications, as plasters, liniments, medicated and mineral baths, as well as remedies to produce sweating, vomiting and purging. He recommended a plain, nutritious diet, unadulterated beer, milk, coca broths, water drinking, plenty of fresh air and out-door walking; frequent change of clothing, cleanliness, regular habits as to meals and bed-time, a good moral life and—reliance in God.

It was the one wish of Hahnemann's life that Homœopathy should be preserved in its purity. He not only knew the temptation of men less firmly grounded in the faith and principles of the new school to wander from the correct path, or to fly in supposed time of need to the empiricisms and infatuations of the allopathic practice, but he saw frequent illustrations of it in the practice and preachings of those already enrolled in the new school. He entertained an especial wrath against these double method practitioners whom he termed medical hermaphrodites, against those physicians who while pretending to be homœopaths would in every supposed emergency reach for their allopathic prescription books. It is undoubtedly a fact that the influence of these half homœopaths made it easier for Hahnemann to give up his Father-

land and seek his home in the French capital. In speaking of those bastard homœopaths Hahnemann says: "But behold, I have never recognized you, depart from me ye medical ——! Be either honest allopaths of the school, ignorant of anything better, or pure homœopaths for the benefit of your suffering fellow men." It was his wish that none should join the homœopathic society until the applicant in both belief and practice should be of a standard to insure the faithful carrying out of the new school. In this firm belief our own sainted leader, Dr. Constantine Hering, was a devoted follower. We can admire the wisdom of his statement: "If our school ever gives up the strict inductive method of Hahnemann we are lost, and deserve only to be mentioned as a caricature in the history of medicine."

As an illustration of the work Hahnemann did in taking a case and prescribing for it I will append the following: "W——e, a weakly, pale man of 42 years, who was constantly kept by his business at his desk, came to me on the 27th of December, 1815, having been already ill five days.

1. The first evening he became, without manifest cause, sick and giddy, with much eructation.

2. The following night (about 2 A. M.) sour vomiting.

3. The subsquent nights severe eructation.

4. To-day also sick eructation of fetid and sourish taste.

5. He felt as if the food lay crude and undigested in his stomach.

6. In his head he felt vacant, hollow and confused, and as if sensitive therein.

7. The least noise was painful to him.

8. He is of a mild, soft, patient disposition.

Here I may observe:—

To 1. That several medicines cause vertigo with nausea, as well as Pulsatilla (3), which produces its vertigo in the evening also (7), a circumstance that has been observed from very few others.

To 2. Stramonium and Nux vomica cause vomiting of sour and sour smelling mucus, but, as far as is known, not at night. Valerian and Cocculus cause vomiting at night, but not of sour stuff. Iron alone causes vomiting at night (61,

62), and can also cause sour vomiting (66), but not the other symptoms observed here.

Pulsatilla, however, causes not only sour vomiting in the evening (349, 356), and nocturnal vomiting in general, but also the other symptoms of this case not found among those of Iron.

To 3. Nocturnal eructations is peculiar to Pulsatilla (296, 297).

To 4. Fetid, putrid (249) and sour eructations (301, 302) are peculiar to Pulsatilla.

To 5. The sensation of indigestion of food in the stomach is produced by few medicines, and by none in such a perfect and striking manner as by Pulsatilla (321, 322, 327.)

To 6. With the exception of Ignatia (2) which, however, cannot produce the other ailments, the same state is only produced by Pulsatilla (39 compared with 40, 81).

To 7. Pulsatilla produces the same state (995), and it also causes over-sensitiveness of other organs of the senses, for example, of the sight (107). And although intolerance of noise is also met with in Nux vomica, Ignatia, and Aconite, yet these medicines are not homœopathic to the other symptoms and still less do they possess symptom 8, the mild character of the disposition, which, as stated in the preface to Pulsatilla, is particularly indicative of that plant.

This patient, therefore, could not be cured by anything in a more easy, certain and permanent manner than by Pulsatilla, which was accordingly given to him immediately, but on account of his weakly and delicate state only in a very minute dose, i. e., half-a-drop of the quadrillionth (15x) of a strong drop of Pulsatilla. This was done in the evening.

The next day he was free from all his ailments, his digestion was restored, and a week thereafter, as I was told by him, he remained free from complaint and quite well.

The investigation in such a slight case of disease, and the choice of the homœopathic remedy for it, is very speedily effected by the practitioner who has had only a little experience in it, and who either has the symptoms of the medicine in his memory, or who knows where to find them readily; but to give in writing all the reasons *pro* and *con* (which

would be perceived by the mind in a few seconds), give rise, as we see, to tedious prolixity.

For the convenience of treatment, we require merely to indicate for each symptom all the medicines which can produce the same symptoms by a few letters (e. g., Ferr., Chin., Rheum., Puls.), and also to bear in mind the circumstances under which they occur, that have a determining influence on our choice, and in the same way with all the other symptoms, by what medicine each is excited, and from the list prepared we shall be able to perceive which of the medicines homœopathically covers the most of the symptoms present, especially the most peculiar and characteristic ones, —and this is the remedy sought for."

This is a simple illustration of the taking, analyzing and prescribing for an ordinary case in practice. In more serious maladies in which more or less severe complications existed, the work was proportionately more painstaking and the care used in prescribing relatively thorough.

Such we find to be the method and work of a man intensely honest in his professional duties and religiously conscientious in his devotion and loyalty to the system he had originated and adopted. Let us also grant to the man the right to judge of the efficacy of his prescriptions and promised benefits through verification by his work in comparison to that of the old school, with whose tenets and accomplishments no one was better qualified to judge than Hahnemann. Though so thoroughly in touch with every feature of that school which he had abandoned for a better one, we find that he never went back to his former methods of practice, either to palliate a case or to hold a patient. Had Hahnemann not felt a sincere conviction that his own method was always the better one, we know his religious conscientiousness would not have allowed him to follow in the line of Homœopathy. Not long before he died, he wrote to a friend that he had never resorted to allopathic procedures in order to comply with the wishes of his patients nor to prevent them leaving him. He was positive in his instructions to patients and would tolerate no deviation from the order of living he had advised a patient to follow. One very prominent individual who had crossed the ocean to place himself under the

professional care of Hahnemann was refused treatment, because he would not conform strictly to the rules laid down by the great physician.

And here I cannot refrain from speaking of a portion of a lecture recently delivered in this city. Hahnemann was characterized as a Dutchman in wooden shoes, and that his Organon contained some of the most foolish and outlandish theories of medicine in the world. This statement was made by one who has served under the banner of Hahnemann for many years and his exchequer has been steadily replenished through the influence of those who have done so because the eminent speaker was a disciple of the man he so unfairly characterized. The words were spoken in a lecture delivered to a body of homœopathic students in the very college whose walls have ever borne the name of our beloved Hahnemann.

And now let us examine into the probable truth of the two assertions. Hahnemann was never a "wooden-shod Dutchman." "While a boy Hahnemann wore his hair in a plait, knee breeches and buckle shoes. Later as a physician he always wore a little velvet cap when in the house, a black neckerchief and vest, a cashmere neglige morning-gown, long trousers, in summer cotton stockings and light wadded shoes. In winter he wore a fleece coat, woolen stockings and fur boots. In the street he was seen with a round hat and an overcoat. Only on festival occasions did he dress himself with frock coat, long trousers, silk stockings and shoes. In winter his outer garments were beaver cap, fur coat and sea-calf boots." This is quoted from the Life of Hahnemann by Albrecht, and we can better believe the one who wrote the biography of our leader, a man who was a personal acquaintance, an intimate friend and a member of Hahnemann's own household, than to place credence in the half-hearted vindication of Homœopathy and the personal vilification made in the lecture above referred to.

For the statement that the Organon contains some of the most foolish and outlandish theories of medicine in the world, I would like to make the assertion that the Organon contains less foolish statements, as proved by the experience of years, than any book ever written on a system of therapeutics. In the eighty-two years it has served as a guide for the most

successful school of medicine ever instituted, it has proved that it embraces fewer undesirable features and less false premises than any book on the practice of medicine written from the earliest ages down to the present time.

I am sure you will admit the correctness of my logic when I say that if in two statements made by a speaker, the one is easily proven false, the strength of the other is gone, especially when it is a question of opinion only. I am glad that in the case referred to, the opinion of the speaker does not eternally fix the value of the Organon in the faith and belief of those who will still follow Hahnemann. That there are those who do not believe in and will not tolerate a deviation from the principles and precepts of the Organon, I have but to look about me and before me. Your presence, the sincerity of your faces, the tangible evidence of this institution raised as a giant protest against the growing eclectism of our profession, are evidences sufficient to make me feel that the Organon of Hahnemann is still a guide, and that the purity of Homœopathy is still the desideratum of the best exponents of that practice in all this broad land.

Faculty and students, the pure Homœopathy of Hahnemann is growing faster today than ever before. The seed sown by the few, whose names are inscribed in the hearts and memories of all practitioners who value the grand principles of Homœopathy, though often falling on barren soil, has here and there found a suitable culture media and the result is that we can count by hundreds the believers in the better way where a few years ago they could be numbered in a dozen. Similia Similibus Curantur is our law, the Organon is our guide, the purity of Homœopathy is a conviction of faith founded on the proof of experience, the name of Hahnemann and his achievements is engraved on our very hearts, and with all these for examples we are going forth to a glorious future in the progress of Homœopathy.

PERSONALITY OF HAHNEMANN: An address delivered before the Hahnemann Society of the Homœopathic Hospital College, Cleveland, Ohio. By C. T. Campbell, M. D., and published under the auspices of the Society. This is a well written, readable pamphlet.

OUR MEANEST CRIME.*

To the question propounded to this meeting, "Do the interests of mankind require experiments on living animals?" I beg to return an answer in the negative. My reasons I will now lay before you.

For the judicial mind it is of the utmost importance to be able to distinguish between opinion and fact. Today the church of England has, in a manner, accepted judicial functions on a most urgent question, and, at the outset, I beg of the tribunal to keep well in mind the importance of this distinction.

When a student enters the portals of a medical school, he finds there placed over him men of learning, endowed in his imagination with all possible knowledge in their several departments, and endowed in solemn earnest with the power of professional life and death so far as he is concerned. He finds these men, his demigods, exercising certain privileges, teaching certain doctrines and holding certain opinions which he must assimilate and be able to reproduce if he is to acquire his license to practice. Sent to these men by his parents without any hint that there may be a question as to the righteousness of anything they may do or say, how is a young boy to avoid being absorbed in the life and opinions of his school? Escape is all but impossible.

I confess I shared the common fate. I learned to look upon vivisection as a horrible necessity; but yet a necessity. I learned to look upon the vivisectors as men who were the leaders of the profession, and those from whom such light and help as were attainable in the dark and devious ways of medicine were to be sought. It is true I saw but little of the practice. I saw frogs have their heads cut off that their still living muscles might be dissected out and experimented on before the class. Here the pain was only momentary, death being instantaneous; but the method of handling the creatures was revolting—though, as I imagined, necessary. I saw the liver cut out of a living mouse, and boiled immediately, to show to students that in the fresh state that organ contained no sugar; and it did not occur to me then that this

*A paper read at the Church Congress at Folkestone, 1892.

was a perfectly unnecessary demonstration. A pigeon which had had part of its brain removed I also saw, and I supposed that the exhibition of this poor creature, still living, but robbed of all the brightness of its existence, was a necessary method of teaching me the functions of the brain. I did not then dream of questioning the prevailing opinion that experiments on living animals were necessary and therefore right.

The first years of practice outside the shielding walls of a hospital and medical school are years of disillusionment to the medical fledgling. Such they were to me in many particulars. The opinions I had absorbed met with many a rude shock when brought face to face with actual facts. When I came to deal myself with sick people I found that the men and the books I had expected most help from were the least able to give me what I wanted; and of sheer necessity I found myself compelled to break loose from opinion in various directions, and set myself steadily to search for the facts.

I trouble you with these few personal matters because I wish to show you how medical opinion is generated and transmitted, and how it lives in the minds of those who do not happen to be so constituted that they can break loose from its fetters, or from some of them.

And now I must add a warning. Medical opinion is never so much to be suspected as when it is unanimous. Doctors, you know, have a proverbial right to differ; it is one of our sacred privileges which we exercise without reserve in particulars; but in generals we are frequently unanimous; and then our unanimity is truly wonderful. For ages it was the unanimous opinion of the Faculty that blood-letting was the chief method of restoring the sick to health, and of keeping the healthy sound; though Moses, a better physiologist than them all, had thousands of years before declared that the blood was the life. Scarcely less unanimous were the profession in the opinion that next in value to copious and repeated blood-lettings as a remedial agent came mercurialization—an opinion epitomised by medical wisdom in the pretty phrase, "salivation is salvation." When Harvey completed, so far as he could, the hypothesis of the circulation of

the blood, the medical profession was unanimous in the opinion that he was wrong; the Messieurs Purgon and Diafoirus of the time laughed him to scorn, and stigmatized him and the few who stood by him with the nick-name "Circulators." And now we have the British Medical Association declaring itself at Nottingham equally unanimous in the opinion that vivisection, or experiments on living animals, have been of "inestimable service to man and the lower animals, and that the continuance and extension of such investigation is essential to the progress of knowledge, the relief of suffering and the saving of life."

Such is the unanimous British medical opinion regarding vivisection; we will test it presently by comparing it with the practical results brought forward at the Congress which gave it expression. But before doing so, I want to make one or two points clear. In the first place, the common idea that physiological discoveries are made by simply opening up a living animal and looking into it, is completely erroneous. It is nothing so simple. Vivisection means tedious and difficult observations of animals after they have been dissected alive, and whilst they are still living; and so complicated is the process that it is the rarest thing for two experimenters to be agreed about the results of the same experiment. The next point I wish to insist upon is that there is no necessary connection between physiological discovery and improvement in medical practice. How was it that wholesale blood-letting was put a stop to? Was it by Harvey's discovery of the circulation? Not at all. It was not until 200 years after Harvey's time that the profession gave it up, and then it was not the physiologists or the vivisectors that introduced the innovation. To this day the most popular of medical journals bears the name of the sanguinary implement on its title-page. The third point is, that the results of experiments on animals cannot be taken as any guide to what will happen if the same experiments are tried on man. So far from vivisection saving human beings from being experimented upon, it actually necessitates it; and one doctor a few years ago explicitly stated, in a letter published in the *Standard*, that hospital patients existed for that purpose; they were, said he, "*corpora vilia*," paying for gratuitious medical ser-

vices by affording in their persons a field for the experimenting proclivities of their medical attendants.

I will now return to the Nottingham Congress. After that very sweeping resolution we should naturally expect that in the proceedings of the Congress there would be, as the outcome of vivisection, some great improvement in medical practice announced to sustain it. But there was nothing of the kind. In the department of Therapeutics (that is the "curing" department proper as distinguished from all the "knowing" departments) there had been a grand committee appointed the previous year, with Professor W. T. Gairdner at its head, and its report was—absolutely nothing done!

In the department of Pharmacology—the science of studying drug action by means of vivisection—a great deal was done. A certain Dr. Chadbourne, of the United States, read a paper on the pharmacology of a new kind of cocaine, having a slightly different chemical composition from the ordinary kind. (And here I would point out parenthetically the perfect free trade that exists among vivisectors—British, American and Continental. The American Doctor Chadbourne's experiments were performed in Berlin through the "kind permission" of Berlin vivisectors, for the edification of a Congress of British doctors.) His experiments were made on frogs and rabbits chiefly. These animals were poisoned with the drug and then dissected alive. They had their brains and spinal cords exposed, their spinal cords cut producing paralysis; their vagus nerves dissected out, cut and stimulated; and some of them, in addition, were put under the influence of the "hellish" *curare*, as Tennyson has fitly called this drug, which heightens sensation, whilst it prevents the animal from exhibiting any sign of what it feels. Mark what followed! The next step was—not to cure, but—to experiment on human being. Through the "kindness" of a professor of surgery, Dr. Chadbourne was allowed to experiment at will on the *corpora vilia* of the professor's hospital patients. He does not appear to have hurt them much—he dropped the drug into their eyes, and found it behaved very much in the same way as the ordinary cocaine. But what had this to do with the spine and nerve cuttings and curarising of rabbits and frogs? Nothing at all. If he had never

touched an aminal, but had simply dropped a little of the drug into his own eye, as he did into those of the hospital patients, he could have found out more than all his cruel experiments on the animals could have told him, namely, how it affected sensation.

This is a typical example of the absence of connection between pharmacology and therapeutics fully illustrated in Dr. Lauder Brunton's book on the subject. When this ponderous tome came out it was said by one of the medical journals to mark a new epoch in medicine. More's the pity for medicine! At the International Medical Congress of 1881 I ventured to protest against the practice of vivisection when employed for the study of drug action. Dr. Brunton was so moved by my heretical conduct that he came to me after the meeting, and in all honesty and good faith expostulated with me on what I had done. A correspondence between us followed, and in his concluding letter he said that the study of drugs on the entire organism was too complicated an affair to make anything of; that their action must be studied on each part separately, as in Dr. Chadbourne's research. But the use of it all? Search Dr. Brunton's book and see. I defy anyone to find any connection between the experiments and the uses of the drugs that will stand analysis. Generally it is like this—which actually occurs in the book: *Stavesacre*, we are informed, kills animals by paralyzing their vagus nerves. And its use? It is good, says Dr. Brunton, for killing lice! We are much obliged to you, Dr. Brunton, for the information, but most village dames knew that long before you were born!

Now let us come to Pathology—the science of disease. What has vivisection done to advance that during the year? Did the Nottingham congressers teach the world anything useful on this head? Professor Victor Horsley at the dispensary for sick animals, over which he formerly presided, has done an enormous amount of cutting up of living animals in the supposed interests of pathology, and his labors in this department earned for him the position of President in the Pathological Section at the Congress in question; and yet, in his presidential address he said: "Pathology as such is almost unknown among us;" and as a remedy for

this state of things he urged the necessity for more vivisection. Speaking on a paper by Dr. Vaughan Harley, who as Grocers' Research Scholar has been carrying out a series of exceedingly painful pathological experiments, Dr. George Harley, another eminent pathologist, entirely endorsed the President's remarks. "More Vivisection" is the unanimous demand of the Congress as the only possible remedy for all medical shortcomings. The daughters of the horseleech are not to be compared to these gentlemen in the insatiate cry, "give, give." Nothing, or, rather, worse than nothing, comes of it all; but that makes no difference. Theirs is the argument of the venerable seller of matches; they may lose on every experiment, but it is the quantity that is going to pay. Therefore, "give, give," is their cry.

Let us look a little at Dr. Vaughan Harley's work, paid for by the City Grocers, and carried out at Christiania and Leipzig for the delectation of the British Medical Congress.

The sweetbread is a very deeply-seated organ, and to cut it out, or experiment upon it, necessitates the opening up of the abdominal cavity, the displacement of internal organs and a great deal of cutting and tying of deep-seated vessels and nerves. In Dr. Harley's research sometimes the whole of the gland was cut out; sometimes part of it only. When the animals recovered from the operation they suffered from thirst and hunger, and slowly and miserably died. No good came of these experiments. We are no better able to treat diabetes, the disease they were supposed to elucidate, than we were before. All that the experimenter can say after the pain he has inflicted is this: "There is no disease richer in clinical and experimental literature than diabetes melitus, and certainly none that has had a greater diversity of opinion expressed regarding its pathology." Quite true! The more experiments, the more uncertainty, the more darkness; therefore, "give, give!"

The same vivisector related at the same congress another research on the "Pathology of Obstructive Jaundice." In this investigation, in order to keep the animals (dogs) alive as long as possible, his first endeavor, he tells us, was "to restrain as far as possible, the activity in the dog's digestive functions whilst they were under the influence of the

operations." That is to say, he starved them. He gave them no food for from ten to seventy-two hours before they were operated on, and withheld it after the operation for from one to seven days. The operations consisted in opening the abdomen and tying the bile ducts and the thoracic or lymph duct. Out of nine of the animals so operated on five died from rupture of the ligatured bile duct, causing peritonitis, and two more died of peritonitis without rupture of the bile duct. And for all this dreadful work no human being is, or is likely to be, one whit the better.

That you may form an idea of the horrible torture involved in these experiments, I will refer to an incident upon which I commented some years ago. A surgeon who was so proud of his achievement that he wrote an account of it in the *Lancet* and afterwards urged it in a letter to the *Times* as a strong argument in favor of a "free vivisecting-table," operated on a dog, cutting out part of its bowels, stitching the ends together, and tnen stitching up the opening he had made in the abdominal wall. The operation was done under anæsthetics, and therefore is called painless. But mark the fraud of anæsthetics as applied to vivisected animals. Operations on the abdominal cavity entail at the best very much after suffering, even when the patient receives the most assiduous nursing. But what about the nursing of a vivisected animal? It is left fastened to a board—generally the board on which it has been carved. The second night after the operation in the case in question, the animal lay there, crying in pain. Its cries attracted another dog in the laboratory, which was waiting the same fate. This one broke loose from its tether, and went to help its wounded companion. It first gnawed through the cords that bound it; and then, thinking apparently that the dressings were the cause of the pain, the dogs tore them off. Then they ran around the laboratory together through the night, until the wounded one dropped from exhaustion, and was found in a dying condition from peritonitis at ten o'clock the next morning, when the surgeon visited the laboratory. This incident will help you to realise the sufferings of the animals even in the cases in which anæsthetics have been used for the first part of the operation. Hence it is that I say that the use of

anæsthetics by vivisectors is to a very large extent a fraud on the animals.

Medical history is full of examples of the contrast that exists between the unanimous opinion of doctors as to the value of vivisection, and the facts on which that opinion is supposed to be based. I need only refer to Dr. Koch's supposed consumption cure. In the laboratory he gained from experiments certain information of the behavior of guinea-pigs in relation to the poison of consumption. I do not deny that "information" may be gained from these experiments; but I do maintain that the information is either pernicious, or else is obtainable by innocent means. Herophilus is said to have discovered from the vivisection of 600 criminals that man has a pulse. He could have discovered this by merely feeling his own wrist. Koch by vivisection gained information about guinea-pigs and consumption; what was the good of it? His laboratory conclusions proved fatal to numbers when tried in hospitals, as Virchow and others have abundantly proved. Again, we have heard much of the extraction of brain tumors as being an outcome of experiments on animals, not to say on living human beings—hospital patients pressed into the service of vivisectors. On the other hand clinical observers foretold that the data for such operations were so uncertain that surgeons were not warranted in performing them, and this the event proved. The first two patients on whom the operation was tried were killed by it; and so many others have followed, that Sahli, the latest authority on the subject condemns the operation and supports the clinical observers.*

It may be asked, how can an intelligent and in most respects humane profession be so far wrong? I answer, it is dominated or intoxicated,—hypnotised, if you will—by the vivisecting spirit. If the profession were quite sober on the question, how would it be possible for responsible men like Sir James Paget and Sir Joseph Lister to make the per-

*The proceedings of the recent "International Congress of Experimental Psychology" fully sustained this view. Professor Victor Horsley having read some notes on "Experiments on the Degree of Localisation of Movements and Correlative Sensations," the *Provincial Medical Journal* says: "A lively discussion ensued, in which Professors Hitzig and Henschen insisted on the great difference bettween man and the lower animals."

fectly outrageous statements they have done about Pasteurs' proceedings? Sir James said at the Mansion House, when advocating the establishment of a British Pasteur Institute, that M. Pasteur had saved the lives of 900 persons from dying of hydrophobia as certainly as if he had snatched them from drowning. Sir Joseph in his speech in deputation to Sir M. Hicks-Beach modestly put the figure at 12,000. These statements are simply absurd; there never was anything like such a mortality possible; and yet so dominated is the profession by the vivisecting spirit that no word of contradiction has gone forth from its responsible organs. In defense of vivisection no statment is too outrageous. What are the facts? In France, the country most affected by Pasteur's experiments, the mortality from hydrophohia has actually *increased* since he began to inoculate for it. This is easily accounted for. Professor Peter and Dr. Lutaud have shown that Pasteur has actually killed a number of his patients by a disease of his own invention—paralytic rabies. Professor Horsley has proved that the inoculations were fatal in one of the English cases; and I have ascertained that in another the symptons with which the patient died were entirely unlike those of ordinary hydrophobia, and corresponded accurately with those of the Pasteurian variety.

We are often told that it is only eminently scientific persons who can understand this question experiments on living animals. I admit that it requires a certain amount of technical knowledge, not so very difficult to attain, to be able to unravel the complicated relations of medical fact and medical opinion, and to distinguish clearly the one from the other; but this has now been done, and the question itself is simple enough for the humblest understanding to decide.

If vivisection were of any real benefit to mankind, surely it is human vivisection and not that of animals that would be the most valuable. But nothing good has come of human vivisection. Our modern Herophili ask for animals only, though they do not scruple to use human material, with or without consent, when chance gives it to them in the hospital or workhouse infirmary. Such has been the history of the cancer-grafting cases; of the victims of the Koch consumption

"cure;" of Mary Rafferty and the man Rusticucci, whose brains, exposed by accident, proved too tempting a field for the experimenting proclivities of their medical attendants; of the victims of the nitrite of sodium experiments; of the boy, aged 10, "who had never in his life tasted alcohol," and who was repeatedly dosed with it by his doctor that the latter might learn the effect of alcohol on the bodily temperature; and of the man whom the same doctor made "dead drunk" for the same purpose. It must be so; animals differ so greatly from one another and from man that experimenters are obligeds to experiment on human beings in the end. They do not admit this; they say, give us a free vivisection table and we will save you from suffering. That is their plea. What does it amount to? They ask to be allowed to inflict on man's poor relations—not death, which is the common lot of man and animals alike, and which need not be painful, but unlimited pain, the worst of all evils known to them, to save man from suffering pain, which may be to him no evil at all, and which is often the direct consequence of his own wrongdoing. Shelter yourselves from suffering, they say in effect, behind the quivering bodies of our innocent mutilated victims; rob the poor man of his one ewe lamb to save your own teeming flocks. If it were true—which it is not—that they could perform what they promise, could the church of England hesitate to pronounce judgment on a plea so infinitely mean? A recent diocesan conference decided by a large majority that it did not know enough about the question to decide, and it evinced little inclination to provide itself with the information necessary. The present meeting is an assurance that the church at large does not endorse this attitude. The great and powerful church of England cannot afford to play the Gallio on one of the most urgent moral questions of our time. Should the cultivated and refined refuse to decide, the unlearned toilers of the land will rise up in judgment against them and will decide it for themselves.

In spite of all its faults, our country has on former occasions pioneered the world in the cause of freedom. The masses of the nation are gradually informing themselves on the question of vivisection, and are becoming less and less inclined to be blindly led by the class opinions of the medical profession.

Presently they will speak with a voice that will not be mistaken. Our country—I trust with the church's help and guidance—once more will lead the world in the pathway of right-doing, of winning justice for the oppressed, and beginning at home, will purge itself from this, the meanest of all tts crimes.

JOHN H. CLARKE.

30 CLARGES ST., W. LONDON.

Editorial.

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

THE LIMIT OF KNOWLEDGE.—In the editorial columns of the *Medical Current* for November, 1892, there is to be found a startling announcement from a teacher of homœopathic Materia Medica, in a professed homœopathic journal:

> But there are limits, and all ought to realize them. The best prescriber in the world, with the cm. or dm., or any other potency, cannot set a broken limb with Bryonia, even if the pain is worse from motion or pressure. We do not teach our pupils any such ideas.

This allopathic argument was used against Homœopathy before our Professor was born, and it evinced as profound a knowledge of Homœopathy then as now. The only inference to be drawn from this sage statement is that he teaches his pupils to use Bryonia tincture instead of the potency for the reduction of fractures.

On the same page we also find the following:

"We know of no drug, as Dr. Holcombe suggests, that will produce tubercles in the lungs, fatty deposits in the tissues of the heart, etc." Perhaps a more careful study of his Materia Medica will reward him with the desired knowledge. But of what benefit to his pupils or his patients would it be if he knew the drug or drugs which will produce "tubercles" or "fatty deposits" in normal tissues? Such knowledge might enable him to make a more correct prescription, but it would be entirely useless to any true follower of Hahnemann. The totality of symptoms can be found without.

The same profundity of knowledge of the homœopathic Materia Medica is manifested when he tackles the use of

Phosphorus in certain stages of tuberculous affections. Verily, the action of many of our polychrest remedies seem to this Professor of Materia Medica a sealed volume. And yet, he pretends to teach this difficult branch of the science of similars to students, who expect to receive a homœopathic education.

* * *

PULSATILLA IN MAL-PRESENTATION.—In the October issue of the *California Homœopath*, the editor gets into deep water in attempting to criticise the announcement of Hering College. Among other things, he says:

> Many a man has watched in vain, hour after hour, for Pulsatilla, *very* high, to correct for him a mal-presentation, only to have a better practitioner, in a very few moments, correct the difficulty by mechanical means.

Many a man who knows no more of the genius of the homœopathic healing art than the editor who penned the above, has watched hour after hour for Bryonia and Phosphorus to cure a Sulphur case of pneumonia; for Hepar and Spongia to cure a Kali bichromicum croup; for Belladonna and Mercurius cyanide, to cure a Lachesis diphtheria; for Bryonia and Rhus to cure a Baptisia typhoid, etc., etc., "only to have a better taught practitioner" correct the error in a few moments or hours with the similar remedy. Any freshman student in Hering College will tell him that Pulsatilla can only correct a mal-presentation in a Pulsatilla patient. It could have no effect whatever on a Nux patient. No sane homœopath would think of giving Pulsatilla for a mal-presentation when the symptoms of the patient called for Nux or Actea, any more than he would of giving Belladonna for a meningitis that called only for Zincum. Giving Pulsatilla for mal-presentation, *per se*, is not what the students of Hering College are taught; they are taught to prescribe for the patient, not the diagnosis.

* * *

THE HERING COLLEGE.—In the *North Western Journal of Homœopathy*, August issue, after paying a graceful tribute to the principles of Hahnemann, for the teaching of which the Hering College was founded, the editor adds:

> There is one college that we know of, and probably others, where pure

Homœopathy is taught by every professor, and practiced in all the clinics, both surgical and medical. Every student who has attended the college at Iowa City since its organization, fifteen years ago, has had nothing but pure homœopathic teaching from all the clinical chairs. If it is the lack of homœopathic teaching in our colleges only that causes them to sacrifice themselves in this college enterprise, why have they not made this terrible sacrifice unnecessary by encouraging those collages that have all the time been teaching pure and undefiled Homœopathy.

This may be correct so far as the college is concerned. But the editor must first explain the teaching in his text-book of Gynecology, for it has been generally accepted by the profession as the teaching and practice of the homœopathic department of the University of Iowa. And this is far from the kind of Homœopathy taught and practiced by Hahnemann and Hering, neither of whom advised local medicated applications in Leucorrhœa or Mercuric bichloride 1:4000 as "a stimulant and disinfectant." This is not pure Homœopathy, as taught and practiced in the Hering College.

On page 384, Text-book of Gynecology, giving the surgical treatment of pelvic abscess, we find: "Through this tube the cavity may be washed out daily, or oftener, by a gentle stream of pure water, or the water may be made stimulating and disinfectant by a solution of the bichloride of Mercury, 1:4000, or of Lugol's Iodine, somewhat diluted." Or, again: "Should fungoid masses be discovered, within the abscess, it will be necessary to introduce the finger or a dull curette and scrape them away."

On page 422: "Leucorrhœa that results from vaginitis, or endometritis, or other local diseases, may require such local treatment as has already been recommended in those affections. As a general prescription for a local medicament in all cases, regardless of the cause, where, for any reason, local treatment is desirable, there is nothing better than the following:

Fluid Hydrastis, ℥ i;
Fluid Calendula, ℥ i;
Glycerine, ℥ iv. Mix.

Sig. One tablespoonful in half a teacupful of warm water, used as injection, once a day.

Neither Hahnemann, Hering or Guernsey taught such Homœopathy, and the faculty of Hering College will teach that all curable diseases of women can be cured without the

use of local medicated topical applications, and that the best possible palliative treatment for incurable cases is the similar remedy.

* * *

ASIATIC CHOLERA.—In *Merck's Bulletin* for October we find an editorial and several articles on this dreaded eastern scourge, special attention being paid to the comma bacillus of Koch and its probable effect on the treatment of Asiatic cholera. Dr. Bjœrkman thus begins his paper on

CHOLERA ASIATICA: SOME FACTS AND HINTS.—When Robert Koch, the leader of the scientific expedition in Egypt, 1883, discovered the inciter of Asiatic Cholera in form of the comma-like bacillus—and, shortly afterwards, Rietsch and Nicati by introduction into the duodenum, of cultivated comma-bacilli, produced the veritable Asiatic Cholera in guinea pigs—then first the ground for a radical study of this disease was laid, and hundreds of scientific men since that day have spent their time and labor to investigate its nature and treatment.

The results, alas, seem not to be in the least proportion to such a great amount of work—the practical results at least—when we consider the enormous loss of life from Cholera now going on in just the very same cities where so many trained brains are working on this problem in the brightest light of modern science.

Notwithstanding all the wonderful advances of the last decade in pathology and histology, the mortality remains about the same as before Koch found the comma bacillus. The attempt to apply a successful germicide treatment for Asiatic Cholera, or any other disease, has proven an utter failure, and forms another convincing proof that the germ is the *product* of deranged vital action, not the cause. It is another proof also of the fallacy of attempting to treat a theory, even a pathological theory, and overlook the facts—the symptoms—of which the sick complain. But the treatment now recommended, and so unsuccessfully used, is practically the same as that used before the discovery of Koch; before the bacillus was suspected; viz.: Opium, or Morphine in some form, as the basis. So long ago as 1831, Hahnemann said that the majority of patients treated with Opium in any form must surely die. They did not believe it then, and they have not believed it since; yet the terrible mortality—over fifty per cent of all cases treated—like John Brown's body, goes marching on.

MEDICAL ETHICS.—Straws often show the direction of the current, and the following resolutions adopted by the State Medical Society of Pennsylvania point to the probability of a combined movement by our brethren of the other school on the proprietary remedies and secret nostrums so profusely advertised in the medical journals:

Resolved, That the Medical Society of the State of Pennsylvania hereby expresses its highest disapprobation of the practice of giving certificates or testimonials to secret preparations alleged to be of medical virtue, and calls the attention of the affiliated County Societies to the fact that such action, on the part of the members of said Societies, is in derogation of the dignity of the profession, and in violation of the letter and spirit of the Code of Ethics of the American Medical Association and of this Society.

Resolved, That this Society likewise expresses its disapprobation of the practice of inserting advertisements of secret preparations in the columns of medical journals, such action being an insult to the intelligence of the profession, and a degradation of journals indulging therein, to the level of the patent medicine almanac. Especially to be condemned is the action of the *Journal of the American Medical Association* in admitting such advertisements.

Resolved, That copies of these Resolutions, duly attested by the Permanent Secretary, be sent to all County Societies in affiliation with this Society; to the American Medical Association; to State Medical Societies, and to the publishers and editors of American medical journals.

These resolutions, when presented at the June meeting of the American Medical Association, were greeted with applause and promptly endorsed. This certainly is a step in the right direction, and some of our homœopathic periodicals should take the hint.

* * *

WHAT POSITION DOES HOMŒOPATHY OCCUPY?—In the November number of the *National Popular Review* of San Diego, Cal., we find the following question:

That California has not a just and restrictive law to regulate medical practice is mainly due to the body of the homœopathic fraternity who opposed its passage when such a law was framed. The provisions of the law would have eliminated the inefficient and dangerous practitioners sailing under regular diplomas from practice—it would also have done the same service for Homœopathy. Why, then, did the leaders of the homœopathic fraternity oppose the passage of the proposed law? The objectionable provisions seemed to be those which made a knowledge of the science of medicine obligatory, and tested by an examination The motives, aims and ends of Homœopathy will always be questioned, whilst such impolitic actions rule its counsels.

The objection, no doubt, was to the composition of the ex-

amining board. Our allopathic friends think themselve scompetent to examine homœopathic students and practitioners on Materia Medica and therapeutics; subjects of which they are entirely ignorant. Try this boot on the other foot and see how it will fit. Compel every allopathic applicant to pass an examination on "the science of medicine, tested by an examination" in homœopathic materia medica, and our word for it, our objecting editor and his medical friends will look after the composition of the examining board.

* * *

ANTISEPTIC SURGERY.—Now that this popular fad is nearing its close, it may be well for some of our operators, both surgical and gynecological, to cast an anchor to windward. Here is what the *Philadelphia Times and Register*, in a recent issue, says of antiseptic surgery:

Reports commenced to come in that antiseptics must be eschewed in the surgery of the peritoneum.

It was discovered that traumatisms penetrating the skull and involving the brain, when treated antiseptically, were attended with a terrible mortality through a consecutive irritative meningitis.

Antiseptic irrigation of the pleura in empyema, is no longer employed by the French surgeons.

Bichloride solutions, when used in amputations, though they favor prompt union, are said to cause very often painful, useless stumps, through an insidious osteo myelitis which they excite in the cellular elements of the cancellous bone tissue.

Antiseptics—or, rather, chemical solutions—were practically condemned by the American Surgical Convention of 1891. Prof. Chiene, a townsman of Lister, sounded the death knell of antiseptics in Great Britain when he announced and demonstrated that chemical solutions of any description were foreign substances, irritants, and had no place in healthy tissues.

This, indeed, is a sad commentary on what was taught but yesterday as a cardinal doctrine.

Morrell Mackenzie narrowly escaped imprisonment at the hands of his unfriendly German confreres because he did boil or pickle his spatula every time he used it on the prince's tongue.

Although the above must be a humiliation to those who pin their faith absolutely to scientific medicine, it will teach a useful lesson to many who are too strongly inclined to dogmatize.

While we are dealing with living, vital tissues, the sooner our school recognizes the fact that dynamics is one of the corner-stones of similia, and that the best possible antiseptic in all surgical affections is the potentized simillimum, the better for the patient and the better for the school.

New Publications.

EPOCHS IN MEDICINE. Presidential address before Micihgan State Society. By James C. Wood, A. M., M. D. Reprint from *New England Medical Gazette:* 1892. For a review of this paper see another page of this issue.

THE HOMŒOPATHIC PHYSICIAN'S VISITING LIST AND POCKET REPERTORY. By Robert Faulkner, M. D.: New York and Chicago: Bœricke & Tafel. This reliable Visiting List contains a Calendar, Obstetric Calendar, Poisons and their Antidotes, Hall's Ready Method in Asphyxia and a Pocket Repertory. One of the best and most convenient in the market.

THE SIDES OF THE BODY AND KINDRED REMEDIES. By Dr. C. von Bönninghausen. Translated for *The Homœopathic Physician*, and issued as a supplement to Vol. xii., 1892. By J. D. Tyrrell, M. D., Toronto, Canada.

We have for many years had a copy of "The Sides of the Body" bound in our Bönninghausen's Pocket Book, and have found it of great practical aid in the selection of the remedy. We would advise all who wish to become close prescribers to secure a copy of this pamphlet and use it.

OUR MEANEST CRIME: A paper read at the Church Congress at Folkstone, 1892. By John H. Clarke, M. D. Editor of the *Homœopathic World.*

Our "Meanest Crime" referred to is the crime of vivisection, and this able address was written in answer to the question: "Do the interests of mankind require experiments on living animals?" It should be widely circulated.

FORENSIC PSYCHIATRY: The trial of Alice Mitchell for killing Freda Ward, giving the statement of the prisoner, her cross-examination and the medical testimony of Drs. Sim, Turner, Sale, Callender, Campbell, Ingraham, Fletcher and Wm. A. Hammond, in one of the most interesting cases of modern criminal records.

A MEMORIAL TO CONGRESS, on the subject of a Comprehensive Exhibit of Roads, their Construction and Maintenance, at the World's Columbian Exposition. This is a commendable step in the line of progress, and no class or profession is more interested in its object than our profession, and none would be more benefited by it. Write your member of Congress, and ask him to vote for it.

REPORT OF TWO CASES OF TALIPES EQUINO VARUS. By B. M. Ricketts, M. D., Cincinnati, Ohio.

TRANSACTIONS OF THE TWENTY-THIRD ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF MICHIGAN. Detroit, May 17, 18, 1892.

This volume of 203 pages contains many good papers, demonstrating clearly that this is a working society. Among the papers presented are some of great value, especially "The Perinæum in its Relation to Normal Labor," by Dr. Winterburn; "Conservative Surgery of the Ovary," by Dr. Porter, in which he deprecates the removal of the ovaries for the correction of a functional disturbance. Under the bureau of obstetrics Dr. Sara B. Armstrong's paper on "The Hygiene of the Husband," deserves more than a passing notice; it should be widely distributed.

FURTHER OBSERVATIONS of Tubercle Bacilli; the lesson of one hundred cases. By J. P. Rand, M. D., Worcester, Mass.

THE MONIST: A quarterly magazine. Chicago: The Open Court Publishing Co.

The October number contains some able papers on Man's Glassy Essence, by Charles S. Pierce; The Future of Thought in America, by Prof. E. D. Cope; Mental Mummies, by Dr. Felix L. Oswald; The Nervous Ganglia of Insects, by Dr. Alfred Binet, and The Idea of Necessity: Its Basis and Its Scope, by the editor, Dr. Paul Carus. This is a most readable number.

A SCIENTIFIC METHOD FOR THE CURE OF STAMMERING. By J. W. Whitehorn, Los Angeles, Cal.

THE RADICAL CURE OF HEMORRHOIDS. By J. H. Bacon, M. D. Reprint. New York: Wm. Wood & Co.

This cure is purely surgical, and while the treatment may be radical enough to please the most fastidious, the author must excuse us if we dissent from his use of the word *cure* in this connection. This treatment *never* cures the patient.

THE WORK OF HOMŒOPATHY: President's Address, Minnesota State Society. D. A. Strickler, M. D. A well written paper.

"INCURABLE" DISEASES OF BEAST AND FOWL.—Bœricke & Tafel. 1892.

This pamphlet of thirty pages contains many hints that may be of value to not only the layman but to the physician also.

THE PRESENT STATUS OF HOMŒOPATHY AND ITS FUTURE. Address of the President of the Southern Homœopathic Association, H. R. Stout, M. D.

This address is bristling with statistical facts and comparative treatment of the two systems of medicine, and contains much material that would make good missionary literature.

THE TREATMENT OF PNEUMONIA, allopathic and homœopathic. No. 40 Homœopathic League Tracts.

WHAT IS HOMŒOPATHY? A new exposition of a great truth. By Dr. Wm. H. Holcomb. Philadelphia: Bœricke & Tafel. 1892.

This is a campaign document by that veteran campaigner, Dr. Holcomb, and should be on the table of every homœopath.

THE SCIENCE OF HOMŒOPATHY. By W. Buist Picken. With an introduction by John H. Clarke, M. D., editor of *The Homœopathic World.*

The author attempts to bring Homœopathy into line with the natural sciences. He claims that Homœopathy is right in

practice and wrong in theory; while Allopathy is right in theory and wrong in practice. Whether he has succeeded or not we leave our readers to decide after reading.

THE FIFTIETH ANNUAL REPORT OF THE LIVERPOOL HAHNEMANN HOSPITAL AND DISPENSARIES. 1892.

The total number of patients treated during the year ending December 31, 1891, was 63,562; a good record of work well done.

HISTOLOGY, PATHOLOGY AND BACTERIOLOGY.—A manual for students and practitioners, by Bennett S. Beach, M. D. Lea Bros. & Co., Philadelphia. 1892. $1. Pp. 165.

This volume of *The Student's Quiz Series* which has just been issued by Lea Bros., is admirably adapted to its purpose. The author has been singularly fortunate in his selection of subjects, and in the way in which he has presented them.

The section devoted to bacteriology is deserving of attention from even those well versed in technical studies, and forms a convenient reference for laboratory use. The only adverse criticism that might be offered is that the book is too technical. These studies are usually taught in the first or second year of college work, and before the student is fully able to grasp the complex problems of all morphology.

The work is remarkably free from errors, the most serious being the careless use of the term endothelial in reference to the cells lining the serous cavities. At one time the serous membranes, the peritonæum, pleura, and pericardium were considered derivatives of the mesoblast and consequently lined with endothelial cells. Since their hypoblastic origin has been clearly demonstrated, these cells have been shown to be true epithelium. If our more recent works on histology would correct this common error instead of rehashing the text of twenty years ago, it would lead to better understanding of malignant growths of the peritonæum and other serous cavities.

Aside from this the book reflects great credit not only on the author, but on the publishers, and is a welcome addition to the armamentarium of the student.

HOWARD N. LYON.

VOL. XXIX. NOVEMBER, 1892. No. 5.

THE MEDICAL ADVANCE

A Monthly Homœopathic Magazine.

"ITS LAW IS PROGRESS; A POINT WHICH YESTERDAY WAS INVISIBLE IS ITS GOAL TO-DAY, AND WILL BE THE STARTING POINT TO-MORROW."

THE MEDICAL ADVANCE.

A MONTHLY HOMŒOPATHIC MAGAZINE.

Published for JOHN RICE MINER by the DARIUS D. THORP Printing House, Lansing, Mich.
Entered at the Lansing Postoffice as Second Class Matter.

TABLE OF CONTENTS.

DECEMBER, 1892.

TERMS.—For the United States, Canada and Mexico, $3.00 a year; for Great Britain, 14s. a year; for other countries in the Postal Union, $3.50 a year, all postpaid. For countries not in the Postal Union, $3.00 and postage a year.

REMITTANCES Should be made by draft, money order, postal note, or registered letter, and payable to JOHN RICE MINER.

DISCONTINUANCES.—Remember that the publisher must be notified by letter when a subscriber wishes his journal stopped. All arrearages must be paid.

RETURNING THE JOURNAL will not enable us to discontinue it, as we cannot find your name on our books unless your postoffice address is given.

SUBSCRIBERS desiring to have the address changed should be careful to name postoffice to which THE ADVANCE has been sent as well as the *new* address.

SUBSCRIBERS should remember that second-class matter (which includes all regular publications) can not be forwarded without prepayment of postage—therefore when a change of address occurs the publisher *must* be notified. Do not expect to receive THE ADVANCE unless such notice is given.

Articles for publication, books for review, and exchanges should be sent to
H. C. ALLEN, M. D., 5144 Washington Avenue, CHICAGO, ILL.
or, J. B. S. KING, M. D., 242 Wabash Avenue, CHICAGO, ILL.

All subscriptions, advertisements, etc., and remittances for the same should be sent to JOHN RICE MINER, 1539 Unity Building, CHICAGO, ILL., or LANSING, MICH.

Prospectus for 1893.

THE MEDICAL ADVANCE passes from the present management into that of Dr. H. M. Pierson, with the January number.

Associated with him on the editorial staff will be the old familiar names of Drs. H. C. Allen and J. B. S. King, together with those of Drs. J. R. Boynton, W. M. Johnson, Mary Florence Taft, Wm. E. Waddell, E. W. Sawyer, J. E. Tremaine, and Howard Crutcher.

The characteristic of the coming volume will be a more systematic classification of its contents, viz.:

The section on Materia Medica will be so printed that at the end of the year a separate volume on Materia Medica can be bound.

The same arrangement will be observed in the sections on "Practice" and "Miscellany."

In the section on "Practice" or "Clinical Medicine" a new feature will be added, viz.: An effort will be made to have each case reported as an illustration of how to take and report a case. (2) The prescription will be withheld for one month giving every reader an opportunity for making a prescription (unbiased by any made before him) and reporting the same for the journal. (3) With the next issue the original prescription will be given with editorial comment if required, thus forming a valuable clinical study, and at the same time educating each reader in the best way for taking and recording a case.

Another feature of this department is the opportunity any physician may have for submitting cases which are not progressing in a satisfactory manner under his care for consultation with the editorial writers of this journal.

Under the head of MISCELLANY will be found Editorial Paragraphs, "Comments and Criticisms" (except when applied to clinical cases reported in "THE ADVANCE"), articles upon Collateral Subjects, Society Reports, Personals, Reviews, etc., etc.

All Metal.

CHAMPION STEAM VOLATILIZER

For Vaporizing Drugs, Oils and Herbs, For Inhalation . . . .

PROF. EISEN BOCKIOS, of 233 Milwaukee Avenue, Chicago, says: "I have successfully treated Membranous Croup, Diphtheria, Pulmonary Gangrene and Abscesses, and have uniformly held in check the ravages of Consumption It has proven in my experience the greatest utility of any appliance I have ever seen."

TRIUMPH ANTISEPTIC APPARATUS

PATENTED BY

DR. R. E. WOODWARD

OF CHICAGO.

Unequalled in Administering hot antiseptics in the treatment of disease, especially

CONSUMPTION, BRONCHITIS, CATARRH, LA GRIPPE, ETC.

OUR MOTTO "SPECIALTIES OF MERIT" CHICAGO MEDICAL SPECIALTY HOUSE AGENCIES THROUGHOUT UNITED STATES & CAN. CHICAGO ILL. ESTD 1890

"The Ladies' Ideal" SYRINGE

A PERFECT ASEPTIC ARTICLE.....

The Ladies' Ideal is the most perfect syringe for either the physicians' or family use. The outer cone insulates the tube, allowing the use of water very much hotter than with any other kind and without soiling the bed or clothing. Special prices to Physicians. Put up with fountain bar, with bulb or with nozzle alone.

CRANDALL'S Obstetrical Bed Pan

Physicians and Surgeons will find the Crandall Bed Pan a valuable addition to their general equipment, far ahead of the rubber apron, equally serviceable at the patient's house as in the office or operating room. When cleaned and dried it may be rolled in a small parcel or enclosed in an ordinary hand bag for transportation.

PRICE $10.00

ONLY ONE SIZE AND QUALITY.

Sent on receipt of price to any part of the United States or Canada by express.

A. C. HAVEN,

MANAGER,

ROOM 914. 358 Dearborn Street, CHICAGO.